# Document Control Sheet

**The Prevention and Management of Violence and Aggression at Work against NHS Staff**

<table>
<thead>
<tr>
<th>Lead Executive Director</th>
<th>Chief Executive</th>
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<tr>
<td>Author and Contact Number</td>
<td>Local Security Management Specialist – 277 1231</td>
</tr>
<tr>
<td>Type of Document</td>
<td>Policy</td>
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**Document Purpose**
The purpose of this policy is to provide guidance to Managers and staff on the prevention of violence, threats of violence/aggression and how to deal with such incidents. The Mental Health and Social Care Trust have a duty under the Health and Safety at Work etc. Act 1974 to protect staff from the effects of violence at work.

<table>
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<th>Scope of Document</th>
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<tr>
<td>Consultation</td>
<td>Health &amp; Safety Committee Risk Committee</td>
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<tr>
<td>Approving Committee</td>
<td>Risk Committee</td>
</tr>
<tr>
<td>Approval Date</td>
<td>April 2014</td>
</tr>
<tr>
<td>Ratification and Date</td>
<td>Lead Executive Approval</td>
</tr>
<tr>
<td>V1 Valid from Date</td>
<td>December 2005</td>
</tr>
<tr>
<td>Date of Last Review</td>
<td>April 2014</td>
</tr>
<tr>
<td>Date of Next Review</td>
<td>May 2017</td>
</tr>
<tr>
<td>The Trust standard is 3 years. Shorter or longer reviews can be agreed by the approving Committee</td>
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**Procedural Documents to be read in conjunction with this document:**
- Training needs analysis
- Local Security Policy
- Control & Restraint Policy
- Offensive Weapons Policy
- Lone Worker Policy

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<thead>
<tr>
<th>Training Requirements</th>
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<td>Financial Resource Impact</td>
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## Document Change History

Changes to this document in different versions must be detailed below. Rationale for the change should also be given.

<table>
<thead>
<tr>
<th>Version Number / Name of procedural document this supersedes</th>
<th>Type of Change i.e. Review / Legislation / Claim / Complaint</th>
<th>Date</th>
<th>Details of Change and approving group or Executive Lead (if done outside of the formal revision process)</th>
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<tr>
<td>V1.2</td>
<td>Change</td>
<td>October 2013</td>
<td>Policy formatted to comply with Policy on Procedural Documents July 2013</td>
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<tr>
<td>V2</td>
<td>Review</td>
<td>April 2014</td>
<td>Review of document – no changes made</td>
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External references used in the creation of this document:

If these include monitoring duties upon the Trust for this policy the specific details should be recorded on the **Monitoring and Compliance Requirements sheet**

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If not relevant to this procedural document give rationale:

Policy authors are asked to consider each of the nine protected characteristics under the Equality Act 2010. We expect you to demonstrate that throughout the policy process you have had regard to the aims of the Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
3. Foster good relations between people who share a protected characteristic and people who do not share it.

Please provide a brief account of how you have done this, further work to be completed and any support you have had in considering the aims and working in compliance with the Equality Duty.

If you are unclear on how to do this or would like further advice and support then you may contact quality.admin@mhsc.nhs.uk.

It is the responsibility of the approving group to ensure this statement reflects the Trust's objectives and position with compliance as set out within the NHS Equality Delivery System.

This policy is broad and the scope if Trust wide so complies with the Trust’s Equality Delivery System.

| In line with the Trust values we may publish this document on our External Website. Is there any reason you would prefer this is not done? | None |

It is the Authors responsibility to ensure all procedural documents comply with the Trust values

If you are unclear on any of the requirements in the document control sheet then please email quality.admin@mhsc.nhs.uk before proceeding. If you are unclear on any of the above requirements please email quality.admin@mhsc.nhs.uk
Monitoring and Compliance Requirements
For audit, CQC Registration and NHSLA purposes all procedural documents must have monitoring requirements or key performance indicators set by the authors, Committees or Lead Directors. This allows the Trust to routinely monitor the effectiveness and impact of their procedural documents on a regular basis.

<table>
<thead>
<tr>
<th>Does this procedural document offer support or evidence for the Trusts registered activities and outcomes?</th>
<th>Yes</th>
<th>Primarily Outcome 10 Safety &amp; Suitability of Premises</th>
<th>Additional Outcome 10 Safety &amp; Suitability of Premises</th>
<th>Additional Outcome 14 Supporting Staff</th>
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<th>Minimum Requirement / Standard / Indicator to be monitored &amp; Section of document it appears</th>
<th>Process for monitoring</th>
<th>Responsible Individual / Group</th>
<th>Frequency of Monitoring</th>
<th>Responsible Group for review of results / action plan approval / implementation</th>
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<td>Yearly</td>
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<td>Risk Committee</td>
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<td>Risk</td>
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<td>Risk Committee</td>
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NB: If you have selected audit you should complete the required audit registration form and standards document and submit these with your expected timescales for completing the audit to quality.admin@mhsc.nhs.uk as soon as possible and no later than 4 weeks prior to the audit commencing.

The Group / Committee should also ensure the monitoring work is added to their yearly schedule of monitoring and action logs as appropriate.
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If you need to have this information translated into another language please contact the Mental Health Linkwork Scheme on 0161 276 5269 or e-mail linkworkers.mentalhealth@nhs.net.

If you require it in larger print, Braille, audio or other formats please contact the Communications Team on 0161 882 1093 or e-mail communications.admin@mhsc.nhs.uk.
The Prevention and Management of Violence and Aggression at Work against NHS Staff

1. Introduction

1.1 The purpose of this policy is to provide guidance to Managers and staff on the prevention of violence, threats of violence/aggression and how to deal with such incidents. The Mental Health and Social Care Trust have a duty under the Health and Safety at Work etc. Act 1974 to protect staff from the effects of violence at work.

1.2 The Trust’s commitment is to pursue preventative measures to tackle violence and aggression against NHS staff and professionals.

1.3 The Trust aims to minimise the incidents of violence and aggression, but recognises that due to the unpredictable nature of violence, it cannot be totally eliminated.

1.4 The Trust also recognises that the aggressor could be, in addition to the general public, members of staff, or patients. For staff experiencing violent or aggressive behaviour from another member of staff, please refer to the Dignity at Work Policy – Dignity at Work and/or Disciplinary Procedures.

1.5 Trust staff working within the Prison Service must follow Prison Service Order PSO1600 and Prison Service Instructions PSI164 with regard to the use of force and restraint techniques.

2. Policy Statement

2.1 Manchester Mental Health & Social Care Trust recognises and accepts its legal responsibilities for the health and safety of staff, patients, visitors and others.

2.2 It believes that violence to staff is unacceptable and will not be tolerated.

2.3 It recognises that violence, the threat of violence and intimidating abuse is particularly distressing and can be difficult to deal with.

2.4 It believes that positive action based on risk assessment will provide solutions to the problem of ensuring staff are safe at work.

2.5 Supporting Staff

2.5.1 Provide a working environment with systems, organisational procedures, information, training and supervision to deal with the problems of violence and aggression.

2.5.2 Provide appropriate support, counseling and legal advice for staff, specifically in those situations where they may be the victim of violence. Staff will have the opportunity to debrief with their managers and receive specialist advice from the
LSMS as appropriate. If necessary arrangements will be made through the occupational health service to provide additional support or counseling.

2.6 Assess and monitor the risk of violence and aggression and take action to reduce the risk of violence.

2.7 The Trust will establish a clear working relationship with the police and the Prosecution Services in pursuing cases of violence against staff. Advice can be sought from the nominated person for Local Security Management Services (LSMS Governance Department).

The Trust will also exercise its right to prosecute where appropriate, which will include civil injunctions and/or recovery of damages to property or legal costs.

2.8 The Trust will inform patients/carers repeatedly exhibiting violent or aggressive behaviour that the Trust may withdraw the service provided. The withholding of NHS treatment from violent and abusive patients will always be a last resort, but it should be an option available to all managers and staff working within the Trust. The intention is to ensure that the need to protect staff is properly balanced against the need to provide health care to individuals.

3 Definition of Violence

3.1 The term Violence covers a wide range of incidents, not all resulting in injury. The Health & Safety Executive defines violence as “Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient, member of the public or a member of staff arising out of the course of their work.

The Security Management Services definition of:
Physical Assault – “The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.”

Non-Physical Assault – “The use of inappropriate words or behaviour causing distress and/or constituting harassment.”

3.2 This includes intimidating abuse, serious or persistent harassment, including racial or sexual harassment, victimisation, or bullying and/or threats with or without a weapon.

4. Reporting

4.1 It is the responsibility of all departments to inform the Local Security Management Specialist, at the earliest practicable time, of any incident of physical assault, and the Local Security Management Specialist of any incident of non-physical aggression.

4.2 All incidents of physical and non-physical assault, as per the definitions, must be reported on Trust incident reporting system.

4.3 Please refer to appendix E & F for Procedures on Reporting Physical and Non-Physical Assaults
5. **Duties, Roles and Responsibilities**

5.1 **The Chief Executive**

The overall responsibility for the implementation of this policy lies with the Chief Executive. However, it is the responsibility of all staff to comply with the policy.

5.2 **Nominated Non Executive Director**

A nominated Non-Executive Director will be responsible for overseeing the Security Management process.

5.3 **Nominated Security Management Director**

The Trust’s nominated Security Management Director has overall responsibility for security management and dealing with acts of violence and aggression against staff as per the Secretary of State for Health Directions. The Director of Governance will be the accountable Director for this policy. The accountable Director will be responsible for ensuring that appropriate arrangements are in place for the prevention of violence and promotion of safe working in all its operations and for implementing and monitoring procedures within their area of responsibility.

5.4 **Local Security Management Specialist**

The LSMS will have delegated responsibility from the accountable Director for the co-ordination of this policy. The LSMS will undertake his/her duties in accordance with the Secretary of State Directions to health bodies on measures to tackle violence against NHS staff, service users, carers and visitors, and any subsequent advice and guidance issued by the NHS Security Management Service. The LSMS will link in with the Risk Manager and the Health and Safety Advisor. The LSMS will investigate incidents of violence against staff, when applicable, to ensure appropriate sanctions can be made and allow consideration for preventative action.

The LSMS will following the line managers investigation and if appropriate be involved in the investigation of incidents of violence against staff, when applicable and in relation to prosecution and redress, to ensure appropriate sanctions can be made and allow consideration for preventative action.

5.5 **The Trust LSMS will provide advice, information and support in relation to victims of violence and/or aggression.** The Health and Safety Advisor will receive feedback from the LSMS on actions taken with regards to physical and non-physical assaults.

5.6 **Senior Management Responsibilities**

The Trust’s Directors and senior managers will monitor performance in the prevention of violence and promote safe working in all its operations. This monitoring should include the training of staff and regular review of systems compliance and performance. They will endeavour to provide adequate resources based on the risks identified through risk assessment.
5.7 **Managers Responsibilities**

All managers are responsible for carrying out risk assessments for all the activities in which their staff are involved. Particular attention must be paid to foreseeable risks of violence to ensure that preventative measures and responses are appropriate and properly resourced. Based on their findings through risk assessment managers must introduce written procedures to ensure all reasonably practicable measures are being taken for the safety of their staff and others. Local support arrangements such as team debriefing must be in place for the benefit of staff who may be subject to foreseeable violence. Investigation of incidents is the prime responsibility of the line manager. The Line Manager must ensure that all incidents are reported using the Trust incident reporting form and fed into the Risk Register. Incidents that are more serious should be investigated with the assistance of the LSMS.

5.8 **Employees Responsibilities**

Employees will co-operate with the measures provided for their safety both in terms of the risk assessment process and the development and implementation of control arrangements. Employees should attempt to minimise a potentially violent situation by withdrawing from the situation if the opportunity arises.

Employees should attempt to minimise a potentially violent situation by responding appropriately as a member of the C&R team or by withdrawing from the situation if the opportunity arises.

6 **Factors which influence Violent Incidents**

6.1 It is widely recognised that changes to environment and routine can cause aggressive behaviour, similarly, persons whose health has deteriorated can often display aggressive behaviour.

The following points, whilst not exhaustive, should be considered when carrying out a risk assessment.

- **Physical conditions**: People may be confused because of their illness, medication, intoxication or substance abuse. This may result in aggression and/or violent situations. In many instances, this may be through fear and frustration.

- **Information and communication**: aggressive outbursts can occur when people are not given enough reasons for waiting times, are asked for personal information, believe that treatment is being unreasonably withheld or delayed, receive bad news about their condition or relatives etc.

- **Attitude and Inter-Personal Skills**: aggressors may have a perception that they are not being respected, feel they are being patronised or simply misunderstood.

- **Environment**: Physical factors in the environment may contribute to violence and frustration leading to aggression. These may include such things as inadequate space, aggravating noise, absence of refreshment facilities, no public telephones, uncomfortable waiting area, overcrowding, shabby environment etc.
7 **Indicators of Violence**

7.1 The best way to avoid becoming involved in violence is to prevent it happening. Such prevention is not always possible, but greater awareness of causes and early recognition of signs and signals could assist in reducing incidents of violent episodes. Remember violent situations do not just happen – they develop. To assist in recognising these signs and raising awareness mandatory training will be provided.

The following list of indicators is not exhaustive:

- Restless behaviour
- Deliberate provocative conduct
- Facial expression/body language
- Attention seeking
- Reactions to instructions
- Tension
- Threats
- Verbal abuse
- Influence of alcohol
- Possessive behaviour

8. **Known Violent or Potentially Violent Clients**

There may be patients who are known to become aggressive and staff may also be aware of relatives/visitors who have displayed violent tendencies on previous occasions. It is essential that any incidence of violence is recorded and that in these instances a system is in place to effectively communicate this information to others in order to take the necessary steps to protect themselves from the risk of assault.

9. **Preventative Measures for the reduction of Violent Incidents**

See Appendix A

10. **Care of Patients with Limited Control**

See Appendix B

11. **Guidance to Staff and Managers for violent incidents and non- physical assaults**

See Appendix C

12. **Procedures for reception staff**

See Appendix D

13. **Police Involvement**

13.1 Police guidance regarding when to dial 999 is as follows:

“An emergency call should be made whenever there is the immediate threat of injury to a person, or damage to or theft of property.”
It is vitally important that **all** staff understands this and will take responsibility for the call if necessary.

Management/supervisory authorisation is **absolutely not required** before calling the police. Staff should err on the side of caution and “If in doubt, call the police”.

However if an incident has occurred and the immediate threat of injury or further injury to a person(s) is not present then incidents are to be reported, subject to the wishes of the victim, as follows

- 0161 872 5050 Greater Manchester Police

Please note that it may take several days for the police to attend an incident reported through the above-mentioned lines of communication.

It is vitally important that the crime/incident number, person making the call and time of call are recorded on the Trust incident reporting form.

14. **Training**

Where risk assessments indicate a significant risk of violence to staff, then managers should ensure that the staff have the appropriate training. All staff must be made aware of the contents of this policy and should receive appropriate training for the level of risk, which they are likely to encounter in the course of their work.

As part of their induction training, new staff must be informed of the potential risks and local arrangements, including the use of systems for summoning assistance and the reporting procedures in place (Please refer to the Incident Reporting Policy)

14.1 **Training can help to:**

- Reduce the number of incidents
- Reduce the seriousness of the incidents
- Reduce the psychological effects of incidents
- Improve response to incidents
- Improve staff morale

There are different levels of the training needs which will be identified through risk assessment and the duties and responsibilities attached to specific posts. Line Managers can offer advice on what training is available.

See Appendix A for details of the Trust Mandatory training programme in conflict resolution and Control and Restraint.

15. **Security Equipment which may be used as control measures for the reduction of violence and security of staff**

a. High risk areas and other areas during night time or other periods when staffing levels are low may require specific security equipment. Several different types can be used to reduce the risk of violence to staff.
• Locks, key pads, swipe cards
• Intercoms
• View panels in access doors
• Grilles/security glass
• CCTV and monitoring screens
• Flood lighting
• Intruder alarms/personal alarms

b. Communications
If a risk assessment indicates that communication systems are required, they need to be provided in sufficient numbers. They also need to be properly maintained and kept available to implement procedures, which require them. By introducing effective communication systems, these can form part of the overall safe system of work.

Such systems could include:

• Conventional mobile phones
• Vehicle tracking systems
• Personal systems, some of which have shrouded panic buttons or an alarm on release, control.
• Lone Workers System – For more information on this system contact the LSMS and refer to the Trust’s Lone Working Policy which addresses lone working in detail and the mandatory use of Argyll Telecom’s risk management system.

Such systems can be used to monitor movements in and out of patient’s homes, provide staff at base with rapid information and help community staff feel more secure and in control of the situation.

c. Alarm Systems
The type of alarm system will depend on the nature of the workplace, the activities undertaken and the level of risk.

• Fixed systems operated by panic buttons – must have a written procedure for operation and response.
• Personal or ‘shriek’ alarms – Each manager should have a stock of personal alarms.
• Personal units linked to building alarm systems – more complex systems suitable in particularly high-risk areas.

16. Risk Assessments
Risk assessments must be completed annually in all work areas as part of the main Health & Safety risk assessment. Completed assessments must be returned to the Health & Safety Advisor.

Risks identified at other times should be reported in accordance with the Trust’s Risk Management Strategy. Unresolved risks should be entered onto local risk registers in
the first instance and escalated through the relevant care group as necessary in line with the Trust’s Board Assurance & Escalation Framework (June 2012).

Any actions identified must be recorded on the risk register and reviewed monthly.

17. **Monitoring Reports**

The Trust LSMS will produce regular reports to the Trust Board, Trust Mangers and the Trust Health and Safety Committee. An annual report will go to Security Management services on the number of violent incidents against staff. These monitoring reports will indicate:

- The number of incidents recorded in the period
- Analysis of the type of incidents e.g. security, verbal abuse, physical abuse etc.
- Identification of any significant trends.

The Health & Safety Advisor will monitor and record details of incidents reported under the Reporting of Injuries, Dangerous Diseases and Occurrences Regulations (R.I.D.D.O.R)

Regular monthly reports are produced for the usage of the Argyll lone working system (see trust Lone Working Policy).

18. **The Trust’s Response to Perpetrators of Violence and/or Aggression**

- The Trust demonstrates its commitment to Tackling Violence against NHS staff by implementing the Escalation Response Plan. (See paragraph 18.).

- The Escalation Response Plan (see below) identifies a progressive list of actions to be implemented, and the responsible manager has taken the necessary action.

- It would be expected that in the majority of incidents at this stage, the staff will have already initiated some form of alert through to security/police.

- Within the plan is the opportunity for Practitioners to comment on the proposed action to be taken. The Trust Management will take due account of the contributing medical condition, status etc. to make an informed decision, strongly bearing in mind the adverse effect on the staff directly involved in the incident.

- In all reported incidents to the police, the Trust will support the police in the pursuance of their action.

- In this event of implementing the plan, it is essential that the “Incident Report” in addition to all Witness Reports is completed.
19. Escalation Response Plan

a. Response Actions

- The senior person(s) in the Department/Premises or person acting on their behalf to request the offender/perpetrator to desist and be warned if they do not, they will be requested to leave the premises/site (this does not include in-patients. In-patients will be clinically assessed and if necessary the withdrawal or re-siting of care may be the appropriate action.)

- If the offender/perpetrator(s) persist and refuse to leave the premise then Call security (if arrangements are in place) and request the offender/perpetrator(s) are removed from site. If security arrangements are not available call the police and request assistance.

- If the offender/perpetrator is a patient awaiting treatment, the treating clinician must agree that the decision to remove the offender/perpetrator from the premises and the site is justifiable in the circumstances.

20. Offenders/Perpetrators

- The Trust through the Chief Executive and or Director of Operations after carefully considering informed advice, may exercise all or some of the following options:

  The Trust:

  a. will formally confirm in writing to the offender/perpetrator that their behaviour was unacceptable. The Trust is totally committed to tackling acts of violence and aggression.

  b. may at its discretion request a range of conditions to enable or not enable the offender/perpetrator to continue to receive treatment within other services. The Trust may wish to exercise the withdrawing or re-siting of care.

  c. will retain the right to apply for a “Civil Injunction” to prevent an offender/perpetrator entering the Trust premises.

  d. will press for and assist with prosecution of the offender/perpetrator where appropriate

21. Manager’s action in the event of a physical assault

Ensure the Police are involved if the incident meets the requirements of the NHS definition of physical assault i.e. was there intent on part of the alleged assailant and the member of staff assaulted wishes to pursue this course of action.

Inform the relevant Duty bleep/box holder.
Ensure the member of staff assaulted seeks medical attention as soon as possible to document any injuries.

Report the incident at the earliest practicable opportunity to the Director on call and the Local Security Management Specialist. (See flowchart) The Trust Local Security Management Specialist has received appropriate training to advice on the appropriate course of action when dealing with such incidents.

Ensure witnesses are available to give statements to the police if they have been called. If this is not done the police can only act on the basis of what they have seen, which can result in a less serious charge.

Ensure a record is kept of everybody on duty or present at the time to ensure witnesses are not inadvertently overlooked.

Ensure any relevant CCTV recordings are retained as they can provide vital evidence.

- Complete the appropriate Trust incident reporting form
- Ensure all the effects of the incident are well documented through occupational health. For example treatment received, time off work and any psychological damage.
- Ensure appropriate support is in place for staff affected. For example recovery time, counseling etc.
- Ensure the victim of the incident is informed of the progress of an investigation or action taken through liaison with LSMS.
- A post incident review as per Trust policy must be undertaken to minimise the risk of recurrence.

22 Manager's action in the event of a non-physical assault

- Inform the relevant Duty bleep/box holder.
- Report the incident at the earliest practicable opportunity to the Local Security Management Specialist. (See flowchart) The Trust Local Security Management Specialist has received appropriate training to advice on the appropriate course of action when dealing with such incidents.
- In appropriate cases, assessed by reference to their nature and seriousness, the police are to be contacted as soon as practicable if the member of staff wishes to pursue this course of action.
- Ensure a record is kept of everybody on duty or present at the time to ensure witnesses are not inadvertently overlooked.
- Ensure any relevant CCTV recordings are retained as they can provide vital evidence.
- Complete a Trust incident reporting form.
- Ensure appropriate support is in place for staff affected. For example recovery time, counseling etc.
- Ensure the victim of the incident is informed of the progress of an investigation or action taken.
Guidance is also available on “Tackling Violence and Aggression” on the Trust Intranet.
Appendix A

Preventative Measures for the Reduction of Violent Incidents

As part of the mandatory training programme all staff must complete awareness training in line with their role i.e. conflict resolution, control and restraint or managing violence and aggression (Please refer to the Trusts Control and Restraint Policy). The layout of working areas and work routines can reduce all risk of violence, however, when it becomes apparent that a patient, visitor or member of the public is becoming violent the response of staff involved may limit the consequences.

- Remain calm
- Avoid sudden movements or actions
- Speak calmly and firmly without raising voice
- Reassure the agitated person of their safety
- Send for assistance quickly and discreetly
- Move calmly to a standing position, balanced and ready to move
- Determine the cause of concern and offer to help if possible
- Understanding and sympathy can reduce violence
- Do not argue or give orders
- Emphasise – “I know you have a problem”
- Try to move potential weapons if safe to do so.
- Get behind or stay behind any available barrier
- Keep an escape route available

If these options do not defuse the situation then in the event of a physical attack:

- If a violent person cannot be controlled, vacate the area until sufficient staff are available - Alert security/police.
- If a visitor or member of the public is violent or potentially violent, inform reception who will alert security/police.
- Ensure any injuries are treated.
- Discuss the incident with your manager. You may need support from your colleagues or counselors.
- All verbal or physical aggression and violent incidents must be reported. This is to ensure that incidents are investigated and control measures are re-evaluated and the Trust is aware of the level of violence to staff.
1. **Policy**

   It is Trust Policy to reduce and eliminate unwanted behaviour by carrying out a clinical risk assessment using the Trust approved risk assessment tool and:

   a) by intervention, to reduce such behaviour

   and

   b) to review regularly any intervention as part of the patients agreed treatment programme relating to his/her particular management problem.

   Where it is likely that in a group of patients problem behaviour may occur, the following arrangements will be implemented and maintained.

2. **Trust expectations in relation to staff training**

   Trust staff that are ordinarily likely to find themselves in situations where control and restraint might be necessary, should attend an appropriate course run by a qualified instructor. For details on the courses available for Control and Restraint, Conflict Resolution please contact the Training and Development Department. (Please refer to Trusts Control and Restraint Policy for information about updates and reference to the Training Policy)

   Only staff that has been appropriately trained should attempt to apply restraint.

3. **Methods of Restraining Behaviour:**

   Physical restraint (Please refer to Control and Restraint Policy) should be used as little as possible, only as a last resort and never as a matter of course. It should be used in an emergency when there seems to be a real possibility that significant harm would occur if intervention is withheld. Any initial attempt to restrain aggressive behaviour should, as far as the situation will allow, be non-physical.

   a) Assistance should be sought by call system or verbally

   b) One member of the team should assume control of the incident

   c) The patient should be approached where possible and agreement sought to stop the behaviour, or to comply with a request.

   d) Where possible patients should be given an explanation of the consequences of refusing request from staff to desist

   e) Other patients or people not involved in the use of restraint should be asked to leave the area quietly

4. Where non-physical methods have failed or the incident is of such significance to warrant immediate action, the most senior-trained member of staff in control of
the incident may decide to restrain the patient physically. In doing so the following rules should be borne in mind:-

a) Make a visual check for weapons
b) Nominate staff members to assist in control and allocate to each specific task
c) A large number of staff grabbing at people can be counter productive
d) Fewer, but well briefed staff are likely to be more effective
e) Aim at restraining arms and legs from behind if possible, seek to immobilise swiftly and safely. Joints should not be moved or held contrary to a natural bend.
f) Constantly explain reason for action and enlist support from the patient for voluntary control as soon as possible
g) Avoid neck holds
h) Avoid excess weight being placed on any area, but particularly stomach and neck
i) Do not slap, kick or punch

Any restraint must be “reasonable in the circumstances”. It must be the minimum necessary to prevent harm.

5. Medication

The control of behaviour by medication requires careful consideration. The judicious use of appropriate medication to reduce excitement and activity in order to facilitate other interventions can be important to an individual programme. However, medication which begins as purely therapeutic, may, by prolonged routine administration, become a method of restraint. It is therefore necessary to review each individual case and consider at the outset whether, where medication would have been administered by force, it would be lawful and therapeutic in the longer term. Medication should not be used as an alternative to adequate staffing levels (Human Rights Act).

6. Post Incident Recording/Debriefing

The manager of an area where a patient is controlled or restrained must ensure that any such incident is recorded using the Trust incident reporting (Copy attached to this policy) form and stating the level of restraint used. Any member of staff involved in an incident must be debriefed to ensure that any problems encountered during the incident can be addressed.

Health and Safety:

Under the Health and Safety at Work Act Section 2 (2) (b) Employers should provide “such information, training and supervision as necessary to ensure, so far as is reasonable practicable, the health and safety at work of his/her employees”.

Guidance to staff and Managers for Violent Incidents and non-physical assaults

1. **Prevention**
   Training and experience in dealing with people in any kind of environment will be of great value. Actions of staff vary according to the amount of such training and experience which has been given. All staff must realise that their own attitudes may also have an influence on the way a person reacts.

2. **Dealing with a Violent Episode**
   In dealing with a violent episode it is essential that the Senior person present take charge and instruct other staff as appropriate: action should be guided by the following principles:

   a) Staff faced with a potentially violent situation should try to be calm, confident and objective and follow the procedure for alerting others who may be affected by the incident, as well as obtaining assistance for themselves.

   b) Talking and listening should be the first line of approach
      - Stand calmly but always ready to move
      - Try to identify the source of concern and offer to help if possible
      - Understanding and kindness could have a marked effect on the outcome
      - Do not argue and do not give orders
      - Use expressions which show some affinity with their position i.e.
      - “I know you have a problem”
      - “I know you are upset”
      - “I believe you when you say something is wrong”
      - If possible remove any potential weapons, e.g. ashtrays, books, plant pots.
      - If threatened with a weapon continue to speak calmly and firmly and ask the person to put the weapon down.
      - Try to put a barrier between you and the would be assailant (e.g. desk, table).
      - Always ensure there is an escape route for you.

   Physical intervention should be avoided if possible but may be necessary if it seems likely that someone will be hurt.

   Every other option and means of preventing, controlling and defusing a situation should be attempted before there is any interaction with a violent person, even then physical intervention should concentrate on breakaway techniques until security/police arrive or until sufficient trained staff are available to manage the patient or apply control and restraint measures based on team work (if staff have appropriate training).

   d) Damage to property does not necessarily justify immediate physical restraint. If, however, the patient is breaking windows or causing other damage likely to result in injury, staff must try to divert their attention or to stop them.

   e) The degree of force should be the minimum required to control the violence and it should be applied in a manner that attempts to reduce rather than provoke a
further aggressive reaction. The number of staff involved should be the minimum necessary to restrain the patient while minimising injury to all parties.

f) Any member of staff finding himself/herself alone faced with a potentially violent situation should not attempt physical intervention before adequate assistance has been obtained unless it is absolutely essential that he/she does so.

3. Reporting Violent Incidents

After the incident the following procedures must be carried out:

a) The member of staff who was originally involved with the incident should complete an accident/incident report indicating that a violent incident has occurred and

1. The time and place of the incident
2. A brief account of the incident
3. An account of action taken after the incident including the time of the report to the Authority
4. Details of injury to staff or patients.

Claims should be made to the Criminal Injuries Compensation Board as soon as possible after the incident. Further information about the scheme is obtained in the leaflet “Crimes of Violence”, a Guide to the Compensation Scheme which may be obtained from the Criminal Injuries Board, 26-30 Hoburn Viaduct, London, EC1A 2JQ, Telephone No. 07000 326243.

4. Management Action

Immediately after a violent incident, the line manager should ensure that the incident is reported and recorded. They must take measures to prevent a further occurrence and the incident is investigated.

5. Support for staff

5.1 It is clear that colleagues provide the most valued form of support to staff. Managers should encourage this by providing time and space for colleagues to discuss the effects of incidents when they occur.

5.2 The Support of Managers

5.3 It is imperative that managers take all reports of incidents of aggression seriously. Tackling violence and aggression head on means believing that all incidents of aggression and violence are serious, no matter how trivial they may seem when retold.

5.4 A manager does not have the right to determine how upset a person may be after an incident. There are many factors that need to be taken into account including age, experience, and severity of the incident, support available and most importantly their own views about their needs.
5.5 Should the police become involved and a prosecution seems likely, it is important to reassure staff they will not be expected to attend a hearing alone. The support for staff must be meaningful and focused on their needs. It may be better to have a friend or colleague from within the department as company rather than the manager. However every case must be judged on its merits and circumstances.

5.6 Any member of staff who is required to attend court may have a preparatory session with the witness service, part of victim support, to highlight court proceedings and methods of working. This will cover the process and enable the staff member to ask questions on issues that may be causing anxiety. The Local Security Management Specialist in co-operation with the witness service will provide this.

5.7 The Support Services

Managers will offer support to any member of staff who is assaulted whilst at work. Managers will also direct victims to other support services and if necessary refer them to Occupational Health.

6 Conclusions

It will be appreciated that guidance for dealing with violent incidents cannot cover every conceivable situation. Effective action depends largely upon the correct assessment of the particular situation by staff involved. The general rule must always be that the minimum amount of force should be used in order to restore a situation to normal. In the event of a violent patient bringing some sort of civil action, for example an action for assault, the Trust will accept vicarious responsibility if staff members have adhered to this policy for the acts of the member of staff concerned, providing that the member of staff was acting within the scope of his employment.
Appendix D

Procedure to follow in the event of an incident taking place in a Reception/waiting area.

- It is the responsibility of the receptionist to inform other persons in the building that an incident is taking place. This is to prevent a member of staff walking into a violent situation. The clerk will telephone designated areas only. (Please refer to protocol held in each reception area)

- The receptionist will contact the police if necessary.

- It is the responsibility of the member of staff receiving the warning call to ensure that other staff working in that area of the building are advised of the incident.

- All staff /clients must remain in their safe areas until informed that the incident is over.

- When the incident is over the receptionist will telephone the designated areas to inform the staff.

- It is the responsibility of the member of staff receiving the call to relay the message to the rest of the staff in that area.

- If the incident is such that the building needs evacuating staff should follow the fire evacuation procedure and leave the building by the nearest available exit route bypassing the area in which the incident is occurring.

- It is the responsibility of the clerk to inform their Line Manager and to complete an incident reporting form.
PROCEDURE FOR REPORTING PHYSICAL ASSAULT

Actions to be taken in the event of a Physical Assault against a member of staff.

Baseline definition of Physical Assault:

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

Person assaulted to be kept informed of progress and outcome of the case by LSMS.
Appendix F

Procedures for Reporting Non-Physical Assaults

Action to be taken in the event of a Non-Physical assault against a member of staff.

Baseline definition of Non-Physical Assault:

‘The use of inappropriate words or behaviour causing distress and/or constituting harassment’

Manager or on-call Manager

(To inform Local Security Management Specialist)

Complete Trust incident reporting form

(Ensure that all witnesses are recorded on the incident form)

After assessment and consultation with senior clinical staff and LSMS, inform the Police if appropriate.

(Document the incident/crime number and record the time)

LSMS to advise/investigate as appropriate in relation to prosecution and redress

Refer to RIDDOR guidance to establish whether under the criteria this incident is reportable to the HSE. RIDDOR forms are kept with the Incident reporting red file. If a copy has been sent to HSE a further copy must be sent to the Health and Safety Advisor

Victim of non-physical assault to be kept informed of progress and the outcome of the case
Additional Guidance For Staff

1.0 Introduction

1.1 The Board has given complete support to the tackling violence and aggression initiative, and a commitment to fully support staff and managers in handling the issue effectively. It is the Trust’s unequivocal attitude that:

No member of staff should suffer violence or aggression at work.

1.2 This document gives guidance to staff on dealing with situations where the perpetrator of physical and/or non-physical assault is a service user, their relatives or carers, a visitor or a member of the public, and where the recipient of a physical and/or non-physical assault is a full or part-time member of staff, non-executive director, student, agency staff, volunteer or contractor.

2.0 Background

2.1 A key area of security management is the growing problem of physical and non-physical assaults against NHS staff and professionals. In an effort to reduce violence the NHS Security Management Service, hereafter referred to as SMS, consulted with NHS health bodies’ staff and management and professional bodies. These included UNISON, the Royal College of Nursing, the British Medical Association, and the National Institute for Mental Health in England and the Ambulance Service Association. This resulted in the production of guidelines issued by the SMS, which form the main source of information, advice and guidance within this document. This supersedes previous NHS Zero Tolerance guidance.

3.0 Definitions

3.1 NHS Definition of Physical Assault

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

Secretary of State Directions on work to tackle violence against staff and professionals who work in or provide services to the NHS - 20 Nov 2003

3.2 NHS Definition of Non-physical Assault

3.2.1 “The use of inappropriate words or behaviour causing distress and/or constituting harassment”
Secretary of State Directions on work to tackle violence against staff and professionals who work in or provide services to the NHS - 20 Nov 2003

3.2.2 Non-Physical Assault Guidance:

It is very difficult to provide a comprehensive description of all types of incidents that are covered under this definition, however, examples of the type of behaviour covered are summarised below:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job and makes them feel unsafe;
- Loud and intrusive conversation;
- Negative, malicious or stereotypical conversation;
- Invasion of personal space;
- Brandishing of objects or weapons;
- Near misses i.e. unsuccessful physical assaults;
- Offensive gestures;
- Threats to kill or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying (not including staff on staff, which is dealt with under the Bullying and Harassment Policy), victimisation or intimidation;
- Stalking;
- Spitting;
- Alcohol or drug fuelled abuse;
- Unreasonable behaviour and non-cooperation such as repeated disregard for hospital visiting hours;
- Any of the above linked to the destruction of property.

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

3.2.3 Health and Safety Executive Definition of Violence

The Health and Safety Executive defines work-related violence as any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse and threats as well as physical attacks.

From HSE Violence at Work a guide for employers INDG69 (rev) 2000

4.0 Partnerships

4.1 To ensure that the Trust strategy on tackling violence and aggression works the Trust must engage all internal and external stakeholders. The NHS Security Management Service (SMS) also fully support this strategy and are working with the Association of Chief Police Officers on a memorandum of understanding on how to jointly tackle this increasing problem.

4.2 The aim is clear, to protect the NHS, its people and property, so that it can better protect the nation’s health.

5.0 Who is this guide intended for?
5.1 It is intended for all staff at the Manchester Mental Health and Social Care Trust. This includes full and part time workers, volunteers and contractors. The principles in this document apply to all Trust services whether in-patient, community based or other.

6.0 What does it contain?

6.1 This guide contains information that highlights reporting procedures and will assist supervisors and managers, and inform staff, of appropriate support that is available. This will maximise the chance of a successful prosecution where this is appropriate.

6.2 This guide is supplemented by the following:

- Action Flowchart – Physical Assault
- Action Flowchart – Non-Physical Assault
- Non-Physical Assault guidance

6.3 Guidance for the use of documents as per Appendices

- The physical and non-physical assault flowcharts are intended as a guide to ensure that the correct reporting procedures are followed.
- The acceptable behaviour agreement is a template that can be edited to meet the requirements of an individual case. The example at annex C is the worst-case scenario.
- Guidance and practical advice on lone working is at annex D.
- All annexes should be printed off and displayed.

7.0 Violent Incidents

7.1 At times verbal aggression is a prelude to violence. On other occasions, violence can occur without warning. The first thing for this guide to assert unequivocally is that it is never acceptable for NHS staff to suffer violence in the workplace.

7.2 Facts

7.3 By law, the Trust cannot prosecute on behalf of staff. The Crown Prosecution Service (CPS) alone can carry out prosecutions following offences against individuals. It is the SMS and Trust policy to assist in and support prosecutions in all cases of violence against staff taking into account the wishes of the victim. The SMS now has a Legal Protection Unit (LPU) and they will assist in privately prosecuting offenders if the need arises.
7.4 Aggression caused by alcohol or drug abuse should not be seen as acceptable. Self-administered aggravating factors are not an excuse for behaviour. In many cases in court, being drunk or under the influence of drugs makes an offence more serious, not less so.

7.5 The mental state of an aggressor or level of capacity may not be bar to prosecution. A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success. Whilst it may affect how the courts deal with someone found guilty, it is not a factor that should automatically preclude reporting an incident to the police.

7.6 The primary duty of service user care is not absolute when there is a clear and immediate danger to the safety and well being of staff, visitors, service users or carers. Where there is a reasonable expectation of violence then alternative care plans in consultation with senior clinical staff may be introduced and in extreme cases, again in consultation with senior clinical staff, care can be withdrawn.

7.7 Each case is different and must be assessed to ensure the appropriate course of action is taken. It is important to involve the medical staff in order that they can assess the level of capacity and intent of the alleged assailants. For example it may be inappropriate to take police action against a service user accessing Older Persons services with an organic illness or an individual with a severe learning disability. However incidents need to be recorded on the Trust incident reporting form in order that lessons are learned and an appropriate care plan to minimise the risk is put in place.

7.7.1 In all cases of violent incidents and non-physical assaults were the service user is the perpetrator and has responsibility for the care of a child under 18 years of age or is pregnant the Named Professional for Safeguarding Children should be contacted as part of the procedure for incident reporting.

8. The role of the Crown Prosecution Service and the Police

8.1 The Crown Prosecution Service is independent from the police. The police gather evidence and charge an individual where appropriate. The Crown Prosecution Service is responsible for deciding whether to proceed and for organising the legal action. The Crown Prosecution Service can amend charges if they consider evidence warrants a more serious charge, or if there is a better chance of a successful prosecution on a different charge.

9. Supporting Information

This guidance should be used in conjunction with the following policies and procedures:

- Policy and procedure on the reporting and management of incidents including SUI’s
- A strategy and policy statement for risk management
- Tackling Violence against NHS staff
- Health and Safety policy
- Safeguarding Adults policy
- Guidance on police liaison
• Safeguarding Children protection policy

10. Conclusion

The Trust is committed to providing a safe working environment therefore it is vital that incidents are recorded and collated to allow us to move the strategy forward as and when required. Further information on tackling violence and aggression can be found on the Trust Intranet

http://nww.mhsc.nhs.uk

REFERENCES

1. Secretary of State Directions on work to tackle violence and aggression against staff and professionals who work in or provide services to the NHS – 20 November 2003

2. SMS Guidance - Non-Physical Assault Explanatory Notes

GLOSSARY OF TERMS

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>SMS</td>
<td>Security Management Service</td>
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<td>LSMS</td>
<td>Local Security Management Specialist</td>
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<td>SMD</td>
<td>Security Management Director</td>
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NON-PHYSICAL ASSAULT GUIDANCE

It is very difficult to provide a comprehensive description of all types of incidents that are covered under this definition, however, examples of the type of behaviour covered are summarised below:

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