



**Policy For The Management of
Violent, Aggressive and
Intimidating
Behaviour**

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1. Purpose

The aim of this policy is to achieve the following outcomes:

- Provide a safe and secure environment for all patients, staff, volunteers, visitors etc. who access the Hospice premises or undertake work within the community as part of their responsibilities.
- To prevent inadvertent access to high risk areas thereby increasing the risk to a non-authorised persons.
- To increase the awareness through adequate information, instruction, supervision and training of staff to enable them to be better equipped with the skills to deal with such situations.
- To have in place systems to deal with individuals who continue to undertake acts of violence/aggression including issuing of warnings and where appropriate, exclusion from treatment (as a last resort).
- To incorporate a risk assessment processes to identify risks from individuals or in general (e.g. for a whole site or particular area)

1.2 The Hospice full policy statement on the management of violent and aggression is attached as Appendix A

2.0 Area

This policy applies in all areas of Lindsey Lodge Hospice, Burringham Road, Scunthorpe, DN17 2AA

3.0 Duties

3.1.1 The Chief Executive and the Hospice Board have duties placed on them both individually and collectively to protect staff, patients, volunteers, visitors etc. In addition their responsibilities include the need to have adequate arrangements in place to ensure that:

- sufficient resources are allocated to implement and maintain systems to reduce the risks from violence and aggression
- sufficient time is allocated at Board and Board sub groups to discuss relevant issues
- the Chief Executive is nominated to keep the Board apprised of relevant issues/cases so that the Board can be assured that adequate measures are in place
- the Board are informed of any patient exclusions from treatment (and the circumstances) which have been issued against individuals and the outcome of any ongoing court cases (or other sanctions)
- formal warnings and exclusions are implemented in line with guidelines drawn up by NHS Protect

N.B. Informal warning letters can be signed by the Director of Nursing and Patient Services or Chief Executive, or out of hours Senior Manager on-call that has been informed of the situation and is in agreement with the issuance of the warning letter.

3.2 The Director of Nursing and Patient Services

The Director of Nursing and Patient Services/Deputy Chief Executive has a responsibility that includes:

- The co-ordination of day to day operational issues in relation to reducing risk of violence and aggression as well as monitoring all physical assault incidents reported.
- Following up reported security incidents ensuring correct action have been taken or plans made.
- Liaising with the Police regarding investigations and actions being taken.
- In conjunction with the Chief Executive oversee capital allocations to incorporate security measures such as CCTV, access control, etc.
- Representing the Lindsey Lodge Hospice on the local Communities Partnership working groups, where appropriate.
- Responsible for reporting of incidents which fall within RIDDOR criteria to the Health and Safety Executive (HSE).
- Responsibility for reporting of incidents which fall within RIDDOR criteria to the Health and Safety Executive (HSE).
- Oversight of security incidents and escalation where required to external authorities such as CQC etc.
- Reviewing this policy to ensure national guidance and statutory provisions are met.
- Acting as the contact point with Humberside Police at senior level as part of the overall crime reduction strategy partnership arrangements.

3.3 Clinical Trainer

Responsible for:

- Ensuring training is provided.
- The collation of incident reporting relating to physical assaults to report this to the Quality Assurance Committee quarterly.
- For monitoring the attendance of all staff at training events.

3.4 Facilities Officer

Responsible for:

- Presenting any allocation to groups (e.g. Health, Safety Group, Team Leaders.) for scrutiny regarding risk priorities, etc.
- Overseeing day to day security issues and liaising with appropriate departments regarding crime prevention.
- For the maintenance of buildings, including security measures designed to protect the buildings from criminal damage and protection of those working within the buildings.

3.5 Team Leaders

- 3.5.1** For ensuring that this policy is implemented consistently with their areas of control and, if required.

For monitoring and supporting the attendance of all staff working within their areas of training events.

- 3.5.2** Ensuring that appropriate risk assessments for violent/aggressive behaviour issues are carried out (including lone working).
- 3.5.3** Ensuring representation on the Health, Safety Group to enable adequate communications on issues relating to the management of violent and aggressive behaviour and security measures, cases etc.
- 3.5.4** Ensuring that staff within their areas of control report incidents of violence and aggressive behaviour by completing incident report forms to allow adequate assessment of any actions/sanctions which may be taken in appropriate circumstances.
- 3.5.5** Ensuring policy is implemented within their areas of control. Also for ensuring security incidents are reported through incident forms and the need for informal warning letters are escalated to senior managers, where appropriate (with copies attached to the incident report).
- 3.5.6** Ensuring that appropriate risk assessments for violent/aggressive behaviour issues are carried out (including lone working).

3.6 All Staff

All staff are required to report incidents in accordance with this policy and the Lindsey Lodge Hospice's Incident Reporting Policy.

4.0 Reporting Incidents

- 4.1** All staff are required to report any incidents of violent/aggressive behaviour using the Lindsey Lodge Hospice's Incident Reporting System and Procedure. In all cases of physical assault, the incident must be immediately reported (next working day if out of normal working hours) to a senior manager as well as recording on an incident form.
- 4.2** All incidents are analysed and trends identified and reviewed by the Health, Safety Group and other relevant groups (i.e. Hospice Quality Assurance Committee). This enables the Lindsey Lodge Hospice to determine effectiveness of control measures already in place and any further measures which may be required.
- 4.3** Staff will be supported, where appropriate, in reporting incidents. They will also support any police enquiry regarding a reported incidents and with a view to providing further information which may be required to allow the Police to pursue and secure successful prosecutions against individuals who assault Hospice staff.

5.0 Assessment of Risks

5.1 Team Leaders are responsible for ensuring that an assessment of the risks of violence and aggression within departments is undertaken. In order to assist with this, a simple assessment has been developed (see Appendix B). Furthermore, for ensuring, as far as is possible, that the necessary control measures are implemented to reduce the risks to an acceptable level.

5.2 Risks identified should be incorporated into the Risk Register.

6.0 Actions which can be taken in the event of violent and aggressive behaviour

6.1 Visitors (can include anyone with the exception of patients or staff members)

6.1.1 Visitors who display any violent or aggressive behaviour should be asked to behave in an appropriate manner and the reasons why current behaviour is not acceptable should be explained. As previously stated, whilst the Lindsey Lodge Hospice does not condone such behaviour, it does recognise that visitors may be anxious and distressed, which in turn may give rise to inappropriate behaviour. In these cases, the Lindsey Lodge Hospice will take these factors into account to determine what action (if any) may be taken. Discussions regarding any potential further action should take place with a Senior Manager.

6.1.2 If the visitor requests to speak to a management representative, where for example they may have a concern or complaint, then the area manager (Senior Manager on Call, if out of hours) should be contacted to speak with them. Staff should not, however, place themselves at risk and may wish to have a second staff member present during such discussions.

6.1.3 Where visitors refuse to behave in an appropriate manner, they should be asked to leave the area and Lindsey Lodge Hospice premises. A Senior Manager should be informed and, if required, they will escort the person off the premises. In the absence of senior staff, or where further assistance/enforcement may be required, the Police should be contacted, where appropriate. They should also be issued with an Informal Warning Letter if they can be identified (see Appendix D).

6.1.4 In certain situations, dependent on the extent and seriousness of the incident, the Police may be the more appropriate first point of contact.

6.1.5 Senior Managers may consider the immediate exclusion of a visitor where they have shown excessive, aggressive or threatening behaviour towards staff (and any other person). In such circumstances the person will be informed of the action which is being taken by the Lindsey Lodge Hospice. However, if they should attend the Lindsey Lodge Hospice as a potential patient, they will be subject to the exceptions. The procedure regarding exclusion for visitors is the same as for patients, as detailed below, with the same template letter being used (see Appendix E).

6.1.6 In cases where a person commits an offence, the Lindsey Lodge Hospice will work with the Police to secure a successful criminal prosecution. Where, for whatever reason, the Police cannot bring about such a prosecution, and should it be felt that the circumstances of the incident and its effect on Lindsey Lodge Hospice staff warrant it, the Lindsey Lodge Hospice will liaise with contracted legal teams to consider pursuing a private prosecution, an Anti-Social Behaviour Order (ASBO) or assist staff to pursue civil action against individuals.

6.1.7 Where informal/formal or exclusion letters are issued, a copy must be attached to the relevant incident report.

6.2 Patients

6.2.1 Any inappropriate behaviour by a patient must be reported and the immediate manager or team leader should explain to the patient the reasons why their behaviour is not acceptable.

6.2.2 If the behaviour continues, the responsible manager or clinician will give an informal warning about the possible consequences of further inappropriate behaviour (Appendix D).

N.B. The issue of informal warnings should be consistent, in that persons who are deemed as aware of their actions should in all instances be issued with an informal warning by the Team Leader/Manager. An incident report should also be completed and a copy of the warning attached. This procedure will be audited on an ongoing basis to ensure a consistent approach.

6.2.3 If the behaviour continues after the informal warning, then the 'Exclusion Procedure' (Appendix C) should be implemented with a formal written warning letter. A letter should also be sent to the person's GP (Appendix F).

6.2.4 A copy of the informal & formal warnings should be filed within the patient's notes. Other appropriate managers (including on call managers) should also be informed. In addition, an Incident Report should be completed and copies of informal/formal warnings attached so these can be scanned and stored on the Incident Reporting database for reference.

6.2.5 If the patient complies with the terms of the formal warning, they can expect:

- that their clinical care will not be affected in any way
- all valid concerns raised by the patient will be fully investigated
- the formal warning will lapse after a period of 12 months

6.2.6 If the patient does not comply with the formal warning, then this will result, at the request of the Senior Manager (or nominated deputies), in exclusion/withdrawal of treatment from the Lindsey Lodge Hospice. This will be confirmed with a letter from the Chief Executive sent to the person informing them of their exclusion and a letter sent to their GP (see Appendices G(i) & G(ii)).

6.2.7 Any such exclusion will last for a period of 12 months, subject to alternative care arrangements that will be actively pursued by the relevant clinician and with the

exception of emergency treatment which may be required during this period (see paragraph 6.2.10 below).

6.2.8 Any such exclusion is considered by the Lindsey Lodge Hospice to be the last resort in any action to reduce the risk from violent and aggressive behaviour.

6.2.9 In cases where a person commits an offence, the Lindsey Lodge Hospice will work with the Police to secure a successful criminal prosecution.

7.0 Training

7.1 The Lindsey Lodge Hospice is committed to providing appropriate training to staff to enable them to recognise the different stages of violence and appropriate measures which can be taken by individual members of staff to safeguard themselves and others.

7.2 The Lindsey Lodge Hospice will work in partnership with relevant organisations such as the Police in the development and/or delivery of training. Any such training will cover the following areas:

- human rights in relation to Personal Safety
- overview of Health and Safety Legislation
- assessing the Risks
- recognising the Stages of Violence
- self defence and the Law
- basic precautions
- basic Techniques to Breakaway

7.3 Refresher training will be provided to staff on a three year cycle.

7.4 Additional training may be identified as results of incidents or national strategies/projects, etc. In these circumstances the training may be incorporated into existing training or a separate training package.

8.0 Personal Safety and Security

8.1 Appendix 1 contains general information in relation to Personal Safety and Security. Further information will also be provided to all Lindsey Lodge Hospice staff.

8.2 Additional information will be provided when available through such media as the intranet or by other appropriate means to ensure that up to date information is disseminated throughout the Lindsey Lodge Hospice.

9.0 Monitoring Compliance and Effectiveness

9.1 In order for this policy to be successfully implemented, all staff need to be involved in the policing of it. Any non-compliance of this policy which is reported (or indicated on an incident report, etc.) will be investigated by the team leader/manager in the first instance and actions taken where required.

9.2 Quarterly reports of incidents, including violence and aggression are produced and issued to the Health & Safety Group and the Lindsey Lodge Hospice Quality Assurance Committee to allow discussion of trends and the agreement of actions/measures to reverse adverse trends.

9.3 Team Leaders/Managers should inspect their areas regularly to identify any issues which may increase the risks of violence in relation to the environment and ensure that they are placed on the risk register. They should also regularly check staff training records to ensure that staff receive initial training and refresher training (the latter being required every three years) and arranging them to attend.

10.0 Definitions

10.1 The definition of **violence** is:

“any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work”

10.2 This can include:

- **Physical attack** - whether any visible injury occurs or not (including racial and sexual attack)
- **Serious verbal and threatening behaviour** - where the use of inappropriate words or behaviour causes distress and/or constitutes harassment (including phone conversations).

10.3 Incidents where Police action can/may be taken if they are called include:

- **Offences Against The Person Act** - includes offences causing actual bodily harm, grievous bodily harm or wounding
- **Public Order Act (section 4)** - includes offences of threatening behaviour, abusive or insulting words or behaviour with intent to cause person to believe that immediate unlawful violence will be used against them
- **Public Order Act (section 5)** - includes offences of using threatening abusive or insulting words/behaviour within the hearing or sight of a person likely to cause harassment, alarm or distress
- **Breach of the Peace (Common Law)** - whenever harm actually occurs or is likely to occur to a person, or in his presence to his property, or whenever a person is in fear of being so harmed through an assault, affray, riot, unlawful or other disturbance

10.4 The Police can be contacted when appropriate directly (depending upon the circumstances). Where direct contact is made the log number should be noted and given on the completed incident form.

10.5 Exclusion is defined as being excluded from the Hospice and withdrawal of treatment if the person is attending as a patient. (

11.0 Consultation

11.1 Managers and Team Leaders have been involved in draft work.

12.0 Dissemination

- 12.1 This policy will be issued to all Team Leaders/ Managers to enable them to disseminate the policy within their respective areas (either electronically or in paper format)
- 12.2 In addition this policy will be available electronically via Lindsey Lodge 'L' drive.

13.0 Equality Act (2010)

- 13.1 In accordance with the Equality Act (2010), Lindsey Lodge Hospice will make reasonable adjustments to the workplace so that an employee with a disability, as covered by the Act, should not be at any substantial disadvantage. Lindsey Lodge will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities
- 13.2 Lindsey Lodge Hospice will, wherever practical, make adjustments as deemed reasonable in light of an employee's specific circumstances and Lindsey Lodge Hospice's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

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Appendix A

Policy Statement

1. Lindsey Lodge Hospice is committed to providing a safe place to work for staff whilst maintaining high standards of care for its patients.
2. In order to achieve this, the risk of violence/aggression must be reduced and Lindsey lodge Hospice strives to adopt a zero tolerance attitude towards any violence or aggressive behaviour which is demonstrated. Lindsey Lodge Hospice, whilst not condoning any act of such behaviour, does recognise that in some situations patients may not be aware of their actions and visitors may be anxious and distressed which may in turn give rise to inappropriate behaviour. In these cases, Lindsey Lodge Hospice will take these factors into account to determine what action (if any) may be taken.
3. Behaviour considered as inappropriate includes:
 - Swearing or abusive language;
 - Threatening or abusive behaviour;
 - Verbal or physical abuse of any kind.
4. Lindsey Lodge Hospice has in place an Incident Reporting System and all staff are expected to report incidents of violent and aggressive behaviour so that area of concern can be highlighted and effectively analysed and recommendations put forward to implement control measures to reduce risks.
5. Lindsey Lodge Hospice is committed to supplying information, PPE and training to staff to enable them to recognise potentially dangerous situations and to take action to remove themselves from danger, or to otherwise manage incidents of violence and aggression. This includes:-
 - The implementation of appropriate security systems, arrangements and alarms;
 - The implementation of Hospice wide policies dealing with specific risks
 - The assessment of risk within departments to identify levels of training required
 - The delivery of training at an appropriate level (see paragraph 7.0 in the main document);
 - The implementation of guidance booklets etc to provide basic information to everyone;
 - The use of staff meetings and other forums to share lessons learnt from incidents
6. In partnership with Humberside Police, Lindsey Lodge Hospice is committed to the development of a Crime reduction Strategy which includes the effective management of violence and aggression.
7. In addition, an 'Exclusion Procedure' has been developed to deal with individuals who are violent and aggressive. The procedure details the steps which can be taken to exclude persons from Lindsey Lodge Hospice premises, and in cases involving patients, details the circumstances where treatment may be withdrawn or withheld.

Appendix B

Factors which May Give Rise to Increased Risks from Violent/Aggressive Behaviour

The following aspects are highlighted as possible 'triggers' which may increase the risks to staff, patients, visitors etc. Consideration should be given to them to ensure that such issues are taken into account when assessing the risks.

N.B. This list is not exhaustive and the assessment team should consider all foreseeable risks:

- Is there physical force (e.g. restraining someone by holding their arm) already being used?
- Are staff working within remote areas (but within Lindsey Lodge Hospice premises) or off site?
- Is there a perception that staff are carrying prescription drugs either on them or in their vehicles?
- Are staff telling patients/visitors things which they do not want to hear or they don't want to do?
- What level of support is available (e.g. immediate or remote)?
- Is the patient or person being treated/seen known to have been violent or under the influence of drugs/alcohol?
- Is the patient new so history not known?
- Are staff visiting within the community?
- Are they traceable/easily contacted if required?
- Are there any environment issues which put both hospital based or community staff at higher risk?
- Have the visiting arrangements (community staff only) been reviewed within the last 12 months?

Appendix C

Exclusion Procedure

1.0 Introduction

1.1 This procedure outlines the measure and steps that must be taken before any withdrawal of treatment can be implemented, in line with the Department of Health (DoH) guidance.

1.2 It must be noted that any implementation of the Exclusion Procedure must be reviewed as the last resort and all other potential measures must have been considered and exhausted before exclusion is contemplated.

2.0 Process of Exclusion

The process of exclusion is as follows

2.1 Inpatients/Daycare Patients

2.1.1 The patient is verbally warned that their behaviour is not acceptable and that continued inappropriate behaviour may result in withdrawal of care (subject to exceptions outlined in paragraph 6.2.8 of the Policy) and the consequences to them. If a verbal warning does not result in appropriate behaviour then an informal warning letter is sent to the patient (see appendix D).

2.1.2 If the patient continues with their inappropriate behaviour then they are sent a formal warning confirming the first stages of the Exclusion Procedure and the consequences of any further inappropriate behaviour within a 12 month period that could lead to withdrawal of care (see appendix E)

2.1.3 A letter is sent to the patient's GP to inform them of the potential exclusion of treatment (see appendix F)

2.1.4 If there is a further incident involving the patient demonstrating inappropriate behaviour then the patient is informed that exclusion is being implemented (see appendix G(i)). A letter is also sent to their GP (see appendix G(i)).

2.1.5 The period of exclusion will run for a period of 12 months (subject to the exceptions) unless the person appeals successfully against such exclusion.

2.2 Other Persons

2.2.1 The individual is warned that their continued behaviour may give rise to the possibility of being excluded.

2.2.2 A formal warning letter is sent to the person outlining the consequences of any further incidents of inappropriate behaviour and kept on file. (This information may also be shared with the Police). (See appendix E).

Information is recorded on the Incident Reporting Database and if that person is identified in any subsequent 12 month period as behaving inappropriately then that person will be excluded and a letter sent (see appendix G (i)).

Appendix D

Informal Warning Letter to Patient/Person

Lindsey Lodge Headed paper

(Date)

Patients Name

Patients Address

NHS number (if known)

Dear (Patient's name)

INFORMAL WARNING LETTER REGARDING INAPPROPRIATE BEHAVIOUR

Lindsey Lodge Hospice has a responsibility to patients, staff, visitors etc. and does not tolerate unacceptable behaviour.

On the (insert date/dates) you demonstrated behaviour that is not considered to be acceptable to the staff involved. The purpose of this letter is to informally warn you that any further episodes of such behaviour may result in Lindsey Lodge Hospice initiating its exclusion procedure (the details of which are explained in the accompanying information).

In this instance your GP has not been informed but if the formal exclusion process has to be initiated then they will be notified. Lindsey Lodge Hospice does not take the exclusion process lightly and it is only exercised as a means to tackle persistent episodes of unacceptable behaviour.

Should you have any queries then contact (insert contact name).

Yours sincerely

(insert name and job title)

Appendix E

Formal Warning Letter to Patient/Person

Lindsey Lodge Headed paper

(Date)

Patients/person's Name

Patients/person's Address

NHS number (if known)

Dear (Patient's/person's name)

Lindsey Lodge Hospice has a responsibility to patients, staff, visitors etc. and will not tolerate unacceptable behaviour.

On (insert dates) you demonstrated unacceptable behaviour at (insert site) and that you (insert summary of behaviour).

Lindsey Lodge Hospice can exclude people from its premises (except for emergency treatment) and this letter is to formally warn you that any further episodes of unacceptable behaviour in the next 12 months may result in your exclusion.

An explanation of the process involving possible exclusion is attached for your information.

Your GP will be informed of this warning, and should you be excluded your GP will be contacted and asked to make alternative arrangements for your care/treatment.

Should you have any queries please contact (insert contact name)

Yours sincerely

(Name)

Appendix F

Template letter to GP

Lindsey Lodge Headed Paper

Date

GP's Name

GP's address

Dear _____

Re: Patient's name

Patient's address

Patient's date of birth (if known)

Patient's NHS number (if known)

The above patient is/was recently an (insert Inpatient or Daycare patient) at Lindsey Lodge Hospice where they displayed an unacceptable level of behaviour.

In order to protect other patients and members of staff, it has been necessary to instigate our Exclusion Procedure (for individuals who are violent or abusive) for the above named patient due to the reason of their unacceptable behaviour. This is the first stage of the process but you are advised that should the above named show any further inappropriate behaviour within the next 12 months then withdrawal of treatment will occur (with the exception of emergency medical treatment) and you will need to make alternative arrangements for any care required.

If you have any queries, please do not hesitate to contact:-

_____ (name and telephone number of patient's consultant)

Or

_____ (name and telephone number of pertinent Senior Manager)

Yours sincerely

NOTE: A copy of the exclusion procedure leaflet should be attached to this letter

Appendix G(i)

Letter to patient/person excluded from Lindsey Lodge Hospice

Lindsey Lodge Hospice Headed Paper

Date

Name and Address

Dear

Re: Exclusion Procedure Implementation

Lindsey Lodge Hospice does not tolerate inappropriate behaviour to staff and your (continued*) behaviour puts our staff at an unacceptable risk. As a result of this behaviour Lindsey Lodge Hospice is informing you that it is excluding you from attending Lindsey Lodge Hospice site, Burringham Road, Scunthorpe.

Should you attend for any reason then you will be refused entry (and you will not be treated if this was the reason for attendance). Also if you are visiting other patients then you will not be allowed to do so and you will be asked to leave, and the Police maybe called to attend to escort you off the premises.

The period of exclusion is 12 months from the date of this letter and Lindsey Lodge Hospice will instigate additional measures as required should you breach the conditions of this exclusion through the Courts and Police. Your GP has been informed of this exclusion and you should contact them to discuss alternative arrangements for your non-emergency treatment.

This exclusion process is in line with National NHS Procedures and is taken as a last step to protect staff, visitors and other patients from harm. If you wish to appeal against this restriction you may do so in writing to the above address.

Yours sincerely

Chief Executive

***(use only if patient/visitor previously warned)**

Appendix G(ii)

Template Letter to GP Regarding Excluded Patient/Person

Lindsey Lodge Hospice Headed Paper

Date

Name and address

Dear

Re: Exclusion Procedure Implementation for (insert patient's/person's name)

Lindsey Lodge Hospice has taken the decision to exclude the above (insert patient/person) due to their continued unacceptable behaviour. This action has been taken in accordance with Department of Health Guidance.

The period of exclusion will commence from the date of this letter for a period of 12 months and Lindsey Lodge Hospice will not undertake any treatment for the above apart from the criteria listed within the Exclusion Procedure Leaflet (enclosed).

You will, therefore, have to make alternative arrangements for any treatment previously provided by Lindsey Lodge Hospice.

If you have any queries then please contact (insert contact name).

Yours sincerely

Chief Executive

Appendix I

Personal Safety and Security

1.0 Assessing the Risk

1.1 In order to assess the risk to yourself or colleagues you should consider:-

- Anything you may do or the manner in which it is done which may upset or annoy a person/persons (e.g. breaking bad news)
- The patients/clients you work with (individuals or groups) whose behaviour can be unpredictable (e.g. alcohol abuse, distressed, mentally ill etc)
- Where you are working, in places which could be unsafe
- Whether there are times of the day when you might be at higher risk

1.2 If you identify areas of risk then you should, in the first instance, discuss them with your line manager to look at possible solutions/actions which can be taken to minimise the risks.

2.0 Recognising Danger Signs

2.1.1 the danger signs can be evident in a number of ways with examples given below.

2.1.2 Verbal Signs These can include:-

- Change in voice (increase or decrease in volume or pitch)
- Talking over your replies and not allowing you to finish speaking
- Actual threats which start off at a relatively low level but increase

Non-verbal Signs We communicate in a non-verbal way for up to 93% of our communications. Signs to consider include:

- Agitation, restlessness and frequent movements
- Eye to eye contact (confrontational)
- Banging tables or other furniture
- Crossed arms (confrontational)
- Clenched fists or movement to position of body to 'launch' a physical attack
- Poking fingers or pushing
- If a normally extrovert (noisy) person suddenly becomes quiet and withdrawn

2.2 Situations which may trigger aggressive behaviour

2.3 There is a never ending list of situations which increase the risk of or trigger violent violent/aggressive behaviour.

2.3.1 Example include:

- Staff member informing patient/relatives that they cannot see a doctor immediately
- Nurse attempting to administer treatment/care to a confused patient
- Consultant recommending removal of a person under the Mental Health Act
- Nursing staff admitting a new patient
- Where a patient has had their medication changed

This is not an exhaustive list

2.4 If you recognise the danger signs or situations then:-

- Watch what you say
- Watch how you say it
- Watch out for other danger signs
- Consider whether to stay or get away

- Consider if you need assistance

3.0 Managing Confrontation

3.1 You must decide in any confrontational situation, what your objectives are.

They may include

- I want the patient/person to accept my decision
- I want to defuse this situation before it escalates
- I want to get out safely
- I want to give as good as I get (this is likely to act as a trigger)

3.2 these objectives will dictate what your responses are but if you display confrontation such as invasion of space, non-blinking eye contact, symbolic or actual touching a person

3.3 To defuse any such confrontation then you should:-

- Move away from the aggressor
- Blink and don't stare
- Resist touching (unless to protect yourself)

3.4 this will give a "calming" message to the other person and possibly reduce the risk.

4.0 Avoiding Danger

4.1 The use of common sense in the majority of situations would mean that you are less likely to put yourself in dangerous situations. Some things which you could do:-

- Maintain alertness especially out of hours, during darkness and if in the community, parking or working alone, or if in areas which are unfamiliar to you;
- Ask for a relevant patient history including any history of violence. If so should you see them on your own?;
- Ensure you report incidents so information can be available for other people who may deal with this person;
- Decide if a situation can be dealt with at a different time when additional resources or security staff can be available;
- If you sense something is not right move away/get out;
- If out of hours or in the community ensure people know your movements or have "check in" arrangements;
- If in the community, park in well-lit areas (you may not need to display any sign indicating your possible purpose)
- DO NOT get involved in family squabbles (move away);
- Have emergency plans to call for help;
- Do not carry holders/bags with straps diagonally across the body (it could be used to drag you to the ground or somewhere else);
- If attacked for a bag, do not fight for it;
- Take care when using lifts;
- Report all incidents (if patient consider Exclusion Procedure);

5.0 Diffusing Anger

5.1 Some ways which you can defuse anger and/or difficult behaviour include:-

- Keep calm, breathe slowly and deeply as this will help to maintain control over your actions;
- Do not speak in **2jargon2** but in a non-patronising way;
- Where you cannot comply with a specific request, state clearly why you cannot do so;
- Do not argue;
- Do not make promises which cannot be kept;
- Do not fob people off with excuses (offer more realistic solutions);
- Don't leave people waiting for long periods (as they will feel neglected or forgotten);
- Remember the reasons why they are using the NHS services and may be acting the way they do (pain, fear, worry etc.)
- Put yourself in their position, are they being unreasonable?

6.0 Area of High Risk

6.1 Reception Areas

The first point of contact is considered high risk and this could be reception areas either in person or over the phone.

Points to remember:-

- Good communicators ease the situation;
- Non aggressive stance;
- Apologise where genuine mistakes have been made;
- Listen (look and let them know you are listening);
- Warn other people and report
- If on the telephone, hear the person out;
- Tell them you will help but not accept inappropriate behaviour;
- If distressed get help;
- If subject to unpleasant/verbal abuse on the phone, warn people that if they continue you will hang up.

6.2 Lone working

The main issues to consider if you are working alone include:-

- Accessibility of support;
- Be traceable in your movements;
- Raising alarm/help (ask persons to contact help);
- Ask yourself if the work can be done at other times;
- If visiting homes consider other issues (see below);

6.3 Visiting Homes

Certain aspects need to be considered at various stages but the over-riding rule is if you don't feel safe, get out.

6.3.1 On the doorstep:-

- Are there any indications of potential aggressive behaviour (if so re-arrange appointment or alternative arrangements).

6.3.2 Going in:-

- Get the other person to lead the way and you attend the door so you can check what you need to do to open it
- If sitting down, sit on a chair which you can get out of quickly
- If dogs are present, ask them to be moved to another room

- Be careful about touching a person/patient whenever there is a dog present

6.3.3 Leaving

- Leave immediately you have finished
- If you need to abandon visits then do so
- Retreat at the earliest opportunity

Travelling Around

7.4.1 Dress:-

- Uniforms may act as a trigger (seen as vulnerable)
- Avoid wearing expensive looking jewellery/watches etc
- Don't carry handbags or have little of value/items in them
- Think about what you wear and the impression it may give
- Keep your hands free (not in pockets)

7.4.2 Dangerous Places:-

- Try to stay clear of places such as public parks, multi-storey car parks, lifts etc where there is no-one else around or in hours of darkness
- Ask if area has reputation and arrange suitable "check in" plans etc

7.4.3 Darkness:-

- Avoid poorly lit areas
- Have keys or bus fare handy so you are not fumbling
- If locking up in the dark, have someone with you
- If you think you are being followed walk briskly to a shop or public house and call the Police (if none available, choose a suitable house where the lights are on)

7.4.4 Driving

- Don't stop to assist someone who has broken down unless you know that you know them (call the Police)
- Check no-one else is in the car when you get in
- If people are near your car when you approach it, cross the road and call Police
- Have your keys in your hand
- Always lock your car when you leave it (even in petrol stations)
- Don't get lost or look as if you are lost
- Check your petrol gauge before your journey
- Do not leave equipment in view

BE CAREFUL OF THE 4 D'S

Appendix J

Information Regarding the Exclusion Procedure

1.0 Introduction

Lindsey Lodge Hospice does not take the matter of exclusion lightly and it is considered as a last resort measure to protect staff, patients and visitors.

The procedure of exclusion is in accordance with the Department of Health's (DoH) Zero Tolerance Campaign and Guidance and will be reviewed should there be any changes made by DoH.

This leaflet explains the Procedure regarding exclusion from Lindsey Lodge Hospice premises and what its effects are in relation to you and any further incidents of unacceptable behaviour

2.0 Initial Warning

You have been issued with a warning stating that any continued inappropriate behaviour may result in you being excluded from receiving treatment (except in certain circumstances which are outlined within this leaflet).

Lindsey Lodge Hospice considers inappropriate behaviour as:-

- Swearing or abusive language
- Threatening or abusive behaviour
- Verbal or physical abuse of any kind

This initial warning will remain effective for a period of 12 months from the date of the initial warning letter and any further incident will be reviewed with a last resort measure being your exclusion from Lindsey Lodge Hospice premises.

If you were an inpatient or attending the Day Care Unit at the time of your inappropriate behaviour then your GP will also have been informed that you have received an initial warning. This is in accordance with DoH guidance as your GP may have to make alternative arrangements should you be excluded.

3.0 Exclusion

Should you be excluded from Lindsey Lodge Hospice then you will be informed by letter and alternative care arrangements will need to be arranged by your GP (who will also receive a copy of the exclusion letter).

The effect of exclusion will be subject to the exceptions (see Section 4) you will be refused entry onto Lindsey Lodge Hospice premises either as an inpatient, outpatient or visiting relatives/friends. Any breaches of this exclusion may result in the Police being contacted and further legal action considered.

4.0 Exclusion Exceptions

The exceptions in relation to exclusion are in line with DoH guidance and include

- Persons who are mentally ill and may be under the influence of drugs and/or alcohol
- Patients, who in the expert judgement of a relevant clinician, are not competent to take responsibility for their actions (e.g. a person who becomes violent or aggressive as a result of an illness or injury)

5.0 Appeals

Should you wish to appeal against any decision regarding exclusion (either at the initial warning stage or otherwise) then this must be done in writing to the Chief Executive of Lindsey Lodge Hospice.

The circumstances will be reviewed and the decision regarding your appeal will be communicated to you by letter.

If your appeal is successful then the exclusion procedure will be revoked and all information from your records withdrawn.

Appendix K

LIKELIHOOD	SCORE	SEVERITY	SCORE
Very unlikely to happen	1	No harm, injury or distress	1
Could happen in time	2	No physical injury, but distress caused	2
Could happen at any time	3	Minor injuries sustained or verbal abuse and distress caused	3
Probably will happen in time	4	Injuries sustained and/or verbal abuse/harassment/threats/distress	4
Likely to happen regularly	5	Serious/major injuries and threats, verbal abuse, distress, harassment	5

Risk Matrix

Severity/Impact/Consequence

Likelihood of recurrence	None/near miss (1)	Low (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Certain (5)	5	10	15	20	25

RISK

Green risk Score 1-3	Very low	Yellow risk score 4-6	Low	Amber risk Score 8-12	Moderate	Red risk score 15-25	High
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GENERAL VIOLENCE AND AGRESSION ASSESSMENT

STAFF GROUPS IDENTIFIED AT RISK

SITE

DATE OF ASSESSMENT

Risk identified

Existing Control measures

(L1)

(C1)

(R1)

Additional Control Measures

(L2)

(C2)

(R2)

Risk identified	Existing Control measures	(L1)	(C1)	(R1)	Additional Control Measures	(L2)	(C2)	(R2)

ACTIONS IDENTIFIED AS REQUIRED				
Risk Identified (see overleaf)	Action Required	Lead Person	Agreed Timescale	If significant risk then include on Risk Register and give ID Number
Assessment Completed by:			Review Date:	