



Conflict Resolution Policy (Ambulance Services)

Linked Policies:

Aggressive Behaviour Marker Policy
Health & Safety Policy
**Risk Management Strategy and
Policy**
**Policy for Reporting Adverse
Incidents and Near Misses**
Safe and Secure Environment Policy
Lone Worker Policy
Learning and Development Policy

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CONFLICT RESOLUTION POLICY

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All Wales Ambulance Services Limited

CONFLICT RESOLUTION POLICY

1. INTRODUCTION

The purpose of this Policy is to ensure that the Company's approach to violent or potentially violent incidents is clearly laid out and that all staff know the procedures and/or actions to take in order to deal with a potential or actual situation on site, or out in the community.

Although the work of the company (All Wales Ambulance Services Limited, known later in the document as AWAS) is predominantly transport of Patients to and/or from a place of care, it is understood that our staff are susceptible to violence within Hospitals and other places of treatment/care and the policy therefore covers these areas in order for our staff to be aware of general examples of procedures which are put in place by other Trusts and Establishments.

In the event of AWAS being contracted to transport Patients under the Mental Health Act (Sectioned Patients), a full handover will be the first line of the plan, followed by detailed information from the contracting Hospital/Ward/Clients in order to determine the most appropriate and safest transfer possible at that time. It will then be the responsibility of the Operations Manager/s to determine the appropriate Crew and Vehicle to carry out the transfer.

2. POLICY STATEMENT

The Company has a duty under the Health and Safety at Work etc. Act 1974 to provide a safe and secure environment for its staff, service users and others. The Company attaches great importance to the personal safety and security of employees, service users and other persons undertaking authorised tasks for, or on behalf of, the Company, staff and patients, and accepts its legal and moral responsibility to reduce or eradicate risks wherever reasonably practicable.

Violent or abusive behaviour will not be tolerated and AWAS will take the appropriate action in order to protect staff and patients. The development of this Policy has incorporated the Government's guidance on zero tolerance launched in October 1999 and the Secretary of State's Directions 2003.

3. SCOPE OF THE POLICY

AWAS recognises that employees are its most valuable asset and therefore will ensure, so far as is reasonably practicable, that acts of violence and aggression towards employees and contractors are prevented through written procedures and specialised training designed to reduce or remove the risk of assault.

This Policy sets out the Company's approach to the control of violent and potentially violent incidents across the organisation and applies to all staff, service users and others. It provides clear guidance to managers of their responsibilities in managing violence at work. Managers are advised to read this Policy in conjunction with the Lone Worker Policy.

4. DEFINITIONS

For the purpose of this Policy, the following definition of “**violence**” is used: Any incident, in which a member of staff, service user or other is verbally abused, threatened or assaulted by another person. This may involve:

- ✚ A physical assault that may, or may not, require medical attention
- ✚ A threat by word (both verbal and written), weapon or action that suggests a possible assault or harassment

4.1 Types of Violence

Violence includes not only physical attack, but also threatening behaviour, verbal abuse, harassment on the grounds of race, sex, age, disability, bullying and behaviour calculated to cause hurt or distress.

Physical Assault: The intentional application of force from one person to another, without lawful justification, resulting in physical injury or personal discomfort. There are two types of physical assault:

- ✚ **Clinical** – An assault caused by the condition of the patient and the patient not having capacity for his/her action. This decision is made by a Clinician
- ✚ **Non Clinical** – An assault where the person committing the assault has full capacity for his/her actions and the assault is not due to any medical condition
- ✚ **Non Physical Assault** - The use of inappropriate words, or behaviour causing distress and/or constituting harassment.

4.2 The Law of Self Defence (Sec 3 Criminal Law Act 1967) - A person may use such force as is reasonable in the circumstances, in the prevention of crime, or effecting or assisting in the lawful arrest of offenders, or suspected offenders, or persons unlawfully at large.

Reasonable Force (Sec 3 (1) Criminal Law Act 1967) - The force must be necessary and it must be proportionate to the harm being avoided.

5. LEGISLATION

There are four main pieces of Health and Safety/Criminal Law which are relevant to violence at work:

The Health and Safety at Work Act 1974

Employers have a legal duty under this Act to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees.

The Management of Health and Safety at Work Regulations 1999

Employers must assess the risks to employees and make arrangements for their health and safety by effective:

-  Planning
-  Organisation
-  Control
-  Monitoring and Review

The risks covered should, where appropriate, include the need to protect employees from exposure to reasonably foreseeable violence.

Criminal Justice and Immigration Act 2008 (part 8)

Creates new offences of causing a nuisance or disturbance on NHS premises under sections 119 to 122 of this Act.

Protection from Harassment Act 1997

The Act came into force on 16th June 1997 and behaviour after that date can provide the basis for a criminal prosecution, a claim for damages, or a civil injunction. Injunctions made under the Act are unique because breach of them is a criminal offence punishable with up to 5 years imprisonment (sections 3(6) and 3(9)). Also unique is section 5 of the Act which allows criminal courts to impose restraining orders on defendants who have been convicted of criminal harassment offences. Breach of a restraining order is itself a criminal offence punishable with up to 5 years imprisonment.

6. DUTIES

The Company's overall responsibility is to provide a safe working environment for all its employees, and ensure they are appropriately and adequately trained. The Executive Management Team recognise their responsibilities for the safety of their employees and the importance of compliance with the arrangements in place to minimise the risk of violence at work including:

- ✚ Documented risk assessments identifying risk and the appropriate control measures to reduce the likelihood of violence at work.
- ✚ Training and development of staff in dealing with violence and aggression, challenging behaviour and personal safety.
- ✚ Health and Safety training for Managers to ensure risk assessments are conducted.
- ✚ Auditing of the system to ensure that violent incidents are recorded and investigated appropriately.
- ✚ Access to support services i.e. counselling for staff who have been involved in, or have witnessed, violence.

6.1 The Company (AWAS):

- ✚ Undertakes to advise and support its staff in the event of legal proceedings by, or against, a patient, their family, or other members of the public, where the action by the member of staff concerned was reasonable under the circumstances and is consistent with agreed policies and procedures.
- ✚ Will advise and support its staff in the event of criticism, where the action by the member of staff concerned was reasonable under the circumstances and is consistent with agreed policies and procedures.

6.2 Chief Executive

The Chief Executive is the nominated Security Management Director (SMD) under NHS Protect requirements and is responsible for the implementation of this Policy and for ensuring that:

- ✚ Arrangements exist for the identification, evaluation and management of risk associated with violence and aggression at work.
- ✚ Arrangements exist for the monitoring of incidents of violence and aggression and for the periodical review of the effectiveness of this Policy.

6.3 Health & Safety Officer

The Health & Safety Officer is responsible for:

- ✚ Ensuring that NHS Protect requirements are complied with.
- ✚ Ensuring that full co-operation is given to the Local Security Management Specialist (LSMS), NHS Protect and police, including access to personnel, premises and records (electronic or otherwise) considered relevant to security matters.
- ✚ Ensuring that details of incidents are recorded on the Company's incident reporting system (Adverse Incident Report Form) to comply with Health and Safety legislation and appropriate incidents are reported on the Security Incident Reporting System (SIRS) in accordance with the Secretary of State's Directions for NHS Protect.
- ✚ Ensuring that Managers review any significantly violent incident and that this is used to evaluate policy guidelines and skills to avoid further incidents.

The Health & Safety Officer will also:

- ✚ Provide advice to Managers at all levels on security measures, dealing with violence, aggression, nuisance or disturbing behaviour, including new legislation and government initiatives relating to security.
- ✚ Act as the Trust's lead with external bodies such as the local police, crime prevention officers, crime and disorder partnership scheme and the community safety partnership scheme.
- ✚ Liaise with the police, NHS Protect and their Legal Protection Unit in prosecuting offenders to ensure that, where appropriate, redress is sought from those who commit security incidents.
- ✚ Investigate instances of crime and security breaches, interview and record statements in accordance with NHS Protect requirements and provide assistance to managers, implementing risk reduction measures and post-incident management.
- ✚ Facilitate the provision of appropriate training in conjunction with the Learning and Development Department by assisting Managers to identify training needs and provide/make available appropriate courses.
- ✚ Report to the Security Management Director on key security management issues. Analyse security incidents and report them to the Board of Directors, NHS Protect and other appropriate bodies.
- ✚ Monitor the effectiveness of implementing this Policy by means of the Adverse Incident Reporting procedures and associated audits.
- ✚ Collate and report incidents and actions to the National Association of Private Ambulance Services.
- ✚ Collate and report incidents and actions to NHS Protect and the Health and Safety Executive when required.

6.4 Operations Managers

Managers are responsible for:

- ✚ Ensuring that Risk Assessments are carried out for all areas under their control by trained risk assessors and are periodically reviewed.
- ✚ Ensuring that staff at risk are identified and have attended appropriate training sessions.
- ✚ Implementing procedures/safe systems of work designed to eliminate or reduce the likelihood of violence and aggression.
- ✚ Ensuring that all staff are aware of the process to be followed when an incident occurs. This includes understanding the contents of this Policy.
- ✚ Ensuring that each incident is promptly and properly investigated and the findings recorded and analysed in accordance with the Company's Incident Reporting System.
- ✚ Supporting staff that have been subject to an incident, both in the short and longer term. This may include referral to Occupational Health or advising staff to consult their own GP for further support.
- ✚ Ensuring that staff are fully informed and involved through discussion at the risk assessment stage. Local Health and Safety Officers/Representatives should also be consulted and invited to attend.
- ✚ Ensuring that all swipe cards are handed in and de-activated promptly when a member of staff leaves the employment of the Trust.
- ✚ Ensuring appropriate communications have taken place between departments when internally transferring potential aggressive patients, in order to ensure the receiving ward/department is aware of any potential aggressive incidents.

6.5 All Staff

All employees are expected to take reasonable care to ensure the safety of themselves, their colleagues, patients and the public at all times.

- ✚ It is every member of staff's duty to co-operate with the Company by contributing to risk assessments, attending training and awareness workshops, maintaining a safe workplace and adhering to safe systems of work.
- ✚ Staff must follow the guidance in Appendix 2 and Appendix 3 of this Policy, detailing how to prevent violent situations and facilitate personal protection.
- ✚ Staff must promptly report any incident of threat, physical or verbal abuse or any incident of property damage, using the Company's reporting mechanism.
- ✚ Staff must co-operate fully with any subsequent investigation.
- ✚ Staff must assist in any investigations into violent assault incidents.
- ✚ Staff must treat patients and visitors in a courteous and polite manner at all times.
- ✚ Staff must take personal responsibility for ensuring that they have a clear understanding of the processes to be followed at all times.
- ✚ Staff must ensure they read, understand the contents of all risk assessments and sign the appropriate signature record sheets.
- ✚ Staff must ensure they also read any local policy, guidance or protocols developed for their departments on lone working.

7. RISK ASSESSMENT

7.1 The Company requires suitable assessment to be made of the risk to employee's health and safety whilst at work. Local arrangements include the risk assessment process that must be undertaken in working areas, including the conflict resolution risk assessment, where violence and aggression poses a significant risk to employees. Managers must ensure that workplace risk assessments are reviewed. A review must take place immediately after an adverse incident has occurred, if there are any changes to the working environment and any changes in service provision.

Risk assessments must only be conducted by trained risk assessors.

7.2 Reviews

Managers should review the risk assessments/procedures and focus on:

- ✚ **Environment** – The layout of the building and rooms, reception areas, access arrangements, identifying potential weapons.
- ✚ **Working Practice** – Lone working (refer to Lone Worker Policy), delay in service etc., support services, administration, agency nurses.
- ✚ **Individual Employee** – does the employee have relevant experience and training to cope with potential situations?

7.3 Any action plans arising from the risk assessment process will be managed by the department until all actions have been completed.

8. TRAINING

Training will be provided by the Training Department in violence and aggression awareness training to all staff.

Appropriate training will be provided by AWAS to provide staff with the skills to avoid/ manage violent or aggressive situations.

All appropriate employees MUST read all Health and Safety related policies and the appropriate Health and Safety risk assessments applicable to an individual's role.

In House Risk Assessor training is provided by the Health & Safety Manager.

Risk Assessors are provided with refresher training every 3 years.

8.1 Mandatory Training

Conflict Resolution training is a local arrangement and a mandatory requirement for all appropriate front line staff. All appropriate front line staff must be given priority.

All appropriate front line staff must attend the refresher training every 3 years as identified by NHS Protect.

8.2 Courses

Conflict Resolution training courses will be provided by the Company (formerly Violence and Aggression).

Details of training courses are provided and controlled by the Training Department.

9. REPORTING AND RECORDING OF INCIDENTS

9.1 Staff should report all incidents of violence and aggression to their Line Manager at the earliest opportunity.

Assaults fall into two categories:

-  Physical (Clinical or non-clinical)
-  Non-Physical (verbal)

Physical Assault (Non-Clinical)

“The intentional application of force from one person to another, without lawful justification, resulting in physical injury or personal discomfort”

All incidents of **PHYSICAL** (non-clinical) assault must be reported to the police in the first instance and the Operations Manager using the process set out in section **9.2** below.

Physical Assault (Clinical)

“The unintentional application of force from one person to another, resulting in physical injury or personal discomfort”

All incidents of **PHYSICAL** (clinical) assault must be reported to the Operations Manager in the first instance, using the process set out in section **9.2** below.

Non-Physical Assault

“The use of inappropriate words or behaviour causing distress and/or constituting harassment”

All incidents, whether physical or non-physical, should be reported to the Operations Manager and an Adverse Incident Report Form completed immediately. The yellow copy of this form must also be forwarded to the Health and Safety Officer immediately. The white copy should be completed by the Manager and then forwarded to the Health and Safety Manager (Refer to the Incident Reporting Policy).

RIDDOR

Where an injury is sustained, however small, this must be reported by the Company to the Health and Safety Executive immediately and followed up in writing within 10 days (RIDDOR 2013). Advice on how this process should operate can be obtained from the Health and Safety Officer.

9.2 ACTIONS TO BE TAKEN WHEN A NON CLINICAL PHYSICAL ASSAULT OCCURS

9.2.1 Police

The police are to be contacted immediately by the person assaulted, Manager or relevant colleague.

9.2.2 Health & Safety Officer

The Health & Safety Officer is to be contacted as soon as practicable, by the Operations Manager of the person who was assaulted or relevant colleague.

The Health & Safety Officer will:

- ✚ Contact as soon as practicable, the Company's external NHS Protect Area Security Management Specialist (ASMS) with specific information about the physical assault. (*Appendix 1 details the information required*).
- ✚ Ensure that full co-operation is given to a police or an NHS Protect investigation and any subsequent action into a case of physical assault, including access to personnel, premises and records (electronic or otherwise) considered relevant to the investigation.
- ✚ Ensure that details of the incident are recorded on the Company's appropriate incident reporting system to comply with Health and Safety and NHS Protect legislation.
- ✚ Ensure that acknowledgement of the report is sent to the injured party and ensure that any necessary support arrangements, such as counselling or Occupational Health, are offered. The acknowledgement will confirm that the matter will be dealt with, that the appropriate action will be taken and that the particular member of staff will be updated with progress and outcome.
- ✚ Ensure that all possible preventative action is taken to minimise the risk of a similar incident re-occurring.

NOTE: IF ANY MEMBER OF STAFF FEELS THREATENED BY PHYSICAL ASSAULT, THEY MUST PHONE FOR POLICE ASSISTANCE BY OBTAINING AN OUTSIDE LINE AND DIALING 999 OR #6400 IN THE FIRST INSTANCE.

9.3 ACTIONS TO BE TAKEN FOR NON PHYSICAL ASSAULT

9.3.1 Non-Physical

In the event of non-physical assault, the Operations Manager will consider the seriousness of the incident with the victim before involving the police. For example, someone swearing at a member of staff could be dealt with internally through warning letters about their behaviour/conduct, but **where the verbal abuse involves threats or the use of weapons the police must be notified immediately** and the incident reporting procedure followed.

9.3.2 All staff-on-staff incidents will be investigated by the Company's Human Resources department.

9.3.3 Operations Manager/s will provide all staff, where identified by the contracting hospital/client, with a prior indication that a patient or relative/guardian may have a history of aggressive behaviour prior to any further appointments.

10. GUIDANCE ON THE WITHDRAWAL OF TREATMENT

10.1 Withdrawal of treatment can be applied in extreme circumstances where violent or abusive behaviour is likely to:

- ✚ Prejudice any benefit the patient might receive from the care or treatment.
- ✚ Prejudice the safety of those involved in giving the care or treatment.
- ✚ Lead the member of staff offering care to believe he/she is no longer able to undertake his/her duties properly. This might include incidents of racial or sexual abuse.
- ✚ Result in damage to property inflicted by the patient or as a result of containing him, or prejudice the safety of other patients present at that time.

10.2 Withholding Treatment

There are, however, circumstances where withholding treatment is inappropriate (Examples of):

- ✚ Patients who, in the expert judgment of a relevant Clinician, are not competent to take responsibility for their action e.g. an individual who becomes violent and aggressive as a result of an illness or injury.
- ✚ Patients who are mentally ill and may be under the influence of drugs and/or alcohol.
- ✚ Patients who, in the expert judgment of a relevant Clinician, require urgent emergency treatment and.
- ✚ Other than in exceptional circumstances, any patient under the age of 16.

10.3 Actions to be taken:

- ✚ Following any incident the Operations Manager or (or Duty Officer) should explain to the patient that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future.
- ✚ If the behaviour continues, the responsible Manager or Clinician will give an informal warning about the possible consequences of any further repetition.
- ✚ Failure to subsequently desist will result in the issue of a formal warning (Yellow Card) supported by the application of the Procedure for Care of individuals who are violent or abusive (please see Appendix 4).
- ✚ Failure to comply with the Procedure for ongoing Care will, at the request of the relevant directorate Associate Director and the Clinical Director (or their nominated deputies) result in exclusion of transport from the Company (Red Card – please see Appendix 5). Such exclusion will last one year, subject to alternative care arrangements being made. the provision of such arrangements will be pursued with vigour by the relevant Manager.

11. CLINICAL HOLD

11.1 There may be occasions when persons will be required to be restrained during an act of violence and aggression. Only appropriately trained personnel in control and restraint are permitted to use the techniques required at the time of any incident.

11.2 Any patient or person with mental health or learning difficulties may still be restrained if required but the person's clinical condition **MUST** be monitored by clinical staff during the period of restraint.

12. EFFECTIVE MONITORING

12.1 The table at Appendix 6 highlights the minimum requirement as evidence of compliance for the NHSLA Standards.

13. EQUALITY AND DIVERSITY

There will be no discrimination against any member of staff.

14. STAFF SUPPORT

Staff who feel traumatised by an act of violence or aggression inflicted on them may obtain victim support from:

- ✚ The Operations Manager
- ✚ A Counsellor (arranged by the Occupational Health Department)
- ✚ NHS Protect
- ✚ NHS Legal Protection Unit (LPU)

Appendix 1

Guidance on Information required to be provided to NHS Protect when Reporting an Incident of Physical Assault.

The following information will be required when contact is made by the Health & Safety Officer or with the LSMS or NHS Protect.

The nature of the information required can be split into five separate areas;
Victim details

-  Incident description
-  Police details
-  Witness details
-  Assailant details

Victim details: should include the following information - name, date of birth, home address, staff name, job title and workplace and contact telephone numbers.

Incident description: should include as much detail as possible about the location, time and severity of the incident, including any injuries received and current location of the victim.

Police details: should include the time that the call was made to the police and by whom, and the name of the officer/s attending the scene, their collar numbers and contact details. The crime number relating to the incident must also be noted.

Witness details: should include the name, address and contact numbers, and also whether they are staff members or members of the public.

Assailant details: if known, should include the name, address and contact details. Where these details are unknown, a full a description as possible of the assailant should be given.

Once this information has been obtained it should be passed on to the Operations Manager/s and Health & Safety Officer at the earliest practicable time. Earliest practicable time may be interpreted as the next working day, although this does not preclude the potential need in exceptional circumstances for the contact to be made at an earlier stage.

**ONLY RECORD WHAT YOU WITNESSED
NOT WHAT OTHERS TELL YOU**

HOW TO PREVENT VIOLENT SITUATIONS

1. HOW TO DEAL WITH DIFFICULT SITUATIONS:

- ✚ Always remain calm and polite.
- ✚ Aim to sit down when speaking if there are suitable chairs available.
- ✚ Acknowledge the individual's distress or anxiety without seeming to patronise.
- ✚ Listen (and be seen to be listening) and offer assistance, possibly from a Senior Nurse, Manager or Clinician at either the Discharging or Receiving Hospital.
- ✚ Try to explain reasons for delays or inability to meet their requests and offer guidance on what is being done.
- ✚ Ask the person politely to stop being abusive.
- ✚ Point out that verbal abuse is not helpful for patients, or staff.
- ✚ If they continue to be abusive, explain that you are not prepared to accept their behaviour and that you are going to walk away and return in five minutes to continue the conversation.
- ✚ Consider summoning assistance from a colleague/Operations Manager as this may diffuse the situation.
- ✚ Offer the services of the Patient's Advice Liaison Service (PALS) during office hours on weekdays.
- ✚ Where possible, preserve the individual's personal body space.
- ✚ Ensure your empathy is shown by word, action and behaviour.

2. LOOK AT BODY LANGUAGE AND WATCH OUT FOR SIGNS OF STRESS AND ANGER

- ✚ Person avoiding eye contact or glaring at you.
- ✚ Signs of physical tension e.g. tensing muscles, fingers or eyelids twitching, sweating, increase in rate of breathing, crying, nervousness, fidgeting.
- ✚ Change of pitch or tone of voice.
- ✚ Use of insults, threats or obscenities.
- ✚ Adopting a hostile or aggressive stance, movement towards an object that could be used as a weapon.

Appendix 3

HOW TO PROTECT YOURSELF

1. Staff are not expected to tackle violent individuals or to place themselves at risk.

In the event of an individual becoming violent against people or property, take the following immediate action:

- ✚ Call for help from other members of staff, or the police if practicable (activate personal alarm if held).
- ✚ Attempt to disengage from the aggressor and keep your distance from them.
- ✚ Clear the immediate area.
- ✚ Try to remain calm and calm the aggressor if possible, without endangering yourself.

2. Where it is clear that a member of staff is getting into difficulty, other members of staff must call the police to summon their assistance immediately.

2.1 Violence against property:

- ✚ If the object of violence is property rather than people, the aggressor should not be approached until their behaviour changes and they have calmed down, or it is clear that they are going to become violent towards people.
- ✚ If, in the course of damaging property the aggressor is placing their own health at risk, then staff should try to stop them either by distracting them, or by physical intervention if this can be done without risk of injury to staff.

3. Action to be taken if a member of public/relative is brandishing a weapon e.g. a gun, knife, screwdriver, razor blades etc:

- ✚ Phone the police immediately by dialing **999** on a hospital landline phone or 999/112 on a mobile and then inform the Operations Manager as soon as possible.
- ✚ Clear the immediate area discreetly of other members of the public and staff.
- ✚ Do not approach the individual concerned and do not antagonise them.
- ✚ When police arrive brief them on the situation.

**ON NO ACCOUNT SHOULD A MEMBER OF STAFF
TRY TO DISARM A PERSON WHO IS ARMED.**

**Appendix 4
(Example)**

**PROCEDURE FOR CARE OF INDIVIDUALS WHO ARE
VIOLENT OR ABUSIVE - IMPLEMENTATION CHECKLIST**

1. In the event of inappropriate behaviour by a patient and following careful review by the individuals clinical team (or the on call team out of hours), the Procedure for Care of Individuals who are Violent or Abusive (hereafter referred to as the Procedure for Care) can be instigated.
2. In the event of the senior nurse on duty on the relevant ward feeling that a Procedure for Care may be appropriate, he/she should contact a suitable member of staff e.g. the Directorate Associate Director/Head Nurse/Senior Nurse/Site Manager.
3. It will be the responsibility of the suitable person to Take full details of the Incident, (as Appendix 1) and the staff member's concerns, document them and decide whether a Procedure for Care is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.

Appendix 4a

PROCEDURE FOR CARE OF INDIVIDUALS WHO ARE VIOLENT OR ABUSIVE IMPLEMENTATION CHECKLIST

1. If a Procedure for Care is required for an inpatient or outpatient:

- ✚ Inform and seek advice from the patient's Consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
- ✚ Ensure that the incident which triggered the procedure is documented in full, and signed by the member of staff and any witnesses.
- ✚ Inform the patient of the ward staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
- ✚ Complete all patient details on the Confirmation of Procedure for Care of Individuals who are Violent or Abusive (Appendix 4a).
- ✚ Ask the patient to sign the Confirmation of Procedure for Care. If the patient refuses to sign, this should be documented but explained to the patient that the document will be valid with or without the patient's agreement.
- ✚ Ensure that a suitable member of staff (any doctor or registered nurse) witnesses the explanation to the patient and signs the Confirmation of Procedure for Care.
- ✚ Give the patient a copy of the Confirmation of Procedure for Care and of the Policy itself.
- ✚ Prepare (type) a copy of the standard letter (Appendix 4b amend as necessary), for issue to the patient's GP. This letter should be signed and sent by the Associate Director. A copy of the Policy should be attached.
- ✚ Prepare (type) a copy of the standard letter (Appendix 4c), for issue to the patient. This letter to be given to the Associate Director with the letter to the GP for checking both the letter and that the procedure for care has been applied appropriately and for onward submission.
- ✚ The incident/behaviour must be documented in the patient's medical and nursing notes.

**CONFIRMATION OF PROCEDURE FOR CARE OF INDIVIDUALS
WHO ARE VIOLENT OR ABUSIVE**

Hospital ()	Ward ()
Patient's family name	
Patient's forenames	
Hospital number(s)	
Home address	
Home phone number	
Contact name of next of kin	
Next of kin address	
Gp's name	
Gp's address	
GP'S PHONE NUMBER	

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

*I agree to comply with the expected behaviour set out in the Policy, under which care will be provided at Burton Hospitals NHS Foundation Trust.

Signed

.....Date.....

* Delete if refused

**WITNESSES FOR All Wales Ambulance Services Limited:
(Initiator of Procedure)**

Name	Name
Designation	Designation
Signed	Signed
Dated	Dated

Examples of appropriate members of staff able to initiate the Procedure:

Operations Manager/s, Health & Safety Officer, Chief Executive Officer, Duty Officer.

**“RED CARD”/EXCLUSION - PROCEDURE CHECKLIST
(NON PATIENTS)**

A member of the public becomes verbally aggressive when one or more of the following examples are experienced:

- ✚ Using foul language and verbal abuse.
- ✚ Using intimidating gestures towards AWAS and/or NHS staff, patients or visitors.
- ✚ Generally preventing or impeding staff from carrying out their duties.
- ✚ Failing to comply with any reasonable request to stop a particular activity which may be endangering other persons or property.
- ✚ Obstructing thoroughfares

2. Consideration should be given to a person who may have a legitimate reason for committing a nuisance or disturbance.

2.1 An example of a reasonable excuse could be that a person had earlier received distressing news about a friend or relative whom they had accompanied to hospital and might therefore find it difficult to control their behaviour. An outburst under such circumstances would be understandable.

2.2 It is also possible that a person’s behaviour is the result of a mental health condition or learning disability (herein referred to as a mental impairment) and may be beyond their control.

- ✚ For example, behaviour associated with an Autism Spectrum Disorder (ASD) can include stereotyped movements, poor awareness of personal space, repetition of strange sounds and words, lack of flexibility of thought or becoming increasingly upset or angry because of changes in routine.
- ✚ Symptoms of dementia can include aggression, anxiety and hallucinations. These symptoms can be exacerbated when a person is in an unfamiliar environment.
- ✚ Other mental health conditions that may affect a person’s behaviour include Tourette’s syndrome, acute mania, psychosis, and auditory and visual hallucinations, delusions and personality disorders.
- ✚ It should be stressed that the mere existence of a mental health or learning disability is not in itself a ‘reasonable excuse’. The condition must be responsible for the individual’s behaviour.

4. Reasonable excuse for refusing to leave the vehicle:

4.1 A reasonable excuse for refusing to leave the vehicle can be different from a reasonable excuse for committing a nuisance or disturbance. A person may have a reasonable excuse for not leaving if:

- ✚ they are accompanying a child or dependent to the hospital and leaving the vehicle would leave that child or dependent alone.

- ✚ a person may be a carer for a patient in the hospital and leaving the vehicle would leave that patient alone or vulnerable. The carer would not be exempt from removal however, if the Company puts in place appropriate arrangements to care for the interest of the dependent.

Appendix 6

Monitoring Matrix.

Monitoring Matrix Minimum policy requirements to be monitored	Process for monitoring e.g. audit	Responsible Individual/ Committee/Group	Frequency	Responsible Individual/ Committee/Group for review of results	Responsible Individual/ Committee/Group for development of the action plan	Responsible Individual/ Committee/Group for monitoring of the action plan
How the Company carries out risk assessments for the prevention and management of violence and aggression.	Every department completes a conflict resolution risk assessments H&S Self-Assessment Process with policy and risk assessment compliance procedure.	Department risk assessors/ managers H&S Manager.	Initial compliance audit followed by a 6 month review then annual reviews.	Health and Safety Officer/CEO/Operations Manager/s.	Operations Managers.	Operations Managers/Health & Safety Officer.
What are the arrangements for making sure lone workers are safe	Lone worker devices are issued to all staff identified as lone worker following a lone worker risk assessment and profile procedure by department managers Reliance Group monthly usage reports and incident reports	Department risk assessors/ managers H&S Manager.	Quarterly.	Department risk assessors/ managers H&S Manager.	Operations Manager/s	Operations Managers/Health & Safety Officer

