

# WEST END CLINIC

## POLICY FOR DEALING WITH VIOLENT, AGGRESSIVE OR ABUSIVE BEHAVIOUR

### Introduction

The purpose of this policy is to address instances of unacceptable behaviour which may cause harm, the fear of harm or distress to any person within the Practice. The scope of this policy is therefore:

Instances of violence, aggression or unacceptable behaviour committed by any person, whether patient, visitor or any other person working within the practice against any member of staff, patient, visitor, or other person working within the practice.

This policy will be used in conjunction with all the Appendices attached.

### Definition

Violence and aggression are defined as:

- Violence is the use of force against a person and has the same definition as “assault” in law (i.e. an attempt, offer or application of force against the person). This would cover any person unlawfully touching any other person forcefully, spitting at another person, raising fists or feet or verbally threatening to strike or otherwise apply force to any person.
- Aggression is regarded as threatening or abusive language or gestures, sexual gestures or behaviour, derogatory sexual or racial remarks, shouting at any person or applying force to any practice property or the personal property of any person on the practice. This would cover people banging on desks or counters or shouting loudly in an intimidating manner.

Abusive behaviour is defined as:

- A general term for various behaviours which may be verbally aggressive, coercive or controlling, destructive, harassing, intimidating, isolating, or threatening, that a person may use to **control** another person.

This policy applies throughout the premises, including any car park and grounds. It also applies to any employee or partner away from the practice but only in so far as it relates to the business of the practice.

### Responsibilities

#### Employee Responsibilities

- Employees have the responsibility to ensure their own safety and that of their colleagues at work. It is essential, therefore, that all employees are familiar with practice policies and procedures, equipment and precautions adopted to combat the risk of physical and verbal abuse.
- Familiarise themselves with practices policies and procedures, guidelines and instructions.
- Use any equipment or devices provided for ‘at risk’ situations i.e. alarms.
- Participate in relevant training made available by the practice.
- Report all incidents of physical and verbal abuse (threatened or actual).
- Record details of incidents in compliance with practice procedures.

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- Contribute towards reviews by nominated managers concerning any incidents in which they have been involved.
- Suggest precautionary measures involving changes in the layout of the work environment that can reduce risk.
- Advise the practice manager or line manager of any perceived risks involved in work activities.

### **Practice Responsibilities**

- Carry out risk assessments to assess and review the duties of employees, identifying any 'at risk' situations and taking appropriate steps to reduce or remove the risk to employees.
- Assess and review the layout of premises to reduce the risk to employees.
- Assess and review the provision of personal safety equipment i.e. alarms.
- Develop practice policies, procedures and guidelines for dealing with physical and verbal abuse.
- Provide support and counselling for victims, or refer to suitably qualified health professionals.
- Make employees aware of risks and ensure employee involvement in suitable training courses.
- Record any incidents and take any remedial action to ensure similar incidents are prevented.

### **What to Do**

If abuse, violence or aggression is encountered:

- In the first instance a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not in any circumstances respond in a like manner.
- Avoid allowing the patient to get between yourself and the exit, if possible.
- Should the person not stop their behaviour the practice manager/line manager should be asked to attend and the member of staff should explain calmly what has taken place, preferably within hearing of the perpetrator.
- Call the police on 999 immediately if:
  - the person is acting in an unlawful manner, causes damage or actually strikes another
  - a person fears for their safety, or for the safety of another member of staff or a patient.
- Should it prove necessary to remove the person from the practice then the police should be called and staff should not, except in the most extreme occasions where other staff or patients are in danger, attempt to manhandle the person from the premises.
- If such a course of action proves necessary then those members of staff involved must complete a written statement of the incident, detailing in chronological order what has taken place and the exact words used prior to leaving the building at the end of their working day.
- It is the policy to press for charges against any person who damages or steals practice property or assaults any member of staff or visitor/patient

### **Procedure Following an Incident**

- Review the incident with the GP Partner immediately in order to determine severity
- Determine if the patient should be removed from the practice list forthwith (Annex A)
- Decide if a written warning should be given
- Decide whether to take further action if the matter has been sufficiently dealt with by the advice already given
- Review any existing Risk assessments

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Any employee or patient/visitor who receives any injury, no matter how small, should be the subject of an entry in the practice Accident Book and should always be strongly advised to be examined by a doctor before they leave the premises

Every violent incident involving staff will be reasonably supported by the provision of medical or other treatment as necessary and all incidents should be brought to the attention of the Practice Manager, if not already involved. If an injury has occurred this may be notifiable to the HSE.

The practice re-affirms its commitment to do everything possible to protect staff, patients and visitors from unacceptable behaviour and their zero tolerance of any incident that causes hurt, alarm, damage or distress.

### **Marking Patients' Records**

Where a risk of Violence, abuse or aggression has been identified with a patient, and warning flag must be applied to the patients records, and a specific assessment made on that patient as to how they are to be received and handled within the practice, with a focus on protecting staff and visitors, whilst maintaining a high level of primary care.

Where a balance between protection staff and visitors v delivery of care cannot be achieved, the patients registration status should be reviewed.

### **Support for Employees Subjected to Abuse**

The practice takes a serious view of any incidents of physical and verbal abuse against its employees and will support them if assaulted, threatened or harassed.

The first concern of managers after an incident is to provide appropriate debriefing and counselling for affected employees. Depending on the severity of the incident this counselling may be undertaken by trained professionals.

The practice manager/line manager will assist victims of violence with the completion of the formal record of the incident and where appropriate will report the incident to the police.

In the event of serious physical and verbal abuse patients will be removed from the practice list.

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**APPENDIX 1 - Poster**

**OUR PRACTICE STAFF ARE HERE TO HELP YOU.  
OUR AIM IS TO BE AS POLITE AND HELPFUL AS POSSIBLE TO ALL  
PATIENTS. IN TURN, WE ASK YOU TO BE POLITE TO OUR PRACTICE  
STAFF**

**IF YOU CONSIDER THAT YOU HAVE BEEN TREATED UNFAIRLY OR  
INAPPROPRIATELY, PLEASE ASK THE RECEPTION STAFF TO CONTACT  
THE ASSISTANT PRACTICE MANAGER WHO WILL BE HAPPY TO ADDRESS  
YOUR CONCERNS.**

**SHOUTING AND SWEARING AT PRACTICE STAFF WILL NOT BE  
TOLERATED UNDER ANY CIRCUMSTANCES AND PATIENTS WHO ARE  
ABUSIVE MAY BE REMOVED FROM THE PATIENT LIST.**

**PLEASE HELP US TO HELP YOU.  
THANK YOU.**

## **APPENDIX 2 – Action in the event of Panic Button activation.**

### **INCIDENT IN A CONSULTING ROOM**

#### The reception team should:

Identify location of alarm site activated by panic button onscreen  
Telephone the PM on extension 236

One receptionist should remain by the reception counter

All alerted staff should immediately proceed to the alarm site and the first person to arrive at the site should act as an 'investigator'.

A second alerted person should act as a 'lookout'.

The third should remain at the main reception desk.

#### The 'investigator' should:

Open the door calmly

Keep the door open, do not enter more than you need to, do not allow the patient to come between you and the exit.

Assess the situation – e.g. weapons

Ask 'can I help?'

Notify the 'lookout' of outcome, and requirements.

#### The 'lookout' should:

Act as a go-between, communicating between the incident site and the staff.

Control movement. Reduce movement outside the affected room to those who need to be there. Patients and visitors should be directed away.

If the 'investigator' enters the consulting room and closes the door, the 'lookout' should go down to the room immediately, potentially alerting another staff member to the change of position.

### ***SERIOUS INCIDENT IN RECEPTION AREA/WAITING ROOM***

In the event of a serious incident in the reception area/waiting room, the PM or GP should be notified immediately.

The PM or GP should:

- Offer assistance
- Assess the situation - e.g. is there a weapon, do patients need to be escorted out of the way?
- Instruct people - e.g. to clear the waiting area.

The reception staff should:

- Try to minimise any 'audience' of patients
- Ensure that one receptionist remains by the reception desk observing the situation and being prepared to call for assistance.

### ***NON-SERIOUS INCIDENT IN RECEPTION AREA/WAITING ROOM***

If a receptionist feels threatened, either verbally or physically, or a dispute breaks out in the waiting area they should notify PM / Line Manager as soon as possible, who will take control of the situation and advise staff as necessary.

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## ***INCIDENT ON THE TELEPHONE***

If a patient is verbally aggressive or threatening on the telephone, the member of staff should begin to record the call and either put the call through to the manager or say 'I am sorry, I find your manner unacceptable and if it continues I am going to put the phone down', and then hang up if necessary.

## ***INCIDENT OUTSIDE THE SURGERY***

The practice is not responsible for any incidents occurring outside the building, unless staff members are involved. The investigator should remain by the front door, which should be locked. The investigator should assess the situation and call the police if necessary.

Any patients in the surgery that want to leave should be advised to wait. It would not be appropriate to refuse to let a patient leave in these circumstances. However, record the details of any patient leaving so that they may be called as witnesses if required at a later date.

## ***Lock down***

Where an incident is occurring and staff, visitor or patient safety is in question, the surgery can be locked down. This can be initiated by any senior member of staff. The procedure for locking the surgery down is as follows:

### **Incident outside:**

- Lock all entry/exit points (primarily main entrance )
- Call 999 and inform the management team.
- A member of staff should be at each entry/exit point.
- Patients already in the building wishing to leave should be fully briefed of the situation. If they still wish to leave and the safety of those in the building will not be compromised by opening the door they must be allowed to leave.
- Where possible escort patients to an alternative exit that reduces exposure to the incident.
- Phone lines should be closed to Emergencies only to allow staff to move to safety or perform marshalling duties.

### **Incident inside the surgery**

- Control entry and exit.
- Call 999 and inform the management team.
- A member of staff should be at each entry/exit point.
- Clear all waiting rooms, escorting patients out through a safe exit point.
- Inform all staff in clinic to direct patients to a known safe point in the building where they will be escorted out.
- If safe to do so position a member of staff outside to warn off patients arriving for appointments and direct the Police into the surgery.
- If staff need to be evacuated they should follow the Fire Evacuation plan.
- If the person causing the incident tries to leave or expresses a desire to leave they must be allowed to do so. They must not be detained against their will. Once outside treat as an incident outside until such time as the Police have cleared the incident.

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In all situations an incident manager should be appointed to direct resources, and communicate with the Police.

## **POST SERIOUS INCIDENT INVOLVING THE POLICE**

Whilst you are waiting to speak to the police:

- Don't drink any alcohol
- Don't wash
- Don't change your clothes
- Write down all the facts that you can remember about the attack, including:
  - o How you felt
  - o Details of any witnesses
  - o Details of any injuries
  - o Details of any weapons used
  - o Details of any property damaged or stolen
  - o Description of person involved (sex, height, age, build, clothing, facial features, ethnicity, hair colour, name if known)
  - o Description of vehicle (make, colour, registration, number of occupants)When the police attend, ask officer(s) attending for their collar number(s).

### APPENDIX 3 - Do's and Don'ts when facing angry patients

Do	Don't
Recognise your own feelings	Meet anger with anger
Use calming body language	Raise your voice, point or stare
Put yourself in their shoes	Appear to lecture them
Be prepared to apologise if necessary	Threaten any intervention unless you are prepared to act on it
Assert yourself appropriately	Make them feel trapped or cornered
Allow people to get things off their chest	Feel that you have to win the argument
Compromise if appropriate.	Make promises you cannot keep.

## **APPENDIX 4**

### **Draft Warning Letter from Usual GP to Patient re: Abusive Behaviour**

Dear [*Insert Name*],

I am writing to discuss the report/s I have received about [*the event / behaviour / incident*], which took place on [*insert date*]. As you are already aware [*insert details of actions already taken*].

A repeat of such behaviour on your part in the future will not be tolerated by the practice. Please treat this letter as a formal warning to that effect.

Any repetition of abusive/aggressive behaviour [*may/will*] result in you being removed from this practice's patient list and you will be required to register elsewhere.

Yours sincerely,

[*Insert title*]

**Categorisation of risk and required action following incidents of abusive, harassing, discriminatory or violent behaviour**

**Abusive and aggressive patients**

Category of incident	Type of incident	Practice Action
<b>Minor</b>	Abusive language Atypical Behaviour	Practice Maintains record of incident  Analysis of the incident to determine the underlying cause  Practice should send out a warning letter to explain that if the behaviour repeats they will be removed from the list  Practice considers conciliation or providing an opportunity for an apology to be made.
<b>Medium</b>	Persistent abusive language and inappropriate behaviour.	Practice makes decision that this is a medium incident  Practice maintains record of incident Analysis of incident to determine underlying cause
Retain		Either – The practice decides the patient may be retained on the practice list, but that some additional support or action may be required. i.e Final warning letter or referral to an alternative medical scheme.
Remove		Or – The practice asks NHS England for the patient to be removed from the list within a week, including summary of the incident precipitating removal and information on any persistent behaviour.

**Violent patients**

Type of incident	Practice Action
An incident of violent or threatening behaviour to which the police have been called, necessitating immediate removal from the practice list.	Police are called to the incident and the practice follows police advice on how to proceed in terms of criminal proceedings.  Practice notifies NHS England immediately of the incident.  Practice requests NHS England to remove the patient from the list with immediate effect.

**PRACTICE SPECIAL/VIOLENT/ABUSIVE INCIDENT REPORT**

(To be completed by the person reporting the incident)

<b>Practice: West End Clinic</b>	<b>Tel: 01483 400 200</b>	<b>Fax</b>
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**Patient Details:**

<b>Name</b>	
<b>NHS number</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Date Violent Patient Marker added to medical record</b>	
<b>Is patient to be retained on / removed from the GP list?</b>	<b>RETAIN/REMOVE</b> * Please circle the desired option

**Details of the Incident**

<b>Date</b>	
<b>Time</b>	
<b>Location</b>	
<b>Police Incident Reference No.</b>	
<b>Description</b> (written in the form of a witness statement)  Include such details as:  a) Who was involved?  b) What caused the incident?  c) Were any injuries sustained and did they cause absence from work?  d) Action taken to prevent recurrence?	

## Previous Incidents

Incident	Action taken by Practice to include record of warnings given to patients (e.g.1,2,3 system)
	As detailed above

To be completed before forwarding:

	PRINT NAME	SIGNATURE IF POSSIBLE
Person reporting the incident		
Signature of or GP Agreed by		

Once completed please return the form to: [England.ssprimarycare@nhs.net](mailto:England.ssprimarycare@nhs.net)