



Guidance on the implementation of the Management of Violence and Aggression Policy

Standards of Behaviour Protocol & Guidance for Patients and Visitors

Partnerships including Mental Health

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1. INFORMATION

1.1 Introduction

Statement

NHSGGC 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 (Ref:1) and deals specifically with the behaviours that are unacceptable and the sanctions available in the face of such behaviour. The Scottish Government (Ref:2) has informed NHS Scotland that a sanction of withholding treatment from patients and exclusion of visitors is an option in extreme or persistent cases

Included in this protocol is a mechanism whereby patients & visitors, who are extreme or persistent in their unacceptable behaviour, can as a last resort be excluded from NHSGGC. (Persistent unacceptable behaviour refers to behaviour both within one admission and/or over a number of separate attendances within any given period. E.g. this could be 1 extreme or major incident or several moderate incidents as rated by severity in Datix. Refer to Incident Management Policy - Risk Matrix Ref:3). This mechanism consists of 4 stages as outlined in Section 2 and includes a 'Procedure for Care' which states requirements for the patient to continue receiving care and the consequences if they continue their unacceptable behaviour.

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 should not come to work expecting to be assaulted. They have the right to work in safe environments with safe and effective working practices without the fear of abuse or assault. NHSGGC expects that patients and visitors conduct themselves in a respectful manner.

The victim of any assault has the absolute right to report the matter to the police. If the victim does not report the matter, the benefits and potential risks of involving the police need to be considered on an individual basis. Involvement of the police must be based mainly on severity of the incident and the risk of recurrence. (Ref; 4) Where incidents are reported to the police the organisation will give guidance and support to staff involved.

Where there is imminent danger to staff, patients or others the nurse in charge of the ward/department can deny entry to a visitor or ask them to leave. If they refuse then the nurse in charge should call the Police.

Where staff work within joint/integrated teams, including those based in non healthcare premises, consideration should be taken of local authority policies.

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, including a lack of capacity arising from mental illness.
- 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 to the patient.

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

1.2 Examples of Unacceptable behaviour

The following are some examples of unacceptable behaviour, which will not be tolerated and includes abuse via telephone calls and electronic systems:

- Physical violence.
- Threats or threatening behaviour.
- Inappropriate or offensive sexual gestures or behaviours.
- Derogatory racial, religious, disability, homophobic, sexual orientation or other highly personal 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 on any NHSGGC site. *(However, all medically identified substance abuse problems will be treated appropriately.)*
- Drug dealing.
- Wilful damage to hospital property.
- Theft.
- Stalking.
- Videoing or audio recording without consent.

1.3 Responsibilities

Managers for areas which have the potential for violence and aggression must carry out a risk assessment; refer to

- Health & Safety Management Manual(8.3.1)
- NHSGGC Policy on the Management of Violence & Aggression
- Area specific guidance on managing violence and aggression

Additionally there may be the need to carry out an individual risk assessment for the minority of persons who present a risk to ensure the safety of staff, patients and others.

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 employees who may need Management of Violence & Aggression training.

1.3.1 Senior and Line Managers

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 premises, the issuing of the Procedure for Care is issued directly from the General / Service Manager.

If a Procedure for Care is required when the patient/visitor is on site:

- Inform and seek advice from the patient's consultant or senior member of the medical team, or their GP / referring clinician 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 Confirmation of Procedure for Care of Individuals who exhibit unacceptable behaviour (Section 3).
- **At your discretion- taking into account the risk of escalation-** ask the patient or visitor to sign the Confirmation of Procedure for Care of Individuals who are behaving unacceptably (Section 3). 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 and referring clinician 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 a copy of the protocol itself **(excluding all appendices)**.

- Send a copy of the Confirmation of Procedure for Care - to the General/ Service Manager. A copy must be kept in the patient's case notes or locked cabinet in the case of a visitor.
- Record the full process in the patient's medical and nursing documentation.
- Assess the needs of staff/patients, follow the post incident checklist (Appendix 4)

1.3.2 General/ Service Manager Responsibility

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

The General Manager responsible must:

- Prepare a copy of the standard letter (Section 3.3), for issue to the patient's GP (and referring clinician); a copy of the Protocol should be attached.
- Prepare a copy of the standard letter (Section 3.4), for issue to the patient/visitor, via recorded delivery to the patient's/visitor's home address, if available.
- If the person is to be excluded, 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 (e.g. Local Authorities).
- Where a carer or parent of a child or young person is involved then the child protection procedures should be followed.

- Where a carer or guardian of a protected adult is involved then the adult support and protection procedures should be followed.
- Liaise with Service Director and Chief Executive or Chief Operating Officer.
- Where a patient or visitor is excluded from NHS GGC liaise with local medical records manager to ensure that the Patient Management System (eg. TRAKCARE) is annotated to reflect any warnings issued / risk to staff.

1.3.3 Clinician Responsibility

When a patient receives a formal written warning or is excluded, the responsible clinician must, as a minimum, inform the patient's GP and referring clinician 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 or referring clinician.

2. Implementation of Standards of Behaviour Protocol

Procedures

2.1 Informal Verbal Warning

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. Staff should work with patients to encourage, as far as possible, responsibility for appropriate behaviour. Inform the individual that this is an informal warning which will be documented in patient's notes. Complete Datix report form.

2.2 Formal Verbal Warning

- 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).
- Ward /departments should be aware of other sanctions for failure to comply. This could result in patient/visitor being asked to leave or if necessary, contact police/security/incident response team. Consideration can be given to the removal of patient/visitor.
- 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

2.3 Formal Written Warning

- Failure to subsequently desist will result in a formal written warning and the application of the Procedure for Care. (see below). This decision should involve consultation with carers and colleagues to determine whether behaviour is in keeping with usual functioning or something out of character and more likely to be a feature of illness.

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.

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/Service 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 should be reviewed after a year and only extended if there is an identifiable risk.

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 the 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 3.1: patients, Section 3.2: 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 post incident checklist to ensure staff are properly supported
- Notify the General/Service Manager

2.4 Exclusion

Failure to comply with the Procedure for Care can, at the request of the relevant GM / Director or Chief Executive and in consultation with the relevant Clinician in charge of the patient's care, result in exclusion from NHSGGC services.

When a patient receives a formal written warning or is excluded, 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.

- NHSGGC reserve the right to exclude patient/visitors from any NHSGGC service.
- This may include seeking an injunction from the courts to ban patients/visitors from NHSGGC sites.

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. This is particularly important within joint GGC/Local Authority teams. Refer to Multi Agency Public Protection Arrangements (MAPPA) guidance, which may include child or adult protection.

3 FORMAL WRITTEN WARNING TEMPLATES

3.1 FORMAL WRITTEN WARNING - 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 and referring clinician will be informed.

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

Signed

Date

**Delete if refused*

Name

CHI Number

.....

.....

(Initiator of Procedure)

(Witness)

Name:

Name:

Designation:

Designation:

Signed

Signed

Date

Date

Datix Ref No.

3.2 FORMAL WRITTEN WARNING - 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.

3.3 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/health centre) 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.(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.

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.

3.4 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 behaviour (enter behaviour used).....on.....at.....
.....you are now subject to the conditions outlined in the Procedure for Care of Individuals whose behaviour has been unacceptable.

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 healthcare premises.

Yours sincerely

General Manager

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

3.5 CONFIRMATION OF EXCLUSION 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 the seriousness of your behaviour.....
.....on.....at.....we have no
alternative, but to invoke the next stage of the procedure. This means that you are now
excluded from NHS GG&CHealthcare premises at.....

The only exception to this is if you require urgent treatment in an emergency. If you need to attend or be admitted to hospital, in the event of any emergency, you will receive full and appropriate medical care.

However, should you enter for any reason other than an emergency you will be asked to leave and the Police will be called.

For any other medical care you should contact your GP.

This exclusion will last for 12 months from today's date at which time it will be reviewed.

I enclose a copy of the Procedure for Care of Individuals for you to read.

If you wish to challenge this decision you should write to me explaining the reasons why you think we should not have taken these steps.

For further information please contact ----- at our complaints office on 0141 211 2558.

Yours sincerely

Chief Executive

4. EXCLUSION CHECKLIST

- The decision to exclude can only be taken by both the relevant General Manager /Service Director in conjunction with the Chief Executive 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:

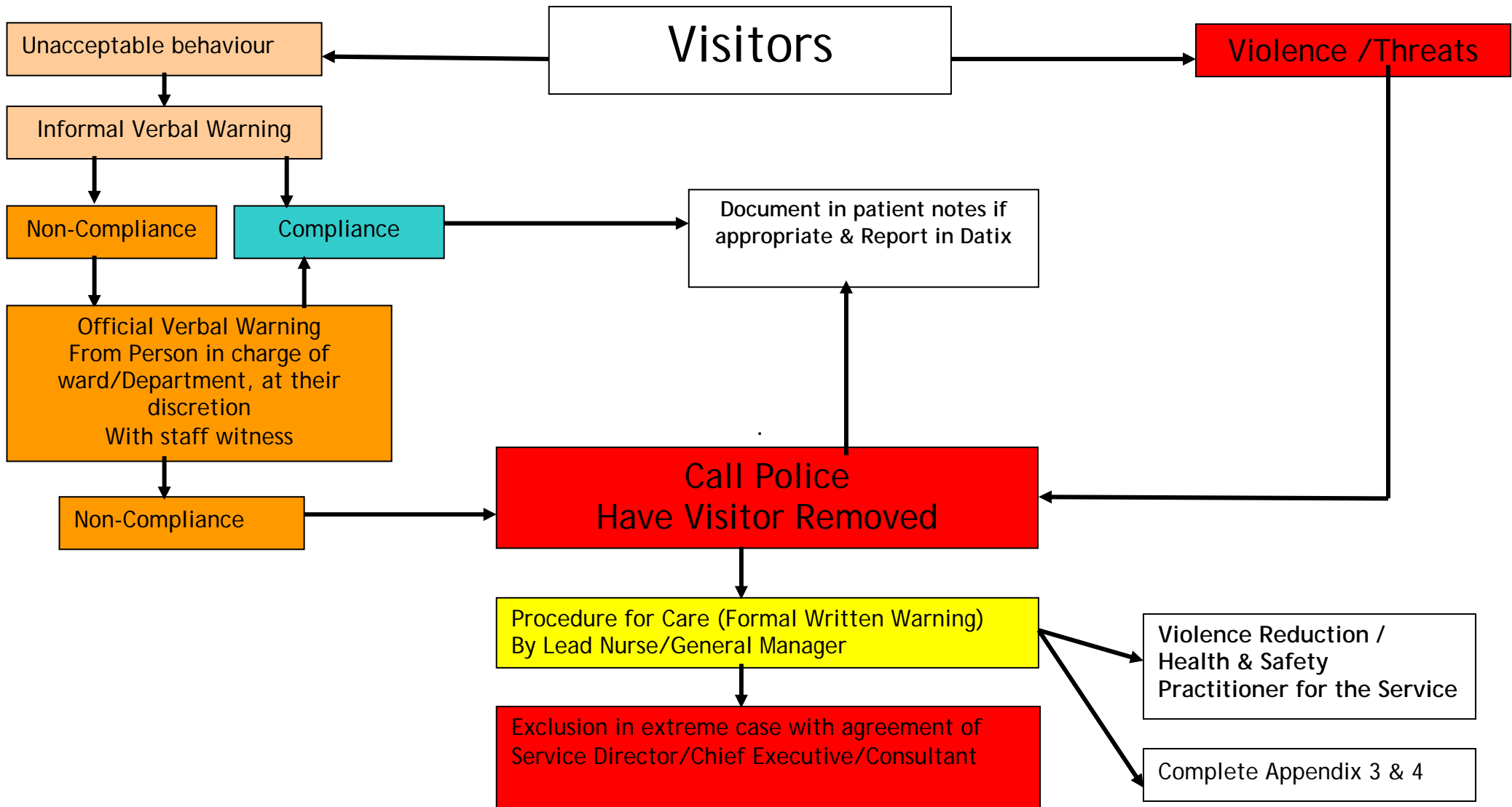
- Confirmation of the exclusion and the reasons for it
 - That the exclusion will normally last no more than 12 months but may be extended
 - That the GP has been informed of the exclusion and whether the patient has any identified clinical need
 - Details of any alternative arrangements for care if 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 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.

References

- 1: NHS GGC Policy on the Management of Violence and Aggression, on Staffnet
- 2: Managing Health at Work PIN Guidance, Scottish Government 2003
- 3: Incident Management Policy
- 4: Zero Tolerance; measuring response, Mental Welfare Commission for Scotland

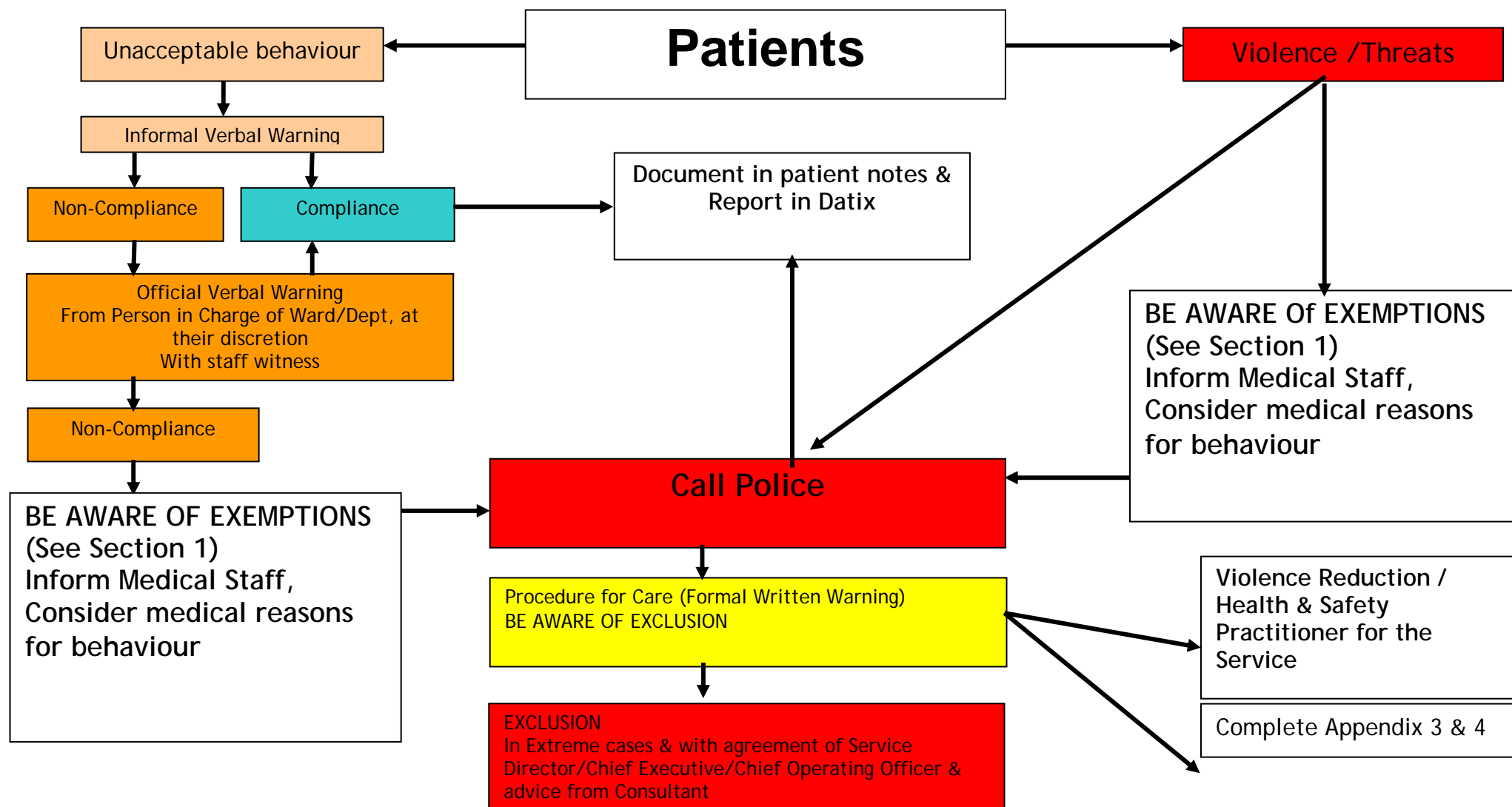
APPENDIX 1

Guidance for Unacceptable Behaviour Involving Visitors.



APPENDIX 2

Guidance for Unacceptable Behaviour Involving Patients.



APPENDIX 3

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 been contacted?			
If aggressor remains in ward/dept, has Violence and Aggression risk assessment been carried out?			
Has remedial action identified in risk assessment 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? Have you contacted NHS GGC Legal Department for support for staff?

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

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.....