Management of Violence and Aggression Policy

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NHS Shetland Document Development Coversheet*

Name of document	Management of Violence and Aggression Policy		
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Author	Lawrence Green, Health and Safety Lead		
Executive lead	Lorraine Hall, Director of Human Resources and Support Services		
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Proposed groups to present document to:		
Health, Safety and Wellbeing Committee	Area Partnership Forum	Staff Governance Committee

Date	Version	Group	Reason	Outcome
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Examples of reasons for presenting to the group	Examples of outcomes following meeting
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)
• For proofing/formatting (PF)	• For upload to Intranet (INT)

• Final Approval (FA)	• Approved (A) or Not Approved, revisions required (NARR)

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
January 2022	New policy development.
January 2022	Changes made following circulation to Health, Safety and Wellbeing Committee. • Added information on Social Media • Amended legislation

Contents

1. Executive Summary

The Management of Violence & Aggression Policy:

- Explains the legislative framework within which the policy has been developed.

- Makes explicit the organisation's commitment to managing violence and aggression.

- Highlights the importance of the relationship between staff and patient safety in relation to violence and aggression.

- Contains descriptions of responsibilities for the management of violence and aggression within the organisation.

- Contains a summary of the practical arrangements in place to manage violence and aggression across the organisation.

2. Scope and Application

This Policy applies to all NHS Shetland employees, students, volunteers and contractors and all other people working at our premises regardless of status, grade, occupation, whether clinical or non-clinical. The policy also applies to NHS Shetland patients and relatives/visitors who need to utilise our services both within NHS and/or residential premises.

3. Introduction and Legislative Framework

This policy is based on UK Health and Safety Legislation and:

- Demonstrates the Board's commitment to the management of violence and aggression and sets out aims and objectives in relation to this;

- Identifies the individual roles and responsibilities and the communication channels within the organisation; and

- Summarises the practical ways in which violence and aggression is managed and objectives met.

The Board has implemented this written Management of Violence & Aggression Policy in order to comply with the Boards wider obligations under the Health and Safety at Work etc. Act (HSWA) 1974. The act is the primary piece of health and safety legislation within the UK. It is an enabling act, often referred to as an "umbrella" act, which means that regulations can be introduced without the need for additional primary legislation.

This policy is written as a primary policy to allow existing and any new safety related regulations and any amendments to be implemented timely as procedures.

The HSWA 1974 states that employers must, so far as is reasonably practicable, provide:

- A safe place of work;

- A safe working environment and adequate welfare facilities;

- Safe equipment and systems of work;

- Safe arrangements for using, handling, storing and transporting articles and substances associated with work; and,

- Sufficient information, instruction, training and supervision for employees.

The act is supported by many other regulations and pieces of legislation, one of the most significant being the Management of Health and Safety at Work Regulations (MHSWR) 1999. A crucial element of these regulations is the requirement for employers to have in place systems to manage health and safety. The technique of risk assessment - used to identify hazards, evaluate risks, support planning and put effective control measures in place - underpins such systems.

Whilst the Management of Violence & Aggression Policy and its implementation are kept under 3-yearly review by the Health, Safety & Wellbeing Committee, this is a live document and as such all NHS Shetland employees are to familiarise themselves with this document and mangers are to bring it to the attention of all new, existing staff and third parties where appropriate.

4.   Context

Health, safety and wellbeing are principle dimensions of quality. These principles are underpinned by NHS Shetland's values. The policy underpins the Staff Governance Standard of being 'provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community" and "being appropriately trained and developed" and CEL 13 (2011) Safe and Well at Work: Occupational Health and Safety Strategic Framework for Scotland. It has also been produced with reference to the 'Draft' NHS guidance "NHS Violence Prevention and Reduction Standard" (October 2021).

5.   Definitions

For the purpose of this document the Board defines:

- **Employee** – Any member of staff who holds a contract directly with the Board
- **Worker** – Any person carrying out work on behalf of or for the Board who does not hold a contract of employment directly with the Board. This includes self-employed staff and those staff supplied and paid by contractors and agencies
- **Volunteer** – Any person undertaking designated tasks on behalf of the Board and who is unpaid.
- **Violence** – **(The World Health Organization (WHO) approved definition)** "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation".
- **Physical Assault** – "The Intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort"
- **Non-Physical Assault** – "The use of inappropriate words or behaviour causing distress and/or constituting harassment"
- **Reasonable Force – (Home Office approved definition)** In law you are allowed to use reasonable force to defend yourself, defend others, protect your property or make a citizen's arrest.

6. Aim of Policy

The aim of this policy is to provide a safe working environment for staff and patients by providing a framework for the reduction of risks associated with violence and aggression.

7. Duties- Roles and Responsibilities

Employers have a general duty under section 2 of the Health and Safety at Work etc Act 1974 to ensure; so far as is reasonably practicable, the Health, Safety and welfare of their employees at work. Persons in control of non-domestic premises also have a duty under section 4 of the Act towards people who are not their employees but use their premises.

The Board attaches the greatest importance to the health, safety and welfare of its employees at work, its patients and visitors and pays particular attention to the establishment of a safe system of work in connection with violence and aggression. This is in accordance with the management of health and safety at work regulations.

The Board's arrangements for managing bullying and harassment are set out in the Bullying & Harassment Policy.

7.1. Chief Executive Responsibilities

The Chief Executive is responsible to the NHS Shetland Board.

The Chief Executive will ensure the provision, so far as is reasonably practicable, of the best protection for patients, staff, professionals and property and will fully support staff in situations where abuse of any kind occurs. Staff will be fully supported in the prosecution of individuals who perpetrate acts of violence & aggression against staff.

The Chief Executive recognises its responsibility to comply with relevant guidance given by national NHS governance, in so far as it applies to NHS Shetland, and the Management of Health and Safety at Work Regulations 1999.

The Chief Executive will ensue that suitable risk assessments are carried out under the Management of Health and Safety at Work Regulations 1999, so enabling the most appropriate means of reducing the risk of violence & aggression.

The Chief Executive will ensure that adequate resources are made available for the effective and proactive management of violence and aggression in the workplace.

The Chief Executive will ensure that employees are provided with adequate violence and aggression training, information and instruction including access to the violence & aggression training programme.

The Chief Executive has agreed that NHS Shetland should pursue prosecution in all appropriate cases and that this policy should be made known to the public.

The Board has produced a policy statement which is as follows:-

'NHS SHETLAND BOARD is committed to the wellbeing and safety of Patients, Staff and Visitors by promoting and fostering a culture of Respect for All.

We would ask that you treat other patients and our staff with the same courtesy and consideration that YOU would expect to receive. Should a member of staff be assaulted or verbally abused, NHS Shetland Board will support them fully in any subsequent prosecution that they may wish to bring'.

The procedure for prosecution is set out in Appendix A.

7.2. Director's Responsibilities

As the delegated officer and accountable to the Chief Executive, the Director of Human Resources & Support Services is responsible for highlighting the risks and requirements necessary to ensure that there is appropriate management of violence at work. Their duties include ensuring;

- That appropriate training and educational arrangements are in place throughout the Board to manage violence at work and ensure so far as is reasonably practicable the safety of staff, patients and visitors.
- The Board works towards developing good working relationships with local police and prosecution service in pursuing cases of violence against staff.
- Support for staff through the process of prosecution.
- The Board develops working relationships and systems with the local police and other agencies with a view to providing and receiving information regarding violent and potentially violent patients.
- Work in conjunction with, support and liaise with other violence and aggression Board specialists.
- Executive Directors: are responsible for ensuring that all Heads of Department ensure that risk assessments are in place, that staff are aware of these risk assessments and that staff have completed their statutory and mandatory training including necessary refresher training.

7.3. Health and Safety Lead- Responsibilities

The Health & Safety Lead is accountable to the Director of Human Resources & Support Services. Their duties include ensuring;

- That appropriate policies, procedures and arrangements to manage violence and aggression at work are robust, suitable and sufficient, so far as is reasonably practicable to protect the safety of staff, patients and visitors.
- That they act a conduit for information and guidance from National Bodies and NHS Scotland Boards in relation to violence and aggression.
- Support Control Book owners with risk assessments activities and the development of safe systems of work and consult with other Board V&A specialists as required.
- That the arrangements for the management of violence and aggression are subject to regular audit and inspections as appropriate and investigate incidents reported via Datix.
- They monitor and where applicable, report all adverse incidents of violence and aggression that fall under RIDDOR.
- Consider 'Lessons Learnt' following 'Datix' Adverse Incident Reports in relation to violence and aggression and communicate these lessons to NHS Shetland staff through appropriate channels.

7.4. Line Manager- Responsibilities

It will be the duty of managers to ensure that:

- Suitable and sufficient assessments of violence at work are undertaken and safe systems at work are implemented.

In particular managers should consider:

- The consultation of workplace design including public access, reception, waiting areas, lighting, noise, provision of information prevention of boredom and anxiety and furnishing etc. as potential weapons. In accordance with Tackling Violence at Work documentation.

- Risks associated with patients who may post a risk to staff, for example some patients with mental health conditions, or patients who lack capacity.

- Risks associated with patients who may self-harm.

- Risks associated with home visits. A manager's checklist is shown in Appendix B.

- Staff working alone in premises. (see Lone Working and Working in Isolation Policy)

- Communications and accounting for staff.

- They ensure that they provide/arrange post trauma support with Occupational Health (TRiM Assessment).

- Employees receive adequate health and safety training and are given information and, where appropriate, written instruction in line with the Board's Health & Safety Policy.

- Levels of violence and aggression training are shown in the Board's Training Needs Analysis.

- A record of training is kept at departmental level and corporately via the NHS Shetland 'Turas' system.

- Incidents are reported for all physical and verbal (including Social Media) in accordance with Board procedures.

- Seek specialist advice from Occupational Health or other sources, as necessary.

- Board arrangements for managing violence at work are encompassed in appropriate directorates/department policies/procedures.

7.5. Occupational Health Department- Responsibilities

The Occupational Health Department will be responsible for providing post incident TRiM Assessments and counselling to staff, as required.

If the victim is a patient or visitor, initial support will be provided by the clinical staff employed in the area of the assault / incident. However, this may need to be supplemented by a competent, trained counsellor or other support mechanism in the longer term.

7.6. Employee- Responsibilities

It will be the duty of every employee to ensure that:

- They take reasonable care of themselves and others who may be affected by their activities.
- Dynamic risk assessments are carried out where appropriate, as part of interactions with patients, relatives or other visitors. General advice in preventing a violent situation is given in Appendix C and staff home visiting check list is given in Appendix D. See also "Lone Working and Working in Isolation Policy".

- Such instructions and training are undertaken as deemed necessary.
- They report incidents of violence in accordance with Board procedures.
- They follow Board/Directorate/Department policies/procedures and not knowingly place themselves in situations of undue risk.
- Staff who carry out home visits should ensure that they comply with the procedure for accounting for staff undertaking home visits. See Lone Working and Working in Isolation Policy.
- After a violent incident they consider the use of the Board's TRiM Assessment and counselling services in the Occupational Health Department.

8. Arrangements for the Management of Violence and Aggression

8.1. Use of Reasonable Force and Scottish Common Law

8.1.1. Reasonable Force- Home Office Approved Definition

In law you are allowed to use reasonable force to defend yourself, defend others, protect your property or make a citizen's arrest.

8.1.2. Scottish Common Law

Common Law in Scotland. The law allows a person (to a certain extent) to use force to defend themselves against attach (or threat of attack) from another. This is known as self-defence.

There are **three strict conditions** for self-defence situations.

1. There must be an imminent danger to life or limb.

2. The retaliation used in the face of this danger must be necessary for their own safety.

3. If the person assaulted has means of escape or retreat, they are bound to use them.

In other words, threat + no escape + proportionate response = self-defence.

Threat

Imminent danger means just that - if someone threatens to harm you in the future, then you don't have the right to strike them in the present. If the threat is imminent, you do not actually have to wait to be assaulted. For example, somebody is coming towards you and you feel that they are going to harm you, then you can act in self-defence.

No Escape

If there is a means of escaping being assaulted, for example, running away of avoiding the situation by exiting a property, then that means of escape must be taken.

The duty to retreat does not, however, require you to place yourself in danger by doing so. For example, if your only means of retreat involved running across a busy road, it may well be reasonable to stand your ground in those circumstances.

Proportionate Response

Your response to attack should be proportionate to the danger you are in. For example, if somebody were punching you, it would disproportionate to stab them with a knife or shoot them.

What constitutes proportionality will depend on the circumstances, but the courts take into account a person's decision-making processes taken in the heat of the moment.

Potential Factors to take into account could be:

- The nature and seriousness of the initial attack

- Whether the attacker persisted with the attack after an attempt to repel them had no effect

- Whether a means of escape became available during the attack

- Whether the attacker had already been disabled by the accused

If the attacker has been knocked down, it is unlikely to be proportionate to kick them repeatedly.

8.1.3. Use of Physical Force for Self Defence

Should an employee suddenly be faced with a situation of imminent threat they are entitled to use such force as is 'reasonably necessary' in the circumstances.

Again, any force used must be proportionate to the crime being committed. In a self-defence situation the aim of using force should be to create a window of opportunity for escape for ourselves and/or our colleagues.

However, if there is any risk of foreseeable violence that could result in the need to use physical force for the purpose of self-defence - and such risk is related to our work - then all attempts must be made by employer and employee by proactive means (such as safe working practices, physical security measures, and staff and management training) to reduce or eliminate such situations from arising that may result in the need for staff to resort to such activities.

8.2. Requirement to undertake appropriate risk assessments

8.2.1. Risk Strategy

Managers must carry out appropriate risk assessments for their areas of responsibility in respect of the prevention and management of violence and aggression and ensure these assessment are reviewed in line with NHS policy.

A risk assessment is simply a careful examination of what, in the workplace, could cause harm to people, so that employers and managers can weigh up whether enough precautions have been taken to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures. Generic risk assessments are available within departmental Control Books (Book 4). However, these may need to be personalised and developed further to reflect specific department hazards and arrangements, as necessary. These risk assessments, together with any local procedures and safe systems of work, must be communicated to all relevant staff members within the department to ensure suitable and effective information and instruction are communicated and feedback considered and acted upon as appropriate.

8.2.2. Reactive Assessment

Reactive risk assessments are those which are carried out post event. Generally these may be after a violence at work incident has occurred or following an observation into an identified weakness in current practice(s).

8.2.3. Proactive Assessment

Proactive risk assessments should be carried out in order to address any foreseeable weaknesses, examples may include the introduction of new buildings, new services or a significant change in use of an area.

Where the Board is in receipt of intelligence which indicates the potential for work related violence to occur, a risk assessment should be undertaken to evaluate and address any risks identified.

The use of Dynamic Risk Assessments may also need to be deployed by staff and/or managers to adapt to potentially adverse situations that have not previously been identified through more general risk assessments. Staff training in Dynamic Risk Assessment is available as part of the NHS Shetland Turas training modules. Training will be reviewed to ensure it remains fit for purpose and continues to enhance the specific skills of the target audience.

9.   Training

The Board will evaluate training requirements by undertaking a training needs analysis (TNA) based upon the risk assessment process within individual departments, as it relates to violence and aggression. The Board will provide a range of training programmes for staff, dependent upon the level of risk in accordance with a risk assessment for their area of work. This training can range from, but not limited to, managing difficult telephone conversations, de-escalation techniques and high-risk emergency intervention training, dependent upon the needs of the service area.

NHS Shetland will follow the framework set out by the Crisis Prevention Institute (CPI). This framework for training used to be known as MAPA, but has now been superseded by the new CPI framework. The following levels of training provided by NHS Shetland for the prevention of violence and aggression are as follows:

CPI Course Type	Who	Potential Roles Identified	When
Verbal Interventions CPI Verbal Intervention™ incorporates trauma-informed and person-centred approaches. The programme, which was formerly an element of MAPA®, trains staff to respond to crisis situations with a focus on prevention using verbal de-escalation skills and strategies where restraint is inappropriate.	Staff who have limited physical interaction with distressed patient groups, but would benefit from verbal de-escalation skills.	Reception Staff Speech Language Therapy Occupational Therapy Managers Estates Public Facing Office Staff	2 Yearly
Safety Intervention Foundation CPI Safety Intervention™ training, formerly known as MAPA®, incorporates trauma-informed and	Staff who are at increased likelihood of dealing with patients exhibiting challenging behaviours and require skills in verbal de-escalation as well as disengagement and restrictive techniques.	GPs Midwifery McMillan Nurses Physiotherapy Child & Mental Health Services	2 Yearly

person-centred approaches. The programme is the perfect solution for professionals working in health, social care and education who need to prevent and/or intervene in crisis situations. With a focus on prevention, it also teaches staff de-escalation skills as well as non-restrictive and restrictive interventions. RRN certified training curricula.			
Safety Intervention Advanced / Emergency CPI Safety Intervention™ (Formerly known as MAPA®) Advanced or Advanced and Emergency programmes are designed for organisations that support individuals who are more likely to demonstrate more complex or extreme risk behaviours. It provides effective tools and decision-making skills to help staff manage higher risk situations, offering a wider array of verbal and physical intervention options. Participants need to complete the Foundation programme before undertaking this programme. RRN certified training curricula. Provides both Continuing Education Credits (CEC) and Continuing Professional Development (CPD) Credits.	Staff who are at heightened exposure to patients displaying aggressive behaviours and requires de-escalation, disengagement and holding skills.	Mental Health Community Nurses Health Visitors Ward Nurses Porters	Annual

10.   Equality and Diversity

The Disability Discrimination Act (2005) places a duty on all public authorities, when carrying out their functions, to have due regard to the need to promote equality and outlaw unlawful discrimination against disabled people. The Act also requires us to take steps to take account of a disabled persons' disability, even where that involves treating disabled persons more

favourably than others. The Board recognises this public duty, and staff at all levels of the organisation are required to consider whether reasonable adjustments need to be made in order to respond to the diverse needs of patients with mental health conditions, profound learning disabilities, or who lack capacity in some way.

The Board also recognises the gender and race equality duty, and it encourages all members of staff to provide details of any disability, gender or racially motivated abuse when they report incidents. This in turn enables the analysis of violent and aggressive incidents to be monitored and reported.

Further details about harassment and bullying are contained in the NHS Shetland Bullying & Harassment policy.

The Board is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

11.   Monitoring and Compliance with this Policy

Standard /Process/ Issue	Monitoring and audit			
	Method	**By**	**Committee**	**Frequency**
1. NHS, HSE - Compliance with the requirements to undertake appropriate risk assessments for the prevention and management of violence and aggression	Sample Audits/ compliance and/or exception reporting	Health and Safety Lead	Health, Safety and Wellbeing Committee	Annual
2. Review of V&A statistics including trends	Datix summary reports of incidents reported	Health and Safety Lead	Health, Safety and Wellbeing Committee Staff Governance. Wellbeing Working Group.	Quarterly
3. Reported Physical Assaults (RPA)	Datix Reporting	Health and Safety Lead	Health, Safety and Wellbeing Committee	Quarterly

12.   Consultation and Review

This policy is subject to approval and reviewed by the Staff Governance and Health, Safety and Wellbeing Committees.

Consultations with Trade Union representatives is provided through these committees.

13.   Implementation and Review

This policy will be implemented in accordance with standard NHS Shetland development, management and authorisation of policies and procedures. The Policy will be subject to review every 3 years, unless significant changes are required to processes and procedures that necessitate a premature policy review.

14.   References

- Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999.
- Criminal Justice Scotland Act 2016
- Scottish Common Law
- 'Draft' NHS guidance "NHS Violence Prevention and Reduction Standard" (October 2021).
- Equality Act 2010

14.1. Associated Documentation

- Lone Working and Working in Isolation Policy

- NHS Scotland Bullying and Harassment Policy

APPENDIX A

PROCEDURE FOR PROSECUTION OF PERSONS ASSAULTING A MEMBER OF STAFF

The member of staff assaulted must report the offence to their manager and Police and make a statement to the Police if they wish a prosecution to be pursued. This should be done with the support of their line manager who will contact the Board's legal specialists, if legal representation needs to be organised. When giving the statement, staff have two options on how they wish to be kept informed of subsequent proceedings:

a) The member of staff can allow the normal course of events to be followed, in which case they would be kept informed of proceedings by the Police Authority. The Board would not be involved, in any legal capacity, in pursuing the prosecution; nor would the Police allow any access by the Board to information regarding the assault for fear of compromising the prosecution case.

b) The member of staff can advise the police officer taking the statement that he/she wishes the Board to act on their behalf in the matter. A nominated officer, normally the Board's Solicitors would then maintain communications with the police in order to be kept fully informed of developments regarding the assault.

APPENDIX B

NHS SHETLAND BOARD

VIOLENCE AND AGGRESSION - MANAGERS HOME VISITING CHECKLIST

Also refer to Lone Working and Working in Isolation Policy

Managers whose staff undertake home visits should ensure that;

1) Their staff are:

- Fully trained to the appropriate level in control and restraint and aware that restraint should never be used in the home. Staff are allowed to use reasonable force to defend themselves in such circumstances as set out in Section 7.6 Employee's Responsibility and Section 8.1 Reasonable Force.

- Fully trained in strategies for the prevention of violence and aware of attitudes, traits or mannerisms which can annoy clients etc.

- Briefed about / have experience in the area where they work.

- Given all available information about the client from all relevant agencies.

2) Their staff do:

- Preview cases and assess the risks prior to visits.

- If in doubt, arrange either an accompanied visit or to meet in an appropriate clinical area.

- Abandon a visit / terminate an interview if they have concerns over their personal safety.

- Leave an itinerary and/or make plans to keep in contact with a colleague or contact point.

- Have the means to make contact, out of hours if required

- Have access to personal attack alarms.

- Have access to procedure for accounting for staff undertaking home visits.

- Ensure staff follow departmental reporting procedures

- Appreciate their own responsibilities for their own health and safety.

- Understand the provisions for their support provided by the Board.

- Report incidents.

- Contact police in appropriate situations.

- Contact interagency exchange of information.

APPENDIX C

GUIDANCE ON THE PREVENTION OF A VIOLENT SITUATION

1. Staff awareness

Be aware that violence is the most likely to occur when there is a blockage to effective communications.

There are many causes, some common causes are;

- dealing with angry or emotional patients, friends, other visitors, and indeed other members of staff;

- dealing with drunk, drugged or mentally disturbed visitors or patients;

- trouble makers arrive, often youths in groups causing a disturbance, perhaps acting as a decoy to cover another criminal activity;

- interrupting a thief in the course of his activities.

2. Body language - the signs

Look at body language and watch out for signs stress and anger, e.g.:

- person avoiding eye contact, or glaring at you

- signs of physical tension, e.g. tensing muscles, fingers or eyelids twitching, sweating increase in rate or breathing crying nervousness fidgeting;

- reluctance to accept conciliatory messages (verbal and physical);

- change of pitch or tone of voice;

- use of insults, threats or obscenities;

- adopting a hostile or aggressive stance, e.g. being poised to move quickly, pacing about moving towards an object which could be used as a weapon, withdrawing a weapon;

- be wary of anyone who displays any of the above things who keeps their hands in their pockets and fidgets. They may have concealed weapons.

3. Prevention of violence

How to manage difficult/ potentially violent individuals;

- assess the risk to yourself and others

- always remain calm and polite

- do not invade personal body space, touch, turn your back.

- do not challenge verbal hostility as this may lead to an escalation in aggression and never show anger, fear or frustration.

- Never enter a room alone with a patient showing signs of potential violence.

- Use the Calming process as the first stage of de-escalation in accordance with V&A training.

- When dealing with a difficult individual know what systems are in place for summoning help, remove items which could be used as weapons, note where the nearest exit is ensure you have open access to it and try and position a desk or similar between

yourself and the individual, do not sit down (this would leave you open to attack also any attempt to stand up could be misinterpreted as an attack).

If there is any increase in agitated behaviour disengage and leave the immediate vicinity.

- If necessary summon assistance of trained staff and the Police if appropriate. Be aware that the use of untrained and un-briefed colleagues could escalate a violent situation.

- Staff should only enter an area to negotiate with an aggressor in an attempt to de-escalate the aggressive behaviour if staff trained in physical interventions are present.

- The member of staff in charge of an incident need not be the most senior. It should be the best trained and most experienced V&A trained staff member and if possible one who has had dealings with the aggressor.

- A medical condition should not be the only reason for an aggressive patient to remain on a ward or department; the risk to patients, staff and visitors should be a priority.

- V&A trained staff should risk assess the situation and make the decision whether or not a patient should be excluded.

4. Advice on restraint

Restraint should always be a last resort and the risk of personal injury to patients, staff & visitors should be minimised;

- Restraint can only be used in non - life threatening situations and by staff acting under the bounds of Common Law,

- Violent situations should be dealt with by no less than 2 trained members of staff or the Police.

- All restraints must be documented via the Datix system including techniques deployed and approximate duration of the intervention.

5. Brandishing a weapon

Action to be taken if an individual is brandishing a weapon:

- phone the police immediately,

- clear the immediate area, discreetly if possible, of patients, other members of the public and staff,

- do not approach the individual or antagonise them, on no account attempt to disarm them when the police arrive, brief them of the situation and provide what assistance they require.

6. Abusive telephone calls

Managing abuse on the telephone

- hear the person out and do not interrupt. Wait until they are ready to listen;

- if someone is being abusive, tell them clearly that you want to help but you will not accept bad language or those threats;

- if the call is too distressing for you to continue, say "please wait a moment" and call immediately for assistance from your manager;

- if there is no-one to pass the call on to and the abuse continues; explain (politely and calmly) that you will not be able to help the person if the abuse continues. Suggest to the individual that they would be welcome to ring back when they can speak more calmly, and that you remain keen to help them. Should the abuse continue, advise the caller that you are terminating the conversation and replace the receiver;

- report the incident as soon as possible and complete an incident form

Social Media

If someone is making threats of violence or harassing staff using social media sites e.g Facebook, Instagram, Twitter etc, this may constitute a criminal act. Do not respond to the posts. Report the abuse to your line manager and also report this to the Police to be dealt with using appropriate criminal justice powers under 'The Criminal Justice (Scotland) Act 2016.

7. Prevention of musculoskeletal problems arising out of violent incidents Board's responsibility.

The Board will make every effort to ensure that staff are encouraged to consider all aspects of their own safety when applying this policy. Musculoskeletal risks arise from all work practice and largely can be controlled, however in the event of a violent incident the priority given to management of the musculoskeletal risk may be lowered by the individual involved.

7.1 Managers responsibility.

Managers must consider the risk to the individual member of staff from the physical nature of a violent event. Should an incident occur, refer the staff member to Occupational Health for a TRiM Assessment.

7.2 Employees responsibility.

Employees must consider the impact on themselves from the postures they adopt whilst participating in either the training or a controlling station.

Training refers to "Use of reasonable force" the very fact that force is required means that there will be muscle effort sustained for the duration of the event or that there may be several episodes of great force applied during the activity. Employees are at risk from subsequent routine activities related to handling or other tasks involving potentially awkward postures.

APPENDIX D

STAFF ACTION FOLLOWING A VIOLENT INCIDENT

Action to be taken after a violent incident, including violence against property:

- Complete a Datix incident report from as soon as possible after the event whilst the details are still fresh.

- Talk with a senior member of staff about the incident. This will allow you to share some of the fear and distress you will have experienced whilst allowing the senior member of staff to establish whether you are fit to carry on with your duties or should be allowed a break.

NB When police have been involved this should be conducted after any police interview and statement has been undertaken, in order to protect evidence.

A copy of any statement given to the police should be retained by the member of staff

Consideration should be given by the Departmental Manager or Head of Service to holding a group debriefing to allow staff;

a) the opportunity to talk openly;

b) to express their feelings;

c) to think constructively about the support they want from family, friends and colleagues;

d) consider the use of the Board's counselling service in the Occupational Health Department.

e) following-up the Datix report and annotated with management's actions as part of the investigation process and review of the risk assessment.