



**Guidance on the implementation of the
Management of Violence and Aggression Policy
within the Acute Division**

**Standards of Behaviour Protocol & Guidance
for Patients and Visitors**

July 2012

Lead Manager:	D Johnston
Responsible Director:	Ian Reid
Approved by:	Health and Safety Forum
Date approved:	July 2012
Date for Review:	July 2015
Version:	2.0
Replaces previous version:	1.0

TABLE OF CONTENTS

1. INFORMATION	3
1.1 INTRODUCTION	3
1.2 STANDARDS OF BEHAVIOUR	4
1.3 PROCEDURES	4
2. PROCEDURE AND RESPONSIBILITIES	6
2.1 PROCEDURE FOR CARE	6
2.2 RESPONSIBILITIES	6
2.3 GENERAL MANAGER RESPONSIBILITY	7
3. IMPLEMENTATION CHECKLIST	8
4. YELLOW CARD PROCEDURES	9
4.1 YELLOW CARD - PATIENT	9
4.2 YELLOW CARD - VISITOR	10
4.3 LETTER TO GP	11
4.4 LETTER TO PATIENT OR VISITOR	12
5. RED CARD CHECKLIST	13
APPENDIX 1 Staff guidance flowchart for visitors	14
APPENDIX 2 Staff guidance flowchart for patients	15
APPENDIX 3 Guidance for Staff	16
APPENDIX 4 Debriefing post incident checklist	18
APPENDIX 5 Post incident review care pro-forma	19

1. INFORMATION

1.1 Introduction

Statement

NHSGGC Acute Division is committed to the implementation of all health and safety legislation, the protection of employees from workplace hazards and the promotion of health & wellbeing. This protocol & guidance document is a supplement to the Policy on the Management of Violence and Aggression and deals specifically with the behaviours that are unacceptable and the sanctions available in the face of such behaviour. Included is a mechanism whereby patients & visitors, who are extreme or persistent in their unacceptable behaviour, can as a last resort be excluded from NHSGGC Acute Division Hospitals. (Persistent unacceptable behaviour refers to behaviour both within one admission and/or over a number of separate attendances within any given period).

NHSGGC recognises that violence at work is a major issue potentially affecting everyone working on behalf of the organisation. This includes bank and agency staff, contractors, students and volunteers.

Staff have the right to be allowed to perform their duties without fear of abuse or assault. Any form of violence towards staff is unacceptable and NHSGGC has adopted the principles of Zero Tolerance campaign with regards to Violence & Aggression.

Where a patients/visitors behaviour presents a risk of harm to staff or others (*Any patient behaving unlawfully*) this should be reported to the police and the organisation will give guidance and support to staff involved.

Each area is responsible for carrying out a Management of Violence & Aggression training needs analysis; this will help identify any risk and training need required for Acute Division employees who may need Management of Violence & Aggression training.

Any Ward/Department or General Area which has the potential for violence or aggression must carry out a risk assessment; refer to

- Health & Safety Management Manual, 8.3.1
- NHSGGC Policy on the Management of Violence & Aggression

Additionally there may be the need to carry out an individual risk assessment for persons who do not follow the required standards of behaviour.

Exemptions

There will be circumstances where the application of the protocol and guidance may be inappropriate, as follows:

- Patients who, in the judgement of a relevant clinician, are not competent to take responsibility for their action e.g. due to dementia
- Patients who, in the judgement of a relevant clinician, require emergency treatment; and
- The treatment of young persons, in the judgement of a relevant clinician, who are not competent to take responsibility for their action or require emergency treatment;

Each case will be looked at individually to ensure that the need to protect healthcare staff is properly balanced with the need to provide health care.

Exemptions are only relevant to patient groups and do not apply to visitors.

1.2 Standards of behaviour

The following are some examples of unacceptable behaviour, which will not be tolerated:

- Physical violence.
- Threats or threatening behaviour.
- Inappropriate sexual touching.
- Offensive sexual gestures or behaviours
- Derogatory racial or sexual remarks.
- Threatening or abusive language involving excessive swearing or offensive remarks.
- Malicious allegations relating to members of staff, other patients or visitors.
- Excessive noise, e.g. loud or intrusive conversation or shouting.
- Abusing alcohol or drugs in hospital. *(However, all medically identified substance abuse problems will be treated appropriately.)*
- Drug dealing.
- Wilful damage to hospital property.
- Theft.
- Stalking

1.3 Procedures

Informal Warning

1. Following any unacceptable behaviour the person in charge of the ward/department will explain to the patient or visitor that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future. Inform the individual that this is an informal warning and will be documented in patient's notes. Complete Datix report form.

Formal Verbal Warning

2. If the behaviour continues, the department manager or responsible clinician will give a formal verbal warning about the possible consequences of any further repetition. (Document in patients notes and complete Datix report form).
3. Ward /departments should be aware of other sanctions for failure to comply. This could result in patient/visitor being asked to leave or police being called.

Formal Written Warning

4. Failure to subsequently desist will result in a formal written warning (or "Yellow Card" - see section 4) and the application of the Procedure for Care.

Procedure for Care

As long as the patient desists from behaving unacceptably he/she can expect the following:

- Their clinical care will not be affected in any way;

- A copy of the Confirmation of the Procedure for Care of Individuals who show unacceptable behaviour will be filed in the relevant General Manager's (GM) office and a copy will also be kept in the patient's notes. Where possible electronically tag patients notes.
- The GM will be informed through the service line management structure.
- The organisation will fully investigate all valid concerns raised by the patient.
- The Procedure for Care will normally lapse after one year unless there is an identifiable risk.

Failure to comply with the Procedure for Care can, at the request of the relevant GM / Chief Executive or Chief Operating Officer and in consultation with the relevant Clinician in charge of the patient's care, result in exclusion from NHSGGC Acute Division premises, (a "**Red Card**").

If an excluded patient has an identified clinical need which requires to be addressed, the responsible clinician must, as a minimum, inform the patient's GP of the situation.

In addition to this, there may be cases where it is appropriate for the responsible clinician to advise or make recommendations as to alternative arrangements based on their knowledge of other services provided in the NHS and their assessment of the clinical position. Such advice or recommendations may be best made to the patients by their GP.

Where urgent treatment is required in an emergency, the exclusion procedure will not apply in any event.

In the event of an excluded individual presenting at Accident and Emergency for emergency treatment, that individual will be treated and stabilised with, if necessary, police in attendance.

- The organisation will request through the Procurator Fiscal the application of the maximum penalties available in law to any patient/visitor who behaves unacceptably.
- NHSGGC reserve the right to exclude patient/visitors from any NHSGGC Acute premises.
- This may include seeking an injunction from the courts to ban patients/visitors from NHSGGC Acute Division premises.

Notification of other NHS providers

In the event of a patient or visitor being excluded from our provided services under this protocol, with the aid of legal advice where appropriate, consideration should be given on a case by case basis as to the extent to which the exclusion and reasons for it should be shared with other local NHS service providers and other agencies. Refer to Multi Agency Public Protection Arrangements (MAPPA) guidance, which may include child protection.

2 PROCEDURE AND RESPONSIBILITIES

2.1 Procedure for Care

The Procedure for Care can only be issued up to 6 months after the incident has occurred. This can be extended to cover exceptional or multiple incidents.

1. All examples of unacceptable behaviour must be reported in Datix.
2. In the event of unacceptable behaviour by a patient or visitor, a formal verbal warning to be given by the person in charge of ward/department.
3. If necessary, contact police/security/incident response team. Consideration can be given to the removal of patient/visitor.
4. In the event that any member of staff feels that a Procedure for Care may be appropriate, he/she should contact the relevant senior manager/hospital night co-ordinator.

2.2 Responsibilities

It is the responsibility of senior management to undertake the following:

- Take full details of the incident and the staff members concerns, document them and decide whether a Procedure for Care is required. Wherever possible, witnesses should provide a signed statement of events.
- If the patient or visitor has left the hospital premises, the issuing of the Procedure for Care is issued directly from the General Manager.

If a Procedure for Care is required when the patient/visitor is within hospital premises:

- Inform and seek advice from the patient's consultant or senior member of the medical team, or their GP if necessary.
- Inform the patient or visitor of the staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
- Complete all patient details on the Yellow Card - Confirmation of Procedure for Care of Individuals who exhibit unacceptable behaviour (Section 4).
- **At your discretion- taking into account the risk of escalation-** ask the patient or visitor to sign the Yellow Card - Confirmation of Procedure for Care of Individuals who are behaving unacceptably (hereafter referred to as the Confirmation of Procedure for Care). If the patient or visitor refuses to sign, this should be documented, and explained to the patient or visitor that the document will be valid with or without their agreement and that the patient's GP will be notified.
- Ensure that a relevant member of staff witnesses the explanation to the patient or visitor and signs the Confirmation of Procedure for Care.

- Give the patient or visitor a copy of the Confirmation of Procedure for Care and of the protocol itself **(excluding all appendices)**.
- Send a copy of the Yellow Card - Confirmation of Procedure for Care - to the General Manager. A copy must be kept in the patient's case notes
- Record the full process in the patient's medical and nursing documentation.
- Assess the needs of staff/patients, follow the debriefing checklist (Appendix 4)

2.3 General Manager Responsibility

If the patient or visitor has left the hospital premises, the issuing of the Procedure for Care is directly from the General Manager.

The General Manager responsible must:

- Prepare a copy of the standard letter (Section 5), for issue to the patient's GP; a copy of the Protocol should be attached.
- Prepare a copy of the standard letter (Section 6), for issue to the patient/visitor, via recorded delivery to the patient's/visitor's home address, if available.
- If a Red Card is issued, liaise with the Central Legal Office and Head of Administration as to the extent to which the exclusion and reasons for it should be shared with other local NHS service providers and other agencies (MAPPAs).
- Where a carer or parent of a child or young person is involved then the child protection procedures should be followed.
- Liaise with Service Director and Chief Executive or Chief Operating Officer.
- Liaise with local medical records manager to ensure that the patient management System (TRACKCARE) is annotated to reflect any warnings issued / risk to staff.

3 IMPLEMENTATION CHECKLIST

Unacceptable Behaviour Procedure for Care

If a Procedure for Care is required:

Be aware of own personal safety when issuing Procedure for Care.

Inform and seek advice from the patient's consultant or senior member of the medical team or their GP when considering invoking Procedure for Care.

Inform the patient or visitor of the staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.

At your discretion- taking into account the risk of escalation- ask the patient or visitor to sign the Confirmation of Procedure for Care. If the patient or visitor refuses to sign, this should be documented, and explained to the patient or visitor that the document will be valid with or without the patient or visitor's agreement.

Complete all patient details on the Confirmation of Procedure for Care of Individuals who exhibit unacceptable behaviour (Section 4: patients, Section 6: visitors).

Ensure that a relevant member of staff witnesses the explanation to the patient or visitor and signs the Confirmation of Procedure for Care.

Give the patient or visitor a copy of the Confirmation of Procedure for Care and of the protocol and guidance itself **(excluding all appendices)**.

Ensure that the incident that triggered the procedure is documented in full through the appropriate reporting procedures.

The incident/behaviour must be documented in the patient's medical and nursing notes.

Follow the debriefing checklist to ensure staff are properly supported.

Notify the General Manager.

4 YELLOW CARD PROCEDURES

4.1 YELLOW CARD - PATIENT

Confirmation of Procedure for Care following unacceptable behaviour.

Date

The consequences of a failure to comply with the Procedure for Care have been fully explained. I understand my GP will be informed.

*I agree to comply with the expected behaviours, set out in the protocol, under which care will be provided by NHSGGC Acute Division.

Signed

Date

**Delete if refused*

Name

CHI Number

.....

.....

(Initiator of Procedure)

(Witness)

Name:

Name:

Designation:

Designation:

Signed

Signed

Date

Date

Datix Ref No.

4.2 YELLOW CARD - VISITOR

Confirmation of Procedure for Care following unacceptable behaviour.

Date

The consequences of a failure to comply with the Procedure for Care have been fully explained. This may include informing patients GP.

*I agree to comply with the expected behaviours, set out in NHSGGC Standards of Behaviour protocol & guidance.

Signed Date

**Delete if refused*

Name

.....

(Initiator of Procedure)

(Witness)

Name:

Name:

Designation:

Designation:

Signed

Signed

Date

Date

Datix Ref No.

4.3 LETTER TO GP

Procedure for Care of individuals who fail to comply with the Standards of Behaviour

Date

GP's name and address

Dear

Re: Patient's name
Patient's address
Patient's date of birth
Patient's CHI number

The above individual is currently (insert as inpatient/ward and hospital or outpatient/dept. and hospital) at NHSGGC.

In order to protect other patients and members of staff, it has been necessary to instigate a Procedure for Care of Individuals whose standard of behaviour is unacceptable for the above named patient (a **Yellow Card**, see enclosed). The patient's unacceptable behaviour has resulted in the issuing of a formal written warning and that should their behaviour continue to be unacceptable, they may be excluded from NHSGGC Acute Division Services.

If you have any queries, please do not hesitate to contact:

.....(name and tel. no. of patient's consultant),

or

.....(name and tel. no.)

Designation.....

Yours sincerely

General Manager

Note: A copy of the procedure for care of individuals who are violent or abusive should be attached to this letter.

4.4 LETTER TO PATIENT OR VISITOR
Procedure for Care of individuals who fail to comply with the Standards of Behaviour - Letter to patient or visitor

Date

Patient's/ Visitor name
Patient's/ Visitor address

Dear

This is to formally confirm that due to your unacceptable behaviour onat.....
.....you are now subject to the conditions outlined in the Procedure for Care of Individuals who fail to comply with the standards of behaviour.

The first stage of the Procedure for Care has been applied to you and you will have received an explanation as to why you are subject to this procedure. You will also have a copy of the Procedure for Care to read.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour explained to you byand outlined in the Procedure for Care, you will become subject to the next stage of the Procedure which may involve your immediate removal from the healthcare premises by the police and subsequent exclusion from NHSGGC Acute HealthCare premises.

Yours sincerely

General Manager

For further information please contact..... (Through the complaints office).

5. RED CARD CHECKLIST

"Red card" / Exclusion-procedure checklist

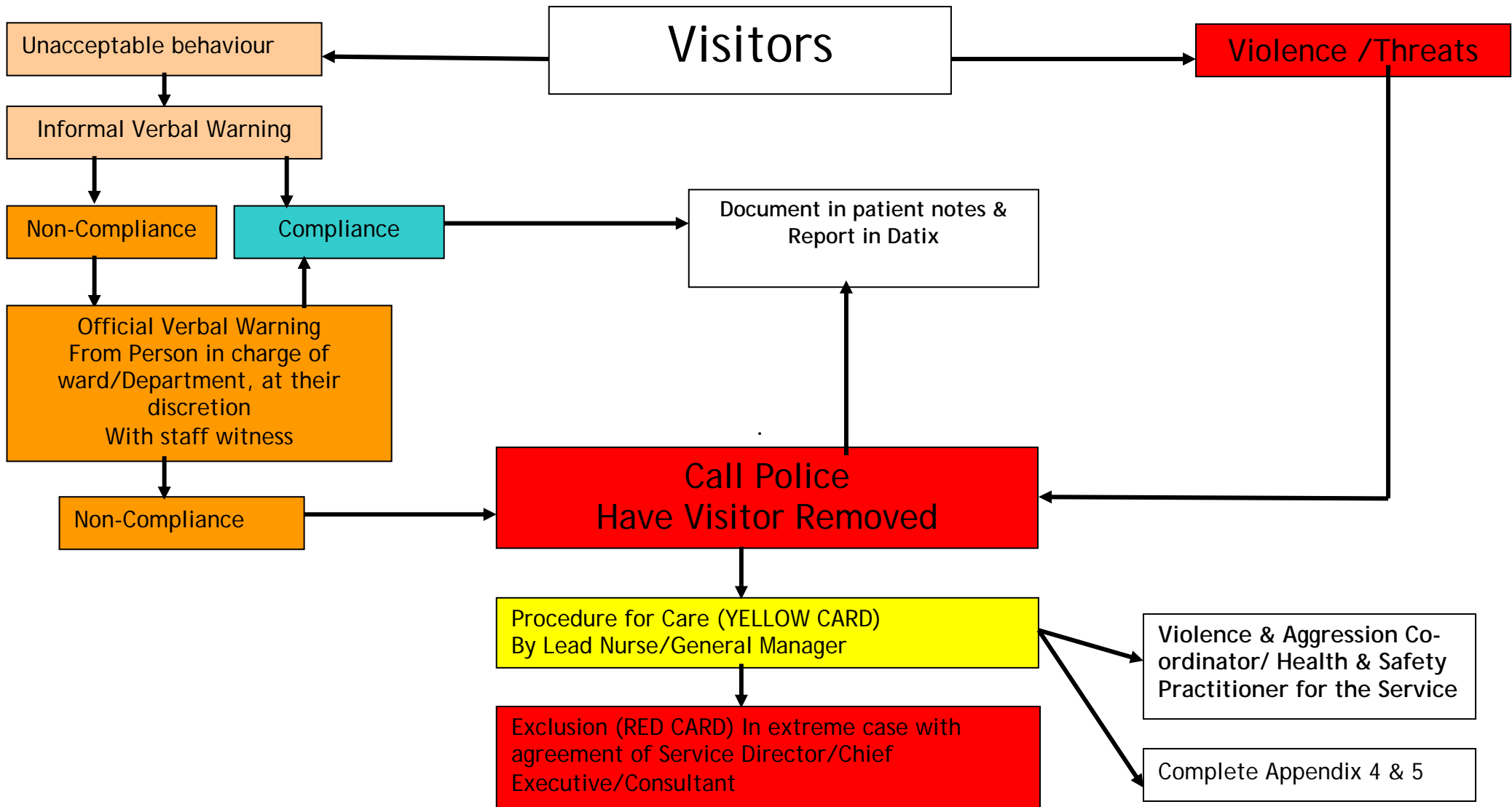
- The decision to exclude can only be taken by both the relevant General Manager /Service Director in conjunction with the Chief Executive/Chief Operating Officer with advice from the Consultant responsible for the patient's care. This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care in the normal manner.
- The responsible consultant must write to the patient's GP detailing the exclusion and the reasons for it.
- The patient or visitor must be informed that they may challenge exclusion via the established complaints procedure.
- The Medical Director/Service Director will facilitate the dispatch of written confirmation from the Chief Executive to the patient's or visitor's home.

The letter should include:

- Confirmation of the exclusion and reasons for it
 - That the exclusion will normally last no more than 12 months but may be extended
 - That the GP has been informed of the exclusion and whether the patient has any identified clinical need
 - Details of any alternative arrangements for care if appropriate
 - How the patient or visitor may challenge the exclusion via the complaints procedure
- A detailed record of the rationale for exclusion and of the alternative arrangements for care (if appropriate) should be kept in the patient's medical and nursing documentation.
- If an excluded individual returns in any circumstances other than a medical emergency, the police should be called immediately. NHS Greater Glasgow and Clyde Acute Division will subsequently seek legal redress to prevent the individual from returning to hospital premises
- Where a carer or parent of a child or young person is involved then the child protection procedures should be followed.

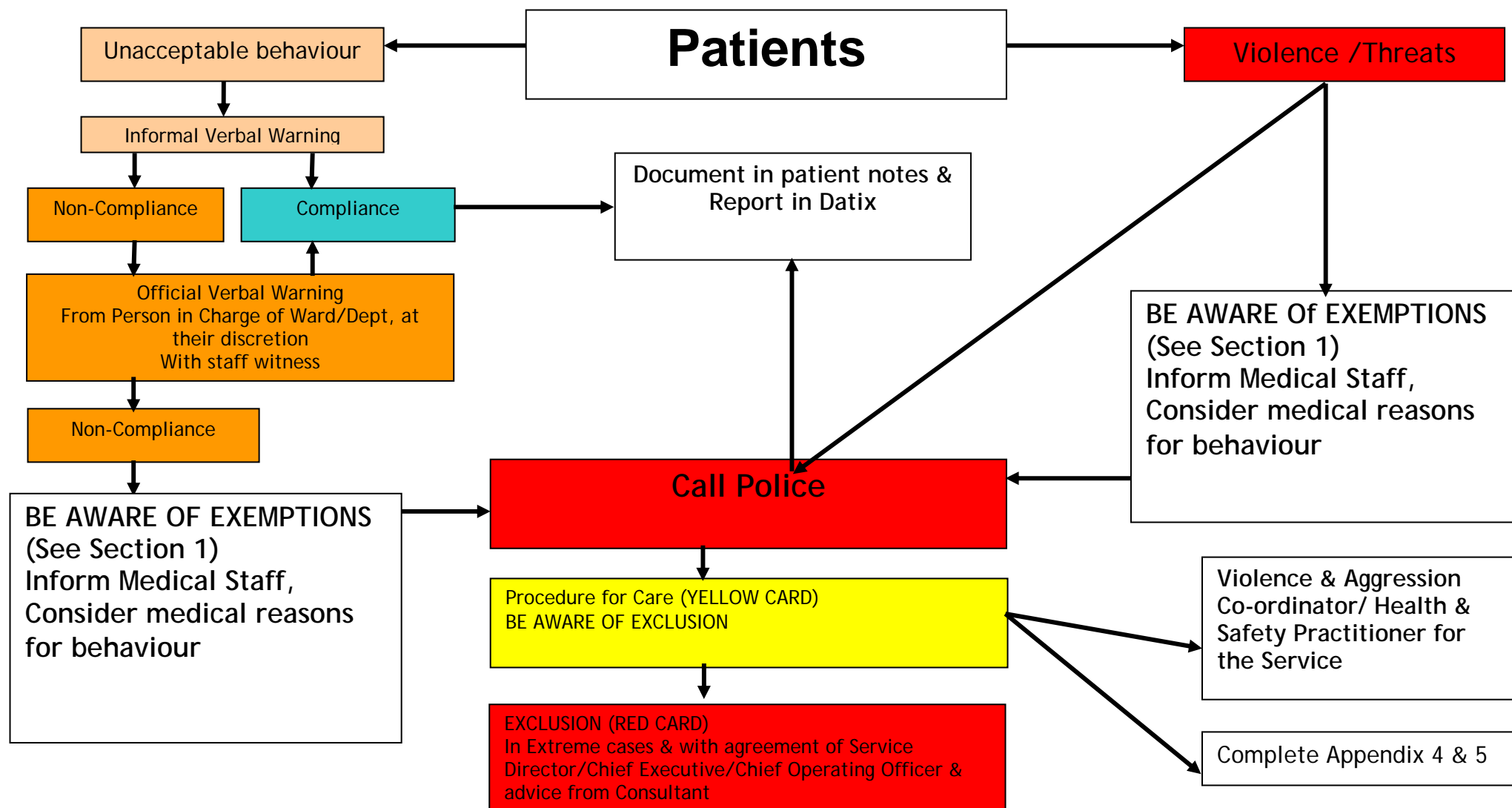
APPENDIX 1

Guidance for Unacceptable Behaviour Involving Visitors.



APPENDIX 2

Guidance for Unacceptable Behaviour Involving Patients.



APPENDIX 3

GUIDANCE IN HANDLING VIOLENCE AGAINST OUR STAFF AND PATIENTS

NHSGGC takes the health, safety and welfare of all its employees, patients and visitors very seriously. It believes that violence and /or aggression towards staff and others is unacceptable. Staff have the right to perform their duties without fear of abuse or violent acts from patients or members of the public.

No member of staff should consider violence or aggression to be an acceptable part of their employment.

Guidance on handling violent or abusive patient/visitor:

Dynamic Risk Assessment

Dynamic risk assessment is a way of continually assessing a situation as it unfolds. This can be done using the **SAFER** approach.

S Step Back

- Do not rush in – even to help someone else
- Physically step back, if possible, to help you see more and have a better opportunity of seeing correctly
- Mentally and emotionally step back – try to think clearly and rationally

A Assess Threat

- Identify potential dangers by consciously assessing with **POPS** (see below)

F Find Help

- Do not put yourself in a risk situation unless you have some help available or someone else knows that you are dealing with a difficult situation. Consider getting a colleague to telephone back to check you are safe.
- Seek help from other people nearby
- Seek support from a colleague or manager
- Call for trained staff if you anticipate serious escalation

E Evaluate Options

Having assessed the threat:

- If you are confident that you are able to deal with the situation then you should do so
- If you need assistance, don't try to deal with the situation until help arrives (or someone knows what you are doing)
- If there is a risk to you of physical assault – exit the situation as soon as you can do so safely

R Respond

- Respond using the most appropriate option
- Continually re-evaluate the situation and your responses
- Beware of complacency: we are often safer when an obvious threat is presented - as we prepare ourselves to deal with the situation

POPS

P Person/s

- Number, size and build, level of arousal – frustrated, angry or aggressive
- Visual signs of aggression, known history of the individual
- Consider the other person's appearance and behaviour
- Predictability of behaviour – learning disability, mental health, confusion, alcohol, drugs, disorientation?
- Influence of others

O Objects

- Specific weapons – possession of edged weapon or object
- Other nearby objects which could be used as a weapon
- Head, arms and legs – are you within range?

P Place

- Examples – isolated area, poor lighting, confined space, exits, stairways, noise, corridors, kitchen areas, onlookers

S Situation

- Examples – time of day, specific activity or task being performed, duty of care to others, ability to exit from the situation

When responding it is important to show that you are not a threat. This can be achieved by using OPEN **PALMS**. An open handed gesture is a very powerful signal that you don't want to fight.

P Position

- Be aware of your exits. Also be aware that if you block the other person's exit it will impact on their 'flight' option. This may make them more likely to 'fight.'

A Attitude

- Display a positive and helpful attitude no matter how negative you may feel towards the other person. These signals should emphasise your willingness to help and your desire to find a solution to the problem.

L Look and Listen

- Use 'normal' eye contact. Never stare fixedly at the other person as this can convey aggression. Use 'active' listening skills like head nodding, repeating back phrases and acknowledging that you understand what the other person is saying.

M Make Space

- Maintain a comfortable distance using an OPEN PALMS stance.

S Stance

- Stand at an angle (not 'square on') to the individual, with one foot behind the other and with relaxed shoulders.

APPENDIX 4

Debriefing Post Incident Checklist

Date .../.../.....

Ward/Dept

Hospital.....

Datix Ref No.....

Has the following information been obtained?	YES	NO	N/A
Identify staff/patient involved?			
Check on health & welfare of staff & patients involved in incident ?			
Ensure all appropriate care measures have been taken to treat any immediate injuries suffered by persons during incident?			
Has Datix entry been completed?			
Have Health & Safety, Violence & Aggression co-ordinator been contacted ?			
If aggressor remains in ward/dept, has Violence and Aggression risk assessment been carried out?			
Has remedial action been implemented?			
Collect signed & dated witness statement from relevant persons			
Has an incident investigation been carried out?			
Has a incident care review pro-forma been completed ?(appendix 5)			

Completed by.....

Post Incident Care Review Pro-Forma

Date .../.... /....

Ward/Dept

Hospital.....

Datix Ref No.....

The following should be completed by the relevant line manager after a serious assault or significant verbal abuse or threat to staff.

- 1. Has the member(s) of staff been offered support from Occupational Health or recommended they contact the Employee Counselling Service or Victim Support Agency?

.....
.....
.....
.....

- 2. Has the individual been provided with the contact details for Occupational Health and/or the Employee Counselling Service?

.....

- 3. Are there any immediate implications of member of staff returning to work if they have been absent, and have these been addressed?

.....
.....
.....
.....
.....

- 4. If the member of staff is absent, have you made arrangements or offered to visit them at home or agreed location? It may be appropriate to consider another work colleague visits them at home.

.....
.....
.....
.....
.....

5. If there is the possibility of the incident resulting in a court case, have you determined the support and accompaniment the member of staff may need. What action has been taken?
.....
.....
.....
.....
.....

6. Has a review or investigation been carried out regarding the incident. Have recommendations been made and implemented?
.....
.....
.....
.....
.....

7. Have staff been appraised of all relevant information regarding incident and any remedial action implemented?
.....

8. Have staff been informed of the outcome of any court proceedings?
.....

Remember:

- Ask staff member views on post incident follow up.
- Ask what could have been done better during incident and follow up.
- Be available to meet and/or discuss incident further.
- Thank members of staff for help during incident.

This information must be clear to all concerned to ensure that we learn from the incident. This form is confidential and should be retained by the line manager with a copy of the Datix entry and Investigation Report if undertaken.

Completed by.....