



ZERO TOLERANCE POLICY

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Destroy All Previous Issues

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Glossary

| Term | Description |
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1 INTRODUCTION

The confidence and morale of staff working in an atmosphere of continuing threat, abuse and possibility of injury may be profoundly damaged. The costs to employers of reduced efficiency and sickness absence can be high, coinciding with recruitment being difficult in view of the bad image that violence towards staff portrays.

In relation to these costs, the expense of preventative measure is likely to be small. This policy proposes a framework of risk assessments and risk management, training and guidance on the prevention and management of aggressive and violent incidents. Badger is concerned with the potential risk of violence to staff throughout the whole of the organisation and is committed to a systematic approach that reduces risk to its workforce.

2 RESPONSIBILITIES

Health and Safety, which includes management of violence and aggression is the responsibility of the Chief Executive within Badger. This responsibility is delegated to managers. Badger recognises that many staff work in areas where they feel vulnerable and could be exposed to danger. This may be when working with patients who may or may not have a history of violent or aggressive behaviour, or in public places where they may be exposed to situations which place them in potential danger from the general public or the environment.

Badger recognises and accepts its legal responsibility for the health and safety of staff, patients and others and believes that violence and aggression to staff is unacceptable. It recognises that violence is particularly distressing and can be difficult to deal with. Although violence and aggression cannot be completely eliminated, it can be minimised. Badger believes that positive action, based on risk assessment, is needed to develop solutions to the problem of keeping staff safe at work.

Badger has responsibility for:

- All staff (including temporary staff)
- Lone workers
- People in our care
- Children and young people
- Visitors, including contractors
- Volunteers (including work experience)

3 DEFINITION

The term violence and aggression covers a wide range of incidents, not all of which result in injury. Work related violence or aggression could be described as:

‘Any incident in which a person working in a healthcare sector is verbally abused, threatened or assaulted by a patient or member of the public in, circumstances relating to his or her employment’.

This broad definition incorporates the view that violent or aggressive incidents do not necessarily need to cause physical harm. The range of incidents includes those which:

- Cause major injury
- Require medical attention
- Require first aid treatment only
- Involve threat even if no physical injury results
- Involve verbal abuse
- Involve non-verbal abuse
- Involve other threatening behaviour

4 THE EXTENT AND NATURE OF THE PROBLEM

Patients and their relatives may be anxious and worried when coping with health related matters. Some may be frustrated by factors they see as out of their control and some may be predisposed towards violence and abusive behaviour. Factors which increase the risk to staff include:

- Working alone
- Working after normal working hours
- Working and travelling in the community
- Handling valuables or medication
- Providing or withholding a service
- Working with people who are emotionally or mentally unstable
- Working with people who are under the influence of alcohol and drugs
- Working with people under stress

5 HEALTH & SAFETY AT WORK – LEGAL REQUIREMENTS

5.1 The Health & Safety at Work Act 1974

The Act sets out wide ranging duties of employers to their employees. It requires employers to ensure, as far as is reasonably practicable, the health, safety and welfare at work of their employees.

5.2 The Management of Health & Safety at Work Regulations 1999

These regulations were implemented on 1st January 1993 and impose further more explicit duties on employers with regard to violence at work. In addition to the general duties under the Health & Safety at Work Act, regulation 3 of the Management of Health & Safety at Work requires employers to undertake a systematic assessment of all risks arising from their work activities, and where five or more persons are employed they should record the findings of assessments. They must also monitor and review the risk assessments at regular intervals or when there are changes.

Having assessed the risks, protective measures have to be taken, aimed at:

- Avoiding the risk
- Combating the risk at source
- Adapting work to the individual
- Implementing better methods of work
- Incorporating risk prevention strategies as part of a coherent policy
- Prioritising measures which protect all workers.

5.3 Common Law

As well as their statutory duties under the Health & Safety at Work Act, employers have a common law duty of care towards their employees. This applies to violent incidents, and a 1980 case concluded that employers must take reasonable care to ensure that employees are not exposed to unnecessary risks, including being victims of crime.

6 RISK ASSESSMENT

Prevention of violence or aggression at work must start with full assessment of the known or foreseeable risks. Risk assessments highlight problems that need to be addressed; they also help to identify procedures and set priorities for remedial action.

Risk assessments should be carried out by appropriately trained staff who should complete an assessment of the risks, including clinical risk where appropriate, for example, in the community, by identifying types of home visits which should not be carried out during the evening or night by a lone member of staff.

7 RISK MANAGEMENT

Having conducted an assessment of the risk of violence or aggression, it is then necessary to establish systems for managing that risk, with the aim of minimising or eliminating violence and injury to people. Key elements will include:

- Recognition of the risk and prioritising action according to risk
- Commitment to introducing measures to reduce that risk – plans should be specific measurable, achievable objectives within real time scales
- Statement of who is responsible for doing what
- An explanation of what is expected from individual employees – good communication
- Commitment and action to support people who have been assaulted or suffered verbal abuse

8 STAFF TRAINING

Training and education on the prevention and management of violence and aggression will be provided to all staff who may face violence in their work. Training courses will be targeted towards groups of staff, the risks they may face and their particular needs.

Training will consist of 2 specific types:

- Managing aggressive and difficult situations
- Diffusing aggressive or difficult behaviour

The training programme will include:

- Causes of aggressive behaviour
- Diffusing a difficult situation
- Use of communication and interpersonal skills
- Familiarisation with the Badger policy
- Post incident reporting and review procedures

Line Managers and Directors must ensure training needs are identified and arrangements are available for employees to attend courses. In addition training records must be maintained to enable training programmes to be reviewed and for individuals to be updated at regular periods in accordance with staff needs.

Staff induction programmes will incorporate training on the management of violent and aggressive behaviour.

9 STAFF WORKING PATTERNS AND PRACTICE

Working practices, policy and protocol may be staff group, service or location specific, which may contribute to or impact on staff safety. Managers need to ensure procedures are in place that cover staff working in varying locations, i.e.

- Reception areas
- Primary Care Centres
- Patient's home or place of residence
- Hospitals

9.1 Home Visiting

It is essential that when visiting patients at home a record of their home visiting schedule and an expected time of return to the office or PCC base is known.

A pro-active approach to risk management plays a vital part in the early indication and possible prevention of violence and aggression.

10 MEMBERS OF THE PUBLIC AND PATIENTS' RELATIVES

It is increasingly possible that members of the public or a patient's relative becomes aggressive and, in extreme cases, violent towards a member of staff. In these circumstances it is important that the safety of all concerned is considered and staff are able to deal with the aggressive person.

In patient settings where there is a potential explosive situation, consideration must be given to contacting either Security or the Police to aid or deal with the situation. The implications of this decision would obviously be fully considered by the person in charge of the individual area or department at the time.

11 REPORTING INCIDENTS

In all cases the employee affected by the incident, colleague or line manager would ensure that an Incident Report Form is completed.

The following procedure should be followed:

- A detailed account of the incident and action taken by staff is logged in the patient's records.
- Staff who have sustained injury should attend the A&E department or if required a later appointment with the Occupational Health Department.
- The patient should be examined for the possibility of any physical injury which may have occurred.
- If possible the doctor should make a record of the patient's health including mental and physical state after the incident.

It cannot be over-emphasised that all acts of abuse, aggression and violence must be reported. As well as providing the basis for investigation of individual incidents, such records of occurrences can also be used to identify trends, assist the review process and improve risk assessments, thus protecting staff in the future.

12 REPORTING INCIDENTS (TO THE POLICE)

Directors and Line Managers will support any member of staff who has been the victim of a violent or aggressive incident at work. Support will include assistance in reporting an incident to the Police, Victim Support, gaining access to counselling and seeking information on claiming compensation for injury.

The Police need to be informed about all acts of violence and will prosecute offenders as appropriate. Badger will support the prosecution of all incidents of violent attacks against its staff, except where advice from a Responsible Medical Officer (RMO) states that the level of a client's illness would not support a prosecution to be secured. Staff then have the right to pursue matters themselves.

13 DEBRIEFING, COUNSELLING, INCIDENT ANALYSIS AND EVALUATION

All staff involved in an incident should be debriefed after the event at an appropriate time. The process of debriefing may have two functions: establish details of the incident and provide emotional support. People may be traumatised after a violent incident and it is therefore important to focus on the effects of that on them as individuals, not solely on how they performed before and during that incident and the fundamental facts of the incident itself.

The line manager should see staff on an individual basis who appear to have been particularly affected by the incident. This may present as a change in their behaviour, increased anxiety and tension, problems sleeping, problems with concentration and general irritability.

Line managers should be aware that the onset of these problems might be days, weeks or even months after the incident.

Staff with these problems should be offered additional support, including referral or self referral to Occupational Health or, in some cases, to independent counselling.

14 ROOT CAUSE ANALYSIS

Significant incidents of violence need investigation to establish the causes and any action to prevent a recurrence.

Managers need training to be able to sensitively review and evaluate all incidents of violence against staff; investigations which focus on who was to blame are generally unhelpful. It is much better to concentrate on what went wrong and how to reduce risks in future.

15 EVALUATION PROCESS

This is an important process which also needs to be conducted with some care and sensitivity. Timing is a matter of judgement. On some occasions it may be coupled with debriefing. At other times it might be better to wait for 24 hours or so until feelings have subsided and people are able to look objectively at the incident.

The evaluation may include:

- A reflection by each member of the team on his or her role and the work of the team as a whole
- Opportunities for improving the management of such incidents in future
- Consider of what further measures (if any) are needed to avoid or deal with a recurrence
- Consider whether there is a need to reassure other patients and staff

Follow up actions: Where appropriate the patients own GP should be contacted and made aware of the incident.

16 REVIEW OF THE POLICY

An annual review of the policy will be carried out. This will include the review of any new relevant legislation and will involve determining if the policy has been fairly and consistently applied across Badger.