Belfast Health and Social Care Trust

HSC

Title: Policy & Organisational Arrangements Relating to: A Zero Tolerance Approach To The Prevention and Management of Violence and Aggression In the Workplace	Ratified by relevant Executive Directors: **Yes** / No Dr A B Stevens Executive Medical Director
Ownership:	**Belfast Health and Social Care Trust**
Publication Date: **January 2008**	**Review due:** **January 2010**
Versions: **Version 1**	**Ref. No. TP002/08**

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POLICY STATEMENT

Zero Tolerance
'Is when all abuse against healthcare staff is totally unacceptable'
(Zero Tolerance Strategic Group (ZTSG) 2007)

There has been an increase in recent years in all forms of violence and aggression, whether verbal or physical, towards health and social care staff from patients, clients and members of the public.

It is the policy of the Trust to promote an organisational culture and develop associated structures that prevent aggression in the work place.

The Trust will strive towards a Zero Tolerance approach, and also recognises that there will be challenges / difficulties in achieving this in some areas of the organisation.

The Trust will seek to equip all staff with the appropriate attitudes, knowledge and skills to work with patients/clients in these situations.

The Belfast Health and Social Care Trust has appointed the Medical Director as the senior Director with responsibility for staff safety.

Each service director must develop or review, where appropriate, local procedures reflecting the ethos of this policy.

This approach must fit with the wider quality issues of clinical and social care governance and controls assurance.

The Trust is committed to ensure that all staff are/feel supported after they have experienced a violent or aggressive incident, including support in taking appropriate action.

W. McKee
Chief Executive

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1. INTRODUCTION

This Policy is intended to ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals. The patient/clients rights under articles 2,3,8,and 14 of the Human Rights act 1998 must be respected (appendix 1).

The policy is also underpinned by health and safety legislation, which places a duty on the Trust to provide a safe and secure environment and support for staff and others.

Staff must also take responsibility to ensure, so far as is reasonably practical, their own and others safety.

2. SCOPE AND OBJECTIVES

This is a Trust corporate policy and applies to all health and social care staff, students on placements and volunteers.

3. DEFINITIONS

The Zero Tolerance Strategic Group (ZTSG) has adopted the following definitions of verbal and physical abuse as defined by The Security Management Agency

Non-physical abuse- the use of inappropriate words or behaviour causing distress and/or constituting harassment.

Physical abuse - The application of force (intentional) against the person of another without lawful justification, resulting in physical injury or personal discomfort.

- ZTSG HSS (Gen) (3) 2007

The Trust further defines aggression as behaviour resulting in damaging or harmful effects (physical or psychological) on another person or persons. This includes:

- Verbal abuse.
- Non-verbal abuse. (E.g. stalking)
- Threats of physical abuse.
- Physical abuse.
- Threats of sexual abuse.
- Sexual abuse.
- Damage to property.

The above is inclusive of behaviour directed at staff, patients, service users, carers, students on placement and other persons carrying out authorised work on behalf of the Trust.

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4. RESPONSIBILITIES

4.1 Trust Board

The Trust Board has the responsibility for overseeing the health, safety and welfare of all its staff, patients, clients, contractors, visitors, volunteers, members of the public and others affected by the activities of the Trust. The Chief Executive and Directors are charged with delivering these responsibilities. The Directors are accountable through the Chief Executive to the Trust Board.

The Trust Board will endeavour to ensure that staff are provided with all possible support following an aggressive / violent incident.

4.2 Staff

All Staff have a responsibility to ensure that their behaviour towards clients/patients reflects an understanding of individual need.

Staff should be aware of the potential impact of their own behaviour and how this could precipitate or increase the severity of an incident of aggression.

Trust staff should endeavour to be aware of those factors, which could have an influence on clients presenting with aggressive behaviour.

Trust Staff are obliged to adhere to Trust policies and associated training at all times.

It is the legal responsibility of the organisation to provide safe systems of work, with employees having a responsibility to adhere to these safe working practices.

The existing law requires that individuals do not interfere with the rights of others, e.g. the use of physical intervention techniques. Such action can, however, be defended if it is intended to prevent harm to the patient, client or others. Trust Staff have a duty of care to clients/patients and their colleagues when an aggressive incident occurs.

This does not necessarily mean that they become directly involved in the management of an incident but they may be able to help in other ways e.g. summoning appropriate assistance, being available to support staff post incident or to report the incident.

4.3 Management Responsibilities

4.3.1 Chief Executive

The Chief Executive has overall responsibility and accountability for the health, safety and welfare of all clients, staff and others affected by the activities of the Trust. His responsibilities include:

- Ensuring that appropriate arrangements are in place within the Trust to manage the issue of aggression.

- Ensuring existing systems are in keeping with clinical and social care governance arrangements.

- Ensuring that effective systems for monitoring and review are available to quality assure these arrangements.

- To appoint a senior manager at director level to have responsibility for staff safety.

4.3.2 Medical Director

- Has overall delegated responsibility for staff safety, and ensures that sufficient qualified people are available to support health and social care staff affected by violence in the workplace

- Ensures a Zero Tolerance Policy and associated strategies for managing aggression toward staff are in place

- Ensures adequate arrangements are in place to meet training needs

- Ensures key indicators are in place to demonstrate a decrease in the number of violent attacks against staff and that these are regularly reviewed to ensure their efficacy and usefulness

- Chairs the Health and Safety Committee

4.3.3 Co-Director Risk and Governance

- Supports the Medical Director and ensures the development and communication to staff of the Zero Tolerance Policy and associated strategies

- Ensures clients/patients/visitors are aware that a zero tolerance approach exists and violence against staff is unacceptable.

- Identifies ways of working in partnership with the local PSNI and liaise with the Criminal Justice Agency to develop a common understanding of how perpetrators of aggression towards staff are managed

- Responsible for providing a risk management framework.

- Provides professional advice on the Trust-wide management of risk.

- Manages the process of reporting and monitoring incidents ensuring that managers and relevant agencies are kept informed and any significant implications highlighted.

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- Responsible for alerting other senior managers to significant risk issues.

- Manages the training function for risk reduction.

4.3.4 Directors & Co-Directors

- Ensure that their staff are aware of the Zero Tolerance policy and how it is to be implemented within their area.

- Ensure the development of any service specific local procedure fits within the trust wide policy approach

- Allocate resources (time, people and financial outlay) prioritising areas of highest risk.

- Ensure staff are adequately trained

- Ensure that appropriate risk assessments of aggressive behaviour associated with use of Trust services have been carried out in conjunction with staff, service users and carers.

- Ensure that any risks identified are managed appropriately through an agreed action-plan approach and reviewed regularly

- Are responsible for high level monitoring of incident patterns, to identify 'hot -spots' or high-risk areas, and the subsequent development of relevant management strategies.

- Ensure that all aggressive incidents are appropriately reported, investigated and monitored in line with the Trust's incident reporting procedure, (see Appendix 2 attached) and learning outcomes implemented.

- Ensure the communication of appropriate information regarding known significant risks to their staff and any others who may be affected.

- Ensure arrangements to support staff are implemented and monitor their effectiveness.

4.3.5 Line Managers

- Communicate the Zero Tolerance policy and how it is to be implemented to staff within their area.

- Provide Local Induction training for new staff.

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- Ensure that effective plans are in place to release staff for skills training

- Ensure training provided to their staff is formally recorded and that staff attend regular updates.

- Ensure that appropriate multi disciplinary/multi-agency risk assessments are carried out and kept up to date.

- Ensure all incidents are reported promptly in accordance with the Trust's Incident Reporting policy. Carry out relevant investigation of incidents.

- Arrange for comprehensive support for employees following an incident.

- Monitor and review staff practices regarding the management of aggressive incidents.

- Keep their line manager informed of any significant risks or implementation difficulties

- Communicate appropriate information about known relevant risks to their staff and any others who may be affected.

5. STAFF SUPPORT

The Trust wishes to promote a culture of support that will permeate throughout the organisation. The Trust will support any member of staff who has either been a victim of violence and aggression or who has provided assistance during a violent incident.

The form of support will be responsive to individual need and counseling and aftercare arrangements will be available to help victims and colleagues recover from such incidents.

This may also include:

- Support immediately after the incident within the department/unit (Group or individual).

- Opportunity to go off duty.

- Contact relative, friend or Trade Union representative.

- Taxi Home/Transport arrangements.

- Assistance and accompaniment to hospital.

- Ongoing managerial contact with individual in a considerate/ supportive manner.

- Long-term Support e.g. Staff Care, Occupational Health.

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Managers should be aware of the potential long-term effects of an incident and the incremental effects of a series of incidents on their staff.

If a member of staff feels it is necessary to pursue legal action against an aggressor in the context of their work the Trust will, where appropriate, offer support to staff through any legal process.

6. PUBLIC AWARENESS

The Trust will display public notices in appropriate places, as agreed by the relevant manager, displaying the agreed Trust Zero Tolerance statement.

Belfast Health And Social Care Trust

Trust staff are committed to treating patients and service users with courtesy, dignity and respect at all times.

In return, we expect our staff to be treated in a similar manner.

The Trust will take appropriate action against anyone who verbally or physically abuses health and social care staff.

William McKee 2007

7. POLICE LIAISON JUDICIARY ROLE

The Trust will work in partnership with their local PSNI and Criminal Justice Agency to reduce violence and aggression, to minimise its effects on staff, patients and the public and to implement the Zero Tolerance Policy.

The Trust recognises the legal right of employees and others to be protected by the police. The Trust may, in exceptional cases, instigate legal proceedings for those situations in the interests of Trust staff and the community.

This may be against the wishes of individuals who have suffered the consequences of aggression but it may be necessary for the protection of that individual and others including staff, patients, clients, visitors or in the interest of public safety.

The Trust's training programmes and service specific procedures should include guidance for staff on the recognition of those situations when it would be appropriate to call for the assistance of the police.

8. REVIEW

The policy will be reviewed within two years.

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9. EQUALITY SCREENING

This policy has been screened in accordance with the statutory requirements of Section 75, schedule 9 of the Northern Ireland Act 1998. The conclusions show that there has been no adverse impact in terms of equality or the promotion of good relations. The policy also demonstrates no potential or significant impact on stakeholders' human rights.

10. SIGNATURE

10 March 2008
_____   **Date** _____

Dr A B Stevens
Medical Director
On behalf of the Chief Executive

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REFERENCES:

Department of Health & Social Services and Public Safety (2007)
<u>Zero Tolerance On Abuse Of staff: Protecting Healthcare And Emergency Staff From Violence.</u> HSS (Gen) (3) 2007: Northern Ireland: Department of Health & Social Services and Public Safety.

<u>Sources of further information</u>

Department of Health & Social Services and Public Safety (2005)
<u>Human Rights Working Group on Restraint Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social services.</u> Northern Ireland: Department of Health & Social Services and Public Safety.

Department of Health & Social Services and Public Safety (2006)
<u>Zero Tolerance Strategic Policy and Best Practice Guidance.</u> Northern Ireland: Department of Health & Social Services and Public Safety.

National Institute for Health and Clinical excellence (2005) – <u>Violence:</u> <u>The Short Term Management Of Disturbed/Violent Behaviour In Inpatient Psychiatric Settings And Emergency</u> <u>Departments.</u> London: Royal College of Nursing

Royal College of Psychiatrists Research Unit. (1998),
<u>Management Of Imminent Violence, Clinical Practice Guidelines To Support Mental Health Services</u>. Occasional paper,
 Royal College of Psychiatrists

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Appendix1

Human Rights Act 1988
- Article 2 'Right To Life'
- Article 3 'Prohibition Of Inhumane Or Degrading Treatment'
- Article 8 'Right To Respect For Private And Family Life'
- Article 14 'Prohibition of Discrimination'

NMC Regulations

Appendix 2

REPORTING VIOLENT AND AGGRESSIVE INCIDENTS

Information is essential to assist in the reduction and prevention of incidents. Information underpins the need for staff development resources and the evaluation of training and/or other interventions following any incident (physical/verbal) and therefore incident form <u>must</u> be completed.

The Trust's Incident Reporting Procedure must be implemented throughout all Service Groups.

Examples of the types of incidents that should be reported and recorded within the Trust include:

a) Any incident involving injury, whether minor or serious, threats, racial, sexual, political or sectarian harassment and other forms of violence and aggression.

b) Any incident involving physical violence and injury by a patient to himself, other patients, to members of staff or to any other person, or any allegation of such an incident.

c) Any incident causing damage to hospital property or to the property of patients, staff or visitors.

d) Any incident where the Trust Security staff or the PSNI are required to attend.

e) Any incident, which could be classified as a 'near miss' which had the potential for a more serious outcome.

The importance of reporting incidents should be positively promoted by demonstrating how effective information collection and analysis can: -

➢ assist in the investigation of incidents
➢ identify significant risks
➢ inform changes in the physical environment
➢ review and revise risk assessments
➢ review local policies, training initiatives, and procedural arrangements for lone workers.
➢ Identify and disseminate lessons learned.

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Most importantly of all to support staff who have experienced an incident of violence and/or aggression and work with line managers to ensure that lessons to be learned are implemented and communicated throughout the Trust.

It is also important for staff to reflect on their own practice following such incidents.

Line managers must investigate incidents that occur within their area. However, serious incidents and those resulting in injury must involve the Corporate Risk Services & Service Group Governance Staff to ensure that the Trust complies with their legal responsibilities.

Lessons to be learned as a result of the investigation of such incidents will be fed back in a timely manner to the relevant Staff/Service Groups so that actions can be taken to prevent further similar occurrences.

Managers should monitor the frequency and severity of incidents in their area. Corporate Risk & Governance staff within the Office of the Medical Director can produce reports at agreed intervals / on request to assist managers.

Useful websites:

www.nisra.gov.uk

www.dhssps.gove.uk/stats&research/guides.asp

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Section 6: Signature and Authorisation

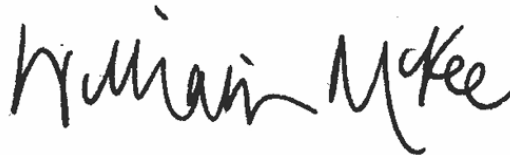## Template Completed By:

Name: Ann M Johnston, Senior Manager, Corporate Risk Services
       Veronica McEneaney, Health & Social Inequalities Manager

Directorate: Medical Director Corporate Service Group & Human Resources

Signature: ………………………………….... Date: 23 January 2008
          Dr. A B Stevens, Medical Director

Approved by: Policy Committee   Date: 28 January 2008

Chief Executive: …………………………..   Date: 13 February 2008

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**Belfast Health and
Social Care Trust**

Standards and Guidelines Committee

TYPE OF DOCUMENT x☐ Trust Policy for approval by Trust Policy Committee	
A Zero Tolerance Approach To The Prevention and Management of Violence and Aggression In the Workplace.	
Summary	Zero Tolerance *'Is when all abuse against healthcare staff is totally unacceptable'* (Zero Tolerance Strategic Group (ZTSG) 2007) It is the policy of the Trust to promote an organisational culture and develop associated structures that prevent abuse in the workplace and to minimize the adverse effects of abuse on staff should it occur.
Purpose	This Policy is intended to ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals. The trust recognises that both staff and those they provide services to have a right to be safe.
Operational date	April 2010
Review date	April 2013
Version Number	Version 2
Director Responsible	Dr Anthony Stevens
Lead Author	Anne Brannigan
Department / Service Group	Senior Manager Risk & Governance
Contact details	Anne Brannigan & Raymond Rafferty
Additional Author(s)	Risk & Governance
	Ann Johnston, Senior Manager Corporate Risk Services ███████████████ tel: ████████ ███████████████ te█████████

Reference Number	TP002/08
Supersedes	Version 1

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Version Record

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Date	Version	Author	Comments
March 2010	V 2	Anne Brannigan	Review of Belfast Trust Zero Tolerance Policy with comments from the consultation process
July 2010	V2	Ray Rafferty	Final draft amendments

Policy Record

		Date	Version
Author (s)	Approval		
Director Responsible	Approval		

Approval Process – Trust Policies

Policy Committee	Approval		
Executive Team	Authorise		
Chief Executive	Sign Off		

Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval	16/08/2010	V2
Policy Committee	Ratify	18/08/2010	V2
Executive Team	Authorise	20/08/2010	V2
Appropriate Director	Sign Off	21/08/2010	V2

Local Approval Process

	Approval		

Dissemination

Areas :	

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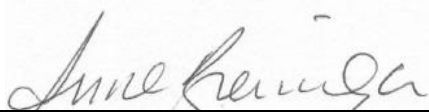
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Full Description

	A Zero Tolerance Approach To The Prevention and Management of Violence and Aggression In the Workplace.
1.	**Purpose:** This Policy is intended to ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals. The trust recognises that both staff and those they provide services to have a right to be safe.
2.	**Objectives:** This policy is intended to ensure • there is a safe and secure environment with support for staff, patients, service users, carers, students on placement and other persons carrying out authorised work on behalf of the Trust. • there is the promotion of an organisational culture and development of associated structures that prevent abuse to staff in the workplace and to minimize the adverse effects of abuse on staff should it occur. • the Trust will seek to equip staff with the appropriate attitudes, knowledge and skills to work with patients/clients in these situations. • the need to protect staff is properly balanced against the need to provide health and social care to individuals. • that patient/clients/staff's rights under the Human Rights act 1998 are respected. • that staff also take responsibility to ensure, so far as is reasonably practicable, their own and others safety. • the Trust will promote at all times a Zero Tolerance approach and will strive for full implementation across the organisation; the Trust recognises that there will be challenges / difficulties in achieving this in some areas of the organisation.
4.	**Policy Statement(s):** In line with the Department of Health, Social Services and Public Safety Circular HSS (Gen) (3) 2007 – "Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence", the Belfast Health and Social Care Trust is committed to; • The creation of a culture and environment where employees may undertake their duties without fear of abuse or violence. • Ensuring an organisational approach, underpinned by effective risk assessment and risk reduction to empower staff to plan for, prevent, react and if necessary recover from attack, this approach is applicable to all service areas. • Ensuring that staff are/feel supported after they have experienced a violent or aggressive incident, including support in taking appropriate action.

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- Ensuring the form of support will be responsive to individual need and counselling and aftercare arrangements will be available to help victims and colleagues recover from such incidents.

- Ensuring the Trust will work in partnership with their local PSNI and Criminal Justice Agency to reduce violence and aggression, to minimise its effects on staff, patients and the public and to implement the Zero Tolerance Policy.

- Recognising the legal right of employees and others to be protected by the police. The Trust may, in exceptional cases, instigate legal proceedings for those situations in the interests of Trust staff and the community. This may be against the wishes of individuals who have suffered the consequences of aggression but it may be necessary for the protection of that individual and others including staff, patients, clients, visitors or in the interest of public safety.

- Ensuring that the Trust's training programmes and service specific procedures include guidance for relevant staff on the recognition of those situations when it would be appropriate to call for the assistance of the police.

- Recognising the rights of individual members of staff to pursue legal action against an aggressor in the context of their work and will, where appropriate, offer support to staff through the legal process.

- The display of public notices in appropriate places, as agreed by the relevant manager, displaying the agreed Trust Zero Tolerance statement.

Belfast Health and Social Care Trust staff are committed to treating patients and service users with courtesy, dignity and respect at all times. In return, we expect our staff to be treated in a similar manner. The Trust will take appropriate action against anyone who verbally or physically abuses health and social care staff

Director Dr T Stevens
Printed Name
Date: Sept 2010

Author Anne Brannigan
Printed Name
Date: Sept 2010

Chief Executive
(For Trust Policies Only)

Date: Sept 2010

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Reference No:	TP002/08
1	**Title:** **A Zero Tolerance Approach To The Prevention and Management of Violence and Aggression In the Workplace.**
2	**Introduction:** Zero Tolerance ***'Is when all abuse against healthcare staff is totally unacceptable'*** (Zero Tolerance Strategic Group (ZTSG) 2007) Workplace violence and aggression includes any incident in which an employee is verbally or physically abused, threatened or assaulted by a service user, visitor, colleague or member of the public in circumstances arising out of his or her employment, whether they are on or off duty In line with the Department of Health, Social Services and Public Safety Belfast Health and Social Care Trust is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence. The Zero Tolerance Strategic Group (ZTSG) has adopted the following definitions of verbal and physical abuse as defined by The Security Management Agency **Non-physical abuse**- the use of inappropriate words or behaviour causing distress and/or constituting harassment. **Physical abuse** - The application of force (intentional) against the person of another without lawful justification, resulting in physical injury or personal discomfort. ZTSG HSS (Gen) (3) 2007 The Trust further defines aggression as behaviour resulting in damaging or harmful effects (physical or psychological) on another person or persons. This includes: • Verbal abuse. • Non-verbal abuse. (eg. Stalking, menacing behaviour) • Threats of physical abuse. • Physical abuse. • Threats of sexual abuse. • Sexual abuse. • Damage to property. The above is inclusive of behaviour directed at staff, patients, service users, carers, students on placement and other persons carrying out authorised work on behalf of the Trust.
3	**Purpose** This Policy is intended to ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals. The Trust recognises that both staff and those they provide services to have a right to be safe.
4	**The scope:** This is a Trust corporate policy and applies to all health and social care staff, students on placements and volunteers.

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5	**Objectives:**
	This policy is intended to ensure:
	• A safe and secure environment with support for staff, patients, service users, carers, students on placement and other persons carrying out authorised work on behalf of the Trust.
	• To promote an organisational culture and develop associated structures that prevent abuse to staff in the workplace and to minimize the adverse effects of abuse on staff should it occur.
	• The Trust will seek to equip staff with the appropriate attitudes, knowledge and skills to work with patients/clients in these situations.
	• That the need to protect staff is properly balanced against the need to provide health and social care to individuals.
	• That patient/clients/staff's rights under the Human Rights act 1998 are respected.
	• That staff also take responsibility to ensure, so far as is reasonably practicable, their own and others safety.
	• The Trust will strive towards a Zero Tolerance approach, and also recognizes that there will be challenges / difficulties in achieving this in some areas of the organisation.
	•
6.	**Roles and Responsibilities:**
	A. Trust Board are responsible for the implementation of the following points:
	1. The Trust Board has the responsibility for overseeing the health, safety and welfare of all its staff, patients, clients, contractors, visitors, volunteers, members of the public and others affected by the activities of the Trust.
	2. The Trust Board will endeavour to ensure that staff are provided with all possible support following an aggressive / violent incident.
	3.
	B. The Chief Executive has overall responsibility and accountability for the health, safety and welfare of all clients, staff and others affected by the activities of the Trust and for the implementation of the following;
	Chief Executive
	1. Ensuring that appropriate arrangements are in place within the Trust to manage the issue of aggression.
	2. Ensuring existing systems are in keeping with the Trust's Risk & Governance arrangements.
	3. Ensuring that effective systems for monitoring and review of the above arrangements are available

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	4. To appoint a senior manager at director level to have responsibility for staff safety.
	C. The **Medical Director** has overall delegated responsibility for staff safety, and is responsible for the implementation of the following: 1. To ensure that sufficient qualified people are available to support health and social care staff affected by violence in the workplace. 2. To develop and review the Zero Tolerance Policy and associated strategies for managing aggression towards staff and to ensure the implementation of same . 3. To communicate the Zero Tolerance On Abuse Of Staff: Regional Training Strategy For The Management Of Aggression And Violence 4. To ensure adequate arrangements are in place to meet training needs 5. To identify key indicators for the number of violent attacks against staff and to ensure that these are regularly reviewed to promote their efficacy and usefulness 6. To chair the Joint Health and Safety Committee at which discussion review and future planning in relation to violence and aggression will form part of the agenda.
	D. Co-Director Risk and Governance 1. Supports the Medical Director and ensures the development and communication to staff of the Zero Tolerance Policy and associated strategies 2. Supports the Medical Director in the Trust wide communication and implementation of Zero Tolerance On Abuse Of Staff: Regional Training Strategy For The Management Of Aggression And Violence 3. Ensures clients/patients/visitors are aware that a zero tolerance approach exists and violence against staff is unacceptable. 4. Identifies ways of working in partnership with the local PSNI and liaises with the Criminal Justice Agency to develop a common understanding of how perpetrators of aggression towards staff are managed 5. Develops the Risk Management Strategy. 6. Provides professional advice on the Trust-wide management of risk. 7. Manages the process of reporting and monitoring incidents ensuring that managers and relevant agencies are kept informed and any significant implications highlighted. 8. Has responsibility for alerting other senior managers to significant risk issues. 9. Ensures and manages the provision of mandatory training programmes provided by Risk & Governance to Service Groups.

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10. Strives towards ensuring that all training, identified through risk based training needs analysis, is delivered to an accredited/approved standard to ensure the quality and consistency of training across the Trust.

E. Each service director must develop or review, where appropriate, local procedures reflecting the ethos of this policy.

Directors & Co-Directors

1. Ensure that appropriate risk assessments of aggressive behaviour associated with use of Trust services have been carried out in conjunction with staff, service users and carers.

2. Ensure that any risks identified are managed appropriately through an agreed action-plan approach and reviewed regularly

3. Ensure a Zero Tolerance Risk assessment is completed in each of their service areas and that the training needs of staff are properly identified, implemented and monitored,

4. Ensure that effective plans are in place to release staff for skills training.

5. Ensure training provided to their staff is formally recorded and that staff attend regular updates / retraining as and when required.

6. Ensure that appropriate multi disciplinary/multi-agency risk assessments are carried out and kept up to date.

7. Ensure all incidents are reported promptly in accordance with the Trust's Incident Reporting policy. Carry out relevant investigation of incidents.

8. Arrange for comprehensive support for employees following an incident.

9. Monitor and review staff practices regarding the management of aggressive incidents.

10. Are responsible for high level monitoring of incident patterns, to identify "hot –spots" or high-risk areas, and the subsequent development of relevant management strategies.

11. Ensure that all aggressive incidents are appropriately reported, investigated and monitored in line with the Trust's incident reporting procedure and learning outcomes implemented.

12. Keep their line manager informed of any significant risks or implementation difficulties.

13. Communicate appropriate information about known relevant risks to their staff and any others who may be affected.

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F. Line Managers

1. Communicate the Zero Tolerance policy and how it is to be implemented to staff within their area.

2. Provide local induction training for new staff.

3. Ensure that effective plans are in place to release staff for skills training

4. Ensure training provided to their staff is formally recorded and that staff attend regular updates.

5. Ensure that appropriate multi disciplinary/multi-agency risk assessments are carried out and kept up to date.

6. Ensure all incidents are reported promptly in accordance with the Trust's Adverse Incident Reporting Policy and carry out relevant investigation of incidents.

7. Arrange for comprehensive support for employees following an incident. This may include:

   - Support immediately after the incident within the department/unit (Group or individual).
   - Opportunity to go off duty.
   - Contact relative, friend or Trade Union representative.
   - Taxi Home/Transport arrangements.
   - Assistance and accompaniment to hospital.
   - Ongoing managerial contact with individual in a considerate/ supportive manner.
   - Long-term Support e.g. Staff Care, Occupational Health.

8. Managers should be aware of the potential long -term effects of an incident and the incremental effects of a series of incidents on their staff.

9. Monitor and review staff practices regarding the management of aggressive incidents.

10. Keep their line manager informed of any significant risks or implementation difficulties

11. Communicate appropriate information about known relevant risks to their staff and any others who may be affected.

G. All Staff are responsible for compliance with the following points:

1. It is the legal responsibility of the organisation to provide safe systems of work, with employees having a responsibility to adhere to these safe working practices or report to their line manager if they are experiencing difficulties in adhering to these systems.

2. Trust Staff are obliged to adhere to Trust policies and associated training at all times.

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		3. All Staff have a responsibility to ensure that their behaviour towards clients/patients reflects an understanding of individual need.
		4. Staff should be aware of the potential impact of their own behaviour and how this could precipitate or increase the severity of an incident of aggression. Trust staff should endeavour to be aware of those factors, which could have an influence on clients presenting with aggressive behaviour.
		5. Communicate appropriate information about known relevant risks to colleagues and any others who may be affected. *If in doubt about which information it is appropriate to share, staff should seek guidance from their line manager.*
		6. Reflect on practice and learning following an incident
		7. All Trust Staff have a duty of care to clients/patients and their colleagues when an aggressive incident occurs.
7	**The definition and background of the policy:**	
	There has been an increase in recent years in all forms of violence and aggression, whether verbal or physical, towards health and social care staff from patients, clients and members of the public. In line with the Department of Health, Social Services and Public Safety Circular HSS (Gen) (3) 2007 – "Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence", the Belfast Health and Social Care Trust is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.	
8	**Policy / Guideline description:**	
	This Policy describes how abuse on health & social care staff should be identified, assessed and managed within the Belfast Trust.	
9	**Policy statements:**	
	In line with the Department of Health, Social Services and Public Safety Circular HSS (Gen) (3) 2007 – "Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence", the Belfast Health and Social Care Trust is committed to the • Creation of a culture and environment where employees may undertake their duties without fear of abuse or violence. • To ensure an organisational approach, underpinned by effective risk assessment and risk reduction to empower staff to plan for, prevent, react and if necessary recover from attack, this approach is applicable to all service areas. • The Trust is committed to ensuring that all staff are/feel supported after they have experienced a violent or aggressive incident, including support in taking appropriate action.	

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- The form of support will be responsive to individual need and counseling and aftercare arrangements will be available to help victims and colleagues recover from such incidents.

- The Trust will work in partnership with their local PSNI and Criminal Justice Agency to reduce violence and aggression, to minimise its effects on staff, patients and the public and to implement the Zero Tolerance Policy.

- The Trust recognises the legal right of employees and others to be protected by the police. The Trust may, in exceptional cases, instigate legal proceedings for those situations in the interests of Trust staff and the community. This may be against the wishes of individuals who have suffered the consequences of aggression but it may be necessary for the protection of that individual and others including staff, patients, clients, visitors or in the interest of public safety.

- Ensure that the Trust's training programmes and service specific procedures include guidance for staff on the recognition of those situations when it would be appropriate to call for the assistance of the police.

- The Trust recognises a member of staffs right to pursue legal action against an aggressor in the context of their work and will, where appropriate, offer support to staff through the legal process.

- The Trust will display public notices in appropriate places, as agreed by the relevant manager, displaying the agreed Trust Zero Tolerance statement.

  Belfast Health And Social Care Trust staff are committed to treating patients and service users with courtesy, dignity and respect at all times. In return, we expect our staff to be treated in a similar manner. The Trust will take appropriate action against anyone who verbally or physically abuses health and social care staff.

10	Source(s) / Evidence Base:
	Department of Health & Social Services and Public Safety (2005) Human Rights Working Group on Restraint Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social services. Northern Ireland: Department of Health & Social Services and Public Safety. Department of Health & Social Services and Public Safety (2006) Zero Tolerance Strategic Policy and Best Practice Guidance. Northern Ireland: Department of Health & Social Services and Public Safety. National Institute for Health and Clinical excellence (2005) – Violence: The Short Term Management Of Disturbed/Violent Behaviour In Inpatient Psychiatric Settings And Emergency Departments. London: Royal College of Nursing Royal College of Psychiatrists Research Unit. (1998), Management Of Imminent Violence, Clinical Practice Guidelines To Support Mental Health Services. Occasional paper, Royal College of Psychiatrists

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	An Evaluation Of Training On The Management Of Violence Against Staff Within Health & Social Care Organisations In Northern Ireland February 2007. Beeches Management Centre The policy is also underpinned by the following health and safety legislation, which places a duty on the Trust to provide a safe and secure environment and support for staff and others and to undertake risk assessments. Health & Safety at Work (NI) Order 1978, as amended Management of Health & Safety at Work Regulations (NI) 2000
11	**References, including relevant external guidelines:** Zero Tolerance On Abuse Of staff: Protecting Healthcare And Emergency Staff From Violence. HSS (Gen) (3) 2007: Northern Ireland: Department of Health & Social Services and Public Safety. Zero Tolerance On Abuse Of Staff: Regional Training Strategy For The Management Of Aggression And Violence HSS (Gen) (5): 2008. Northern Ireland: Department of Health & Social Services and Public Safety. Human Rights Act 1998
12	**Consultation Process:** This policy has been revised in collaboration with the Trust's Risk & Governance department, Co-Directors and Senior Managers throughout the Trust. Consultation with staff and their trade union representatives during development and introduction of a policy is a legal requirement and it will also help to enhance employee relations, ref: Health & Safety (Consultation with Staff) Regulations (NI) 1966 and The Safety Representatives and Safety Committee Regulations (NI) 1979.
13	**Equality and Human Rights screening carried out:** In line with its duties under equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment. x☐ Screening completed ☐ Full impact assessment to be No action required. carried out.
14	**Procedures:** These procedures are included as part of the responsibilities section above
15	**REVIEW** The policy will be reviewed within three years.

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| | **Belfast Health and Social Care Trust** | | **Reference No:** TP 02/08 |

Title:	**A Zero Tolerance Approach To The Prevention And Management Of Aggression & Violence Towards Staff In The Workplace**		
Author(s)	Anne Brannigan, Trust Advisor/trainer on management of aggression Tel: 028 950 46491 Caroline Parkes, Senior Manager Tel: 028 950 48992		
Ownership:	Dr Anthony Stevens, Medical Directors Office		
Approval by:	Policy Committee Executive Team	**Approval date:**	30.06.14 09.07.14
Operational Date:	June 2014	**Next Review:**	June 2017
Version No.	V3	**Supercedes**	V2 April 2010-2013
Key words:	Management of Aggression and Violence towards Staff		
Links to other policies	• General Health & Safety Policy • Restrictive Practices Policy • CS Spray Contamination • Adverse Incident Reporting Policy • Statutory Mandatory Training Policy		

Date	Version	Author	Comments
25/07/13	2.1	A Brannigan	Initial Draft
07/08/13	2.2	A Brannigan	Comments from Management of Aggression Team.
12/08/13	2.3	A Brannigan	Comments from Senior Manager Regulation & Improvement.
04/10/13	2.4	A Brannigan	Comments from Joint Health & Safety Committee.
03/04/14	2.5	A Brannigan	Comments from Assistant Medical Director.
01/07/14	3.0	A Brannigan	Final Version Issued

1.0   <u>INTRODUCTION</u>

This Policy is intended to ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals. The Trust recognises that staff and those they provide services to have a right to feel safe from threat and violence from others.

It is the policy of the Trust to promote an organisational culture and develop associated structures that prevent abuse of staff in the work place, and to minimise the adverse effects of abuse should it occur.

BHSCT recognises that the elimination of all abuse toward staff is unachievable but is committed to supporting managers and their staff teams in treating all incidents of abuse towards staff as unacceptable. Therefore all reasonable steps should be taken to prevent a reoccurrence of the incident or the reduction of adverse outcomes to their employees.

While the Trust has the responsibility for ensuring that a safe working environment is provided for staff, staff have a responsibility to recognise factors that may be contributing to a patient or service user's behaviour. Staff must ensure that any medical, psychiatric or cognitive factors are identified as part of an initial risk assessment when a patient/ service user displays aggressive, challenging or inappropriate behaviour. It would be advisable that a senior clinician from the appropriate team be involved in this risk assessment and subsequent management plan. (Refer to appendix1)

This policy makes recommendations on the management of aggression and violent behaviour (abuse) towards staff.
These recommendations are based within a multi-faceted legal framework.
This is to ensure quality and good practice when managing aggressive & violent behaviour towards staff.
Failure to act in accordance with this guidance may not only be a failure to act in accordance with best practice, but in some circumstances may have legal consequences. For example, any intervention used must be a reasonable and proportionate response to the risk it seeks to address.
Further clarity on legal and professional issues will be given to staff attending training on the management of aggression or can be gained from the Department of Legal Services.

1.1   Background

Zero Tolerance:
'Is when all abuse against healthcare staff is totally unacceptable'
(Zero Tolerance Strategic Group (ZTSG) 2007)

Workplace violence and aggression includes any incident in which an employee is verbally or physically abused, threatened or assaulted by a service user, visitor, colleague or member of the public in circumstances arising out of his or her employment, whether they are on or off duty.

In line with the Department of Health, Social Services and Public Safety Belfast Health and Social Care Trust is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.

The Zero Tolerance Strategic Group (ZTSG) has adopted the following definitions of verbal and physical abuse as defined by The Security Management Agency

Non-physical abuse - the use of inappropriate words or behaviour causing distress and/or constituting harassment.

Physical abuse - The application of force (intentional) against the person of another without lawful justification, resulting in physical injury or personal discomfort.
ZTSG HSS (Gen) (3) 2007

The Trust further defines aggression as behaviour resulting in damaging or harmful effects (physical or psychological) on another person or persons. This includes:
- Verbal abuse.
- Non-verbal abuse. (e.g. Stalking, menacing behaviour)
- Threats of physical abuse.
- Physical abuse.
- Threats of sexual abuse.
- Sexual abuse.
- Damage to property.

1.2   Purpose

The purpose of this policy is to express BHSCT commitment, in partnership with staff side, to the management of abuse toward staff in the workplace, and to ensure associated structures are in place to enable this outcome.

This policy will continue to enable the implementation of Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence HSS (Gen) (5): 2008. Northern Ireland: Department of Health & Social Services and Public Safety.

This policy is underpinned by health and safety legislation, which places a duty on the Trust to provide a safe and secure environment and support for staff and others and to undertake risk assessments.

Further relevant Trust policies may be accessed via the Intranet or via line managers.

1.3   Objectives

In line with the Department of Health, Social services and Public Safety Circular HSS(Gen) (3) 2007 – "Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence", Belfast Health & Social Care Trust is committed to the creation of a culture & environment where employees may undertake their duties without fear of abuse or violence by:

1.3.1 The promotion of an organisational culture and by developing associated structures that prevent abuse to staff in the workplace and to minimize the adverse effects of abuse on staff should it occur.

1.3.2 Providing a safe and secure environment with support for staff, patients, service users, carers, students on placement and other persons carrying out authorised work on behalf of the Trust.

1.3.3 Recognising that abuse toward staff may not be eliminated in all areas of the organisation but to commit to taking all reasonably practical steps to reduce the likelihood of the occurrence of abuse toward staff, ensuring staff have the appropriate skills to manage these situations and to minimising the effects of abuse should it occur.

1.3.4 Ensuring that the need to protect staff is properly balanced against the need to provide health and social care to individuals.

1.3.5 Respecting patient/clients/staff's rights under the Human Rights act 1998.

1.3.6 Ensuring **all** staff are aware that they have a vital role to play in these processes, and also take responsibility to ensure they take all reasonable steps to ensure their own and others safety.

2.0 SCOPE OF THE POLICY

This is a Trust corporate policy and applies to all health and social care staff, students on placements and volunteers, patients, clients, carers and visitors.

3.0 ROLES/RESPONSIBILITIES

3.1 Chief Executive

The Chief Executive has overall responsibility and accountability for the health, safety and welfare of all clients, staff and others affected by the activities of the Trust and is responsible for the following:

3.1.1 The creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.

3.1.2 To appoint a senior manager at director level to have responsibility for staff safety

3.2 Medical Director

The Medical Director has overall delegated responsibility for staff safety, and is responsible for the following:

3.2.1 Ensure that appropriate arrangements are in place to effectively manage the issue of abuse towards staff in the workplace.

3.2.2 To ensure adequate arrangements are in place to meet training needs identified through the regional strategy.

3.2.3 To ensure communication of the Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence.

3.2.4 To ensure that sufficient numbers of qualified people are available to support health and social care staff affected by violence in the workplace.

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3.2.5 The review of the Zero Tolerance Approach To The Prevention and Management of Aggression and Violence Towards Staff in the Workplace Policy and associated strategies and to ensure the implementation of same.

3.3 Co-Director Risk and Governance
The Co-Director for Risk & Governance supports the Medical Director and has responsibility for the following**:**

3.3.1 Ensuring the communication and review of The Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies.

3.3.2 Assisting the Medical Director in the Trust wide communication and on-going implementation of Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence

3.3.3 Liaising with Directorates to ensure that all training is identified through risk based training needs analysis and is delivered to an accredited/approved standard to ensure the quality and consistency of training across the Trust.

3.3.4 Ensuring and manages the provision of mandatory training programmes on the management of aggression & violence provided by Risk & Governance to Directors.

3.3.5 Ensuring that professional advice on the Trust-wide management of risk from aggression and violence toward staff is available.

3.3.6 Identifying ways of working in partnership with the PSNI and liaising with the Department of Legal Services to develop a common understanding of how perpetrators of aggression towards staff are managed

3.3.7 Managing the process of reporting and monitoring incidents of aggression & violence towards staff, ensuring that managers and relevant agencies are kept informed and any significant implications highlighted.

3.3.8 Alerting other senior managers to significant risk issues in relation to violence and aggression towards staff.

3.3.9 Ensuring clients/patients/visitors are aware that a zero tolerance approach exists and violence against staff is unacceptable.

3.3.10 Ensuring the availability of Public notices and supportive materials to directorates.

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3.4   Directors & Co-Directors
All other Directors and Co directors in the trust are responsible for the following:

3.4.1 Compliance with The Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies.

3.4.2 Ensuring that any development or review of local procedures on managing abuse towards staff reflects the ethos of this policy.

3.4.3 Compliance and on-going implementation of Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence

3.4.4 Ensuring a Zero Tolerance Regional Training Strategy Risk assessment is completed in each of their areas and that the training needs of staff are properly identified, delivered and monitored.

3.4.5 Ensure that appropriate risk assessment of aggressive behaviour associated with the use of their service have been carried out in conjunction with staff, service users and carers.

3.4.6 Ensure that all aggressive incidents are appropriately reported, investigated and monitored in line with the Trust's incident reporting procedure and that learning outcomes are implemented.

3.4.7 Responsibility for high level monitoring of incident patterns, to identify high-risk areas, and the subsequent development of relevant management strategies.

3.5   Line Managers
All line managers need to be aware of the potential impact of their staff team's behaviour and how this could precipitate or increase the severity of an incident of aggression and **are** responsible for the following:

3.5.1 Fostering an environment where staff are committed to treating all services users with respect and dignity and to acknowledge unique needs of the individuals in their care.

3.5.2 The communication of The Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies to their staff.

3.5.3 Communicate the planned implementation of the above within their area.

3.5.4 Completion and implementation of Zero Tolerance on Abuse of staff Risk Assessment & liaise with the Management of Aggression Team to ensure the completion of appropriate Training Needs Analysis.

3.5.5 Providing local induction training for new staff with regard to managing aggression. Resources available to assist managers with this include personal safety at work e-learning course, and Zero Tolerance Personal Safety leaflet which are available on the HUB.

3.5.6 Ensuring that effective plans are in place to release staff for training.

3.5.7 Ensuring training provided to their staff is formally recorded and that staff attend regular updates.

3.5.8 Ensuring that appropriate multi-disciplinary/multi-agency risk assessments in relation to violence and aggression towards staff are carried out and kept up to date.

3.5.9 Communicating appropriate information about known relevant risks to their staff and any others who may be affected.

3.5.10 Reporting all incidents promptly in accordance with the Trust's Adverse Incident Reporting Policy and carries out relevant investigation of incidents.

3.5.11 Monitoring and reviewing staff working practices with regards to the management of aggressive incidents.

3.5.12 Ensuring that service specific procedures include guidance for staff on the recognition of those situations when it would be appropriate to call for the assistance of the PSNI.

3.5.13 Providing staff with knowledge of the comprehensive support available to them, following an incident. See appendix 2.

3.5.14 Recognising the rights of individual members of staff to pursue legal action against an aggressor in the context of their work and will, where appropriate, offer support to staff through the legal process.

3.5.15 The display of public notices in appropriate places, as agreed by the relevant Co-Director/Senior Manager, displaying the agreed Trust Zero Tolerance statement which is available on the trust intranet.

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3.5.16 Keeping their Co- Director/Director informed of any significant risks or implementation difficulties.

3.6   All Employees

3.6.1   Are required to adhere to this policy, and associated strategies at all times whilst carrying out their role.

3.6.2   Must Attend appropriate Mandatory training & utilise the knowledge gained.

3.6.3   Have a responsibility to adhere to safe working practices and report to their line manager if they are experiencing difficulties in adhering to these systems.

3.6.4   Have a responsibility to ensure that their behaviour towards clients/patients reflects an understanding of individual need.

3.6.5   Trust staff should be aware of the potential impact of their behaviour and how this could precipitate or increase the severity of an incident of aggression.

3.6.6   Record and communicate appropriate information about known relevant risks to colleagues and any others who may be affected. If in doubt about which information it is appropriate to share, staff should seek guidance from their line manager.

3.6.7   Report aggressive incidents in compliance with the Trust Adverse incident reporting policy.

3.6.8   Reflect with colleagues on practice and learning following an incident and seek appropriate support for themselves or their colleagues if necessary.

3.6.9   Have a duty of care to clients/patients and their colleagues when an aggressive incident occurs.

3.7   Management of Aggression Team

The Management of Aggression Team support the Trust in the promotion of an organisational culture and development of associated structures, including training, that prevent aggression towards staff in the workplace and to minimize the adverse effects of aggressive incidents should they occur. See appendix 5

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4.0   KEY POLICY PRINCIPLES

In line with the Department of Health, Social Services and Public Safety Circular HSS (Gen) (3) 2007 – "Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence", the BHSCT is committed to:

4.1.   The creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.

4.2   Ensuring an organisational approach, underpinned by effective risk assessment and risk reduction to empower staff to plan for, prevent, react and if necessary recover from attack. This approach is applicable to all service areas.

4.3   The on-going implementation of the Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence.

4.4   Working in partnership with the Department of Legal Services, PSNI and other relevant external agencies to reduce incidences of violence and aggression, to minimise its effects on staff, patients and the public and to fully implement the Zero Tolerance Approach To The Prevention and Management of Aggression and Violence Towards Staff in the Workplace Policy.

4.5   Line managers should foster an environment where staff teams are committed to treating all services users with respect and dignity and to acknowledge unique needs of the individuals in their care.

4.6   Line Managers should be aware of the potential impact of their staff team's behaviour and how this could precipitate or increase the severity of an incident of aggression.

4.7   Ensuring that staff are/feel supported after they have experienced a violent or aggressive incident, this may include support in taking appropriate action.

4.8   Ensuring the form of support will be responsive to individual need and counselling and aftercare arrangements will be available to help victims and colleagues recover from such incidents.

4.9   Recognising the legal right of employees and others to be protected by the PSNI. The Trust may, in exceptional cases, instigate legal proceedings in the interests of Trust staff and the community. This may be against the wishes of individuals who have suffered the consequences of aggression but it may be

necessary for the protection of that individual and others including staff, patients, clients, visitors or in the interest of public safety.

4.10 Recognising the rights of individual members of staff to pursue legal action against an aggressor in the context of their work and will, where appropriate, offer support to staff through the legal process.

4.11 The display of public notices in appropriate places, as agreed by the relevant directorate, displaying the agreed Trust Zero Tolerance statement.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy is required to be implemented by all Directorates. All managers and staff are required to comply with this Policy.

5.2 Resources

Further resources and advice are available from the Management of Aggression Team.

Responsibility for training and risk assessments associated with this policy are detailed in Section 3 – Roles & Responsibilities.

5.3 Exceptions

There are no exceptions.

6.0 MONITORING

It is the responsibility of line managers to monitor the completion and review of relevant risk assessments, staff training, incidents reporting and investigation and the completion of audit tools. Other specific monitoring responsibilities are detailed in Section 3.

7.0 EVIDENCE BASE / REFERENCES

Department of Health & Social Services and Public Safety (2006) Zero Tolerance Strategic Policy and Best Practice Guidance. Northern Ireland: Department of Health & Social Services and Public Safety.

Zero Tolerance on Abuse of Staff. Regional Training Strategy For The Management Of Aggression And Violence HSS (Gen) (5): 2008 Northern Ireland: Department of Health, Social Services & Public Safety.

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Department of Health, Social Services and Public Safety Circular HSS (Gen) (3) 2007-'Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence'.

National Institute for Health and Clinical excellence (2005) – Violence: The Short Term Management of Disturbed/Violent Behaviour in Inpatient Psychiatric Settings and Emergency Departments. London: Royal College of Nursing

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Health & Safety (Consultation with Staff) Regulations (NI) 1966 and the Safety Representatives and Safety Committee Regulations (NI) 1979.

8.0 CONSULTATION PROCESS

This policy has been revised in collaboration with the:
- Risk & Governance department,
- Co-Directors and Senior Managers
- Trade Unions
- Members of the Joint Health & Safety Committee
- Occupational Health
- Human Resources
- Assistant Medical Director

9.0 APPENDICES / ATTACHMENTS

9.1 Appendix 1 Predicting, preventing & managing aggressive incidents.
9.2 Appendix 2 Training
9.3 Appendix 3 Recording & Reporting of aggressive incidents.
9.4 Appendix 4 Post incident support
9.5 Appendix 5 The role of the Management of aggression Team

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10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐
Minor impact ☐
No impact. ☒

SIGNATORIES
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

_____   **Date: 09.07.14**
Name Dr T Stevens
Title Medical Director

_____   **Date: 09.07.14**

Name Martin Dillon
Title Interim Chief Executive

Appendix 1.

Predicting, preventing & managing aggressive incidents.

Where it is acknowledged that not all incidents of aggression towards staff can be predicted or prevented where it is reasonably foreseeable that staff may encounter abusive service users sufficient and suitable risk management procedures should be established, communicated and regularly reviewed.

All areas should include agreed protocols for raising the alarm and alerting assistance. These should be consistently applied and rehearsed.

While the Trust has the responsibility for ensuring that a safe working environment is provided for staff, staff have a responsibility to recognise factors that may be contributing to a patient or service user's behaviour. Staff must ensure that any medical, psychiatric or cognitive factors are identified as part of an initial risk assessment when a patient/ service user displays aggressive, challenging or inappropriate behaviour. It would be advisable that a senior clinician from the appropriate team be involved in this risk assessment and subsequent management plan

Risk assessment

- All staff should be aware of the following factors that may provoke disturbed/violent behaviour:
  - o Attitudinal.
  - o Situational.
  - o Organisational.
  - o Environmental.
- There should be a regular and comprehensive general risk assessment to ensure the safety of the clinical environment.
- Risk assessment (of the environment and the service user) should be on going. This is due to the fact risk may change according to circumstance. Care/treatment plans should be based on an accurate and thorough risk assessment.

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- Use risk assessment findings to establish whether specific interventions should be included in the plan.

- Risk assessment may include a structured and sensitive interview with the service user and, where appropriate, carers.

- Try to get the service user views about their trigger factors, early warning signs, other vulnerabilities and their management.

- Complete the process with sensitive and timely feedback.

- Risk assessment should be objective and should consider the degree to which the perceived risk can be verified. A multidisciplinary approach, that reflects the care setting, should be taken.

- The findings of the multi-disciplinary risk assessment should be communicated across relevant agencies and care settings in accordance with the law relating to patient confidentiality.

- Where a risk of disturbed/violent behaviour is discussed or identified as a possibility in the risk assessment interview, staff should record intervention and management strategies and the service user's preferences regarding these in the care plan and healthcare record. If appropriate a copy of the care plan may be given to the service user or their carer

Risk Factors

Certain factors can indicate an increased risk of aggressive behaviour. The following lists are not intended to be exhaustive and these risk factors should be considered on an individual basis:

- History of disturbed/violent behaviour.

- History of misuse of substances or alcohol.

- Carers reporting service user's previous anger or violent feelings

- Previous expression of intent to harm others.

- Evidence of rootlessness or 'social restlessness'.

- Previous use of weapons.

- Previous dangerous impulsive acts.

- Denial of previous established dangerous acts.

- Severity of previous acts.

- Known personal trigger factors.

- Verbal threat of violence.

- Evidence of recent severe stress, particularly a loss event or the threat of loss.

One or more of the above in combination with any of the following:

– Cruelty to animals.

– Reckless driving

(NICE2005).

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Appendix 2

Training

The Zero Tolerance on Abuse of Staff Regional Training strategy requires the Trust to have in place training plans underpinned by risk assessment to ensure that staff receive the appropriate level of training. This assessment will detail how often they will be trained and also outline the techniques in which they will be trained.

- All staff should receive ongoing competency training to recognise anger, potential aggression, antecedents and risk factors of disturbed/violent behaviour and to monitor their own verbal and non-verbal behaviour. Training will include methods of anticipating, de-escalating or coping with disturbed/violent behaviour.

- All staff involved in administering or prescribing rapid tranquillisation or monitoring service users to whom parenteral rapid tranquillisation has been administered should receive on going competency training to a minimum of Immediate Life Support (ILS – Resuscitation Council UK) (covers airway, cardio-pulmonary resuscitation [CPR] and use of defibrillators).

- Staff who employ physical intervention or seclusion should as a minimum be trained to Basic Life Support (BLS – Resuscitation Council UK).

Further information can be provided by the management of aggression team and in trust policies on the reduction of the use of restrictive practices.

Guidance on de-escalation

Every aggressive or threatening situation is unique therefore information below is general guidance. Staff must use skills received at training and their professional judgement when attempting to de-escalate a situation.

Some situations will require the support of other staff, security and/or the use of the PSNI. Service specific guidance must be available to staff on which situations may require the use of the PSNI.

- A service user's anger needs to be treated with an appropriate, measured and reasonable response.

- Use de-escalation techniques before other interventions. Continue to use verbal de-escalation even if other interventions are necessary.

- In a crisis situation staff are responsible for avoiding provocation they should be aware of and monitor their own verbal and non-verbal behaviour.

- Staff should learn to recognise what generally and specifically upsets and calms the service user. This should be noted in the care plan.

- Where possible, and appropriate, encourage the service user to understand those factors which may trigger aggressive behaviour in themselves. Note these in the care plan and where appropriate give a copy to the service user.

- Encourage the service user to discuss and negotiate their wishes should they become agitated.

Guidance on the use of de-escalation techniques

- One staff member should assume control of a potentially disturbed/violent situation. This staff member should:
  - consider which de-escalation techniques are appropriate for the situation
  - manage others in the environment (for example, removing other service users from the area, getting colleagues to help and creating space) and move towards a safe place
  - explain to the service user and others nearby what they intend to do, giving clear, brief, assertive instructions
  - ask for facts about the problem and encourage reasoning (attempt to establish a rapport; offer and negotiate realistic options; avoid threats; ask open questions and ask about the reason for the service user's anger; show concern and attentiveness through non-verbal and verbal responses;
  - listen carefully; do not patronise and do not minimise the service user's concerns)
  - Ensure that their non-verbal communication is non-threatening and not provocative.

- o Consider asking the service user to make use of the designated area or room to help them calm down. The seclusion room (in services where seclusion is practised) should not routinely be used for this purpose.

- Where there are potential weapons, the service user should be relocated to a safer environment, where possible.
- Staff are not expected to disarm an aggressive service user. If a weapon is involved, ask for it to be put in a neutral location rather than handed over or it may be necessary to move away and call the PSNI.

Training on the use of de-escalation techniques is provided through management of aggression training programmes.

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Appendix 3
Recording & Reporting of aggressive incidents.

Information is essential to assist in the reduction and prevention of incidents, the need for staff development and the evaluation of the efficacy of training or other interventions.

The Trust Adverse Incident Reporting Procedure must be implemented throughout directorates as follows:

- All incidents of aggression must be reported as soon as possible to the person in charge of the relevant area/department by the person(s) directly involved.

- All staff must use the Trust's Incident Report Form or Datix Web system to report all incidents of aggression/abuse (as defined in this policy) and forward immediately to the Incident Reporting Centre.

- Line managers must investigate every incident that occurs within their area. Serious or highly significant incidents must be investigated in accordance with the adverse incident reporting policy.

- All incidents must be reported in line with current Reporting of Incidents, Diseases and Dangerous Occurrence's Regulations.

- Managers should monitor the frequency and severity of incidents in their area.

Learning from Incidents
Incident Review should be regarded as an opportunity:
- To learn from experience.
- To obtain information to prevent/reduce risk of further aggressive incidents.
- To improve services/resources where necessary.
- To promote a learning culture.

It is important that lessons are learned and conclusions drawn from each and every experience. Managers should promote learning from experience and team working throughout their area. Opportunities to share learning across the Trust should be maximised to prevent the reoccurrence of similar incidents in other Trust facilities/departments. These may include: management of aggression training sessions, team meetings, and manager's meetings.

Appendix 4.

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Post Incident Support.

The Trust wishes to promote a culture of support that permeates the total organisation. Each service should demonstrate a commitment to providing support to staff, service users and carers involved in an incident.

Service managers are responsible for ensuring that each individual receives the appropriate form of support. The following options should be offered as appropriate:

- Support immediately after the incident within the department/unit (Group or individual).
- Opportunity to go off duty.
- Contact relative, friend or Trade Union representative.
- Taxi Home/Transport arrangements.
- Assistance and accompaniment to hospital.
- Ongoing managerial contact with individual in a considerate/ supportive manner.
- Long-term Support e.g. Occupational Health, Staff Care.

Managers should be aware of the potential long-term effects of an incident and the incremental effects of a series of incidents on their staff.

Appendix 5

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The role of the Management of Aggression Team

The Management of Aggression Team continue to support the Trust in the promotion of an organisational culture and development of associated structures that prevent aggression towards staff in the workplace and to minimize the adverse effects of aggressive incidents should they occur.
 This includes:

•Development & review of the Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies.

•Supporting managers in the development or review of local procedures on managing abuse towards staff.

•Compliance with and on-going implementation of the Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence.

•Supporting managers in the completion of Zero Tolerance Regional Training Strategy risk assessments and helping to ensure that the training needs of staff are properly identified, delivered and monitored.

•Providing assistance to managers in reviewing and learning from incidents of aggression towards staff.

Accredited Training under the MAPA® (management of actual and potential aggression) Model is delivered by four members of the Team supported by five Associate Trainers who work in other Service Areas. The MAPA® programmes are audited by the accrediting body on an annual basis.

The team develop and deliver person centred training programmes for staff teams who may have to manage aggressive or challenging behaviour from service users or members of the public whilst carrying out their role.

All training is assessed and delivered in compliance with Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence , HSS (Gen) (5): 2008 which identifies four levels of training.

Tailored courses include basic personal safety awareness, recognising preventing & managing aggression, skills to escape an attack and/or team approaches in holding skills.
The Zero tolerance Personal Safety leaflet has been updated and is available on the HUB.

E-Learning Personal safety programme can also be accessed on the HUB

The team contacts:
Anne Brannigan- ██████████
Tara Patterson - ██████████
Susan McCleery- ██████████
Martin McCooey – ██████████

Or email – managementofaggressionteam@belfasttrust.hscni.net

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Belfast Health and Social Care Trust
HSC
caring supporting improving together

Title:	**A Zero Tolerance approach to the prevention and management of Aggression and Violence towards staff in the workplace**			
Author(s)	Anne Brannigan, Trust Advisor/ Trainer, Management of Aggression Tel: ██████████ ████████████████████ Caroline Parkes, Senior Manager, Occupational Health, Tel: ██████████ ████████████████████			
Ownership:	Jacqui Kennedy, Human Resources Director			
Approval by:	Trust Policy Committee Executive Team Meeting	**Approval date:**	1 August 2019 7 August 2019	
Operational Date:	August 2019	**Next Review:**	August 2024	
Version No.	4	**Supercedes**	V3 - June 2014 – June 2017	
Key words:	Management, Aggression, Violence, staff			
Links to other policies	BHSCT General Health and Safety Policy http://intranet.belfasttrust.local/policies/Documents/General Health and Safety Policy.pdf BHSCT Policy on Lone Working http://intranet.belfasttrust.local/policies/Documents/Lone working Policy.pdf BHSCT Restrictive Practices Policy http://intranet.belfasttrust.local/policies/Documents/Rapid Tranquillisation Guideline for the immediate pharmacological management of violent and aggressive behaviour in adults.pdf BHSCT CS Spray Contamination http://intranet.belfasttrust.local/policies/Documents/CS Spray Contamination - Procedure on.pdf BHSCT Adverse Incident Reporting Policy http://intranet.belfasttrust.local/policies/Documents/Adverse Incident Reporting Management Policy.pdf BHSCT Statutory Mandatory Training Policy http://intranet.belfasttrust.local/policies/Documents/Statutory Mandatory Training Policy.pdf			

Date	Version	Author	Comments
25/07/2013	2.1	A Brannigan	Initial Draft
07/08/2013	2.2	A Brannigan	Comments from Management of Aggression Team
12/08/2013	2.3	A Brannigan	Comments from Senior Manager Regulation and Improvement
04/10/2013	2.4	A Brannigan	Comments from Joint Health and Safety Committee
03/04/2014	2.5	A Brannigan	Comments from Assistant Medical Director
01/07/2014	3.0	A Brannigan	Final version Issued

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June 2018	3.1	A Brannigan T Patterson	Initial draft
August 2018	3.2	A Brannigan T Patterson	Following consultation
January 2019	3.3	A Brannigan	Following screening
February 2019	3.3	A Brannigan	Comments from Trust Policy Committee
August 2019	3.4	A Brannigan	Final amendments

1.0 **INTRODUCTION**

This Policy aims to ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals.

The Trust recognises that staff and those they provide services to have a right to feel safe from threat and violence from others. It is acknowledged that whilst there is an increased risk of aggression and violence against healthcare staff, this risk can be greatly reduced by effective communication, effective risk assessment, prevention planning, service user involvement, learning from incidents and training. The Trust is committed to staff safety and incident reduction through the provision of safe ways of working and provision of training.

1.1 Background

Zero Tolerance:
'Is when all abuse against healthcare staff is totally unacceptable'
(Zero Tolerance Strategic Group (ZTSG) 2007)

Workplace violence and aggression includes any incident in which an employee is verbally or physically abused, threatened or assaulted by a service user, visitor, colleague or member of the public in circumstances arising out of his or her employment, whether they are on or off duty.

In line with the Department of Health, Social Services and Public Safety Belfast Health and Social Care Trust is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.

1.2 Purpose

The purpose of this policy is to express BHSCT commitment, in partnership with staff side, to the management of abuse toward staff in the workplace, and to ensure associated structures are in place to enable this outcome.

This policy will continue to enable the implementation of Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence HSS (Gen) (5): 2008. Northern Ireland: Department of Health and Social Services and Public

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Safety. This policy is underpinned by health and safety legislation, which places a duty on the Trust to provide a safe and secure environment and support for staff and others and to undertake risk assessments.

Further relevant Trust policies may be accessed via the Intranet or via line managers.

1.3   Objectives

Belfast Health and Social Care Trust is committed to a culture and environment where employees may undertake their duties without fear of abuse or violence by:

1.3.1   The promotion of an organisational culture to promote this objective by developing associated structures that prevent abuse to staff in the workplace and to minimize the adverse effects of abuse on staff should it occur.

1.3.2   Providing a safe and secure environment with support for staff, patients, service users, carers, students on placement and other persons carrying out authorised work on behalf of the Trust.

1.3.3   Committing to taking all reasonably practical steps to reduce the likelihood of the occurrence of abuse toward staff, ensuring staff have the appropriate skills to manage these situations and to minimising the effects of abuse should it occur.

1.3.4   Ensuring that the need to protect staff is properly balanced against the need to provide health and social care to individuals.

1.3.5   Respecting patient/clients/staff's rights under the Human Rights act 1998.

1.3.6   Ensuring **all** staff are aware that they have a vital role to play in these processes, and also take responsibility to ensure they take all reasonable steps to ensure their own and others safety.

2.0   SCOPE OF THE POLICY

This is a Trust corporate policy and applies to all health and social care staff, students on placements and volunteers, patients, clients, carers and visitors.

This policy is for use in situations of aggression towards staff from others. Excluded from this policy is harassment and bullying of Trust employees by other employees and abuse of service users by staff. Such situations will be managed in accordance with the Trusts HR policy on harassment (Sept 2014) and relevant safeguarding policies.

The Trust defines aggression as behaviour resulting in damaging or harmful effects (physical or psychological) on another person or persons.

This includes:

- Verbal abuse.
- Non-verbal abuse. (e.g. Stalking, menacing behaviour)
- Threats of physical abuse.
- Physical abuse.
- Threats of sexual abuse.
- Sexual abuse.
- Damage to property.

3.0 ROLES/RESPONSIBILITIES

3.1 Chief Executive

The Chief Executive has overall responsibility and accountability for the health, safety and welfare of all clients, staff and others affected by the activities of the Trust and to appoint a director to have responsibility for staff safety.

3.2 Director of Human Resources

The **Director of Human resources** has overall delegated responsibility for staff safety, and is responsible for the following:

3.2.1 **To** ensure that appropriate arrangements are in place to effectively manage the issue of abuse towards staff in the workplace, including promotion of the Regional Training Strategy.

3.2.2 To ensure that sufficient numbers of qualified people are available to support health and social care staff affected by violence in the workplace.

3.3 Directors and Co-Directors

All Directors and Co directors in the trust are responsible for the following:

3.3.1 Compliance with The Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies. See Appendix 3

3.3.2 Ensuring that any development or review of local procedures on managing abuse towards staff reflects the ethos of this policy.

3.3.3 Ensuring a Zero Tolerance Regional Training Strategy Risk assessment is completed in each of their areas and that the training needs of staff are properly identified, delivered and monitored.

3.3.4 Ensuring that appropriate risk assessment of aggressive behaviour associated with the use of their service has been carried out in conjunction with staff, service users and carers.

3.3.5 Ensuring that all aggressive incidents are appropriately reported, investigated and monitored in line with the Trust's incident reporting procedure and that learning outcomes are implemented.

3.3.6 Taking responsibility for high level monitoring of incident patterns, to identify high-risk areas, and the subsequent development of relevant management strategies.

3.4   Senior Clinicians

While the Trust has the responsibility for ensuring that a safe working environment is provided for staff, staff have a responsibility to recognise factors that may be contributing to a patient or service user's behaviour.
Staff must ensure that any medical, psychiatric or cognitive factors are identified as part of an initial risk assessment when a patient/ service user displays aggressive, challenging or inappropriate behaviour.
It would be advisable that a senior clinician from the appropriate team be involved in this risk assessment and subsequent management plan.

3.5   Line Managers

All line managers need to be aware of the potential impact of their staff team's behaviour and how this could precipitate or increase the severity of an incident of aggression and **are** responsible for the following:

3.5.1 Fostering an environment where staff are committed to treating all services users with respect and dignity and to acknowledge unique needs of the individuals in their care.

3.5.2 The communication of this Policy and associated strategies, including any planned relevant implementation, to their staff.

3.5.3 Completion and implementation of Zero Tolerance on Abuse of staff Risk Assessment and liaising with the Management of Aggression Team to ensure the completion of appropriate Training Needs Analysis. (Appendix3)

3.5.4 Providing local induction training for new staff with regard to managing aggression.

Resources available to assist managers with this include Personal Safety at Work e-learning course, and Zero Tolerance Personal Safety leaflet which are available on the HUB.

3.5.5 Ensuring that effective plans are in place to release staff for foundation and update training.

3.5.6 Ensuring that appropriate multi-disciplinary/multi-agency risk assessments in relation to violence and aggression towards staff are carried out, communicated to relevant staff and kept up to date.

3.5.7 Reporting, communicating learning and investigating all incidents promptly in accordance with the Trust's Adverse Incident Reporting Policy.

3.5.8 Monitoring and reviewing staff working practices with regards to the management of aggressive incidents.

3.5.9 Ensuring, where available, resources including alarms and CCTV are in good working order and staff using them are appropriately trained in their use. Any faults / issues must be reported promptly as per the Trust Adverse incident policy.

3.5.10 Ensuring that service specific procedures include guidance for staff on the recognition of those situations when it would be appropriate to call for the assistance of the PSNI.

3.5.11 Providing staff with knowledge of the comprehensive support available to them, following an incident. (Appendix 1)

3.5.12 Recognising the rights of individual members of staff to pursue legal action against an aggressor in the context of their work and –where appropriate- offering support to staff through the legal process.

3.5.13 The display of public notices in appropriate places, as agreed by the relevant Co-Director/Senior Manager, displaying the agreed Trust Zero Tolerance statement which is available on the trust intranet.

3.5.14 Keeping their Co- Director/Director informed of any significant risks or implementation difficulties.

3.6   All Employees

3.6.1 Are required to adhere to this policy, and associated strategies, at all times whilst carrying out their role.

3.6.2 Must Attend appropriate Mandatory training and utilise the knowledge gained.

3.6.3 Have a responsibility to adhere to safe working practices and report to their line manager if they are experiencing difficulties in adhering to these systems.

3.6.4 Have a responsibility to ensure that their behaviour towards clients/patients reflects an understanding of individual need.

3.6.5 Trust staff should be aware of the potential impact of their behaviour and how this could precipitate or increase or de-escalate the severity of an incident of aggression.

3.6.6 Record and communicate appropriate information about known relevant risks to colleagues and any others who may be affected. If in doubt about which information it is appropriate to share, staff should seek guidance from their line manager.

3.6.7 Report aggressive incidents in compliance with the Trust Adverse incident reporting policy.

3.6.8 Reflect with colleagues on practice and learning following an incident and seek appropriate support for themselves or their colleagues if necessary.

3.6.9 Have a duty of care to clients/patients and their colleagues when an aggressive incident occurs.

3.7   Management of Aggression Team

The Management of Aggression Team support the Trust in the promotion of an organisational culture and development of associated structures, including training, that helps prevent aggression towards staff in the workplace and seeks to minimise the adverse effects of aggressive incidents should they occur. (See appendix 2)

4.0   <u>KEY POLICY PRINCIPLES</u>

The Zero Tolerance Strategic Group (ZTSG) has adopted the following definitions of verbal and physical abuse as defined by The Security Management Agency, the Trust has also adopted these definitions.
Non-physical abuse - the use of inappropriate words or behaviour causing distress and/or constituting harassment.
Physical abuse - The application of force (intentional) against the person of another without lawful justification, resulting in physical injury or personal discomfort.
ZTSG HSS (Gen) (3) 2007

When managing any potentially violent or aggressive situation staff should be guided by certain principles including.

- Person Centred approaches
- Human Rights of all individuals
- Duty of Care
- Beneficence / non maleficence
- Reasonableness
- Therapeutic relationships and environments
- Risks associated with actions / omissions
- Every individual or individual incident is unique
- Professional and legal frameworks
- Trust policies/procedures/guidelines/values

4.1 Predicting, preventing and managing aggressive incidents.

- Certain factors can indicate an increased risk of aggressive behaviour. The following lists are not intended to be exhaustive and these risk factors should be considered on an individual basis:
  o Attitudinal.
  o Situational.
  o Organisational.
  o Environmental.
  o Medical
  o Psychiatric
  o Cognitive
  o Alcohol and or substance abuse/misuse

  Nice Guidance 10:2015 recommends the use of an actuarial violence prediction instrument for some setting to assist with this process.

- There should be a regular and comprehensive general risk assessment to ensure the safety of the working environment. It would be advisable that a senior manager from the appropriate team be involved in this risk assessment and subsequent management plan
- Risk management procedures should be established, communicated and regularly reviewed. Risk assessment may include a structured and sensitive interview with the service user and, where appropriate, carers.
- All areas should include agreed protocols for raising the alarm and alerting assistance. These should be consistently applied and rehearsed.

- Where a risk of disturbed/violent behaviour is discussed or identified as a possibility in the risk assessment interview, staff should record intervention and management strategies and the service user's preferences regarding these in the care plan and healthcare record.

- If appropriate a copy of the care plan may be given to the service user or their carer

- A service user's anger needs to be treated with an appropriate, measured and reasonable response.

- Use de-escalation techniques before other interventions. Continue to use verbal de-escalation even if other interventions are necessary.

- In a crisis situation staff are responsible for avoiding provocation they should be aware of and monitor/modify their own verbal and non-verbal behaviour.

- Staff should learn to recognise what generally and specifically upsets and calms the service user. This should be noted in the care plan.

- Where possible, and if appropriate, encourage the service user to understand those factors which may trigger aggressive behaviour in themselves.

- Note these in the care plan and where appropriate give a copy to the service user.

- Encourage the service user to discuss and negotiate their wishes should they become agitated.

Guidance on de-escalation

Every aggressive or threatening situation is unique

Therefore information below is general guidance.

Staff must use skills received at training and their professional judgement when attempting to de-escalate a situation.

One staff member should assume control of a potentially disturbed/violent situation. This staff member should:

- consider which de-escalation techniques are appropriate for the situation

- manage others in the environment (for example, removing other service users from the area, getting colleagues to help and creating space) and move towards a safe place

- explain to the service user and others nearby what they intend to do, giving clear, brief, assertive instructions

- ask for facts about the problem and encourage reasoning (attempt to establish a rapport; offer and negotiate realistic options; avoid threats; ask open questions and ask about the

reason for the service user's anger; show concern and attentiveness through non-verbal and verbal responses;

• listen carefully; do not patronise and do not minimise the service user's concerns)

• Ensure that their non-verbal communication is non-threatening and not provocative.

• Consider asking the service user to make use of the designated area or room to help them calm down. The seclusion room (in services where seclusion is practised) should not routinely be used for this purpose.

Training on the use of de-escalation techniques is provided through management of aggression training programmes.

In the event of a physical assault staff have the common law right of self-defence (the **minimum** action and/or force necessary to **remove** themselves from a situation presenting imminent or present harm to their personal safety.

Some situations will require the support of other staff, Trust security staff and/or the use of the PSNI.

Service specific guidance must be available to staff on which situations may require the use of the PSNI.

 If there are potential weapons, the service user should be relocated to a safer environment, where possible, or all others moved away.

Staff are not expected to disarm an aggressive service user. If a weapon is involved, ask for it to be put in a neutral location rather than handed over or it may be necessary to move away and call the PSNI.

All incidents of violence or aggression must be reported as per Trust Adverse Incident Reporting Policy. Guidance regarding the recording and reporting of these types of incidents is found in Appendix 1Guidance for post incident support is found in Appendix 1. The Trust has a range of measures available to it depending on the severity of any assault or threat. Decisions on implementing these must be made at a senior management level, these include:

• PSNI involvement

• Alternative arrangements for care

• Issuing of letters including warning/restriction on visiting/exclusion from BHSCT premises. In order for a letter of any type to be issued the following must apply:

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An incident of violence or aggression must have occurred and this must be deemed to be at a severity constituting the issuing of a letter by senior management.

The person must have been told to cease the behaviour unless this would have personal safety implications for others or staff.

The incident must be logged on Datixweb

The manager must believe that there is a likelihood of reoccurrence.

The head of service must be aware, kept informed and in agreement re the issuing of a letter.

Further guidance on issuing of letters and template letters are available from the management of aggression team, Knockbracken **email - managementofaggressionteam@belfasttrust.hscni.net**

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy is required to be implemented by all Directorates.
All managers and staff are required to comply with this Policy.

5.2 Resources

Further resources and advice are available from the Management of Aggression Team. Responsibility for training and risk assessments associated with this policy are detailed in Section 3 – Roles and Responsibilities.

5.3 Exceptions

There are no exceptions.

6.0 MONITORING

It is the responsibility of line managers to monitor the completion and review of relevant risk assessments, staff training, incidents reporting and investigation and the completion of audit tools. Other specific monitoring responsibilities are detailed in Section 3.

7.0 EVIDENCE BASE / REFERENCES

Department of Health and Social Services and Public Safety (2006) Zero Tolerance Strategic Policy and Best Practice Guidance. Northern Ireland: Department of Health and Social Services and Public Safety.

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Zero Tolerance on Abuse of Staff. Regional Training Strategy For The Management Of Aggression And Violence HSS (Gen) (5): 2008 Northern Ireland: Department of Health, Social Services and Public Safety.

Department of Health, Social Services and Public Safety Circular HSS (Gen) (3) 2007- 'Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence'.

National Institute for Health and Clinical excellence (2015) – Violence: The Short Term Management of Disturbed/Violent Behaviour in Mental Health, Health and Community Settings. London: Royal College of Nursing

Royal College of Psychiatrists Research Unit. (1998), Management Of Imminent Violence, Clinical Practice Guidelines To Support Mental Health Services. Occasional paper, Royal College of Psychiatrists

Paterson, B, Leadbetter, D, Miller, G. (2005) Beyond Zero Tolerance,a Varied Approach to Workplace Violence. British Journal of Nursing vol 14 no 14 pp 746-753.

http://www.hse.gov.uk/healthservices/violence/index.htm

http://www.rcpsych.ac.uk/files/pdfversion/op57.pdf

Health and Safety at Work (NI) Order 1978, as amended Management of Health and Safety at Work Regulations (NI) 2000

Health and Safety (Consultation with Staff) Regulations (NI) 1966 and the Safety Representatives and Safety Committee Regulations (NI) 1979.

8.0   CONSULTATION PROCESS

This policy has been revised in collaboration with the:

- Risk and Governance Department

- Co-Directors and Senior Managers

- Trade Unions

- Members of the Joint Health and Safety Committee

- Occupational Health

- Human Resources

- Assistant Medical Director

- Karen Devenney, Zero Tolerance Group

9.0   APPENDICES / ATTACHMENTS

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Appendix 1 Post Incident

Appendix 2 The Role of the Management of Aggression Team

Appendix 3 Training

10.0 EQUALITY STATEMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if this policy/proposal has potential impact and if it should be subject to a full impact assessment. This process is the responsibility of the policy or service lead - the template and guidance are available on the Belfast Trust Intranet. Colleagues in Equality and Planning can provide assistance or support.
The outcome of the Equality screening for this policy is:
Major impact ☐

Minor impact ☒

No impact ☐

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment (see Appendix 7). The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this **link.**
The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved ☐

A full data protection impact assessment is required ☐

A full data protection impact assessment is not required ☐

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

12.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services.
It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division
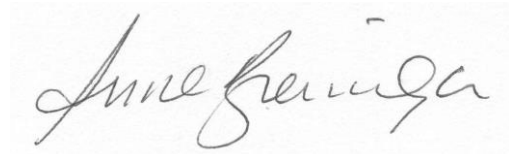
has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

13.0   REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in   accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references "reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

_   **Date: 6 August 2019**
Name: Anne Brannigan
Title: Management of aggression team

_____   **Date: 7 August 2019**
Name: Jacqui Kennedy
Title: Human Resources Director

_____   **Date: 7 August 2019**
Name: Martin Dillon
Title: Chief Executive

Appendix 1

Post Incident

The Recording and Reporting of aggressive incidents.

Information is essential to assist in the reduction and prevention of incidents, the need for staff development and the evaluation of the efficacy of training or other interventions.

The Trust Adverse Incident Reporting Procedure must be implemented throughout directorates as follows:

- All incidents of aggression must be reported as soon as possible to the person in charge of the relevant area/department by the person(s) directly involved.
- All staff must use the Trust's Incident Report Form or Datix Web system to report all incidents of aggression/abuse (as defined in this policy) and forward immediately to the Incident Reporting Centre.
- Line managers must investigate every incident that occurs within their area. Serious or highly significant incidents must be investigated in accordance with the adverse incident reporting policy.
- All incidents must be reported in line with current Reporting of Incidents, Diseases and Dangerous Occurrence's Regulations.
- Managers should monitor the frequency and severity of incidents in their area.

Learning from Incidents

Incident Review should be regarded as an opportunity:

- To learn from experience.
- To obtain information to prevent/reduce risk of further aggressive incidents.
- To improve services/resources where necessary.
- To promote a learning culture.

It is important that lessons are learned and conclusions drawn from each and every experience. Managers should promote learning from experience and team working throughout their area. Opportunities to share learning across the Trust should be maximised to prevent the reoccurrence of similar incidents in other Trust facilities/departments. These may include: management of aggression training sessions, team meetings, and manager's meetings.

Post Incident Support.

The Trust wishes to promote a culture of support that permeates the total organisation. Each service should demonstrate a commitment to providing support to staff, service users and carers involved in an incident.

Service managers are responsible for ensuring that each individual receives the appropriate form of support. The following options should be offered as appropriate, and be responsive to individual need:

- Support immediately after the incident within the department/unit (Group or individual).
- Opportunity to go off duty.
- Contact relative, friend or Trade Union representative.
- Taxi Home/Transport arrangements.
- Assistance and accompaniment to hospital.
- Ongoing managerial contact with individual in a considerate/ supportive manner.
- Long-term Support e.g. Occupational Health, Staff Care.

Managers should be aware of the potential long-term effects of an incident and the incremental effects of a series of incidents on their staff.

Local arrangement for staff support should be detailed in Zero Tolerance risk assessment.

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The role of the Management of Aggression Team

The Management of Aggression Team continue to support the Trust in the promotion of an organisational culture and development of associated structures that prevent aggression towards staff in the workplace and to minimize the adverse effects of aggressive incidents should they occur.
 This includes:

- Development and review of the Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies.
- Supporting managers in the development or review of local procedures on managing abuse towards staff.
- Compliance with and on-going implementation of the Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence.
- Supporting managers in the completion of Zero Tolerance Regional Training Strategy risk assessments and helping to ensure that the training needs of staff are properly identified, delivered and monitored.
- Providing Accredited Training under the MAPA® (management of actual and potential aggression) Model is delivered by three members of the Team supported by Associate Trainers who work in other Service Areas. The MAPA® programmes are audited by the accrediting body on an annual basis.
- Providing assistance to managers in reviewing and learning from incidents of aggression towards staff.
- The team develop and deliver person centred training programmes for staff teams who may have to manage aggressive or challenging behaviour from service users or members of the public whilst carrying out their role.

All training is assessed and delivered in compliance with Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence , HSS (Gen) (5): 2008 which identifies four levels of training.

Tailored courses include basic personal safety awareness, recognising preventing and managing aggression, skills to escape an attack and/or team approaches in holding skills. The Zero tolerance Personal Safety leaflet is available on the HUB.

E-Learning Personal safety programme can accessed on the HUB

MAPA team contact:

Tel: 028 95 46376 / 46135

Or email – managementofaggressionteam@belfasttrust.hscni.net

Training

The Zero Tolerance on Abuse of Staff Regional Training strategy requires the Trust to have in place training plans underpinned by risk assessment to ensure that staff receive the appropriate level of training. This assessment will detail how often they will be trained and also outline the techniques in which they will be trained.

- All staff should receive ongoing competency training to recognise anger, potential aggression, antecedents and risk factors of disturbed/violent behaviour and to monitor their own verbal and non-verbal behaviour. Training will include methods of anticipating, de-escalating or coping with disturbed/violent behaviour.

- All staff involved in administering or prescribing rapid tranquillisation or monitoring service users to whom parenteral rapid tranquillisation has been administered should receive on going competency training to a minimum of Immediate Life Support (ILS – Resuscitation Council UK) (covers airway, cardio-pulmonary resuscitation [CPR] and use of defibrillators).

- Staff who employ physical intervention or seclusion should as a minimum be trained to Basic Life Support (BLS – Resuscitation Council UK).

- Further information can be provided by the management of aggression team and in Trust policies on the reduction of the use of restrictive practices.
  Before training is commenced it is essential that a Zero Tolerance Risk Assessment and Training Needs Analysis be completed. This must comply with this policy and the Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence (2008).
  This assessment should address

- How the environment, patient/service users and staff teams affect the level of risk

- How victims of aggression or violence are to be supported.

- Incident Analysis and recommendations from incident review meetings.

On completion of your Risk Assessment you should make contact with the relevant team outlined below who will also assist you in completing the training needs analysis for your staff. Note: - for all other queries including those from acute hospital settings, these should be directed to the Management of Aggression team based at Knockbracken.

Assessments and action plans must be communicated to staff. These should include any necessary instruction (e.g. local procedures) and or training on the control measures.

This can be evidenced by:

- Induction / Training Records, (Training as per Statutory and Mandatory Training Matrix)
- Completed Training Needs Analysis
- Minutes from staff / team briefings
- Staff appraisals.

  Further information may be found by accessing on the HUB:

- Personal safety Leaflet.
- Personal Safety ELearning
- Zero Tolerance Posters.
- HRPTS

  For support in the completion contact:

- The Management of Aggression Team. Knockbracken Health Care Park, except for Learning Disability services and Childrens Residential services.
- MAPA Team Muckamore Abbey Hospital for all Learning Disability services.
- Therapeutic Crisis Intervention (TCI) Team for Children's Residential Facilities

Guidance:

On completion of a Zero Tolerance Risk Assessment you should make contact with the Management of Aggression Team **email - managementofaggressionteam@belfasttrust.hscni.net** who will assist you in completing the training needs analysis for your staff.

Score each hazard below individually – delete those that do not apply

Please use the Risk calculator at the end of this attachment.

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**GENERAL RISK ASSESSMENT FORM AS REQUIRED BY THE MANAGEMENT OF
HEALTH and SAFETY REGULATIONS (NI) 2000 as amended**

Facility/Ward/Department: ___ _____   Assessment Completed By: _____

Date: _____   (Names/Titles): _____

Brief Description of activity, location or equipment:

Description of Hazards	Persons Affected by the Work Activity and How	Existing Controls	Likelihood	Severity / Consequence	Risk Rating
1.Exposure to verbal abuse 2.Exposure to non-verbal abuse (e.g. stalking – menacing behaviour) 3.Exposure to threats of abuse 4.Exposure to Physical abuse 5.Threats of sexual abuse and exposure to					

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sexually inappropriate language and behaviour 6. Sexual abuse 7.Damage to property 8. Risks of threats to personal safety					

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Action Plan

Sources of Information / Persons Consulted	Further Action if necessary to control the Risk	Person/s responsible for Co-Ordinating implementation of the Action.	Recommended Timescales	Date Completed	Revised Risk Rating

Please ensure that you:
1. Communicate this risk assessment with the staff and others affected by the work assessed. 2. Monitor the implementation of any further

action identified.

3. Monitor the continued implementation of existing controls. 4. Revise the Risk Rating when additional actions
have been implemented.

5. Retain this Risk Assessment in your Health and Safety Policy and Documentation folders. 6. When further action has been identified it is
good practice to set a date shortly after

7. Review your risk assessment at least every two years or more frequently if required. measures are likely to be implemented. This

will enable you to assess their

effectiveness

in reducing risk.

In certain circumstances it will be necessary to undertake a new assessment eg. Following an Accident/Incident, new legislation/guidance/best practice, changes in work activities/location, new hazards/activities identified.

Line Manager Signature _____   **Date**
_____

Initial Review Date: _____

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RISK CALCULATOR RISK RATING = LIKELIHOOD X CONSEQUENCE

Likelihood – What are the chances of the identified risk actually occurring?

LIKELIHOOD	DESCRIPTION	SCORE
Rare	Could only happen in exceptional circumstances	1
Unlikely	Do not expect this to happen	2
Possible	Do not expect this to happen, but it is possible and could be an occasional occurrence	3
Probable	Likely to happen , but not a persistent issue	4
Inevitable	Certain to happen, and could occur frequently	5

↓

Consequences – What are the potential consequences of the identified risk occurring?

CONSEQUENCE	DESCRIPTION	SCORE
Insignificant	Behaviour that has no effect upon staff/property/ service delivery	1
Minor	Behaviour that has a minimal and short lived effect upon staff/property/service delivery	2
Moderate	Behaviour that has a moderate and temporary effect upon staff/property/service delivery	3
Major	Behaviour that has a significant and potentially persistent effect upon staff/property/service delivery	4
Extreme	Behaviour that has a serious and lasting effect upon staff/property/service delivery	5

↓

RISK RATING = LIKELIHOOD X CONSEQUENCE

RISK RATING SCORE	DESCRIPTION	RISK LEVEL
1-3	The risk is broadly acceptable	Low
4-6	The risk requires monitoring and managing	Medium
8-12	The risk requires action to be taken	High
15-25	The risk requires action as a matter of urgency	Very High

↓

Consequence and Likelihood	Insignificant	Minor	Moderate	Major	Extreme
Rare	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Probable	4	8	12	16	20
Inevitable	5	10	15	20	25

1-3   Broadly Acceptable Risk

4-6   Requires Monitoring and Managing

8-12   Requires Action to be taken

15-25 Requires Urgent Action

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Management of Actual and Potential Aggression and Violence Training needs guide

Is the employee likely to encounter?	What would the organisation expect of this employee if faced with a difficult situation?	Training Needs Guide	Level(as per DHPSS guidelines) / length of course
1 – 3 Minimal Chance of violence and aggression	No expectation other than own health and safety	Basic Personal Safety	Basic Personal Safety leaflet and / or e-learning course Level 1
4 – 6 Verbal aggression or feeling threatened in any way	Expectation to try to verbally de-escalate an aggressive person	Basic Personal safety including management of violence and aggression theory.	Presentation Approx 3 hours teaching time Level 2
8 - 12 Physical aggression	Expectation to use de-escalation skills and to disengage from physical attacks	Basic Personal safety including management of violence and aggression theory plus disengagement skills training	1 day course including theory and physical skills Level 3
15 - 25 The need to apply restrictive intervention techniques in order to maintain safety.	Expectation to do all of the above and to apply restrictive intervention techniques if necessary	Basic Personal safety including management of violence and aggression theory, plus disengagement skills training and restrictive interventions training.	2 – 5 day courses including physical holding skills Level 4

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HSC Belfast Health and Social Care Trust

TYPE OF DOCUMENT	☐ Trust Policy for approval by Trust Policy Committee x☐ Patient based standard, guideline or policy for approval by Standards and Guidelines Committee
TITLE	*Procedure on CS Spray Contamination.*

Summary	The Police Service of Northern Ireland (PSNI) have been trained and equipped with what is commonly known as CS Spray. It is possible that staff within Belfast Trust facilities will come in contact with service users who have been contaminated with CS Spray.
Purpose	This procedure has been developed to inform staff within the Belfast Trust on the safe management of a service user who has been contaminated with CS Spray, prior to or during a period of admission.
Operational date	August 09
Review date	August 11
Version Number	V4
Supersedes previous	Draft Versions
Director Responsible	Dr T Stevens
Lead Author	Anne Brannigan
Lead Author, Position	Trust Adviser On Managing Aggression
Additional Author(s)	Phillip Boyle Health and Safety Manger
Department / Service Group	Medical Directors Office
Contact details	Anne Brannigan, tel: ████████, ████████████████ Phillip Boyle tel: ████████ ████████████████

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Reference Number	TP045/08

Date	Version	Author	Comments
30th April 2008	1	Anne Brannigan	Comments following consultation with PSNI Mental Health Services Managers Staff side
16th July 2008	2	Anne Brannigan Phillip Boyle	Comments from Belfast Trust Lead Nurses Comments From Health and Safety Managers
25th June 2009	3	Anne Brannigan Phillip Boyle	Comments from Equality Managers Russell McLaughlin Clinical Director
13th August 2009	4	Anne Brannigan	Comments from Standards and Guideline Committee.

Policy Record

		Date	Version
Author (s)	Approval		
Director Responsible	Approval		

Approval Process – Trust Policies

Policy Committee	Approval	14.09.09	V4
Executive Team	Authorise	30.09.09	V4
Chief Executive	Sign Off	30.09.09	V4

Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval	13/08/2009	V4
Policy Committee	Approval	14/09/2009	V4
Executive Team	Authorise	21/09/2009	V4
Appropriate Director	Sign Off	30/09/2009	V4

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Reference No: TP045/08

Title: *Procedure on CS Spray Contamination.*

Purpose:

This procedure has been developed to inform staff within the Belfast Trust on the safe management of a service user who has been contaminated with CS Spray, prior to or during a period of admission.

Objectives:

- To comply with legislative requirements as defined in the Health & Safety at Work (NI) Order 1978, as amended and HSE guidelines
- To ensure the safety of service users so far as is reasonably practical when the use of CS Spray is been considered or has been used by the PSNI on them.
- To ensure the safety of staff other service users and members of the public so far as is reasonably practical when the use of CS Spray is been considered or has been used by the PSNI on a service user.

Policy Statement(s):

Belfast Health And Social Care Trust does not expect that service users will ordinarily be exposed to CS spray.
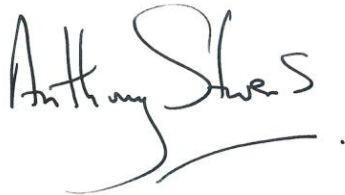
The Trust would prefer that CS spray is not used on service users, and that its use to manage difficult situations will always be exceptional.

However, the Trust also recognises that despite some reservations about the use of CS spray, once the PSNI are requested to attend and safely manage an incident they will base their decision on their knowledge and experience as to whether the incident is so serious that the use of CS spray is justified. At these times the PSNI will implement their Policies and Procedures in relation to its use.

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In all situations the Trust expects, wherever possible, that staff will work closely with the PSNI at these times to disclose and discuss relevant information about the individual who is potentially liable to be sprayed with CS.

This dialogue should include information that might be helpful to defuse the situation and/or prevent the use of CS spray, together with the likely effects of the spray (physical and/or psychological) and likely reaction of the individual.

The importance of discussion between Trust staff and the PSNI cannot be overemphasised. Such discussion will help to ensure that wherever CS spray is used, it represents the least risk, and is the most appropriate form of intervention available at that time, and the persons human rights are considered at all times.

(signature)	_(signature)_
Medical Director	**Chief Executive**
Date: 30 September 2009	**Date: 30 September 2009**

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The scope:

This procedure is designed for any Area within the BHSCT where CS Spray has been used by the PSNI on a service user.

Roles and Responsibilities:

Responsibility of all managers and staff in relevant areas to adhere to the information detailed within this procedure.

Definition

CS itself is a white crystalline solid that is mixed with a solvent to form a solution that can be sprayed. Its Chemical name is 2-Chlorobenzylidene malonontirile, but is commonly called CS from the initials of Corson and Stoughton who were the first people to synthesis it in 1928. When sprayed the solvent evaporates and leaves CS particles. These particles will be inhaled and make contact with the sensory receptors in the skin, eyes and membranes of the mouth, nose and upper respiratory and gastrointestinal tract. CS will react in any area where there is the slightest amount of moisture.

Introduction

CS will have an effect within 20 seconds – this time will depend on the concentration of the CS, the atmospheric conditions and the susceptibility of the individual. (PSNI 2004) The effects are temporary and usually last for approximately 15-20 minutes, although they can last up to 45 minutes.

It is important to note that third parties who are either in the immediate vicinity or have to make contact with the individual who has been sprayed shortly after the use of CS can also experience these effects.

The effects of contamination on an environment will take approximately 45 minutes to subside to a safe level for occupancy. However, it is recommended that this time period be extended wherever possible.

Effects Of CS Spray

As a result of being sprayed the individual concerned can suffer *primary* and *secondary* effects. The most common effects are:

Primary Effects:

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- Pain and discomfort.

- Excessive watering of the eyes.

- Burning sensation in the nose and throat.

- Excess salivation

- Burning and constriction of the chest.

- Sneezing and coughing.

- Stinging and burning sensation on exposed skin.

Secondary Effects:

Possible reddening of skin which may cause flaking or blistering – this is usually caused by the transport agent i.e. the solvent used with the CS to form the spray.

The secondary effects may last for up to one week after exposure. The effects of the spray will vary a great degree depending on the individual affected and their susceptibility to the spray.

Procedures:

It is acknowledged that there may be times Trust staff may come into contact with service users who either have been sprayed with CS prior to admission or have been sprayed with CS on Trust premises. The latter will normally be as a result of the PSNI being requested to attend a situation whereby staff felt they could no longer manage or control a violent situation or where an individual has presented with a weapon i.e. knife etc.

The Use Of CS Spray Prior To Admission

Where CS has been used on an individual prior to admission, it is important that the time lapse between the application of the spray and the arrival for admission is identified - this will give an indication as to what effects the client may be suffering and the likely duration. This information should be elicited from the relevant PSNI officer.

On arrival the service user should be escorted to a quiet room well away from the other service users.

If the service user is still suffering from the effects of the spray they should be discouraged from either rubbing or bathing their eyes, as this will reactivate the spray. Where possible, access to fresh air or free flowing ventilation should be provided to minimise effects, the use of a fan may be helpful.

As a result of having been sprayed there is a strong likelihood that the service user's clothing may have become contaminated thereby creating the possibility of

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reactivation. In order to reduce the likelihood and effects of reactivation, it is necessary to encourage the service user to remove their clothing so that it can be aired. Alternative clothing/ hospital gowns should be made available to the service user.

After clothing has been aired it should be washed on a normal wash cycle. Wherever there is heavy contamination of clothing, it may be necessary to wash it 2 - 3 times. Contaminated clothing should not be sent to the central laundry or for dry cleaning.

Staff are advised to wear disposable gloves and wear protective aprons and eyewear when handling contaminated clothing. All protective clothing worn by staff should be appropriately disposed of after use.

Whenever a service user is admitted following exposure to CS they must be medically examined as soon as is practicable. Additionally, medical attention and advice should be sought whenever an individual suffers prolonged or secondary effects from the CS.

A full report of the incident and use of CS Spray must be made in accordance with the Trust recording and reporting policies and procedures.

The Use Of CS Spray On Trust Property.

All other people who need not be involved must be removed from the immediate vicinity to reduce the likelihood of contamination. It is important that both the individual subject to the spray and the immediate environment are segregated from other service users and visitors. Only staff that need to be present should be in the vicinity.

Alternating staff that are in direct contact with a service user who has been sprayed with CS might help to reduce the risk and effects of third party contamination. Wherever possible staff with a history of respiratory problems or skin complaints should avoid primary contact with the individual concerned until such times as the effects of the CS have diminished.

If an area has been contaminated by CS spray it is important that it remains out of use until such times that it is deemed safe to reuse. The affected area will need to be well ventilated and the use of extractor and portable fans will help in this process.

NB: Remember this is a crystalline substance that can reactivate when touched. The most effective antidote for the effects of exposure to CS is exposure to fresh air or alternatively a well-ventilated room.

A full report of the incident and use of CS must be made in accordance with the Trust recording and reporting policies and procedures.

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Guidance On Aftercare

The aftercare needs of an individual who has been sprayed with CS and the aftercare needs of third parties are the same. Prompt intervention and advice will provide most benefit and reassurance to the person affected.

Effective aftercare must take account of the person(s) affected and the environment:

Aftercare Of The Individual/Individuals Effected

- Staff should wear gloves and protective clothing, EG Aprons and masks when in contact with the person.

- Staff should approach the person as soon as it is safe to do so. Consideration should be given to the possible need to use restrictive physical interventions and the risks of contamination that this might present.

- The PSNI will individually assess each person they bring to a Trust Facility or person they have been called to a Trust facility to manage with regard to restrictive physical interventions or staying with the person. The PSNI will in this event will communicate with the Ward/Dept/ Facility manager to enable provision for suitable area to isolate the person from other service users.

- The person's hearing might be impaired by the CS spray and therefore, communication should be established by using clear and loud instructions.

- Advise the person to keep their hands away from their face and not to rub their eyes. They will want to rub their eyes but this will spread the area of contamination and raise the temperature of the skin, which will increase the burning sensation.

- Reassure the person that the effects are temporary and normal recovery is likely within 10 - 15 minutes. Inform the person of the likely effects because this will help to reassure them that what is happening is expected.

- Move the person to an uncontaminated area that is well ventilated – an area outside is ideal but if this is not possible/appropriate a well-ventilated room is adequate. Beware of standing a person in front of an open window that will blow the particles back into the room and risk contaminating others who are present. Allowing cool air to contact the person's skin will help the CS particles to be blown off the skin.

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- Encourage the person to change their clothing. Air the clothing outside – clothing should not be washed until it has been properly aired (for a period of at least 45 minutes outside).

- Ask the person to sit upright and breathe normally. Staff should monitor the person's breathing.

- If the person wears contact lenses, ask them to wash their hands and area of their face immediately around the eyes thoroughly before removing the lenses. Exposure to CS spray will make removal of contact lenses difficult due to the eyes watering and closing. Therefore, people should allow their tears to naturally irrigate their eyes until they feel able to remove the lenses easily. Rigid lenses (Hard) should be thoroughly rinsed and then cleaned as usual. It is unlikely that the CS spray will cause damage or that particles can become embedded into them. Non-rigid lenses (Soft) are likely to allow CS to enter into and through the lens material. Repeated exposure to CS spray is likely to damage these 'soft' lenses and therefore, it is probably best to assume that they are damaged and the person should be advised not to wear them again.

- Staff who wear contact lens and come in contact with the individual who is contaminated should also be aware of the above.

- If necessary, the person can be encouraged to wash their face with copious amounts of cool tap water over a sustained period of 3 – 5 minutes. No other solutions should be used to wash the face or skin.

- The person should wash their hands thoroughly before using the toilet to avoid further contamination risks.

- If staff have any concerns about a person's health, or if the effects of exposure to CS spray persist over a longer timescale than anticipated, a medical assessment is required.

- Those staff working in **Acute Inpatient Settings** – RVH BCH & the MIH should be reviewed initially by a member of their speciality team and subsequently by the medical registrar if they become clinically unwell.

- Staff working in all other areas including inpatient Mental Health and Learning Disabilities settings should request attendance by a Medical Officer or convey the person to an Accident and Emergency department if the patient becomes clinically unwell.

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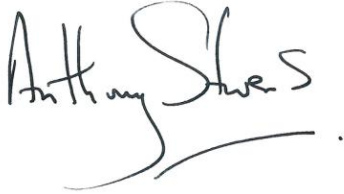5487 of 8369

Aftercare Of The Trust Environment.

- Open as many windows as possible to ventilate the area. The use of extractor and portable fans will also aid the ventilation and decontamination process.

- Prevent others from coming into the contaminated area until it is properly ventilated and clear – this will usually be after approximately 45 minutes.

- If staff are unsure or concerned about an area remaining contaminated after at least 1 hour of contamination, they should seek further advice from their manager and/or PSNI.

- **Key Points Checklist.**

Effective aftercare must take account of the person(s) affected, the environment and the risk to third parties from contamination.

- Communication between PSNI & BHSCT Staff is essential.
- Move the person to an uncontaminated area as soon as possible
- An area outside is ideal but if this is not possible/appropriate a well-ventilated room is adequate.
- Beware of standing a person in front of an open window that will blow the particles back into the room and risk contaminating others who are present.
- Staff should wear gloves and protective clothing, EG Aprons and masks when in contact with the person.
- Communication with the service user should be established by using clear and loud instructions.
- Advise the person to keep their hands away from their face and not to rub their eyes.
- Reassure the person that the effects are temporary and normal recovery is likely within 10 - 15 minutes.
- Inform the person of the likely effects because this will help to reassure them that what is happening is expected.
- Encourage the person to change their clothing. Air the clothing outside – clothing should not be washed until it has been properly aired (for a period of at least 45 minutes outside).
- Ask the person to sit upright and breathe normally. Staff should monitor the person's breathing.
- If the person wears contact lenses, ask them to wash their hands and area of their face immediately around the eyes thoroughly before removing the lenses

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- If necessary, the person can be encouraged to wash their face with copious amounts of cool tap water over a sustained period of 3 – 5 minutes. No other solutions should be used to wash the face or skin.

- The person should wash their hands thoroughly before using the toilet to avoid further contamination risks.

- Anyone who has been contaminated by CS Spray should be medically assessed as soon as possible.
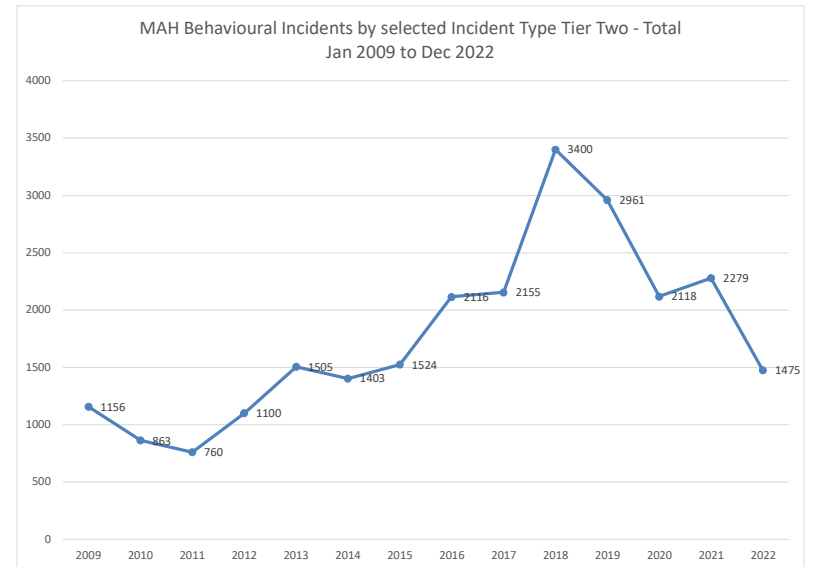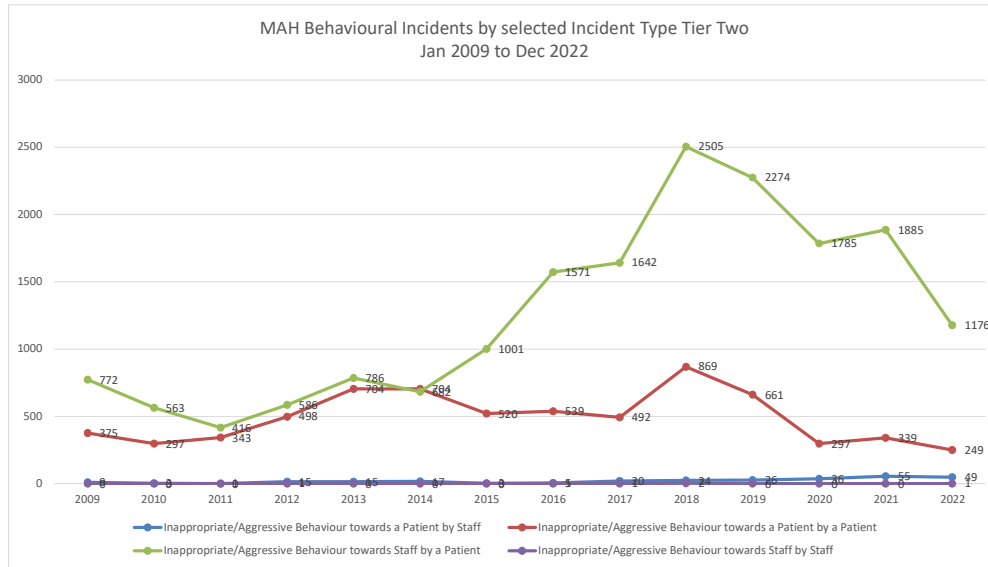
Medical Director	Chief Executive
Date: 30 September 2009	Date: 30 September 2009

	References, including relevant external guidelines: Police Service of Northern Ireland (2008) Guidance on the Use of CS Spray in Health Care settings Department of Health (1999) COMMITTEES ON TOXICITY, MUTAGENICITY AND CARCINOGENICITY OF CHEMICALS IN FOOD, CONSUMER PRODUCTS AND THE ENVIRONMENT Northern Ireland Prison Service (2005) Policy and Guidance for the Operational Deployment of PAVA Hand – Held Personal Incapacitant Spray
	Consultation Process: (Corporate Risk Manager, Management Of Aggression Team, Health & Safety Managers, Senior Medical Officer, Senior Nurse Managers (In Relevant Areas), Nurse Managers (In Relevant Areas), Unions Representative, Resuscitation Officer. Russell McLaughlin Clinical Director Emergency Departments BHSCT. "[Click here and type]"
	Equality and Human Rights screening carried out: In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment. x☐ Screening completed ☐ Full impact assessment to be No action required. carried out.

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MAH Behavioural Incidents by selected Incident Type Tier Two
Jan 2009 to Dec 2022

MAH Behavioural Incidents by selected Incident Type Tier Two - Total
Jan 2009 to Dec 2022

Data:

	Inappropriate/Aggressive Behaviour towards a Patient by Staff	Inappropriate/Aggressive Behaviour towards a Patient by a Patient	Inappropriate/Aggressive Behaviour towards Staff by a Patient	Inappropriate/Aggressive Behaviour towards Staff by Staff	Total
2009	9	375	772	0	1156
2010	3	297	563	0	863
2011	0	343	416	1	760
2012	15	498	586	1	1100
2013	15	704	786	0	1505
2014	17	704	682	0	1403
2015	3	520	1001	0	1524
2016	5	539	1571	1	2116
2017	20	492	1642	1	2155
2018	24	869	2505	2	3400
2019	26	661	2274	0	2961
2020	36	297	1785	0	2118
2021	55	339	1885	0	2279
2022	49	249	1176	1	1475

Note coding change from April 2019. Equivalent as follows:

Pre April 2019	Abuse by the staff to the patient	Abuse etc of patient by patient	Abuse etc of Staff by patients	Abuse of staff by other staff
Post April 2019	Inappropriate/Aggressive Behaviour towards a Patient by Staff	Inappropriate/Aggressive Behaviour towards a Patient by a Patient	Inappropriate/Aggressive Behaviour towards Staff by a Patient	Inappropriate/Aggressive Behaviour towards Staff by Staff

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Approval status	AWAFA|FA ▼
Approving manager	▼
Notify	▼
ID	

Incident reference. No.	
Incident date (dd/MM/yyyy)	<=31/03/2019 🔳
Reported date (dd/MM/yyyy)	🔳
Approval date	🔳
Opened date (dd/MM/yyyy)	🔳
Is this COVID-19 related?	▼
Checked by Risk & Gov:	▼

2. Location

Site	MAH ▼
Location (type)	▼
Location (exact)	▼
Directorate	▼
Service Area	▼
Specialty	▼
Division	▼

3. Coding

Severity (ACTUAL harm or impact)	▼
Risk grading	Consequence:
	Likelihood of recurrence:
	Grade:

Incident type (pre Apr 2019)	▼
Result	▼
RIDDOR?	▼

Category (pre Apr 2019)	ABUSE ▼
Sub Category (pre Apr 2019)	BYSTAF|PATPAT|OFSTAF|STFSTF ▼

Category (pre Apr 2019)	▼
Sub Category (pre Apr 2019)	▼
Detail (pre Apr 2019)	▼

Datix CCS2

Category	▼
Incident affecting	▼
Incident type tier one	▼
Incident type tier two	BE0100|BE0300|BE0200|SB0300 ▼