Ashford and St. Peter's Hospitals NHS
NHS Trust

POLICY FOR THE MANAGEMENT OF VIOLENCE AND AGGRESSION

Amendments			
Date	Page(s)	Comments	Approved by
October 2007	All	Complete Revision of Violence against Staff policy	Ian MacKenzie, Director of Performance, Information and Facilities

Compiled by: Director of Human Resources

In Consultation with: Trust Council/Management Board

Ratified by: Trust Board

Date: 13th July 2000

Reviewed by: Colin Matthew, Health and Safety Advisor

Approved by: Ian Mackenzie

Date: December 2007

Date Issued: December 2007

Target Audience: All Staff

Next Review Date: October 2009

Contact name for comments: Colin Matthew, Health Safety and Security Advisor

Index

Annex B – Acknowledgement of Responsibilities Agreement letter 2 (Template)

Annex C – Final Warning (Template)

Annex D – Withholding of Treatment (Template)

Annex E – Contact Details

Annex F – Physical Assault Report Form

Annex G – Physical Assault Report Form Guidance Notes

Annex H – Violence and Aggression Risk Assessment Guidance

Annex I – Post Incident Review Form

References

POLICY FOR THE MANAGEMENT OF VIOLENCE AND AGGRESSION

INTRODUCTION

1.1. BACKGROUND

Everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, in an environment that is properly safe and secure.

Healthcare workers face an increased risk of violence and aggression. The 2002 / 2003, British Crime Survey found that 5% of Health and Social Welfare professionals, including nurses and doctors, had experienced work-related violence and aggression. This statistic does not include verbal aggression. A Department of Health survey published in September 2003 estimated that there were 116,000 incidents of physical and non-physical assaults against NHS staff in 2002 / 2003 and figures reported in 2005/2006 showed that 58,695 physical assaults had been reported, 11,100 within an Acute setting.

Under the Health and Safety at Work Act 1974, the Ashford & St Peter's Hospitals NHS Trust has a statutory obligation to ensure as is reasonably practicable, a safe and secure environment for its staff. Violent, abusive behaviour and criminal acts will not be tolerated. The risks of violence to staff must be assessed and where possible action will be taken, to protect staff, patients and visitors.

1.2. THE NHS SECURITY MANAGEMENT SERVICE (NHS SMS)

The NHS Security Management Service (NHS SMS) was created in April 2003 with the objective of "delivering an environment that is properly secure so that the highest possible standards of clinical care can be made available to patients". It has policy and operational responsibility for all security management work in the NHS (Statutory Instrument 3039/2002).

This Policy document provides guidance to all staff working at Ashford & St Peter's Hospitals NHS Trust based on both the existing Health and Safety legislation and the national and legal frameworks for tackling physical and non-physical assaults. This additional legal framework was introduced in November 2003, under the direction of the Secretary of State for Health. This policy supersedes the previous NHS Zero Tolerance Campaign.

1.3. POLICY AIM

The aim of this policy is to detail the Trust's strategy in tackling violence and aggression against NHS staff. This policy has been introduced in the context of the mandatory requirement to report all cases of physical assaults to the NHS SMS. It details the avenues that are available for staff, and the Trust alike, to seek legal redress.

The legal definitions of Physical and Non-Physical assault will be explained, along with detailed guidance on how to deal with incidents involving violence, abuse, threats, intimidation, harassment and other inappropriate behaviours. The policy will also clearly define the roles of the Security Management Director (SMD) and the Local Security

Management Specialist (LSMS) in supporting the Trust staff in dealing with, and tackling, violent and abusive persons.

1.4. SCOPE AND APPLICATION

This policy applies to all full time and part time employees of the Trust, Contractors or Sub-Contractors who provide services to the Trust (including agency staff- Clinical and Non-Clinical), students/trainees, volunteers, clinical attachments, apprentices, seconded staff and all other staff on placement within the Trust. In addition, it will further extend to patients (inpatients and outpatients), their relatives and visitors.

This policy reinforces the reporting system for physical assaults on NHS employees. There is a now a specific requirement from the NHS SMS that all physical assaults should be reported to them, through the Local Security Management Specialist.

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 employers have a duty to ensure the health, safety and welfare of their staff. The use of this policy will apply to not only the specific requirements of the NHS SMS but also the statutory requirements of Health and Safety legislation. Therefore, this policy bolsters the Trust's existing legal duties to protect staff, as far as reasonably practicable, from the effects of violence and aggression in the workplace.

1.5. RESPONSIBILITIES

As the Accountable officer, the Chief Executive has the ultimate responsibility for ensuring compliance with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

Following the Secretary of State for Health's Directions, there is a requirement for all NHS Trusts to appoint a Board Executive Director to become the Security Management Director (SMD). They will lead on security management work, and this includes tackling violence against staff. The SMD for the Ashford & St Peter's Hospitals NHS Trust is the Director of Performance Information and Facilities. This appointment demonstrates that board level responsibility has been clearly defined. The overall responsibility for the health and safety of staff rests with the Trust board.

The second key requirement of the Directions is that the Trust must appoint a person to perform the role of the Local Security Management Specialist (LSMS). The Trust Health and Safety Advisor has received accreditation, and is conducting the roles and responsibilities of the LSMS.

The LSMS reports directly to the designated Security Management Executive Director and is to ensure that all appropriate actions are taken to create a pro-security culture within the health body so that staff and patients accept the responsibility for this issue and ensure that where security incidents and breaches occur that they are detected and reported according to the Trust's incident reporting policy.

The overall objective of the LSMS will be to work on behalf of the Trust to deliver an environment that is safe and secure so that the highest standards of clinical care can be made available to patients.

The LSMS will aim to provide a comprehensive, inclusive and professional security management service for the Trust and work towards the creation of pro-security culture.

The LSMS must also ensure that the Trust has started providing mandatory Conflict Resolution Training to its entire frontline staff as required by the Secretary of State's Directions.

Senior Managers are responsible for ensuring that

- risks assessments are undertaken,
- local policies and procedures are introduced;
- safe systems of work are adopted;
- training is available and provided;
- health and safety and security training records are maintained;
- ensuring statutory health & safety requirements and compliance;
- incident reporting;
- effective communication and support for staff who may face violence and aggression.

All heads of department, managers and supervisors are responsible for the safety of their staff, and in particular for ensuring compliance with this policy. Additionally, they are to ensure that adequate risk assessments have been undertaken, and that positive practical support is given to staff involved in incidents. Ensuring that staff receives appropriate training, such as conflict resolution, is also a requirement.

Every member of staff has a general duty of care for his or her own health and safety and that of immediate colleagues. They are required to be conversant and comply with the relevant policies and procedures, adhere to management attempts to reduce the risks of violence and to report any potential and actual incidents that may affect their safety in line with the Trust's incident reporting policy. All front line staff are also required to attend mandatory training such as Conflict Resolution training.

2.0. PREVENTION

2.1. IDENTIFYING RISKS

In conjunction with the Trust's Security Policy and the Health and Safety policy, managers of all departments are required to ensure risk assessments are carried out by trained risk assessors from within their department. The risk assessments should be reviewed at least annually. Certain areas in the Trust are subject to higher levels of violent and abusive incidents, but all wards and departments should be assessed with a view to identifying and minimising risk. For additional information on risk assessment please refer to the Health & Safety policy.

The risk assessment should be carried out in conjunction with the staff in the department to ensure that all potential and actual risks are captured the hazards identified in the assessment should be scored using the risk matrix (annex H) to establish both the impact of the hazard and its likelihood of occurrence.

The risk assessment should cover aspects such as the type of work, training and competency of staff, supervision and communication of problems, emergency situations and contingencies.

Where necessary an action plan should be created in order of risk priority and implemented.

The completed risk assessment, control measures and required actions should be communicated to all staff in the area, and a copy sent to the Health and Safety Advisor. Staff new to the area should be informed of risks at local orientation.

Any changes in practice should be monitored to ensure that they are both adhered to and also adequately control the risks identified.

2.2. LONE WORKING

Managers of staff working alone, off site or making home visits need to ensure that a risk assessment is carried out where it is likely that the staff may find themselves in a violent or aggressive situation, and where possible sensible precautions are taken to minimise risk. A procedures document needs to be created for that department to ensure that all staff are aware of any risks identified and what actions they should take to minimise risk or how to react to an incident.

Procedures should include information such as logging of home visits, movement plans, and regular contact with colleagues and/or reporting back to base, together with contingency plans for providing assistance. Furthermore, lone working may mean that there are additional difficulties in obtaining assistance in the event of an incident such as accidents or vehicle breakdowns.

All additional persons and departments that may be involved in any procedures relating to lone working should be fully informed and provided with a copy of the written procedures.

For further information and guidance on Lone worker's safety see the Lone Working policy.

2.3. POST INCIDENT REVIEW

It is important to identify the aggravating factors following an incident of violence and aggression in order to prevent the event from happening again but if it can not be prevented then at least prepared for. Should any member of staff be the victim of violence and aggression the department manager should ensure a post incident review is completed and a copy forwarded to the LSMS. It may be relevant to consider the findings in any 'care plan' if a patient has been involved. If the incident is of a serious nature then all the staff and witnesses involved in the incident should be brought together (including the LSMS) and ways to prevent the incident occurring again should be discussed.

This document will also assist the department in any risk assessment review which should follow any incident of violence and aggression and allow the Trust to measure the effectiveness of any Trust policies and procedures, staff training or de-escalation skills to ensure that lessons are learnt, not repeated. (Annex I)

3.0. CONFLICT RESOLUTION TRAINING

Staff, particularly front line staff should recieve the National Syllabus in Conflict Resolution training. This is the largest training programme ever undertaken in the NHS and its aim is to ensure that all frontline staff receive high quality, consistent training in Conflict Resolution by 2008. The training, which is mandatory, has been developed by the NHS Security Management Service in conjunction with the British Medical Association, Royal College of Nursing and UNISON. This measure has been introduced as per the directions of the Secetary of State issued in November 2003.

The one-day course has been designed for all frontline NHS staff whose work brings them into contact with members of the public. Their work may expose them to situations that may become volatile and confrontational, resulting in violence and abuse. The course consists of non-physical intervention techniques on managing and de-escalating potentially violent incidents within the work environment.

At the end of the course, delegates will be able to:

- Describe common causes of conflict
- Describe the 2 forms of communication
- Give examples of how communication can breakdown
- Explain 3 examples of communication models that can assist in conflict resolution
- Describe patterns of behaviour they may encounter during different interactions
- Give examples of the different warning and danger signs
- Give examples of impact factors
- Describe the use of distance when dealing with conflict
- Explain the use of 'reasonable force' as it applies to conflict resolution
- Describe different methods for dealing with possible conflict situations

Managers are to ensure that all of their staff that interacts with members of the public attends this training. Courses can be booked via the Training Department Ext 2634 and will be delivered in-house.

Staff who work in high risk areas should be identified and serious consideration should be given to providing these staff with additional skills to assist them during a violent situation such as 'Control and Restraint' training. For advice on this subject contact the LSMS.

4.0. PHYSICAL ASSAULT

4.1. WHAT IS A PHYSICAL ASSAULT?

Physical assaults on NHS staff are now defined as:

"The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort."

This definition replaces any other definition that may currently be in use within the NHS for reports of physical assault.

4.2. WHAT DO I DO WHEN A PHYSICAL ASSAULT HAS OCCURRED?

As soon as practicable - following an incident of physical assault, first ensuring that everyone involved is now safe (security assistance can be obtained urgently by calling 2222) - the matter should be reported by the person assaulted, their manager or colleague (on their behalf) to the police, except in those cases where a 'clinical condition' exists.

"'clinical condition' -where clinical opinion indicates that the assault was unlikely to have been intentional as the assailant did not know that what they had done was wrong due to a medical illness (including confusion), mental ill health, a severe learning disability or as a result of treatment administered"

Each incident must be considered on a case by case basis in light of all the available facts. Where the police are involved and attend an incident, every effort should be made to ascertain if the police intend to take action against the assailant, along with obtaining the

details of the police officers involved so that these can be passed onto the LSMS to assist in their role in monitoring the progress of such cases.

The staff member's manager / head of department will arrange support as necessary, as per the Trust's Workplace Pressures Policy.

4.3. HOW DO I REPORT A PHYSICAL ASSAULT?

Firstly, report the incident to your manager. A Trust Incident Form should be completed and sent to the LSMS or the Security Administrator. The LSMS and the Security Administrator will ensure that the details are input onto the Risk Management's reporting system (Datix) and then forwarded to the NHS SMS. The reporting of all physical assaults onto the national reporting system is mandatory, as per the Secretary of States directions.

Note: Physical assaults where a clinical condition exists are also required to be reported using the PARS form.

Reporting through the national system does not waive the requirement to report to the Health and Safety Executive (HSE) physical assaults that result in a staff member being absent or unable to undertake their normal duties for more than three days, a serious injury or fatality in accordance with RIDDOR. The Health and Safety Advisor will ensure that a RIDDOR report is completed based on the data on the Trust incident report form. A concordat between the HSE and the NHS SMS has been signed and covers data sharing and co-operations on investigations.

4.4 WHAT WILL HAPPEN WHEN I HAVE REPORTED THE PHYSICAL ASSAULT?

The LSMS will arrange for an acknowledgement to be sent to the person assaulted so they know that the incident has been acknowledged. Reports of physical assault received by the LSMS can typically be divided into two categories:

- Those which are being pursued by the police and requiring monitoring by the LSMS;
- Those which require investigation by the LSMS.

The LSMS will contact the police officer(s) who attended the incident, or who has been assigned to investigate the incident, to ascertain what action they intend to take. Where the police are continuing action, the LSMS will arrange to be kept appraised of progress and outcome.

Where the police decline to investigate the incident, the LSMS will consider investigating further to see whether or not a private prosecution or other action, such as an Anti Social Behaviour Order (ASBO) or civil injunction is necessary.

When an investigation is concluded, and it is considered that there is sufficient evidence to support a prosecution, the matter will be referred to the Legal Protection Unit (LPU) of the NHS SMS for further action as appropriate.

Irrespective of whether a sanction is pursued or not, the LSMS will always consider whether additional action such as "warning letters" about future conduct should be sent. Where it is particularly serious or repeated in nature and staff, patient and public safety could be at risk, the Chief Exec/SMD along with other appropriate Directors should consider whether withholding of treatment is appropriate.

Please see 'Range of Legal Sanctions' 6.0

5.0. NON-PHYSICAL ASSAULT

5.1. WHAT IS A NON-PHYSICAL ASSAULT?

Non-Physical assaults on NHS staff are now defined as:

"The use of inappropriate words or behaviour causing distress and / or constituting harassment".

This definition replaces any other definition that may currently be in use within the NHS for reports of non-physical assault. It is difficult to provide a comprehensive description of all types of incidents, which are covered under this non-physical assault policy. However, examples of the types of behaviour covered by this policy are summarised below, although the list is not exhaustive:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe;
- Loud and intrusive conversation;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Offensive gestures;
- Threats or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying, victimisation or intimidation; (Staff on staff bullying does not fall into the remit of this policy. Any such issues will be dealt with by Human Resources).
- Stalking;
- Alcohol or drug fuelled abuse;
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or any of the above which is linked to destruction of or damage to property.

It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other form of communication such as graffiti on NHS property.

5.2. WHAT DO I DO WHEN A NON-PHYSICAL ASSAULT HAS OCCURRED?

Taking action is appropriate where non-physical assault or abusive behaviour is likely to:

- Prejudice the safety of staff involved in providing the care or treatment; or lead the member of staff providing care to believe that he/she is no longer able to undertake his/her duties properly as a result of fearing for their safety; or
- Prejudice any benefit the patient might receive from the care or treatment; or

- Prejudice the safety of other patients; or
- Result in damage to property inflicted by the patient, relative, visitor or as a result of containing their behaviour.

The Security Team can be summoned urgently by calling 2222. The following is a list of possible aggravating factors which should be considered when deciding to report an incident to the police. It is by no means exhaustive:

- The effect on the victim and / or others present
- The assailant's behaviour is motivated by hostility towards a particular group or individual on the grounds of race, religious belief (or lack of), nationality, gender, sexual orientation, age, disability or political affiliation;
- A weapon, or object capable of being used as a weapon, is brandished or used to damage property;
- The incident was an attempted, incomplete or unsuccessful physical assault;
- The incident involves action by more than one assailant;
- The incident is not the first to involve the same assailant(s);
- There is an indication that a particular member of staff or department / section is being targeted;
- There is serious concern that any threats made will be carried out;
- There is a concern that the individual's behaviour may deteriorate.

The clinical condition of the assailant should be considered as part of the decision making process.

5.3. HOW DO I REPORT A NON-PHYSICAL ASSAULT?

If you feel the behaviour exhibited is serious then you should contact the police and report the incident to them.

You must notify your manager of the incident. They will help you complete an Incident Form, which should detail what happened, and noting the behaviour of the offender and what they said or did. This form should be passed to Quality Department without delay. A copy should also be sent to the LSMS or Security Administrator for further investigation.

5.4. WHAT WILL HAPPEN WHEN I HAVE REPORTED A NON-PHYSICAL ASSAULT?

A thorough investigation of the incident will form the basis for any subsequent action. The manager must carry out an investigation as it is essential to ensure that contributing factors are identified which will ensure that lessons are learnt and vital information utilised for risk assessment purposes and preventative action. This can be done in conjunction with the LSMS.

However, where appropriate, evidence gathered will also ensure that appropriate sanctions are sought. It is important that each case is judged on its own merits. The sections below outline a range of options that can be taken in order to effectively tackle non-physical assaults, depending on severity of the incident and aggravating factors. The 'clinical condition' of the assailant should always be considered.

6.0. RANGE OF LEGAL SANCTIONS

A wide range of measures can be taken by the Trust depending on the severity of the Physical and Non-Physical assault. These sanctions may assist in the management of unacceptable behaviour by seeking to reduce the risks and demonstrate acceptable standards of behaviour, these may include:

- Verbal Warnings
- Acknowledgement of Responsibilities Agreements (ARA)
- Written Warnings
- Withholding treatment
- Civil Injunctions and Anti Social Behaviour Orders
- Criminal Prosecution

Throughout any of these processes the Trust is committed to developing and continuing to work with the Police and Crown Prosecution Service to ensure the best possible response and subsequent action and is appropriate in the circumstances.

6.1. VERBAL WARNINGS

Verbal Warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They are not a method of appeasing difficult patients, relatives or visitors in an attempt to modify their behaviour, or to punish them, but used instead to determine the cause of their behaviour so that the problem can be addressed or the risk of it reoccurring minimised.

It is important that patients, relatives and visitors are dealt with in a fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour. Every attempt should be made to de-escalate a situation that could potentially become abusive or worse. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour. The incident should also be reported and recorded locally, preferably in patient notes if appropriate.

Where it is deemed appropriate to speak to a patient, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at a time when all parties involved are composed.

The aim of the verbal warning process is twofold:

- To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of it reoccurring; and
- Ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.

A meeting should be arranged by the lead nurse/Matron and conducted in a fair and objective manner. The meeting should be held as soon as is practicable following the incident. A formal record should be made and maintained, on the patient's records and also by utilising the Risk Management reporting system (Datix).

Verbal Warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary). Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

6.2. ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENT (ARA)

ARAs are an option that can be considered for individual patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. ARA is a written agreement between parties aimed at addressing and preventing the reoccurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious violent behaviour.

The agreement itself should specify a list of acts or behaviours in which an individual (patient, relative or visitor) has been involved in with a view to get agreement and cooperation from them not to continue their inappropriate behaviour. ARAs should last at least for a period of six-months; however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.

The terms of the ARA should be outlined formally in a written document for the perpetrator. A template for such a letter can be found at Annex A to this policy, a copy of which they should be asked to sign. This template can be adapted to suit local needs. The terms of the agreement must be written in a manner which can be easily understood by the individual concerned. If they sign, and the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a letter to the perpetrator, thereby encouraging continued good behaviour.

Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors are excluded at the outset. ARAs are in no way linked to criminal proceedings and it is important that the greatest care is taken to ensure this is not misinterpreted as such.
The Lead Nurse/Matron and LSMS should consider:

- The desired outcome; and
- Appropriate conditions of the behavioural agreement.

The following issues should be covered:

- Reason for agreement;
- An explanation as to why the identified behaviour is unacceptable;
- A clear explanation that such behaviour must stop;
- The consequences of continued unacceptable behaviour; and
- Details of the mechanism for seeking a review.

If it is clear that they will not comply, or a pattern of non-compliance becomes evident, and their behaviour continues to deteriorate, a letter explaining future expectations of their behaviour and consequences of non-compliance should be issued. A template for such a letter can be found at Annex B.

The use of ARAs would not be appropriate in the following circumstances:

- Where the patient's GP, or SMD/LSMS in the health body, having consulted with relevant staff and obtained clinical advice has reached the conclusion that the incident was clinically induced such as a mental disorder, where an ARA could worsen the

patient's well-being or affect their recovery for example. However, the presence of a mental disorder should not preclude appropriate action from being taken, and it is important to note that the incident must still be recorded; and

- For anyone under the age of 16, other than in exceptional circumstances (an ARA with the child's parent(s) or guardian(s) may however be appropriate).

Monitoring is essential if the ARA is to be effective. Staff are expected to report any continuing breaches to their managers. This will enable the continued inappropriate behaviour to be highlighted and addressed. The Lead Nurse/Matron and LSMS will be made aware of the further violations.

Where a patient, relative or visitor fails to comply with the terms outlined in the ARA, consideration should be given to alternative procedural, civil or criminal action. The LSMS and the NHS SMS LPU will provide assistance in specific cases, should this be necessary. In the case of mental health, any action which may or may not include legal action must be made in conjunction with clinical opinion.

6.3. WITHHOLDING OF TREATMENT

The withholding of treatment raises a number of ethical as well as clinical issues for clinicians and managers. However, where such policies and procedures have been introduced, there is a clear indication that they can act as a deterrent to potentially violent patients and visitors and ensure that those who work hard to deliver quality patient care and services can do so in a safe environment. The process for withholding treatment must be clear that it should only be applied where appropriate and always as a last resort.

Any decision to withhold treatment must be based on a proper clinical assessment and the advice of the patient's consultant or senior member of the medical team (on-call team for Out of Hours) on a case-by-case basis. Under no circumstances should it be inferred or implied to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment should always be seen as a last resort, and only ever following legal advice.

Before withholding of treatment is considered, that is, as a first step towards dealing with abusive behaviour, it is recommended that a verbal warning is given. If this fails, a verbal warning and an ARA or formal written warning should be considered. Before withholding of treatment is instigated, a final written warning should be issued to the patient by the DIRECTOR responsible and must be copied to the patient's consultant and GP. The letter or written warning should:

- Explain the reasons why withholding of treatment is being considered (including relevant information, dates and times of incidents);
- Explain that the behaviour demonstrated is unacceptable;
- Explain that appropriate sanctions will apply to violent or abusive patients;
- Give details of the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures; and
- Explain that the patient's GP and consultant will be sent a copy of the letter.

A template for such a letter can be found at Annex C. However, there may be instances where the nature of the assault is so serious that the health body, having obtained legal advice, can decide to withhold treatment immediately. Where it is decided that a patient should be excluded from health body premises and treatment withheld, a written explanation for the exclusion must be provided (Annex D).

This letter must state:

- The reason why treatment is being withheld (including specific information, dates and times of incidents);
- The period of the exclusion (the period of exclusion should normally not exceed 12 months, after which the decision must be reviewed);
- Details of the mechanism for seeking a review of a decision to withhold treatment;
- The action that the health body intends to take if an excluded individual returns to health body premises for any reason other than a medical emergency;
- Each case is judged on its own merits to ensure that the need to protect and ensure the safety of staff is properly balanced against the need to provide health care to individuals; and
- That their GP and consultant will be notified in writing of the decision.

7.0. SUPPORT

7.1. NEEDS

In the event of an unpleasant incident, the quality of support to the victim and those associated with it is crucially important in restoring wellbeing. It is important that while attention is being paid to the perpetrator the needs of the victim are not overlooked. People may be traumatised by a violent incident and it is important that any debriefing does not just focus on how they performed but addresses the effects on them as individuals. Involving managers in the factual debriefing will be a reflection of the seriousness of the incident and support the experience of the victim. If the member of staff is too shaky to travel home by normal arrangements, then arrangements should be made to send them home by taxi or accompanied by a colleague.

Staff morale and confidence can be improved if they see that there is a genuine commitment from managers and employers and the authorities to support and pursue prosecution in cases of assault.

7.2. MEDICAL SUPPORT

Victims of physical assault requiring medical attention should be referred to the occupational health department or, if a serious trauma or out of hours, the Accident and Emergency Department/Walk in Centre. Wherever possible, a colleague should accompany the victim.

7.3. EMOTIONAL SUPPORT

Unless the victim cannot work, it is probably more helpful for the member of staff to remain at work among colleagues than to be sent home. However, the wishes of the victim must be respected and considered. The immediate and continuing interest in the member of staff's wellbeing by colleagues and managers is very important, together with the opportunity for them to talk through the incident. Managers and colleagues can be most helpful by being available to listen. The support required will not be only in the immediate aftermath of an incident, but may also continue for some time after the event. The Occupational Health department will be able to offer assistance and support if necessary.

8.0 MONITORING

This policy will be monitored by the Safety Services Group, the Trust Security Group and the Security Operations Meeting. These meetings will view information from:

- Incident Forms
- PARS Forms
- VAS Returns
- Shift Manager Reports
- Safer Runnymede Activity Reports

REFERENCES

1. A Professional Approach to Managing Security in the NHS, NHS Security Management Service (NHS SMS) (2003) http://www.cfsms.nhs.uk/pub/sms/documents.html

2. Secretary of State Directions in relation to Violence Against Staff, NHS Security Management Service (NHS SMS) (2003)

3. Secretary of State Directions on Security Management Measures,

4. A safer Place to Work – Protecting NHS Hospital and Ambulance Staff from Violence and Aggression, National Audit Office (March 2003)

5. National Syllabus for Conflict Resolution Training, NHS Security Management Service (2003) http://www.cfsms.nhs.uk/pub/sms/documents.html

6. Local Security Management Specialist training material, Foundation course, NHS Security Management Service (NHS SMS) (2003)

7. Health & Safety Act 1974

8. The Management of Health and Safety at Work Regulations 1999

9. Non –physical Assaults Explanatory Notes, NHS Security Management Service (NHS SMS) (2004) http://www.cfsms.nhs.uk/pub/sms/documents.html

10. Reporting of Injuries, Disease & Dangerous Occurrences 1995 No. 3163 (RIDDOR) http://www.legislation.hmso.gov.uk/si/si1995/Uksi_19953163_en_1.htm

11. The Anti Social Behaviour Act 2003 (c 38) http://www.legislation.hmso.gov.uk/acts/acts2003/20030038.htm

Annex A

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

It is alleged that on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

I would urge you to consider your behaviour when attending the < insert name of trust/ location> in the future and comply with the following conditions as discussed at our meeting:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one of the following actions: *(*to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.

- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

A copy of this letter is attached. Please sign the second copy and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days I shall assume tacit agreement.

Sincerely,

Signed by Lead Nurse / Head of Department /

Date

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

Date

Annex B

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in my previous correspondence of <insert date> to you.

I would urge you to consider your behaviour when attending the <location> in the future and comply with the following conditions
<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service

- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I regret having to bring this matter to your attention, but consider it is essential in order that we can ensure effective provision of healthcare at all times.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to us in the envelope provided. In the event that we receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours faithfully,

Signed by Lead Nurse / Head of Department

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed
Dated

Annex C

<Date>

Dear

FINAL WARNING

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you in <insert details of previous correspondence >. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what this trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue and will be taken into consideration with one or more of the following actions:
(to be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours faithfully,

Signed by Lead Nurse / Head of Department

Date

Annex D

<Date>
Dear

Withholding of Treatment

I am writing to you concerning an incident that occurred on < insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> where this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from health body premises. The period of this exclusion is <insert number of weeks /months> and comes into effect from the date of this letter.

As part of this exclusion notice you required not to attend health body premises at any time except:

- in a medical emergency;
- where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken *(to* be adjusted as appropriate):

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.

In considering withholding treatment this health body considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours faithfully,

Signed by Senior Director

Date

Annex E

Contact Numbers

Security Emergency Call

Phone 2222

For advice on this policy, and security and personal safety guidance contact

Health and Safety Advisory - Local Security Management Specialist

ext 2227
bleep 8813

To refer staff to Occupational Health or advice re Employee support policy please contact

Occupational Health Department

ext 2625

To book staff onto Conflict Resolution Training please contact

Training Department

ext 2634

REPORT OF A PHYSICAL ASSAULT ON NHS STAFF

Security Management Service

Your Reference		Is this incident is linked to another PARS report?	☐	PARS reference	

This form is to be used for the reporting of all physical assaults against NHS staff and professionals that fall within the single definition of physical assault as detailed in Secretary of States Directions to Tackle Violence issued in Nov 2003.

The definition is; **"The intentional application of force against the person of another Without lawful justification, resulting in physical injury or personal discomfort."**

Name of Trust:		LSMS of Trust (or SMD if no LSMS in post)
Address of Trust:		Contact tel. number:

IMPORTANT – MUST BE COMPLETED

After taking appropriate clinical advice, is this assault considered unlikely to have been intentional, as the assailant did not know what they were doing or they did not know that what they had done was wrong due to medical illness, mental ill health, a severe learning disability or as a result of treatment administered	YES	☐
	NO	☐

Incident Date (dd/mm/yy)		Incident time (hh:mm)	

Did the assault occur during the restraint of the assailant for reasons not connected with an assault on NHS staff? (eg to administer medication)	YES	☐
	NO	☐

Site address where assault took place (full address including postcode)	
Specific location of assault within the site (Ward 1, A&E, Patients Kitchen etc)	

PERSON ASSAULTED

Last name		Contact address:
First name		
Employment title		
Date of Birth (dd/mm/yy)		
	Male ☐ Female ☐	
Work tel.	Other tel.	

Injuries sustained

Treatment received

Does the victim wish to pursue the matter via the Police or NHS SMS Legal Protection Unit?	**Yes**	☐	**No**	☐

ALLEGED ASSAILANT

Last name			**Contact address** (if known)**:**
First name			
Date of Birth (dd/mm/yy)			
NHS Number (if known)			
	Male ☐	**Female** ☐	

Patient	☐	**Visitor**	☐	**Staff member**	☐	**Other**	☐

INCIDENT DETAILS – enter detail of the incident and circumstances of the assault

Possibly Motivated by (✓)	**Race**	☐	**Religion**	☐	**Gender**	☐	**Disability**	☐	**Unprovoked**	☐	**Other** ☐

Police attendance details (Use this section if a report was made to the police after the incident occurred)	**Were the Police called to attend this incident?**	**Yes**	☐	**No**	☐	**If YES complete A below**
	Are the Police actively pursing this matter?	**Yes**	☐	**No**	☐	
	Has the matter been concluded?	**Yes**	☐	**No**	☐	**If YES complete B below**

A	**Name(s) of officers attending:**	
	Shoulder numbers of officer(s)	
	Force/Constabulary of Police officer(s):	
	Police Station of officer dealing:	
B	**What sanction if any was applied?**	
	Please detail the date and location of the sanction	

Is the investigation into this incident now complete and **No Further Action** is required by the Trust, Police or NHS SMS	**Yes**	☐	**No**	☐

Details of person completing this form

Name		**Contact address:**
Job title		
LSMS ID number		
TEL 1		
TEL 2		

Additional Information

REPORT OF A PHYSICAL ASSAULT ON NHS STAFF

Security Management Service

Your Reference		Is this incident is linked to another PARS report?	☐	PARS reference	

This form is to be used for the reporting of all physical assaults against NHS staff and professionals that fall within the single definition of physical assault as detailed in Secretary of States Directions to Tackle Violence issued in Nov 2003.

The definition is; **"The intentional application of force against the person of another Without lawful justification, resulting in physical injury or personal discomfort."**

Name of Trust:		LSMS of Trust (or SMD if no LSMS in post)
Address of Trust:		Contact tel. number:

IMPORTANT – MUST BE COMPLETED

After taking appropriate clinical advice, is this assault considered unlikely to have been intentional, as the assailant did not know what they were doing or they did not know that what they had done was wrong due to medical illness, mental ill health, a severe learning disability or as a result of treatment administered	YES	☐
	NO	☐

Incident Date (dd/mm/yy)		Incident time (hh:mm)	

Did the assault occur during the restraint of the assailant for reasons not connected with an assault on NHS staff? (eg to administer medication)	YES	☐
	NO	☐

Site address where assault took place (full address including postcode)	
Specific location of assault within the site (Ward 1, A&E, Patients Kitchen etc)	

PERSON ASSAULTED

Last name		Contact address:
First name		
Employment title		
Date of Birth (dd/mm/yy)		
	Male ☐ Female ☐	
Work tel.	Other tel.	

Injuries sustained

Treatment received

Comment [s1]: This is the only form to use when you are reporting a physical assault. An IR/CAE form is not required

Comment [s2]: Do not complete any of these reference numbers.

Comment [s3]: You must have it confirmed in medical notes whether this person's actions where due to their clinical condition. If alcohol or non-prescribed drugs are to blame then tick NO

Comment [s4]: This must be the time of the incident, not when you complete the form

Comment [s5]: Were there medical reasons for the restraint?

Comment [s6]: This must be the address of the building in which the assault took place

Comment [s7]: Be specific

Comment [s8]: This section should include your home address as this form also acts as the 'accident book' which requires that detail. **IT IS A CONFIDENTIAL DOCUMENT AND WILL NOT BE SHARED OUTSIDE OF THE INVESTIGATING FAMILY.**

Comment [s9]: This should include your home or mobile details. This is used by the investigator to make contact during the investigation.

Comment [s10]: Try to be as specific as possible and add the details of the person who treated you (if applicable)

Comment [s11]: At the time. If further treatment is received, this can be included at a later date

Does the victim wish to pursue the matter via the Police or NHS SMS Legal Protection Unit?	Yes ☐	No ☐

ALLEGED ASSAILANT

Last name	**Contact address** (if known):
First name	
Date of Birth (dd/mm/yy)	
NHS Number (if known)	

	Male ☐	**Female** ☐		
Patient ☐	**Visitor** ☐	**Staff member** ☐	**Other** ☐	

INCIDENT DETAILS – enter detail of the incident and circumstances of the assault

Possibly Motivated by (✓)	**Race** ☐	**Religion** ☐	**Gender** ☐	**Disability** ☐	**Unprovoked** ☐	**Other** ☐

Police attendance details (Use this section if a report was made to the police after the incident occurred)					
	Were the Police called to attend this incident?	**Yes** ☐	**No** ☐	**If YES complete A below**	
	Are the Police actively pursing this matter?	**Yes** ☐	**No** ☐		
	Has the matter been concluded?	**Yes** ☐	**No** ☐	**If YES complete B below**	

A	**Name(s) of officers attending:**	
	Shoulder numbers of officer(s)	
	Force/Constabulary of Police officer(s):	
	Police Station of officer dealing:	
B	**What sanction if any was applied?**	
	Please detail the date and location of the sanction	

Is the investigation into this incident now complete and **No Further Action** is required by the Trust, Police or NHS SMS	**Yes** ☐	**No** ☐

Details of person completing this form

Name		**Contact address:**
Job title		
LSMS ID number		
TEL 1		
TEL 2		

Additional Information

To detail any additional victims, any known witnesses or other useful information please use an additional sheet

Comment [s12]: PLEASE COMPLETE - This will indicate your wishes, although further guidance can be given

Comment [s13]: This section **MUST** be filled in. A patient sticker may be used if one is available. This information is required under Secretary of State for Health's directions listed earlier in this form

Comment [s14]: Please complete this section in as much detail as possible. Record the actions of the alleged assailant (Punched, slapped, kicked, pushed etc.) and any words/conversation said. Include any actions others took and try to accurately recall how long the incident took place for.

Comment [s15]: The police must be contacted EVERYTIME a physical assault, that is not due to medical reasons occurs. Any serious assaults that MAY be clinical must also be reported to the police.

Comment [s16]: Obtain the name and collar number of any person who states the police will not be attending

Comment [s17]: This section will be filled out at a later date, unless the matter was dealt with prior to submitting this form

Comment [s18]: This may be any person who has been assaulted, the manager of the person assaulted or any person who is tasked with completing this form on behalf of the trust

Comment [s19]: Please do add these details as it will help later if an investigation is to take place.

Annex H – Violence and aggression Risk Assessment Guidance

Guidance on completing the risk assessment form

The completed form must be kept and a copy of the assessment must be available to staff at all times.

Description of staff (Describe the situation as it is now)

List the roles or job titles (e.g nurse) consider what staff and the number likely to be involved in the work activity, remember to consider other staff involved e.g. reception and or domestic staff.

Description of violent or aggressive behaviour (Hazards)

Write down a description of the behaviours which are experienced or potentially experienced by staff (e.g verbal abuse of staff by patients waiting in A&E)

Consequence (Harm that could result)

Describe the impact on staff and refer to the severity matrix and assign a rating

Control measures already taken to reduce risk (What are existing controls?)

List the controls already in use e.g. safe system of work, staff training, client/relative information packs, 'buddy system, etc.

Likelihood & Severity

Refer to risk assessment matrix for violence and aggression

Risk Rating

Refer to Risk Assessment form

Additional control measures required

This part of the form is used to determine and justify the need for additional controls; there will be occasions when the 'Additional Control Measures required' may take some time to implement or may not be achieved within the department's resources. In these instances the risks should be identified on the risk register.

Assessors

The risk assessor should be a member of staff who is competent in the Management of Conflict and Violence. The assessor should work in conjunction with those exposed to potential violence. The activity should be reviewed whenever there is a change in the process, equipment etc, or following an incident.

Contingency plan following an assault

It is important to ensure that following incidents of violence to staff, treatment and post incident support are in place, an incident form must be completed. Procedure for dealing with incidents is detailed in the Trust's incident reporting procedure available on the intranet. In addition where there is physical abuse the 'PARS' form must be completed and sent to the LSMS.

IDENTIFYING VIOLENCE
CHECKLIST

Tables 1 and 2 form the first part of the process
If there are no outstanding items from the checklist then the risk assessment form does not need to be completed

Table 1 is to be completed by managers
Table 2 is to be completed by staff

Where there are outstanding issues then a Risk assessment also needs to be completed

TABLE 1 Managers

	Yes	No	N/A
Are your staff:			
In your department in contact with the public where violence may or is likely to occur?			
Aware of whether violence has been identified as a problem in the department?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms, which can annoy clients etc?			
Given all available information about the client from all relevant agencies?			
That verbal aggression by telephone could be perceived as a problem?			
Provided with a sound grasp of the departments preventative strategy?			
Provided with training appropriate to the risks for managing potential violence and/or aggression?			
Do they:			
Have access to forms for reporting incidents.			
Appreciate the need for this procedure?			
Use the forms?			
Appreciate their responsibilities for their own safety?			
Understand the provisions for their support by the department e.g.			

TABLE 2 Staff

	Yes	No	N/A
Have you:			
Had appropriate training regarding violence and aggression to staff?			
A sound grasp of your department's safety policy?			
A clear idea about the area into which you are going to work?			
Carefully previewed clinic list/patients? Any known potentially violent patients/relatives?			
Do you have:			
Access to forms to record and report incidents			
A personal alarm (where appropriate)? Does it work? Is it handy? Aware of how to contact security?			
Are you:			
Aware that your approach, body language or mannerisms may influence the patient/relative behaviour? CRT Trained?			

Police liaison, counselling, etc.?			

Risk matrix for Violence and aggression

	Likelihood	Area characteristics	Person	Job
5	Almost certain	'No-Go' area at night, no lone working	Known for serious violence and must not be attended alone	Task is known to lead to violent response in most instances
4	Likely	Area known for violence and aggression and caution always advised	Already built a reputation for violent reaction	In some instances the task leads to an aggressive response
3	Possible	Area were people gather and some violent incidents have been known	Has been known to react violently if provoked	It is possible that this task could evoke an aggressive response
2	Unlikely	Quiet area not known for violence	No known violent streak but of an age and background to be careful	Task unlikely to evoke an aggressive response
1	Rare	Safe area, lone working OK	No reason to suspect a violent nature, stature and age not conducive to violence	Task never known to evoke violent response

Likelihood matrix for violence, verbal abuse and aggression

Consequence matrix for violence, verbal abuse and aggression

	Individual Impact	Violence, aggression (effect on staff member)	Verbal abuse (effect on staff member)
5	Catastrophic	Fatal So traumatised that they cannot work again	Abuse so threatening that they cannot face coming to work again and suffer flash-backs
4	Major	Injury severe. Needed to be off work for a considerable period and much support to resume work again.	Traumatised by abuse and requires much support to overcome fear of another occurrence
3	Moderate	Injury significant requiring medical attention and time off to recuperate.	Abuse sufficient to cause significant personal suffering although able to carry on again after suitable recuperation period
2	Minor	Injury minor but resulted in some disruption and loss of time	No significant effect other than shock at the time

1	Negligible	Minor impact injury which did not affect their work at all	Very little personal impact. Able to carry on as normal.

Annex I – Post Incident Review form

Violence and Aggression Post Incident Review

Date_____ **Datix Number**_____

Patient _____
_____
_____

Incident
Date_____ **Location**_____

Circumstances prior to Incident

What happened?

Any Triggers identified?

☐ **Environment** ☐ **Staff** ☐ **Time delays** ☐ **other**

Comment……..

Subsequent Actions

☐ **Security attended?** ☐ **Police attended?**

Current risks? (if any)

☐ **To Patient** ……
……

☐ **To Staff** ……...
……

☐ **To Trust** ……
……

No. of staff present ……

☐ **Security** ☐ **Porter/Domestic** ☐ **Nurse** ☐ **Doctor**

Level of staff training

☐ **Conflict Resolution** ☐ **Break away techniques** ☐ **Control and Restraint**

☐ **Manual Handling** ☐ **First Aid** ☐ **Health and Safety**

☐ **Other** ……..

☐ **Medical Records updated?** **By whom**……

☐ **Risk Assessment updated?** **By whom**……

Was policy followed? ☐ **If not, comment?**.....
……...

Were procedures followed? ☐ **If not, comment?**.....
……..

LSMS Action ☐ **PARS Form** ☐ **Conduct Letter** ☐ **Security Review**

Any Recommendations

Signed by person completing form……

Date .....

Signed by head of department .....

Date .....