

PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION (PMVA) POLICY

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1. INTRODUCTION

- 1.1 The nature of the work undertaken by Somerset Partnership NHS Foundation Trust means its staff are often required to work with patients and visitors who are distressed, anxious or in pain. Such situations can lead to a risk of aggressive or violent behaviour towards staff.
- 1.2 Aggression or violence is not considered to be an acceptable part of any working situation. The Trust takes extremely seriously the health, safety and welfare of all employees, patients and visitors recognises its duty to provide a safe and secure working environment for all its employees. This policy sets out the measures it will take to protect its staff from incidents of violence, whilst recognising the inherent problems created in a service designed to allow ease of access by the general public.
- 1.3 The Trust believes violence and/or aggression towards staff and others is unacceptable. Staff have a right to be able to perform their duties without fear of abuse or violent acts from patients or members of the public.
- 1.4 No member of staff should consider violence or aggression to be an acceptable part of their employment: however, staff, identified through risk assessment, should be trained and supported to understand the clinical presentations from patients as a result of physical/psychological illness which may manifest in violent or aggressive behaviour.
- 1.5 This policy must be read in conjunction with the following Trust policies:
 - Proactive Care (Clinical) Policy;
 - Health and Safety Policy;
 - Lone Working Policy;
 - Security Management Policy
 - Capability Policy;
 - Risk Management Policy;
 - Clinical Assessment and Management of Harm to Self and Others Policy;
 - Consent and Capacity to Consent Policy

2. PURPOSE AND RATIONALE

- 2.1 The purpose of this policy is to enable the Trust to fulfil its obligation in protecting staff and others so far as is reasonably practicable in accordance with its duties under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999. This should include those employees who work by themselves without close or direct supervision (Health & Safety Executive 1998).
- 2.2 The Trust aims to provide a safe environment for both patients and staff which eliminates, and where this is not possible, reduces the risk from violence and aggression so far as is reasonably practicable. It recognises, however, situations do arise where violence and/or aggression are directed against staff or patients and will therefore strive to put in place measures to minimise the incidence and risk involved, and to equip staff with the skills and support for dealing with incidents effectively and safely.

- 2.3 The Policy provides guidance to promote the health, safety and welfare of patients, carers, visitors and members of staff. It aims to ensure systems are in place to:
- assess the risk of violence and aggression within Trust premises and community settings;
 - identify the risk of violence or aggression in relation to the nature and circumstances of the Trust's work;
 - manage assessed risks;
 - achieve compliance with all related legislation, guidance and best practice;
 - investigate incidents of violence and aggression.
- 2.4 It applies, but is not confined, to:
- all staff associated with the Trust, including Bank staff and Volunteers;
 - staff from other healthcare organisations;
 - patients;
 - members of the public, including carers and visitors;
 - contractors and third parties on Trust property.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive** has overall responsibility for ensuring the Trust has robust policies and procedures in place regarding aggressive and violent behaviour towards staff.
- 3.2 The **Director of Governance and Corporate Development** acts as the Security Management Director (SMD) and has executive responsibility for health and safety across the organisation. The Director is accountable for ensuring health and safety and security management policies and procedures are implemented across the whole of the organisation and are appropriately resourced so far as is reasonably practicable.
- 3.3 All **Executive and Non-Executive Directors** have corporate responsibility to provide a safe working environment and will ensure adequate arrangements and resources are provided to implement the requirements of this policy, all relevant Safety Regulations and any associated procedures and safe systems of work; and apply this within their respective areas of responsibility.
- 3.4 The **Head of Corporate Business (Local Security Management Specialist (LSMS))** will:
- review violence and aggression reported incidents on DATIX and record in the comments on each incident any action taken;
 - instigate investigations, where relevant, in accordance with Trust protocols;
 - liaise with Police, Crown Prosecution Service and other law enforcement agencies;
 - correspond, in support of managers, with the perpetrators of violence and aggression, advising them of the consequences of their actions;

- advise on all aspects of protective security in relation to preventing and managing violence and aggression;
- ensure the Trust has a robust Health and Safety and Security Management policies outlining the commitment of the Trust to ensuring the health, safety and security of all persons who either work for, or come into contact with, the Trust;
- liaise effectively with the Health and Safety Executive (HSE), and other safety related external agencies, on behalf of the Trust;
- regularly monitor and review policies and procedures to ensure they are readily available to all staff, changes are effectively communicated and robustly implemented;
- analyse Health and Safety related adverse events, ensuring appropriate investigation, production of detailed reports, and reporting as appropriate; and recommending consequential change/s as required;
- produce a Health and Safety Strategy and an Annual Health and Safety Report making recommendations to bring about future improvements.

3.5 The **Health and Safety Competent Advisor** will:

- assist in the development, production and delivery of strategies which ensure Trust compliance with statutory national and local regulations, Department of Health Directives and Trust policies;
- prepare and deliver as required senior management reports to various forums where Health and Safety is discussed;
- coordinate visits and inspections by the Health and Safety Executive and the provision of documents which may be requested by an inspector regarding the Trust's statutory duties;
- provide expert advice and guidance on health and safety policy, guidance and assessment, including providing specialist workplace assessments;
- work with colleagues to identify appropriate training.

3.6 **All Managers** have the responsibility for ensuring risk assessments are undertaken and documented within their area of responsibility, documented on their risk register and are acted upon and disseminated to all staff. These assessments should be reviewed at least annually or following a serious incident. Outstanding risks should be taken to the next level of management for consideration and inclusion within the relevant Local/Directorate/Corporate Risk Register. Guidance and proforma for the risk assessment process are available in the associated guidance documents available on the Trust Intranet. Managers should ensure:

- staff receive the appropriate level of training for the risks they are likely to be exposed to during their normal work. This will be based on an appropriate risk assessment and training needs analysis;
- in the case of an assault or serious verbal abuse the manager should liaise directly with the affected individual within 24 hours to provide any immediate support required and inform them of any action to be taken. Where this timescale is not achievable the line manager should undertake this as soon as they are aware of the situation;

- consider the immediate needs of the individual and facilitate support e.g. occupational health, counselling in the medium / long term. Details of support services are provided on the Trust Intranet;
- ensure all incidents have been reported through the Datix incident reporting system;
- promote a culture of recording incidents in their areas;
- report to the Police relevant incidents;
- ensure all their staff understand the procedures and provisions contained in this Policy;
- ensure their staff thoroughly understand the emergency procedures and personal alarm systems, such as Pinpoint, for their work area and the need for continual raising of awareness;
- ensure emergency systems are serviceable and regularly tested and that inspections and faults are recorded;
- ensure evidence checks and local induction is undertaken for staff working on Trust premises who are not employed by the Trust (in line with the Bank and Agency Workers Policy);
- ensure optimum staffing levels/skill mix relevant to the working environment;
- identify and record any health and wellbeing issues during the process of staff appraisal and management supervision (in line with the Staff Appraisal and Management Supervision Policy) so that any necessary adjustments can be made;
- refer staff to occupational health services for assessment where there are concerns regarding their fitness to practice restrictive interventions (in line with the Capability Policy).

3.8 Responsibilities of **All Staff**, including temporary and bank staff and volunteers are as for other health and safety risks e.g. taking reasonable care, following procedures, reporting problems etc. In particular staff are required to:

- acknowledge their individual responsibility for preventing violence and aggression under the Health and Safety Act;
- report concerns about the working environment to their line manager and/or health and safety representative;
- participate in recording risk assessments related to violence and aggression;
- understand emergency procedures for their work area to summon assistance and to ensure that visitors are aware of these procedures;
- be familiar and up-to-date with associated Trust policies, procedures and guidelines and make sure that local induction includes advice about relevant equipment and local procedures (as per Corporate and Local Induction Policy);
- participate in the appropriate level of training and development and refreshers in a timely manner;

- promptly and accurately report incidents of aggression and violence using DATIX;
- advise their manager of any pre-existing disabilities, injuries or any circumstances which may compromise either their own safety, the safety of other staff on duty and the safety of patients during restraint to ensure that their manager is kept well informed and in a position to make an appropriate risk assessment and initiate appropriate fitness to work procedures where necessary;
- ensure patients, carers and visitors are aware of the principles of this policy through posters, formal and informal briefings and leaflets where appropriate, highlighting the Trust's Zero Tolerance approach to violence and aggression.

3.9 The **Risk Team** will:

- maintain DATIX to enable staff to record and update incidents of aggression and violence;
- ensure multiple entries are not recorded for the same incident;
- ensure managers complete relevant entries within an appropriate timescale, such as 'Action Taken' and investigation boxes;
- provide quarterly trend reports to the Health, Safety, Security Management and Estates Group.

3.10 The **Prevention and Management of Violence and Aggression (PMVA) trainers** will:

- develop and provide sufficient PMVA information, instruction and training at appropriate levels depending on the area in which staff work; these should include awareness of cultural and diversity issues and the effects these may have on perceived violence and aggression;
- incorporate the NHS Standard for Conflict Resolution approach into PMVA training for Trust employees;
- advise on policies and procedures relating to PMVA;
- raise awareness of the importance of early recognition of violence and aggression risk;
- review all incidents of violence and aggression and the use of restraint;
- advise on environmental factors pertaining to violence and aggression;
- liaise with both staff and managers following issues of competency or incidents of injury during training.

3.11 The **Health, Safety, Security Management and Estates Group** will discuss and monitor quarterly reports of untoward event reports and security reports. Where deficiencies have been identified, the group will develop action plans which will be monitored at each meeting.

4. DEFINITIONS

4.1 **Assault** is defined as 'intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort'.

- 4.2 **Non-physical assault** is defined as 'use of inappropriate words or behaviour causing distress and/or constituting harassment'.
- 4.3 **Physical Restrictive Interventions** are physical interventions used to escape, limit or control aggressive, violent or dangerous behaviours.
- 4.4 **Primary Preventative Strategies.** Essentially the avoidance of violence and aggression through treatment, environment, care planning, staff and skill mix, and sensitivity to patients' needs.
- 4.5 **Secondary Preventative Strategies.** Essentially this comprises of de-escalation techniques to reduce levels of arousal.
- 4.6 **Verbal abuse.** It is often a matter of judgement to assess if unreasonable verbal abuse face-to-face, telephone and written, should be considered within the context of this Policy. Useful guidance for staff is if they feel threatened by the situation, the substance of this Policy would apply.
- 4.7 **Zero Tolerance.** The Trust acknowledges whilst violence and aggressive behaviour may occur for a variety of reasons, it does not consider this to be acceptable. Incidents where individuals are abused, threatened or assaulted in circumstances related to their work involving an explicit or implicit challenge to their safety, wellbeing or health will be addressed by the Trust, dependent on their own merit.

5. RISK ASSESSMENTS

- 5.1 The Management of Health and Safety at Work Regulations 1999 requires the Trust to assess the risks its staff face through the work they carry out. This includes the risk of violence and aggression. The assessment should identify the measures needed to either eliminate the risks or, if this is not reasonably practicable, to adequately control them. A violence and aggression risk assessment should be documented for any task/activity which presents a significant risk. Risk assessments will be monitored and reviewed as a minimum on a 6 monthly basis or more frequently if circumstances require. If managers require assistance in conducting these assessments they should contact the Head of Corporate Business and relevant clinicians.

Assessing the risk

- 5.2 This includes:
- carrying out a clinical risk assessment if a patient's condition is such they may have difficulties in controlling their aggression. Risks and management plans must be clearly documented and reviewed on a regular basis;
 - ensuring a plan of care is agreed to manage aggressive behaviour;
 - ensuring the clinical team have a consistent approach to managing the patient's behaviour;
 - ensuring care is provided in the appropriate environment;
 - taking into consideration factors which will impact on any situation, for example the task; breaking bad news to a patient or relative.
- 5.3 It must be recognised the components of risk are dynamic. Risk assessment tools are available on the Trust Intranet to help managers and staff to determine the level of potential risk and appropriate action(s) to take.

- 5.4 Risk assessments will take into consideration equality issues, where appropriate.

Clinical Risk Assessments

- 5.5 A full individual risk assessment of patients' needs will be made by clinicians in discussion with the multi-disciplinary team in accordance. The patient, family and carers should be involved in this process wherever possible.
- 5.6 Advance decisions for the management of aggression and violence will be used wherever safe and practical to do so, ensuring patients have a direct influence over their care where possible.
- 5.7 Risk assessments and advance directives will be regularly reviewed and updated to reflect ongoing risk and management plans as agreed with the patient.
- 5.8 Patients with whom physical interventions are used will have a comprehensive care plan package including the assessment of need, plan of care, identified interventions and evaluation of care. Ensuring that consent and the patients' capacity to consent has been assessed and recorded.

Environmental Risk Assessments

- 5.9 The importance of physical surroundings (in waiting areas, treatment rooms, inpatient wards and elsewhere) cannot be underestimated and even minor changes can make a big difference to how people react. Staff should be aware the physical environment could affect the likelihood of aggression and violence and the ease with which people can respond to an incident. These factors will be taken into account when design or alteration work is carried out within the Trust.
- 5.10 By completion of a Work Place Risk Assessment (WPRA), each area should identify specific risks which relate to their area and ensure appropriate steps are taken to reduce these risks to the lowest level and ensure all staff are aware of the risks. Risks must be scored and if added to the appropriate Risk Register and escalated in line with the Risk Management Strategy.

Post Incident Risk Assessment Reviews/Action Plans

- 5.11 Post incident reviews will include a revised risk assessment and action/management plan together with recommendations to reduce or avoid future incidences of a similar nature. Risk assessments which result in an action priority level of medium or higher must be documented and must be reviewed quarterly or following a further incident.

6. SHARING INFORMATION

- 6.1 Patients and/or visitors who may demonstrate violence and aggression are not limited to attending one department. It is important any Trust, department, clinic or agency is forewarned so appropriate action may be taken to protect staff.
- 6.2 The Trust has procedures in place to deal with sharing information in relation to risk of violence or aggression which are incorporated into patients' clinical notes and are used to highlight any potential violence and aggression risks.

7. PREVENTION AND MANAGEMENT OF VIOLENT AND AGGRESSION

- 7.1 It is important staff recognise warning signs and action is taken promptly to reduce the likelihood of any incident escalating. Early action and dialogue with a person whose behaviour is becoming challenging or threatening may diffuse the potential conflict and reduce the escalation of the situation. Where support is required staff may be summoned by the use of panic buttons or alarms, where fitted/supplied.
- 7.2 Appropriate actions over how to prevent and manage violence and aggression are a core part of the Trust training programme to tackle violence and aggression. When dealing with violence and aggression the objective will always be to bring the situation to a safe conclusion by:
- diffusing the situation;
 - containing the situation;
 - protecting self and others from being harmed by the situation.
- 7.3 Further details of the relevant training workshops are included in the Positive and Proactive Care (Clinical) Policy

8. LONE WORKING

- 8.1 Staff working independently, either in the community or within Trust premises, must follow the Trust's Lone Working Policy and all local written procedures and lone working arrangements.
- 8.2 Staff working in high risk areas of the Trust must familiarise themselves with local operating systems for the use of personal alarms in Trust buildings (see Lone Working Policy).
- 8.3 The Health and Safety at Work Regulations confirm employees should leave places where they believe themselves to be in "serious and imminent" danger, even if this later proves to be erroneous. If this is the case, the Trust will support staff for their action.

9. POST INCIDENT ACTIONS

Reporting Incidents

- 9.1 All incidents of violence, including verbal abuse, must be reported in line with the Incident Reporting Policy and, if appropriate, an investigation instigated by the relevant manager.
- 9.2 Physical assaults resulting in a staff member being absent from work for seven days or more must be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) via the Health and Safety Manager. The seven day rule also applies to a member of staff being unable to perform their normal duties for more than seven days.
- 9.3 Staff must clearly record the incident, intervention and outcomes in the patient's care records. The patient's risk assessments and care plans should be reviewed after each incident to ensure interventions are still relevant and any advance decision reviewed with the patient. All appropriate actions and control measures must be communicated to any staff or staff of any agency that may be affected.

- 9.4 Where any form of restraint and/or seclusion has been used this must also be documented fully, including the length of time the restraint or seclusion lasted.

Post Incident Support to staff

- 9.5 It is recognised the Trust has a key role in ensuring appropriate support is provided to staff following an actual or potential violent or aggression incident. It is important that support is offered post-incident to staff. The Head of Corporate Business will contact staff members who have been the victim of an assault and ensure the incident is reported to the Police where appropriate, if not already done. The following steps will help to support the process
- 9.6 A Debrief should take place in response to incidents of violence in the form of structured reviews and support should be given in a positive culture.
- 9.7 Confidential advice and support is available to all staff through the Human Resources department. Managers and staff should be fully aware of the Trust counselling and support services, as well as immediate support offered at ward/department level. Where an incident has been reported to the Police, then the staff member may also receive support from Victim Support, a registered charity which specialises in providing support to victims of crime.
- 9.8 The Trust will support and advise staff who find themselves the subject of complaint or legal action, if they have followed and acted within the scope of Trust policies and procedures relating to the prevention and management of violence and aggression, provided that the action taken was in good faith for the benefit and safety of themselves, patients, colleagues or members of the public.

Compensation for injuries sustained in the course of duty

- 9.9 In the event of injury sustained by an individual whilst undertaking their official duties, employees are entitled to report the assault to the Police and to submit an application form for compensation under the Criminal Injuries Compensation Scheme.
- 9.10 Any member of staff may be entitled to temporary, and subsequently permanent, injury benefit if an absence is attributable to an injury sustained during the course of their official duties.
- 9.11 The Trust will ensure employees who are victims of assault, or who sustain any injury as a result of an accident during the course of their official duties are made aware of the above and given every assistance in pursuing such claims.
- 9.12 The Trust recognises its responsibility as a good employer and in accordance with the Equality Act 2010 to seek, if practicable, reasonable adjustments to existing roles and / or attempt to secure alternative employment within the Trust if a member of staff is prevented from returning to their present post as a result of incapacity.

Prosecution / Sanctions against patients and others

- 9.13 Managers should work closely with the Police and the Head of Corporate Business when deciding what action should be taken against a service user who has acted unacceptably, taking into account issues of capacity.
- 9.14 Where the police are unable or unwilling to prosecute, the NHS Legal Protection Unit (LPU) can offer support to investigate further. This should be organised with the Head of Corporate Business.

- 9.15 Where appropriate, following unacceptable behaviour by a patient or member of the public, a formal letter may be sent by the appropriate manager or Head of Corporate Business warning that the consequences of future unacceptable behaviour may result in the level of service provided being withdrawn and / or amended; or simply telling the person their actions are unacceptable and must stop.
- 9.16 In some situations it may be appropriate to ask the patient to enter into an agreement. The Head of Corporate Business will agree and set out the terms of the agreement which, as well as what is expected from the patient, will also set out what they may expect from the Trust.
- 9.17 Where there is a concern over the patient's mental health then such actions would need to be agreed with the Responsible Clinician.
- 9.18 Following consideration of the circumstances, a decision may also be made by to report an assault or crime to the Police. This does not preclude an individual employee initiating a personal prosecution against an assailant.

Reporting incidents to the Police

- 9.19 Summoning police assistance generally means the police will assume responsibility for the control of a violent or potentially violent incident. Staff should meet the police on their arrival to the ward, brief them on the situation and ascertain what assistance the police require. It is therefore desirable the circumstances when assistance will be sought should be discussed with the police in advance, including types of intervention which may be employed.

10. TRAINING REQUIREMENTS

- 10.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). Further training details are accessible to staff within the Learning Development and Mandatory Training Policy and the Training Prospectus in the Learning and Development Section of the Trust Intranet.
- 10.2 The PMVA model adopted by the Trust is compatible with professional conduct standards and enhances the professionalism of staff. The PMVA Mandatory Training Requirements are outlined in a guidance document in Appendix E (see also Mentorship for New PMVA Trainers Appendix D).
- 10.3 Staff who are out of date with their physical restrictive intervention training should not get involved in any planned physical restraints or undertake any enhanced engagement observations of patients where there is an identified risk of violence, aggression or dangerous behaviour.
- 10.4 All staff using physical restrictive interventions should be up to date with Basic Life Support training or Immediate Life Support training as per the mandatory training matrix.

11. MONITORING COMPLIANCE AND EFFECTIVENESS

- 11.1 The Health, Safety, Security Management and Estates Group will receive a quarterly report. The report will include quarterly reporting of untoward event reports, restraint forms and security reports. Where deficiencies have been identified the group will develop action plans which will be monitored at each meeting.

- 11.2 The Group will escalate areas of concern and risk issues to the Quality and Performance Committee (held each quarter). Lessons learned will be shared with the Clinical Governance Group, if relevant to clinical teams, and forwarded to the Clinical Effectiveness Team to raise awareness within the ‘Staff newsletter’ to ensure lessons are shared throughout the Trust.

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

12.1 References

David (Rocky) Bennett Independent Inquiry (2004)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773

Meeting Needs and Reducing Distress – guidance on the prevention and management of clinically related challenging behaviour (NHS protect 2013)

Positive and Proactive Care: reducing the need for restrictive interventions (DoH 2014)

12.2 Legislation

Health and Safety at Work Act 1974

Equality Act 2010

Human Rights Act 1998

Security Management Measures 2004 issued by the Counter Fraud and Security Management Service (CFSMS)

Mental Health Act (1983): Code of Practice (2015).

Mental Capacity Act (2005)

12.3 Cross reference to other procedural documents

Bank, Agency and Locum Workers Policy

Capability Policy (including Fitness to Work – PMVA)

Clinical Assessment and Management of Risk of Harm to Self and Others Policy

Consent and Capacity to Consent to Examination and Treatment Policy

Corporate and Local Induction Policy

Equality and Diversity Policy

Health and Safety Policy

Learning Development and Mandatory Training Policy

Lone Working Policy

Observation whilst maintaining Safety and Patient Engagement Policy

Proactive Care Policy

Risk Management Policy and Procedure

Security Management Policy

Serious Incidents Requiring Investigations Policy

Staff Appraisal and Management Supervision Policy

Staff Mandatory Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A Procedure for Placing a Risk of Violence Marker on Electronic and Paper Records

Appendix B Prevention and Management of Violence and Aggression Mandatory Training Guidance

PROCEDURE FOR PLACING A RISK OF VIOLENCE MARKER ON ELECTRONIC AND PAPER RECORDS

PURPOSE

This procedure gives guidance to NHS staff on the management of the risk to themselves, other NHS staff and the public from individuals who either pose or could pose a risk of violence and aggression.

APPLICATION

Irrespective of whether the act was intentional, reckless, accidental, the result of a medical condition or in response to treatment, such as a negative response to medication, the placing of a marker on medical records is part of the proactive national strategy to reduce violence and aggression to staff. The process of placing a marker on electronic and paper records does not replace the functionality of warnings on clinical information systems.

It may be applied to:

- the patient's associate, for example, a friend, relative or guardian;
- a patient or associate with responsibility for a dangerous animal.

The marker does not apportion blame. It is a mechanism for alerting staff of the possibility of violence and aggression from an individual. All incidents involving assault must be reviewed with a view to placing a marker

Rationale

The placing of a marker helps to ensure:

- the threat of violence and aggression is noted by all staff working with the patient and their role in risk reduction understood;
- information can be shared with other NHS organisations at risk;
- specific management plans direct the arrangements used to reduce the risk;
- appropriate staffing levels required are considered;
- involvement with the Police and other agencies considered;
- the venue to meet the patient and its design of venue is appropriate;
- specialised risk assessments are considered as an aid to developing risk management plans;
- the use of MAPPA and MARAC Multi Agency Risk Panels is considered and information from such agencies forms part of the decision making process, where applicable;
- communications with the patient regarding their violence and aggression and their effect on staff is undertaken, enabling them to change their behaviour.

PROCESS AND STAGES

Reporting

It is the responsibility of all staff to report all incidents of physical violence and aggression using DATIX and the patient's notes.

Decision Making

The following risk factors will be considered when determining whether records should be marked:

- nature of incident in terms of violence and aggression;
- degree of violence and aggression and categorised as physical or non-physical;
- injuries sustained by the victim;
- impact on staff and/or victims and/or witnesses;
- impact on the provision of services;
- the patient has an appointment scheduled with another NHS provider;
- the patient is an inpatient;
- the medical condition, mental capacity and medication of the patient at the time of the incident;
- the incident, while not serious, is part of an escalating pattern of behaviour;
- the context of continued care from the Trust;
- staff are due to visit a location where the patient may be present;
- the patient is a frequent or daily attendee to a clinic or out-patients;
- level of continued risk of violence that the patient poses;
- level of urgency required to alert staff;
- likelihood of a repeat incident;
- time since the incident occurred.

If an animal is involved in an incident and the patient or their associate is responsible for that animal, this will be reflected on the marker.

Decisions should be based on specific and objective information and not personal opinion or hearsay. The victim should be asked if a marker would be justified, but this alone will not warrant a marker.

Security Management

The role of the Security Manager is to:

- determine the viability of placing a marker on the patient's records, as soon as practical.
- recommend strategies to assist staff in managing the risk based on information from:
 - the victim;
 - their line manager;
 - the patient's clinical team.

- liaise with and assist the police investigating officer. Waiting for relevant information from the police should not delay the decision-making process for a marker.

No action required

If the Security Manager concludes it is inappropriate to mark the record, the decision will be recorded.

Implementing the marker

Based on the information presented, the Security Manager will decide on the need for a marker.

In exceptional circumstances, further deliberation may be required in order to decide if the marker should be applied to:

- other members of the household also in receipt of care from Somerset Partnership Foundation Trust;
- an associate, irrespective of whether the marker relates to a carer, relative or friend or animal;
- a particular address.

If circumstances change, the changes will be brought to the attention of the provider.

The decision to add a marker does not preclude other existing lines of communication being used to inform relevant Trust staff that there is an imminent risk to them.

Notification of the marker

Whenever possible, the Security Manager will write to the individual giving the reasons and rationale for implementing the marker. The letter will explain:

- the nature of the incident;
- the reasons why the marker is being placed on their records;
- the circumstances for sharing information about the marker and why one has been implemented;
- duration and date of removal;
- the process for complaints;
- relevant contact details.

If a decision is reached that a marker is not appropriate, the Security Manager must explain the reasons to the victim and offer them any further assistance necessary.

If the incident is committed by an associate of a patient, the letter will be sent to the patient and the associate informing them of the decision that has been made.

The letter to the associate will include the relevant information listed above. Care must be taken not to disclose any confidential medical information when notifying associates.

There may be exceptional cases when it is decided that notification to the individual may increase the risk to staff and that notification is not appropriate. Examples of such situations include:

- informing the individual may provoke a violent reaction and put staff at further risk;
- notification of a marker may adversely affect an individual's mental or physical health. In this instance, the senior clinician responsible for the individual's care

must review the case and make the decision that notification is not appropriate for clinical reasons.

A detailed record must be kept in the patient record of any decision not to notify an individual and the reasons for this course of action.

Informing the victim

The Security Manager will inform the victim, giving reasons and offering support. In exceptional circumstances, this may be delegated to another person, for instance, a manager.

Record Keeping

A consolidated list of individuals issued with a marker will be retained by the CCG under secure conditions and with access restricted to those who need to know.

Expired markers will be removed from the patient's records and records revised accordingly.

Complaints

Individuals notified that a marker is to be placed on their records will be advised on the complaints procedure and contact details. All complaints will be handled under the Patient Advice and Liaison Service (PALS) and Complaints Policy and Process.

Reviewing a marker/removing a marker

Markers will be reviewed every six months by the Security Manager to ensure they are up-to-date and remain relevant. Review dates can be extended by the Panel if the marker is current and has been in place for more than 18 months. The maximum period between reviews is 12 months.

If the Panel concludes that a marker is to be removed, it is the responsibility of the Panel to:

- ensure that the outcome of the review is communicated to the Care Co-ordinator/Lead Professional.
- notify the Information Governance Manager to ensure it is removed.
- Contact the CCG to ensure removal from Regional Marker List.
- ensure the decision is recorded.

PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION

MANDATORY TRAINING GUIDANCE

1. INTRODUCTION

- 1.1 The Trust recognises and accepts its responsibility under the Health and Safety at Work Act 1974 and is committed to provide, as far as is reasonably practicable, a safe environment for all staff, patients and visitors and seeks to positively and proactively reduce and safely manage acts of violence and aggression. The Trust is mindful of its duties and obligations under the Equality Act 2010 and the Human Rights Act 1998 when preventing and managing violence and aggression.

2. MODULE 1: CONFLICT RESOLUTION TRAINING

- 2.1 This is a half day course of theory based around the Skills for Health syllabus and is mandatory for front line staff across the Trust. Administrative and Clerical Staff who are not frontline will find this course desirable but not mandatory. Administration and Clerical Staff whose role requires them to have contact with patients and the public should attend this training as Mandatory. Staff are required to refresh every three years.

3. MODULE 2: PERSONAL DEFENCE READINESS TRAINING

- 3.1 This is a half-day course of instruction and practice in Personal Defence Readiness Training, and is mandatory for all staff who have face-to-face contact with patients, visitors and/or members of the public within Mental Health services/teams. Community Health Services staff and Administrative and Clerical Staff who are not frontline will find this course desirable but not mandatory. Admin and Clerical Staff whose role requires them to have contact with the patients and the public should attend this training as Mandatory. Administration, Clerical and community-based Mental Health and Social Care Directorate staff are required to refresh every 2 years, although they may wish to refresh yearly depending on personal need.

Mental Health in-patient ward staff will need to attend annually. Note this training is included in the annual Modules 3 and 4 training.

4. MODULE 3: SAFE HOLDING FOR OLDER ADULTS

- 4.1 This training is provided to clinical staff working within older adult mental health inpatient settings.

This training incorporates Primary and Secondary Preventative Strategies training specific to older adults and well as the PDR training.

This training provides staff with techniques that allow them to safely restrain an older adult, where it is absolutely necessary and strictly proportionate to do so.

This training also provides staff with knowledge of the risk factors related to physical restraint.

5. MODULE 4: PHYSICAL INTERVENTIONS TEAMWORK COURSE.

5.1 This training is provided to staff working on the adult mental health in-patient settings and the CAMHS in-patient setting

This training incorporates the Primary and Secondary Preventative Strategies training specific to the clients groups being cared for, as well as the PDR training.

Staff are provided with knowledge and skills to safely restrain patients where it is deemed absolutely necessary and strictly proportionate due to the level of risk.

This training also provides staff with knowledge of the risk factors related to physical restraint.

6. TRAINING MATRIX

6.1 All staff should take responsibility for updating and maintaining their mandatory training.

Staff who have expired with their tertiary intervention training should not assist in any planned restraint and should not undertake any enhanced observations whereby there is a recognised risk of violence, aggression or dangerous behaviour.