



MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY AND PROCEDURE

DOCUMENT INFORMATION

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1. INTRODUCTION

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations; and in particular the duty to provide a safe workplace for staff to provide healthcare. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and this includes having arrangements in place to prevent staff from being subject to violence and aggression.
- 1.2 In accordance with the Management of Health, Safety and Welfare Regulations 1992 (Amended 1999) the Trust will also carry out suitable and sufficient risk assessments on preventing staff and all those who work for or on behalf of the Trust such as volunteers, work experience students and contractors being subject to violence and aggression.

2. SCOPE

This policy applies to all who work for or carry out work on behalf of the Trust, including volunteers, community first responders, work experience students and contractors.

3. EQUALITY STATEMENT

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. AIMS

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management of violence and aggression hazards and risks to staff and others who work for or on behalf of the Trust such as volunteers, community first responders, work experience students and contractors and to provide and maintain a safe and secure working environment.
- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:
- the identification of violence and aggression hazards and the protection of staff, and others who work for or on behalf of the Trust such as volunteers, community first responders, work experience students and contractors from these hazards
 - the carrying out of suitable and sufficient risk assessments on preventing staff volunteers, community first responders, work experience students and contractors from being subject to violence and aggression hazards
 - the introduction and maintenance of controls to reduce the potential for staff volunteers, community first responders, work experience students and contractors from being subject to violence and aggression
 - the management and control of risks from violence and aggression hazards
 - the regular review of these risk assessments
 - partnership working with agencies such as the Police, Local Authorities, the Crown Prosecution Service and NHS England and NHS Improvement.

5. ROLES AND RESPONSIBILITIES

5.1 Trust Board

The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to staff and others who work for or on behalf of the Trust such as volunteers, community first responders, work experience students and contractors from violence and aggression.

5.2 Chief Executive

The Chief Executive has overall responsibility for:

- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks to staff volunteers, community first responders, work experience students and contractors from violence and aggression.
- ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements for providing, so far as is reasonably practicable, a safe workplace which includes preventing staff, volunteers, community first responders, work experience students and contractors from being subject to violence and aggression.

- ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

5.3 Executive Directors

Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.4 Director of Patient Care and Service Transformation

5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is the designated Security Management Director (SMD) and is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed, including those for the management of violence and aggression
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE) and NHS England and NHS Improvement
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law; and the number of violence and aggression incidents reported by staff.

5.5 Managers and Supervisors

5.5.1 All Managers and Supervisors are responsible for:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area or responsibility comply with this Management of violence and aggression policy and any associated protocols and procedures. Where applicable, each area should have their own protocols and procedures, which includes standard operating procedures
- encouraging all staff within their area of responsibility to report all incidents of violence and aggression, including any near misses, using the Trust's Incident reporting system, Datix
- ensuring that members of staff are given all necessary support and advice in the event of them being assaulted (TRiM, Occupational Health and where necessary, counselling)
- ensuring that all staff who are subject to violence and aggression whilst at work are encouraged to report the matter to the Police
- arranging for the investigation of incidents of violence and aggression reported by the staff within their area of responsibility
- ensuring that they notify the Risk Team immediately of any serious physical assault within their area of responsibility; and also of any staff who following an

assault at work go off work (or are incapacitated from doing their normal job) for over seven days

- carrying out or assisting with the carrying out of any risk assessments on preventing staff and others from being subject to violence and aggression
- ensuring that the significant findings of these assessments are communicated to staff within their area of responsibility.
- ensuring that any measures identified by the risk assessment which they have control over are put into place
- ensuring, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place and communicated to staff
- making arrangements to ensure that all of the staff within their area of responsibility receive appropriate information about the potential and significant violence and aggression hazards and risks associated with the work they carry out for the Trust; and how to avoid such problems and what to do if problems occur
- seeking advice on violence and aggression matters, where necessary from the Trust's Local Security Management Specialists (Head of Risk and Security and the Health, Safety and Security Officer)
- ensuring that all relevant staff within their area of responsibility attend initial conflict resolution training and refresher conflict resolution training
- ensuring that local procedures and protocols are developed as required to maintain the security and safety of all persons, property and information within their areas of responsibility
- communicating these local procedures and protocols to all staff within their areas of responsibility
- where appropriate, following the procedure for terminating calls in section 13 below
- where necessary, referring any staff who have been the victim of an assault whilst at work to Occupational Health for assessment.

5.6 All staff

5.6.1 All staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to follow the Trust's and their site's specific procedures and protocols regarding the security of people, property, information and premises
- to challenge (politely) any unauthorised visitors found on Trust property and to report the matter immediately to their manager if they have any concerns about the visitors. When challenging such individuals, staff should do it at a safe distance so that they do not become a possible victim of violence
- to be polite but firm and professional at all times
- to comply with any information, instruction and training provided for them to enable them to carry out their work safely and avoid any violence and aggression incidents
- to utilise the skills and techniques acquired from the conflict resolution training where necessary and appropriate
- to take reasonable care for their own health, safety and that of others who may be affected by their acts or omissions
- to carry out a dynamic risk assessment when approaching and arriving at

scene and if there is the potential for violence or aggression, they should consider whether it would be safer to withdraw and seek assistance and/or requesting assistance from the Police. When making this assessment consideration should also be paid to the impact upon the patient; and when requesting assistance staff should follow the protocol in appendix 2

- to co-operate with the Trust in relation to the completion of any risk assessment on preventing violence and aggression towards staff
- to utilise any equipment (such as phones and radios) provided to ensure their safety; and report any defects with this equipment using the Trust's Incident reporting system, Datix
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures
- to report any incidents of violence or aggression, including near misses, arising from the carrying out of their work using the Trust's incident reporting system, Datix
- to report all incidents of violence that they are subject to whilst at work to the Police and when doing so obtain the unique crime reference number (URN) which they should share with the Risk Team
- to utilize the Trust's Trauma risk management (TRiM) service following any incident of aggression or violence at work which has significantly affected them
- to attend the Occupational Health department, if referred by their manager because of a physical assault
- where appropriate, to follow the process for passing calls to their Supervisor/Manager as described in section 13 below.

5.7 Head of Risk and Security

5.7.1 The Head of Risk and Security is a trained and accredited Local Security Management Specialist (LSMS) and will be responsible to the Director of Patient Care and Service Transformation for the development of effective policies and procedures to assist the Trust in providing a safe and secure environment for staff, patients, volunteers, students and contractors and thereby help to reduce and/or prevent any incidents involving violence and aggression. This may also help to reduce the number of potential claims for assault.

5.7.2 The Head of Risk and Security will:

- devise an annual security management work plan and agree this with the Director of Patient Care and Service Transformation
- provide an annual written report on the activities of the Trust's Local Security Management Specialists based on the said work plan to the Director of Patient Care and Service Transformation, the Health, Safety and Risk Group.

5.7.3 As one of the Trust's two Local Security Management Specialists, the Head of Risk and Security has a number of other duties which are listed in the Local Security Management Specialist's responsibilities in section 5.9 below.

5.8 Health, Safety and Security Officer

- 5.8.1 The Health, Safety and Security Officer will be provided with training to become a trained and accredited Local Security Management Specialist and will assist and support the Head of Risk and Security and the Trust in carrying out security work in accordance with the training and requirements of the Secretary of State's Directions.
- 5.8.2 The Health, Safety and Security Officer will provide a report on reported violence and aggression incidents to every Health, Safety and Risk Group meeting.
- 5.8.3 The Health, Safety and Security Officer and the Risk Assistant will consider and, where appropriate, action all requests for a special situation feature/marker to be placed onto the address of a patient or individual who have been violent or significantly aggressive towards Trust staff.
- 5.8.4 The Health, Safety and Security Officer and the Risk Assistant will liaise with Demand Management to ensure that special situation features in relation to violence and aggression are, where possible, placed on an assailant's address and are reviewed and, where applicable, either remain or are removed from the assailant's address.
- 5.8.5 Following any reported incidents of assault in or just outside a Trust vehicle and/or a request from the Police, the Health, Safety and Security Officer and the Risk Assistant will download any recorded images from the close circuit television system (CCTV) in Trust vehicles.
- 5.8.6 As one of the Trust's two Local Security Management Specialists, the Health, Safety and Security Officer has a number of other duties which are listed in the Local Security Management Specialist's responsibilities in section 5.9 below.

5.9 Local Security Management Specialist's responsibilities

- 5.9.1 The Trust has two trained and accredited Local Security Management Specialists (LSMS) and these are the Head of Risk and Security and the Health, Safety and Security Officer. Both of whom will work in accordance with the relevant Secretary of State Directions and the training, guidance and advice provided by NHS England and NHS Improvement. They will also ensure that all of the security work they do will be carried out in a professional and ethical manner.
- 5.9.2 The Local Security Management Specialists (LSMS) will assist the Trust in providing an environment that is safe and secure so that the highest standards of clinical care can be made available to patients.
- 5.9.3 The LSMS's also have the following responsibilities:
 - to provide advice and guidance to the Trust on security matters, including violence and aggression, and assist the Trust with the creation and development of a pro- security culture
 - to undertake investigations into incidents involving violence and aggression as requested by the Director of Patient Care and Service Transformation
 - to ensure that an inclusive approach is taken with regards to violence and aggression incidents and where appropriate involve both internal partners

- and external partners
- to maintain and collate all reported incidents of security related matters including incidents of verbal aggression and physical assault and provide advice on the appropriate actions to be taken to prevent recurrence
- to ensure that the lessons learned from violence and aggression incidents inform any further risk analysis and crime prevention work
- to raise awareness of the risks associated with violence and aggression issues/incidents through campaigns, articles in Staff Matters and possible Hot News bulletins
- to ensure that all reported physical assault incidents which are notifiable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 are reported to the Health and Safety Executive (HSE) within the specified timeframes
- to advise a member of staff who has been assaulted about the appropriate support /counselling that is available to them
- to liaise with external agencies such as the Police and the Crown Prosecution Service to seek sanctions and redress against individuals who either engage in criminal activity against the Trust or who assault Trust employees; when doing this, they will make reference to the Assaults on Emergency Workers (Offences) Act 2018
- to publicise all sanctions imposed on those who either engage in criminal activity against the Trust or who assault Trust staff
- to assist managers in the completion of risk assessments related to preventing violence and aggression towards staff and others; and/or carry out these assessments
- to obtain, examine and collate all individual or departmental risk assessments related to violence and aggression, including verbal and physical assault that have been carried out within the Trust and identify from them any Trust wide issues
- to access to all recordings of violence and aggression incidents captured by a Trust vehicle's close circuit television (CCTV) recording system; and to remove any hard disk/flash card following any incident involving violence and aggression and install a replacement hard disc/flash card.

5.10 Clinical Coordination Centre (CCC)

5.10.1 Clinical Coordination Centre (CCC) procedures will ensure that:

- Call takers will assess and consider the information they receive from the caller and if they have any concerns about the safety of staff they will enter their concerns onto the system and if necessary they will liaise with the Senior emergency call taker (ECT)/Dispatcher/Shift Officer.
- The Senior ECT/Dispatcher/Shift Officer will assess the information and decide whether or not it is safe to send the crew in to carry out a dynamic risk assessment or whether they should send the crew to a rendezvous point. If necessary, the Senior ECT/Dispatcher/Shift Officer will contact the police and request their assistance.
- Lone workers/First Responders will not, in accordance with operational procedures, be mobilised to potentially violent incidents (see Lone Working Policy)
- Dispatchers will alert operational staff who are attending to incidents where

individuals are present who have historically caused problems.

5.10.2 The Clinical Coordination Centre will, upon receiving a request from Operational Crews for either operational support or support from the police, endeavour to arrange this support by deploying additional resources and/or requesting police attendance.

5.10.3 A central record of vehicle location and equipment is held at each Clinical Coordination Centre (CCC).

5.11 Patient Transport Service (PTS) Contact Centres

5.11.1 Patient Transport Service Contact Centres procedures will ensure that;

- Patient Transport Service Call Handlers will ensure that all relevant information they receive from the Health Care Professional / Patient is placed on the booking if they have any concerns about the safety of staff they will enter the information into the Journey Notes and where necessary escalate to the Senior Call Handler / Contact Centre Team Leader/ Lead Dispatcher/ Contact Centre Manager.
- The Senior Call Handler / Contact Centre Team Leader / Lead Dispatcher/Contact Centre Manager will raise the concern to the appropriate Operational Manager to establish the appropriate course of action. This could be in the form of a dynamic risk assessment, Operational Team Leader to support conveyance, request support from police
- All bookings that have an 'At Risk' indicated on them will flag upon allocation at the planning and dispatch stage. The dispatch team must accept the notification prior to allocating the journey to the resource
- The 'At Risk' information will display on the PDA used by the Operational Resource.

5.12 Head of Education

5.12.1 The Trust's Head of Education will be responsible for:

- the implementation and provision of Conflict Resolution Training and refresher conflict resolution training
- providing a report every quarter to the Health, Safety and Risk Group on the numbers of staff who have completed conflict resolution training and refresher conflict resolution training.

5.13 Estates Department

5.13.1 The Estates Department is responsible for ensuring that all Trust premises have effective means of being locked and secured.

5.13.2 The Estates Department is also responsible for the following:

- arranging for the installation, repair and replacement of defective locks (standard locks, digit locks and salto locks)
- issuing of security keys (within their control)
- arrangements for the installation, repair or replacement of signage around Trust premises
- arranging for the repair and replacement of lighting at site (including external lighting and any security lighting within the curtilage of Trust property)

- arranging for the repair or replacement of perimeter fencing around Trust premises
- arranging for the installation of any alarm systems in Trust premises
- arranging for contractors to attend Trust premises.

5.14 Fleet Operations Director

5.14.1 The Fleet Operations Director (SCAS Fleet Services Ltd) is responsible for the installation and maintenance of the close circuit television (CCTV) recording system within Trust vehicles.

5.15 PACT Group

5.15.1 The Trust has set up the PACT Group which is responsible for:

- examining violence and aggression incidents and how the Trust deals with these incidents
- exploring and considering what measures can be taken to prevent or reduce violence and aggression incidents and ensure the safety of those who work for or on behalf of the Trust
- liaising with the Police to ensure that action is taken and sanctions are applied to the perpetrators of violence towards those who work for or on behalf of the Trust; when doing this, reference will be made to the Assaults on Emergency Workers (Offences) Act 2018.

5.15.2 **PACT** stands for:

- **P**ut me first
- **A**ssess the situation
- **C**onsider all options
- **T**ake positive action

5.16 Occupational Health

5.16.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:

- a) to advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements
- b) to assess any managers and staff who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken
- c) to carry out assessments of medical fitness on staff prior to employment
- d) to carry out assessments and advise on the manager or staff member's suitability to return-to-work following an injury sustained at work

- e) to provide a physiotherapy service. Any member of staff requiring the service is advised to contact the Occupational Health Provider through the relevant HR departments
- f) to provide a comprehensive rehabilitation programme for staff who have sustained a musculoskeletal injury and meet certain criteria to assist in their recovery to a safe level of fitness so that they can return to work.

6. DEFINITIONS

6.1 **Secretary of State's Directions:** These are directions from the Secretary of State to health bodies on measures to deal with violence against NHS Staff and on security management measures respectively.

6.2 **Security Management Director (SMD)** is a nominated executive Director with statutory responsibility for overseeing security management work and ensuring compliance with the Secretary of State's Directions. The SMD at the Trust is the Director of Patient Care and Service Transformation.

6.3 **Security breach** is defined as any offence against the Trust, its staff, patients, visitors or contractors. Examples of security breaches may include: physical or non-physical assaults, theft, criminal damage and unauthorised access to restricted areas or confidential records.

6.4 **Data Protection Act (DPA) 1998** states the responsibilities of organisations such as the Trust with regard to the processing of personal data and close circuit television systems (CCTV).

6.5 **Physical assault** is defined by NHS Protect as: 'the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.' (NHS Protect no longer exists but this definition is still used in the NHS).

6.6 **Non-physical assault** is defined by NHS Protect as: '*the use of inappropriate words or behaviour causing distress and/or constituting harassment.*' (NHS Protect no longer exists but this definition is still used in the NHS).

6.7 **Violence** is defined by the Health and Safety Executive (HSE) as: 'Any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work'.

6.8 For the purposes of the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the term **accident** has been extended to include: '*an act of non-consensual violence done to a person at work.*'

7. SUITABLE AND SUFFICIENT GENERIC RISK ASSESSMENTS ON PREVENTING VIOLENCE AND AGGRESSION TOWARDS STAFF AND OTHERS

7.1 All identified violence and aggression matters relating to staff, volunteers, students on work placement and contractors shall be subject to the risk assessment process and suitable and sufficient risk assessments using the Trust's generic risk assessment form shall be carried out.

7.2 These suitable and sufficient risk assessments on all identified violence and aggression matters will be carried out by the appropriate manager with, where necessary, assistance from the Trust's Local Security Management Specialists. This will be done to ensure that the health and safety of staff, volunteers, community first responders, students on work placement and contractors is protected so far as is reasonably practicable.

7.3 The suitable and sufficient risk assessment should identify hazards and the existing controls in place (if any) to protect staff and others from those hazards and from this evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further measures to manage and control the risks effectively. The significant hazards, risks and controls should be recorded on the risk assessment form.

7.4 When carrying out the suitable and sufficient risk assessments the following, where applicable, should be considered:

- the safety and security of Trust employees, including lone workers and vulnerable workers such as new and expectant Mothers, young persons, students on placement, staff being trained, etc.,
- the potential for violence and aggression, including verbal and physical assault, towards staff.
- lone working (although this is covered specifically in the Trust's Lone Working Policy)
- the security of Trust premises, buildings, vehicles, assets and property

7.5 The risk assessment should be reviewed periodically to check and ensure that all of the controls that are in place are working effectively.

7.6 The risk assessment should be reviewed and revised following any significant changes to any aspect of the risk assessment. For instance, if there is a change in working practices or changes to the work place/working environment. All revisions and changes to the risk assessment should be recorded.

7.7 Other than the above, the risk assessment should also be reviewed annually.

8. DYNAMIC RISK ASSESSMENTS

8.1 Every incident attended by ambulance staff is different and must therefore be subject to a dynamic risk assessment. In an emergency operational setting there will be two phases to this, firstly by the call taker within the Clinical Coordination Centre (CCC) and secondly by the staff attending the incident.

8.2 Clinical Coordination Centre (CCC) procedures will ensure that:

- Call takers will assess and consider the information they receive from the caller and if they have any concerns about the safety of staff they will enter their concerns onto the system and if necessary they will liaise with the senior emergency call taker (ECT)/Dispatcher/Shift Officer.
- The Senior ECT/Dispatcher/Shift Officer will assess the information and decide

whether or not it is safe to send the crew in to carry out a dynamic risk assessment or whether they should send the crew to a rendezvous point. If necessary, the Senior ECT/Dispatcher/Shift Officer will contact the police and request their assistance.

- Lone workers/First Responders will not, in accordance with operational procedures, be mobilised to potentially violent incidents (see Lone Working Policy)
- Dispatchers will alert operational staff who are attending to incidents where individuals are present who have historically caused problems

8.3 Operational staff, using all of the information received from the CCC, must undertake an ongoing dynamic risk assessment whilst in attendance at or adjacent to an incident or on standby as instructed by the Clinical Coordination Centre (CCC). **If there is the potential for violence or aggression operational staff may withdraw to a safe position informing the CCC and requesting Police and/or other assistance as required.** When doing this, all measures of communication available including use of the mobile telephone emergency call system must be used.

8.4 However, a reasoned and rational (or common sense) approach must be adopted in all cases, with a balance being made between the need for personal safety and the duty of care towards the patient. For example in the case of an assault where it is known that the assailant has left the scene, it is likely that the level of risk to our staff has been similarly reduced and therefore delaying assessment/treatment of the patient may be considered unreasonable.

9. PROCEDURES TO MINIMISE THE RISK OF VIOLENCE AND AGGRESSION

9.1 These procedures are designed to reduce the risk of violence to staff. Failure to comply with these procedures could compromise the safety of either yourself or your colleague(s).

9.2 In pursuance of their duties, staff should **always** assess a situation for potential violence and, if necessary, withdraw ensuring that the Clinical Coordination Centre (CCC) is informed. Additionally, the following guidance **must** be adhered to:

- staff should not enter a known hostile, violent or dangerous environment (e.g. fight still in progress), unless supported by the police
- staff should never underestimate the threat of violence nor should they respond aggressively to any situation as this will increase the risk of confrontation and possible assault; they should remain polite but firm and professional at all times
- staff should request that any dog or potentially dangerous animal which is present at the patient's address should be restrained before they enter the premises. Where necessary, staff should satisfy themselves, as far as reasonably practicable, that whatever method or restraint is employed is sufficient to ensure the animal does not interfere with or compromise their or their patient's safety
- staff should avoid confrontation and **do all that is reasonably practicable** to defuse a potentially aggressive or violent situation

- staff should not attempt to deal with a dangerous or aggressive patient or member of the public but inform the Clinical Coordination Centre of the situation, withdraw to a safe position and seek assistance. If there is an immediate risk of assault, staff should withdraw and then once they are in a place of safety contact the Clinical Coordination Centre (CCC).

9.3 **All staff have the right to refuse to convey or treat any patient(s) who subjects them to verbal abuse, and/or are aggressive or threaten violence.** In such instances the following procedures will apply:

- staff should withdraw to a safe distance
- if en-route to hospital and the patient becomes aggressive/threatening, stop the vehicle provided it is safe to do so and provided the patient has capacity offer the patient the option of exiting the vehicle (Note: where the journey involves a motorway progress should be made to the nearest exit before stopping as due regard must be given to the patient's safety)
- if the patient does exit the vehicle then staff should notify the Clinical Coordination Centre immediately who will notify the Police
- staff should record the details of the incident fully on the journey sheet
- staff should complete a Patient Clinical Record and ensure that as much detail as possible with regards to the patient's medical/physical condition is recorded, together with whether or not the patient had mental capacity
- **staff should always bear in mind that the patient has the right to refuse treatment.**

9.4 Employees must adhere to the Trust's procedures for summoning Police assistance (see Appendix 2).

9.5 Where a hand portable radio and or mobile phone is provided it must be carried by a member of the crew at all times when on operational deployment. **Hand portable radios and or mobile phones must never be left on an unattended or unsecured Ambulance when away from a base Station.**

9.6 The Trust will provide a personal alarm, free of charge, to all staff. The alarms can be ordered through your line manager.

10. INCIDENTS INVOLVING FIREARMS OR WEAPONS

10.1 In the event of incidents being reported which involve firearms or weapons such as knives, ambulance staff will be dispatched to a designated rendezvous point to meet with the police and an ambulance Duty Officer. In such cases, guidance on when to proceed to the scene of the incident will be taken from the police who will advise when they have contained the area.

10.2 The Trust has assessed the option of providing protective vests to staff however this was deemed unnecessary. Where such incidents are likely to occur or have been reported ambulance staff should be working under the direction of the Police and should not be entering hostile areas unless it is safe to do so.

10.3 In the event of a member of staff being threatened with a weapon or firearm they must immediately withdraw from the situation and summon police assistance.

11. PROCEDURES TO FOLLOW WHEN SUBJECT TO VIOLENCE AND/OR AGGRESSION

11.1 All employees experiencing any form of threatening behaviour, verbal abuse, physical assault or injury must advise the Clinical Coordination Centre (CCC) and/or their Supervisor/Line Manager as soon as possible.

11.2 Once notified by an employee that he/she has been threatened, abused or assaulted and injured, the Clinical Coordination Centre (CCC) or the appropriate Line Manager will ensure that:

- the individual(s) receive appropriate medical attention if necessary
- where necessary, the individual(s) are immediately stood down to recover
- a manager is made available to discuss the incident with the individual(s) and to initiate any appropriate action to minimise the effect of the incident
- where appropriate, the injured member of staff is offered the support of internal support staff trained to provide basic counselling support such as trauma risk management (TRiM)
- where appropriate, the injured member of staff is offered and provided with support and/or counselling with the Trust's nominated occupational health provider
- the incident is reported using the Trust's Incident reporting system, Datix and in accordance with the Adverse Incident Reporting and Investigation Policy
- the injured member of staff is advised to report the incident to the Police
- an initial investigation is to be undertaken by the line manager/duty officer and all appropriate documentation produced.

11.3 The Duty Director should be notified of serious incidents immediately by telephone.

11.4 Supervisors/Line Managers must record within their initial investigation report that the individual(s) who have been assaulted have:

- been offered trauma risk management (TRiM)
- accepted/not accepted the offer of trauma risk management (TRiM)
- been offered appropriate counselling
- accepted/not accepted the offer of counselling
- been supported, and their welfare and well-being has been followed up by the line manager after the incident.

11.5 Where appropriate the Supervisor/Line Manager will ensure that copies of the relevant documents relating to threatening behaviour, abuse or injury towards an employee(s) are forwarded to the Trust's Occupational Health department who will monitor the individual(s) in order to minimise the risk of post-traumatic stress disorder (PTSD). Employees may also be referred to a trauma risk management practitioner (TRiM).

11.6 All acts of physical violence against staff should be reported immediately or at the earliest available opportunity using the Trust's Incident reporting system, Datix. The incident should also be reported to the Police. When doing so the Police will provide a

unique reference number (URN) and staff should include this in their incident report on Datix. The Trust will actively encourage the Police to either prosecute any assailant and/or issue some other type of sanction against them.

11.7 When the incident is reported on the Trust's Incident reporting system, Datix the Trust's Local Security Management Specialists (LSMS) will become aware of it and will contact and liaise with the member of staff involved. The LSMS will also liaise with the Police to try and obtain a prosecution or some other form of sanction against the perpetrator of the assault.

12. PLACING A SPECIAL SITUATION FEATURE/MARKER ON ADDRESSES WHERE THERE IS A RISK OF VIOLENCE

12.1 Following an incident of violence and/or aggression, staff can request that a special situation feature/marker is placed on the perpetrator's address. Either the Clinical Coordination Centre or the Demand Management Team will place the feature/marker on the address. Once a feature/marker is on an address, it will be the responsibility of staff in the Clinical Coordination Centre (CCC) using the Computer Aided Dispatch system to inform staff who are about to visit the address or who have been sent to the address what is stated on the feature/marker. Dependent upon the severity of the information a decision may be taken not to respond to a call without Police presence.

12.2 A special situation feature/marker can only be placed on an address in accordance with the Trust's Feature Application Policy and Procedure. Any address registered as being potentially hostile must be:

- notified to the occupier, who should be advised that any future emergency ambulance attendances may be delayed as a result of police attendance
- reviewed at least annually by the Risk Team and the Demand Management Team
- subject to an appeal process.

12.3 All requests for addresses to have a special situation feature/marker placed on them must be made by completing an incident/request on the Trust's Incident reporting system, Datix. The LSMS will consider the request and, where appropriate, place the feature on the address.

12.4 Following notification of any violent incident, the LSMS will consider writing to the perpetrator to advise them of the Trust's 'Zero Tolerance' approach and that their behaviour and assault on staff was inappropriate and unacceptable and because of this a special situation feature/marker has been placed onto their address. The perpetrator will also be advised of the possible consequences of this, namely that their address will be registered as being a potential risk to ambulance staff. They will also be advised of the process that they should follow to appeal against this.

12.5 An up to date register on the Integrated Computer Aided Dispatch (ICAD) system will be maintained by the Demand Management Team liaising with the Risk Team in accordance with the requirements of the Data Protection Act of known aggressive and violent patients, to ensure that information is available to operational staff prior to attendance at an incident and for seeking Police or other Agency support.

13. PROCEDURE FOR DEALING WITH ABUSIVE OR THREATENING TELEPHONE CALLS

13.1 Section 127 of the Communications Act 2003 makes it an offence to make a grossly offensive telephone call or calls that are of an indecent, obscene or menacing character. An abusive telephone call may also be classified as a non-physical assault, namely, 'the use of inappropriate words or behaviour causing distress and/or constituting harassment'.

13.2 The Trust acknowledges that all staff operating telephones, having applied the correct procedures, have the right to 'terminate' calls where abusive, obscene or threatening language is directed towards them.

13.3 The Procedure to be adopted by staff receiving abusive calls is:

- to warn the caller that the call will be terminated if they continue to use abusive, obscene or threatening language
- if the behaviour persists, to remind the caller that the warning has been given
- if the behaviour continues despite the two warnings, remind the caller that two warnings have been given and that the caller is being passed to a Supervisor and/or Manager.

13.4 The Supervisor and or Manager taking over the call will give a third warning to the caller to stop using abusive, obscene or threatening language. If the behaviour continues the Supervisor/Manager is to advise the caller that the call is being terminated. The incident should then be reported onto the Trust's Incident reporting system, Datix.

13.5 The Police must be notified if any threats to kill, harm or cause damage are received anonymously or otherwise, whether at home or in the workplace.

13.6 Where the recipient of a call is a 'lone' worker' such as a secretarial/administrative member of staff and their Supervisor/Manager is not immediately available, then the staff member shall terminate the call following the process detailed above. The lone worker is required to inform his/her Supervisor and/or line Manager or other responsible person as soon as possible and report the matter using the Trust's Incident reporting system, Datix.

14. MAKING HOME/SITE/WORKPLACE VISITS

14.1 If Managers and Supervisors have any concerns about potential violence when making a home/site/workplace visit then before making the visit they should consider whether it would be possible and safer to meet the individual at a Trust premises or via a Teams meeting.

14.2 Where this is not possible and if a home/site/workplace visit is absolutely necessary, then the Manager or Supervisor of the member of staff making the visit must carry out a risk assessment; and staff making the visit must adhere, so far as is reasonably practicable, to the following procedures:

- inform a colleague or another Manager of where they are going, who is to be visited and their anticipated return time
- acquaint themselves with as much relevant information as possible concerning the person before making the visit. This will include making enquiries with their Line Manager and/or the Risk Team to see whether the person to be visited has any history of being violent or aggressive to Trust staff
- consider making the visit with a colleague
- if an employee feels there is a risk of aggression/violence, then they should discuss the matter with their Manager who will decide if special arrangements are necessary. Such arrangements may include sending additional members of staff to make the visit and/or requesting a Police presence
- when the visit is ended the member of staff should call their manager/supervisor to let them know they are safe
- when visiting an unoccupied/isolated building, staff must telephone their base location at the earliest opportunity before entering the building and again at the earliest opportunity after leaving, giving an estimated time of return.

15. TRAINING

15.1 Managers and staff will receive training in accordance with the Trust's training needs analysis and its statutory and mandatory training programme.

15.2 Mandatory 'Conflict Resolution' training will be provided to all patient facing staff in accordance with guidance issued by NHS Protect. Refresher conflict resolution training should be provided three years after receiving the initial training. The initial training and the refresher training will be delivered via face-to-face training.

15.3 Staff in the Call Centres and volunteers will be provided with appropriate training in accordance with their role.

15.4 Managers and supervisors who have to carry out risk assessments on preventing violence and aggression must obtain training in how to do so from the Risk Team prior to undertaking any risk assessments as per this policy.

16. EQUALITY AND DIVERSITY

16.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 4.

17. MONITORING

17.1 The effectiveness of this policy will be monitored in the following way.

a. Standard /process / issue

The number of risk assessments on preventing violence and aggression towards staff completed and/or reviewed as per legislation and policy in a financial year.

Monitoring and audit

Method: Report from the Risk Team on the number of prevention of violence and aggression risk assessments completed and/or reviewed in a financial year.

By: Risk Team

Committee: Health, Safety and Risk Group.

Frequency: Annually, as a minimum.

b. Standard /process / issue

Actions taken as a result of the risk assessments.

Monitoring and audit

Method: Audit on 10% of the prevention of violence and aggression risk assessments completed and/or reviewed in a financial year.

By: Risk Team.

Frequency: Annually as a minimum.

c. Standard /process / issue

Identification and analysis of the number of violence and aggression incidents.

Monitoring and audit

Method: Reports to each Health, Safety and Risk Group meeting

By: Risk Team.

Frequency: Each meeting.

d. Standard /process / issue

Identification of the number of physical assault and non-physical assault incidents reported each month.

Monitoring and audit

Method: Integrated performance review report to the Board.

By: Risk Team.

Frequency: Each quarterly meeting

e. Standard /process / issue

Identification of the number of staff who have completed Conflict Resolution Training and refresher Conflict Resolution Training.

Monitoring and audit

Method: Report on conflict resolution training figures.

By: Education Department.

Frequency: Each quarterly meeting

18. CONSULTATION AND REVIEW

18.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

18.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and Staff	12/4/2016 to 3/5/2016	Y
Health, Safety and Risk Group	12/4/2016 to 3/5/2016	N
Health, Safety and Risk Group	12/9/17 to 20/9/17	N
All Managers and staff	28/8/20 to 18/9/20	Y

19. IMPLEMENTATION (INCLUDING RAISING AWARENESS)

19.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

20. REFERENCES

- Health and Safety at Work etc. Act 1974
- Secretary of State's Directions for Security Management 2003/2004 (Amended 2006)
- Secretary of State's Directions to health bodies on measures to deal with violence against NHS staff
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Workplace Health, Safety and Welfare Regulations 1992
- Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

- Children's Act 1989 Police Act 1997 part V
- Safeguarding legislation
- Private Security Act 2001
- Crime and Disorder Act 1998
- Assaults on Emergency Workers (Offences) Act 2018
- Regulation of Investigatory Powers Act 2000
- The Telecommunications (Lawful Business Practice) Interception of Communications Regulations 2000.

21. ASSOCIATED DOCUMENTATION

- Health and Safety Policy and Procedures
- Security Policy
- Lone Working Policy
- Dignity at Work Policy
- Freedom to speak up: raising concerns (Whistleblowing) Policy
- Safeguarding Policy
- Adverse Incident Reporting Policy
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy
- Risk Management Strategy
- Feature Application Policy and Procedure

APPENDIX 1: REVIEW

This policy is regularly reviewed and updated with information in line with relevant national guidance and legislation.

A full 'Review Table of Contents' is available on request.

APPENDIX 2: REQUESTS FOR POLICE ASSISTANCE

Following the concerns expressed by staff relating to the delays in the police responding to requests for **immediate assistance**, the following protocols have been developed and agreed with Thames Valley and Hampshire Police Forces.

The following procedure should be observed when making requests for police assistance.

1. Request for immediate Police assistance where there is an immediate threat of personal danger to ambulance staff or a patient.

In common with all Emergency Services, Thames Valley and Hampshire Police have many and varied demands placed upon them and have to prioritise their response accordingly. They have assured the Trust that a high priority will be given to calls received from the Ambulance Service where there is *a clear indication that a risk to life or limb exists*. Such requests must therefore **only** be made when the situation clearly demands it.

The Clinical Coordination Centre (CCC) should be contacted immediately and when making the request for Police assistance Staff should use the following words:

“Immediate Police assistance required”

NB: This can be combined with the priority speech button if required.

The Clinical Coordination Centre (CCC) staff will respond **immediately** to such radio transmissions and will contact either Thames Valley Police or Hampshire Police promptly using the following terminology:

“Please respond immediately to Ambulance staff reported to be in personal danger!”

Where the request is made with the **silent** radio code, the Clinical Coordination Centre (CCC) will immediately contact the Police using the following terminology:

“Please respond immediately to Ambulance staff silent alarm requesting immediate assistance!”

These are priority codes and will receive immediate attention. They must **only** be used where there is personal danger to staff or patient.

Where discretion is necessary, the phonetics “Papa Alpha India” (Police Assistance

Immediate) should be used in verbal transmissions.

NB: The use of Police Codes must **not** be used.

2. Requests for Police attendance for all other reasons

All other requests for Police assistance such as attendance at a road traffic collision (RTC) should be requested using plain language and utilising a normal speech request code or priority speech request. All requests will be passed to the Police by the Clinical Coordination Centre staff at the earliest opportunity.

These procedures have been agreed with both Thames Valley Police and Hampshire Police and must be strictly adhered to. The use of the above codes is to be strictly monitored by the Clinical Coordination Centre (CCC) to prevent misuse/abuse. In the event of the Police response not meeting reasonable expectations, the Clinical Coordination Centre is to be informed and the matter will be referred to an appropriate Manager for further action.

Chief Operations Officer

APPENDIX 3: RESPONSIBILITY

The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.

A full list of all responsible parties can be made available upon request.

APPENDIX 4: EQUALITY IMPACT ASSESSMENT - SCREENING

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

The Screening element of the 'Equality Impact Assessment' is available on request.

APPENDIX 5: EQUALITY IMPACT ASSESSMENT – FULL ASSESSMENT

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

A full 'Equality Impact Assessment' is available on request.

APPENDIX 3: RATIFICATION CHECKLIST

Policy Title

Management of Violence and Aggression Policy and Procedure.

Author's Name and Job Title

John Dunn, Head of Risk and Security.

Consultation From – To (dates)

12/4/2016 to 3/5/2016; 28/8/20 to 18/9/20

Comments Received? (Y/N)

Y

All Comments Incorporated? (Y/N)

Y

Equality Impact Assessment completed (date)

5/4/2016; 11/9/2017; 27/8/20.

Name of Accountable Group

Health, Safety and Risk Group.

Date of Submission for Ratification

12/9/2017; 23/9/2020.

Template Policy Used (Y/N)

Y

All Sections Completed (Y/N)

Y

Monitoring Section Completed (Y/N)

Y

Date of Ratification

20/5/2016; 20/9/2017.

Date Policy is Active

20/5/2016: 20/9/2017.

Date Next Review Due

20/9/2020.

Name of Accountable Group Chair (or Deputy)

Chief Operations Officer.

