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MANAGEMENT OF VIOLENCE AND AGGRESSION PROCEDURE

Introduction and Aim

The Estates, Safety and Facilities Team has developed an overarching Health and Safety Policy which sets out the organisation's commitment and responsibility to health and safety.

This procedural document forms part of the suite of health and safety documents to achieve this through advising on the procedural steps which need to be undertaken when a violence and aggression incident occurs.

It should be followed to ensure the appropriate actions are taken under the legislative framework for violence and aggression.

Through the development and implementation of this procedure in conjunction with other health and safety procedures the Chief Executive and the Board can be assured that the organisation is adhering to the Health and Safety Policy and the organisation's commitment to Health and Safety.

Part 2 provides further information and guidance to support the implementation and application of this procedure.

Supporting Procedures and Written Control Documents

All corporate policies and procedures are available on the Public Health Wales website

Risk Management Policy, Health and Safety Policy, Incident reporting Policy, Stress, Prevention of and Mental Wellbeing Policy, Lone Worker Procedure, Statutory and Mandatory Training Policy

Scope

This procedural document is applicable to all Public Health Wales staff. In this document 'staff' refers to all staff including agency staff, temporary staff, those on honorary contracts and volunteers and those engaged by the NHS Wales Health Collaborative and Finance Delivery Unit.

Equality Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
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Accountable Executive Director/Director	Huw George, Deputy Chief Executive/ Executive Director of Finance and Operations
Author	Chris Orr, Head of Estates and Health and Safety / Scott Thomas, Health and Safety Advisor

Disclaimer
If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Board Business Unit

Summary of reviews/amendments				
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Contents Page

1   Introduction

Public Health Wales NHS Trust recognises its duty under the Health and Safety at Work etc. Act 1974 to ensure, so far as reasonably practicable, the health, safety and welfare of its workers. This includes protecting them from work-related violence. This document identifies the procedures that staff within Public Health Wales are required to undertake when a violence and/or aggression incident has occurred.

Compliance with these procedures will ensure that Public Health Wales provides a consistent and seamless service when dealing with violent and aggressive behaviour. Reports suggest health service staff are increasingly at risk of intimidation and violence in the workplace and the cost in human terms of violence against staff can be great as some victims suffer physical and or psychological harm. Confidence can be seriously affected while stress levels rise.

Violence towards staff is an important health and safety challenge which includes not only physical attacks but also verbal abuse and threatening behaviour. These can originate from the general public, service users, service users' family and friends as well as from other staff. Acts of intimidation and violence are a significant hazard and as such the risks associated with them need to be managed effectively.

Acts of violence at work are a real threat to health service personnel. They can cause serious injury and working in an atmosphere of continuing threat is profoundly damaging to the confidence and morale of staff. The public too, will be concerned that, if left unaddressed, continuing violence problems may come to affect the caring commitment at the heart of healthcare work.

Staff are encouraged to consult with all the documents to gain a full understanding of violence and aggression issues which can impact on staff members and service users and therefore understand the role they have to play to protect themselves and others. Although every effort has been made to include all aspects of violence and aggression within this document, due to its wide-ranging nature some aspects might not be included. Staff are encouraged to contact the Corporate Health and Safety Team for advice and support if they come across any issues that they do not feel confident in dealing with.

2   Aims and Objectives

The aim of this procedure is to ensure that Public Health Wales has clear and defined arrangements in place for dealing with incidents of violence and aggressions towards its employees. It also seeks to reduce and prevent

incidents of violence and aggression towards employees by supporting staff to identify and deal with unacceptable behaviour.

The objectives of this procedure are to:

- Define those with the responsibility for the management of violence and aggression within the Trust
- Ensure appropriate staff training is provided, as identified by risk assessment and training needs analysis, in line with the UK Core Skills Training Framework
- Provide guidance to staff on how to assess a potential threat, the triggers to violent acts and how different situations can be dealt with in a way that minimises the risk to staff
- Help identify those who may be considered at risk from violence and aggression via risk assessment and ensure there are adequate controls to minimise the risks of violent incidents occurring.
- Ensure that when an incident occurs, managerial post incident support and aftercare is provided at the earliest opportunity
- Ensure that all incidents of violence and aggression are reported and fully investigated so appropriate actions can be taken to avoid reoccurrence.

3   Scope

All persons employed or engaged by Public Health Wales, including part time workers, temporary and agency workers, those holding honorary contracts and those engaged by the NHS Wales Health Collaborative and Finance Delivery Unit.

4   Roles and responsibilities

All staff within Public Health Wales have a legal duty to comply with Welsh and UK Government legislation which this procedural document sets out.

Chief Executive

The Chief Executive has specific accountability to ensure that responsibilities for Health and Safety, including the management of violence and aggression, is effectively assigned, accepted and managed at all levels in the Trust, consistent with good practice. This duty is delegated to the Deputy Chief Executive/Director of Operations and Finance.

Deputy Chief Executive/Director of Operations and Finance

The Deputy Chief Executive/Director of Operations and Finance has delegated responsibility for the successful implementation, management and monitoring of this procedure.

Head of Estates, Health and Safety

The Head of Estates, Health and Safety has delegated responsibility for managing health and safety and is responsible for ensuring that:

- the Trust's Management of Violence and Aggression Procedure is reviewed as and when appropriate
- information regarding the management of violence and aggression is effectively communicated throughout the Trust
- competent risk management and health and safety advice is available to all staff
- Advice is available to managers in developing and maintaining their safety management systems and training in the management of violence and aggression
- ensure that statistical information is available on health and safety performance throughout the Trust and interpret such information in order to evolve action plans to improve or maintain standards

Director of People and Organisational Development

The Director of People and Organisational Development has been delegated as the board-level violence and aggression lead. Additionally, with the Head Estates, Health and Safety, oversees the role of the organisations Violence and Aggression Case Manager and the Single Point of Contact. The Violence and Aggression Case Manager's role is to make themselves visible and available to:

- Support and guide victims through to the criminal justice system and signpost them to wellbeing support available within the NHS
- Pro-actively publicise the Obligatory responses to violence in healthcare agreement including its aims and pathways within the organisation
- Report comprehensively on a monthly basis the numbers of assaults by patients, Police attendances and completed and pending criminal prosecutions
- Liaise with partners to the agreement in order to create effective local pathways of communication and understanding
- provide a six-monthly report to the NHS Anti-Violence collaborative for review and reflection.

Managers and Supervisors

All managers are responsible for ensuring their staff read, understand and adhere to this procedure. Additionally, they have specific responsibility to ensure that:

- Risk assessments are carried out, in line with this procedure. The assessments should include sufficient information about the risks that are faced and the preventive / control measures that are required. The risk assessments should be regularly reviewed
- Local procedures and safe systems of work are developed, implemented and followed.
- They identify any specific training that may be required by their staff through induction and a training needs analysis.
- All incidents of violence and aggression are reported, investigated and accurately recorded.
- Any post incident support that may be required by staff following an incident is identified and liaise with local Workforce personnel to ensure that an appropriate level of occupational health support is readily accessible to staff

Staff

All staff are expected to:

- Take all reasonable steps to look after their own health and safety and that of others affected by their acts, decisions and/or omissions.
- comply with policies and procedures developed to protect them and manage potential violence and aggression incidents
- Co-operate with managers in the development of risk assessments and by following all local procedures and safe systems of work.
- Take part in training designed to meet the requirements of the procedure and familiarising themselves with this procedure and any other relevant information provided.
- Report all incidents of violence and aggression including any form of intimidation or harassment regardless of an injury.
- Discuss any health and safety concerns with their manager
- Consider any offer of support and advice or counselling when given, especially post incident.

5 Training and/or Communication with Staff

Prevention and management of violence and aggression training is a mandatory requirement within Public Health Wales. Training will be determined upon the level of risk that has been identified by the risk assessment. Training plans will be developed in line with annual training plans / training needs analysis in collaboration with People and Organisational Development and will be monitored via the normal performance management arrangements.

Appropriate training will be provided as follows:

- **Module A -** Induction and Awareness Raising - honorary contracts, unpaid and voluntary staff
- **Module B –** Theory of Personal Safety and De-escalation - staff who work with service users where there is evidence and history of verbal assault. Based upon local risk assessment and training needs analysis
- **Module C –**Breakaway and Escape Techniques - staff who work in an environment where there is evidence and history of physical assault. Based upon local risk assessment and training needs analysis.

Training should include the following elements from the UK Core Skills Training Framework.

5.1   Module A:

This module will provide participants with a general introduction to the subject of violence and aggression. It will provide a basic overview of the importance of managing violence and aggression in the workplace. It will also reflect upon the prevalence of violence and aggression within society and its relevance to the workplace. This will be supported through the provision of clear definitions for violence and aggression. Local policy and procedures will also be introduced. Training to be delivered upon induction to Public Health Wales

5.2   Module B:

This module will provide participants with greater awareness of the issues associated with the theory of personal safety and de-escalation. It builds upon the introductory Module A. Emphasis is placed upon the importance of de-escalation and the steps which can be taken to prevent incidents of violence and aggression occurring in the first instance. The module is intended to equip participants with the skills to recognise and de-escalate potential violent incidents and situations and will include issues associated with customer care and diversity. Training to be undertaken at commencement of employment into Public Health Wales or when identified by an individual's line manager.

5.3   Module C:

This module will provide the participant with the practical skills to enable them to break-away from a situation of violence and aggression. Emphasis will be placed upon the importance of communication skills and management of personal safety throughout all breakaway techniques. Training to undertaken at commencement of employment into Public Health

Wales or when identified by line manager. Refresher training to be undertaken every 2 years.

Further information regarding the identification progress is set out in the **Guidance Note**: UK Core Skills Training Framework

6 Retention and Archiving

In cases of complaints, claims and other legal processes it is often necessary to demonstrate the policy/procedure in place at the time of the investigation of incident. Copies of records and procedures are archived and stored in line with the Corporate Records Management Policy and are made available for reference purposes should the situation arise.

7 Monitoring and auditing

Adherence to this procedure will be monitored and scrutinised by the Health and Safety Group and as included as part of the Health and Safety quarterly report. In particular, actions taken or planned to mitigate identified risks, serious health and safety incidents including lessons learnt and actions taken will be monitored and scrutinised. This procedure will be reviewed every 3 years.

8 Failure to comply with terms of Violence and Aggression Procedure

Disciplinary action under the terms of Public Health Wales Disciplinary Policy will be taken against any member of staff, regardless of position, who shows wilful disregard with the terms of this policy. Where a total disregard affects the health or safety of themselves or that of any other employees, the employee may be dismissed, following an investigation and disciplinary hearing, in line with the disciplinary policy.

9 Legislation and National Initiatives

- Health and Safety at Work Etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- UK Core Skills Training Framework Statutory/Mandatory Subject Guide Version 1.6.2
- Corporate Manslaughter and Corporate Homicide Act 2007
- The Reporting of Injuries, diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Assaults on Emergency Workers (Offences) Act 2018
- Human Rights Act 1998

- NHS Anti-Violence Collaborative - Obligatory responses to violence in healthcare
- INDG69 - Violence at work A guide for employers

10   Part 2- MANAGEMENT OF VIOLENCE AND AGGRESSION INFORMATION/GUIDANCE

10.1   Definitions of Violence and Aggression

The Health and Safety Executive define work related violence as:

"Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenge to their safety, well-being or health. This can incorporate some behaviour identified in harassment and bullying, for example verbal violence".

10.2   Definitions of Violence

In order to increase the effective management of violence, it is important to understand which type of violence or abusive behaviour is being presented. Public Health Wales provides services to users across the social spectrum, including those who may present with violence due to their clinical or medical condition and therefore may need specific controls when managing their aggression.

10.2.1 Violence

Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenge to their safety, wellbeing or health. This can incorporate some behaviour identified in harassment and bullying, for example verbal violence.

10.2.2 Intentional Violence

Here the definition of violence applies to an aggressor who is knowingly aware of the intent of their actions.

10.2.3 Violence due to a medical or clinical condition (non-gratuitous violence

This is where the aggressor does not knowingly choose to present with violent behaviour which is often the result of them experiencing clinical instability.

This may be a result of medication, dementia, illness, or confused delirium as a result of illicit drugs or alcohol abuse.

10.2.4 De-escalation

De-escalation is a process whereby the person is redirected to a calmer personal space.

10.3 Management of Violence

10.3.1 Assessing the Threat

To reduce the risk of violence when dealing with a potentially aggressive individual, in situations such as meeting the service user for the first time, attending a home visit, admitting the service user into a clinic, it is recommended employees make an immediate threat assessment. An immediate threat assessment is a consideration by the staff member of specific hazards associated with the person and the environment. When identifying the risk, consider the following:

Person
- Does the staff member / service user have a history of anger / aggression?
- Have they had a bad experience with our organisation?
- Are they experiencing the effects of drink, drugs, mental disorder?
- Are they bigger, fitter or stronger than you?
- What is their emotional state?

Objects

It is important to consider whether there are any potential weapons within the immediate vicinity that can cause harm. Scan the immediate area for knives and other edged weapons. Scissors, syringes, vases, bottles, cans and tools etc., can all be used as weapons.

Place
- Is the location remote – away from observation of others?
- Safe access / egress from assailant away from their current position?
- Do mobile phones operate in this area?
- Is there a panic alarm system within easy reach?
- Is there a CCTV system manned and recorded?

10.4   Identifying the Triggers of Violence

If an aggressive incident has occurred having completed your immediate assessment of the situation, you must consider what triggered the violent episode in order to provide the most effective response. The trigger is the negative feeling that the aggressor is using to justify their actions. If this can be sufficiently addressed, then the majority of incidents will not escalate further into a physical attack. The assailant who displays intentional violence may:

- be embarrassed
- have lost face over a point that they feel strongly about
- feel that they have been treated in a rude manner
- have a fear of the medical treatment they are about to receive
- have not had the delay of their own or a relative's treatment explained
- have been sent the wrong information prior to their appointment
- feel they have been ignored or not taken seriously.

The following may be triggers that indicate the aggressor is displaying signs of violence due to a medical or clinical condition. This guidance is not intended to assist in the diagnosis of the staff member / service user / visitor, but to identify that there may be different triggers and management process necessary when responding.

The aggressor may be displaying violence and aggression because of:

- varying stages of dementia, confusion and paranoia
- hearing, sight and speech impairment, which leads to confused communication
- withdrawal effects from of alcohol or drugs

10.5   Management of a Verbally Aggressive Incident

It is important that staff confronted with a potentially violent episode have the skills needed to recognise the frustrations and defuse them. When confronted, staff should try to be calm, confident and objective. Talking the issues over should be the first approach, ensuring the service user / visitor feels that you are listening to their grievance.

The table below illustrates how an individual's stance and attitude can, in many situations be the most important factor when influencing the successful resolution to a conflict. This requires skills in recognising and counterbalancing the position of the aggressor. The table below indicates the warning cues of an escalating situation and how this can be balanced.

10.6 Recognising and Responding to the Aggressor (Intentional Violence)

Warning Signs / Cues of a situation	Response that may help diffuse aggression
Repeated succession of questions	Appear calm, self-controlled and confident, confirming that you are addressing their concerns
Using obscenities or sarcasm	Do not match their language
Shouting	Ask information with a calm voice
Replying abruptly or refusing to reply	Calmly confirm the received information back to the aggressor

10.6.1   Verbal De-escalation Tips

Attempt to acknowledge the person's feelings, using words such as:

I can see you're upset.

Allow the person to offload their grievance. Someone who is angry needs to get it off their chest. Use phrases such as:

Tell me exactly what is bothering you;

Let's sit down and talk about this;

What's worrying you about this?

These responses give the person space and time to give their account.

Sometimes people just get more and more upset without anything seeming to happen to cause it. This is how angry confrontations begin. To avoid this, describe to them how you think they feel. This helps people feel understood and can let the conversation carry on.

Attempt to convey your desire to reduce distress. These phrases below may encourage the person to calm by assuring them that some helpful action will be formed.

I'm sure we will be able to sort something out;

It probably won't turn out as bad as you think.

When managing an angry confrontation request the behaviour stops by saying the phrase below:

Stop shouting and I'll see what I can do.

By putting this behaviour into words, it helps the aggressor gain a perception of what they are doing. Be clear and direct, use short sentences and make the request very early on. Be positive in your offer to help once the behaviour has ceased.

Always ask open questions. Open questions are questions where the angry person cannot answer with yes or no. Open questions are questions beginning with; who, what, why, where, when and how. Open questions are designed to allow the angry person to ventilate their feelings, often angry people calm when they have been allowed to ventilate how they feel.

In order to break the 'I'm 100% right you're 100% wrong' stance make a deliberate token gesture. Phrases that are useful are:

I see you do have a point;

Clearly something has gone wrong somewhere.

Often if one side yields a little, the other one does to.

Another way to break a conflict situation is to meet antagonism with a friendly gesture. Responses may involve the following:

Come into the office and we'll sit down and talk about it;

Let me get you a cup of tea.

When we give something there is an inbuilt response to be grateful. It is difficult to be grateful and annoyed at the same time. An angry person will want someone to listen to them just as much as they want their grievance dealt with. Showing interest and understanding and genuine concern are key ingredients to diffuse a potentially violent situation.

In many cases, the aggressor will have an emotional attachment to their grievance that needs to be addressed. When considering how you will use your response to diffuse their aggression, it may be helpful to empathise with them and go with their flow. This will demonstrate your commitment to reaching a productive outcome. If the aggressor recognises that you are taking them seriously, then they are less likely to become more aggressive. Once you have their information, you must confirm everything back to them so you can demonstrate that you have complete understanding of what has been agreed. Do not promise something which you personally cannot deliver as the aggressor will not have confidence in you or any professional who attempts to resolve the situation.

In the event that the situation is no longer improving, it may be prudent to explain to the aggressor that a more senior person is needed to progress any issues further. This is a positive step as it demonstrates you are continuing to take them seriously and you are going to find a person who (by their position) may have the answer the aggressor wants.

10.7 Managing Telephone Abuse

Managers must ensure that staff are aware of how the organisation requires them to handle telephone calls which they feel to be overly aggressive towards or abusive of them. The following text provides guidance to staff in how to manage and possibly terminate malicious callers. It is important that staff are protected from complaints from members of the public whose calls are prematurely terminated

Telephone aggression will typically include foul, sexist or racist language, shouting, threatening and intimidating behaviour, refusal to let staff speak, personal comments about staff member, etc. This list is not exhaustive; staff may from time-to-time experience other behaviour which they feel could be described as "telephone abuse."

As soon as the staff member can, they should attempt to stop the abuse using a form of words such as: *"I would like to help. Please take your time and explain to me quietly how I might be able to help you"*. If this approach does not succeed, there are two possibilities, depending on the particular circumstances.

Firstly, if there is a manager available, the next action might be to use them: *"I'm sorry, but I have clear instructions not to talk with anyone until and unless they are calm and reasonable"*. *"If you continue to talk to me as you have been, then I shall pass you to my Supervisor"*.

If the aggression continues, they could then say: *"I am now passing you to my manager, please hold the line."* The Manager's first task is to elucidate the problem and assess whether the Organisation has any particular obligation to meet the caller's request. If so, the manager should attempt to put things right, while drawing the caller's attention to the unacceptability of the behaviour which staff experienced as aggressive or abusive.

If the aggressive behaviour continues with the manager, the caller may be "warned" again and, if it still persists, the manager should terminate the call with the invitation: *"I am going to terminate this call, can I invite you to phone back later when you have calmed down? Then we'll be happy to help you if we can."*

Secondly, if no manager is available to route the call to, the staff member should offer the "warning" *"I'm sorry, but I have clear instructions not to talk*

with anyone until and unless they are calm and reasonable. If you continue to talk to me as you have been, then I shall have to terminate the call."

If the aggressive behaviour continues, the staff member should terminate the call with the invitation: *"I am going to terminate this call. Can I invite you to phone back later when you have calmed down? Then we'll be happy to help you if we can."*

If any call is terminated, a record of this must be made, including the completion of an incident report form. If a complaint is made against the member of staff or manager, it should be considered in the light of the staff or manager's perception of the incident as reported in the form. It may be appropriate for the manager to follow up the incident with a letter to the caller drawing attention to the unacceptability of the behaviour and that staff have instructions not to tolerate it further. Support and guidance on drafting correspondence can be sought through People and Organisational Development and the Violence and Aggression Case Manager.

As with any incident, the manager should determine whether a new risk assessment is required. Investigation into the incident may highlight that the incident occurred at a very busy time, or because the staff member was trying to deal with people face to face as well as answer the telephone, or because the caller had been given wrong or misinformation about what they could realistically expect or demand, or because the staff member has never had an opportunity through training to develop their assertiveness skills. Such an investigation may help the manager take action to minimise the possibility of recurrences of such incidents.

10.8   Managing a Potentially Physical Violent Incident

When staff have attempted diffusion skills which have failed, and the aggressor is losing control of their aggressive impulse's employees must ensure their own personal safety.

10.8.1   To avoid a physical violent incident

Employees must remove potential weapons from the immediate area.

Attempt to leave the area from the safest and closest exit, especially when in a lone worker situation.

When faced with a potential physical assault or being attacked by a violent individual, employees must summon assistance as quickly as possible through screaming, shouting, or pressing an alarm button which will serve as a distraction.

When appropriate, employees must use the minimum force necessary to ensure their own safety, which is covered in section 10.8.4.

It is essential that employees do not enter an area, or approach a violent individual, where there is no means of exit and without informing other members of staff or other occupants in the property.

If a person has a weapon and is acting in a threatening manner, the member of staff should withdraw immediately and contact the police. Managers and employees or other organisations in immediate areas would be tasked in ensuring the safety of other service users/staff/visitors within their area. Evacuate others from the area if appropriate and it safe to do so.

10.8.2 Guidance on the Use of Physical Force for Self Defence

When managing a potential physical assault incident all efforts should be made to communicate, distract and/or negotiate with the aggressor when the violence exhibited could be attributed to a clinical or medical condition.

However, should an employee suddenly be faced with a situation of imminent threat they are entitled to use such force as is reasonably necessary in the circumstances.

Any force used must be proportionate to the harm being committed against the person. In a self-defence situation the aim of using force should be to create a window of opportunity for escape for themselves.

Statute law, Criminal Law Act 1967 (Section 3) (states defence), states:

"A person may use such force as is reasonable in the circumstances in the prevention of crime, or in effecting or assisting in the lawful arrest of offenders or suspected offenders or of persons unlawfully at large."

10.8.3 Reasonable Force

There are several factors defining reasonable force which need to be considered, such as:

- the gravity of the potential crime
- any alternative non-violent means which are available
- has de-escalation been attempted?
- the relative strength of parties involved.

To convict a person of using unreasonable force, a court must be satisfied that no reasonable person in a similar position would have considered the action of such use of force justified.

10.8.4 Use of Reasonable Force

If faced with an aggressive situation where attempts of verbal de-escalation have failed the employee, wherever practicable, should retreat. If this is not possible breakaway techniques should always be the first consideration.

However, where some more decisive action is needed, then only reasonable force may be used to control the aggressor.

Where force is applied it should be done in a manner that attempts to reduce rather than provoke a further aggressive reaction. The more serious the danger from the assailant, the greater the degree of force which may be used to avoid such danger.

The force used must be the minimum necessary to deal with the harm that needs to be prevented, for example it must be reasonable in the circumstances.

Where the justification for the use of force is self-defence provocation, if a person had done only what they honestly and instinctively thought was necessary that would be the most potent evidence that only reasonable defensive action had been taken.

Violence must always be dealt with promptly and positively. No blame should be attached to a member of staff who has acted in good faith and consistently with the training they have received.

Should a member of staff need to defend their actions in court following a violent incident, the concept of a defence in law exists both at common law and by statute. Common law permits a person to use reasonable force to:

- defend themselves from attack
- prevent an attack on another person
- defend their property

10.8.5 Post-Incident Support

When a violent incident has occurred, staff involved in the incident may need counselling and/or practical assistance such as medical attention, or for their family or friends to be contacted. The victim should be given the opportunity to talk openly and express their feelings. The provision of this support is initially the responsibility of the victim's immediate manager. The counselling must be conducted in a sensitive and supportive manner and, if possible, on the same day as the incident. Counselling can be accessed by through the organisations Care first Employee Assistance Programme, which offers staff 24/7 access to confidential counselling and advice with accredited counsellors.

The following points need to be considered and carried out by the Line Manager immediately following an incident:

- do arrangements need to be made for the member of staff to receive medical assessment or attention?
- does the member of staff feel fit to continue duties?
- do they need assistance with transport to get home?
- do they need recovery time after the incident?
- has an incident report form been completed?
- has the Claims Manager been informed?
- has the member of staff had an opportunity to discuss the incident and talk about how it was managed?
- do other members of staff within the team who were affected by the incident require support?
- does the member of staff require specialist counselling?
- is the member of staff happy to continue to provide care to the Service User involved?
- does the member of staff require support in liaising with Police over prosecution?
- have the implications for the future health and safety of staff been considered?
- is a change of working practice or working environment required?

A Post-Incident Support: Guidance and Recording Form (Appendix A) has been developed to enable the Manager to think through the support required for the victim and to record the subsequent actions for future reference.

It is also important that, a review is held with all staff concerned to identify any underlying causes that may have been missed at the risk assessment stage and benefit from any lessons that may be learned.

The debrief should cover:
- what happened
- where it happened
- why it happened
- how it could have been prevented
- what can be done to prevent it from happening again.

By conducting this review staff should feel more confident to deal with a similar situation should one arise in the future.

It is recognised that staff have the choice as to whether debriefing or counselling is desired, it is not a mandatory requirement.

10.9 Incident Reporting and Investigation

The organisations incident reporting system is based upon the Reporting of Injuries and dangerous Occurrences (RIDDOR) Regulations 2013, NPSA Guidance, and Healthcare Standard theme 2.1. Detailed guidance on the reporting of incidents is contained in the Incident Reporting Policy.

Line Managers must ensure that all incidents are reported on Datix and investigated to the required level and appropriate action is taken to prevent a recurrence. To aid managers regarding this responsibility an incident investigation checklist and Staff Physical Assault Investigation Report Form has been developed to aid managers investigate incidents efficiently and effectively. The incident investigation checklist document can be located in Appendix B.

10.10 Risk Assessments

The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risks their staff face through the work they carry out. This includes the risk of violence and aggression. The assessment should identify the measures needed to either eliminate the risks or, if this is not reasonably practicable, adequately control them.

A violence and aggression risk assessment should be documented for any task / activity which presents a significant risk. The Risk Factor Managers Checklist (Appendix C) is designed to help Managers assess generic activities and tasks. It is not intended to be used to assess risks relating to a specific service user. Before the risk assessor completes the risk assessment, they should be able to answer the questions raised in the Risk Factor Managers Checklist.

A separate service user's risk assessment should be undertaken if an individual is presenting a risk. Where individual service users risk assessments are undertaken, they should be reviewed and updated when necessary. Service user risk assessments must be kept for future reference or access is requested from other parts of the organisation or external agencies. However, it is important to ensure that the Data Protection Act 2018 is not contravened, and that information is shared on a "need to know" basis. Please refer to Appendix D.

In addition to formal documented risk assessments employees must conduct a personal risk assessment before they perform a task / activity which may present a risk of violence and aggression. This assessment should examine the risk to themselves and others who may be affected by the activity. If necessary, they must communicate their findings to others.

11   Appendices

11.1   Appendix A – Post Incident Support: Guidance and Recording Form

Support will be available for any employee involved in, or potentially affected by, an incident. This Guidance should be interpreted to suit the situation.

This form is to enable the manager (i.e., person in charge at the time of the event) to think through the support required and to record the subsequent actions for future reference. The completed form must be kept within the person's confidential file.

Name of Individual Concerned:	Name of Manager
IMMEDIATE ACTION: The immediate situation having been managed and any further risks minimised: • Ensure that the affected person is in an identified place of safety; • Assign a link person and carry out first aid if necessary; • Assess the emotional and practical needs through personal debrief, encouraging expression of feelings in an uncritical atmosphere; • Decide on an initial plan of action with the agreement of the person, and take steps to carry this out; • Report the incident via Datix and make a record below.	
IMMEDIATE STEPS TAKEN TO ENSURE SAFETY OF ALL CONCERNED:	
POSSIBLE INITIAL ACTIONS: Go to accident and emergency: • How? With whom? Where after? Time out locally:	

- Support through discussion, feedback, cup of tea etc.

Go Home:

- How? With whom? Anyone at home? Arrange to contact later.

WITHIN 24 HOURS OF THE INCIDENT
- Contact person to find out progress
- Ensure future opportunity for:
  - Revisiting feelings
  - Determining the support wanted by the individual
  - Emphasising availability of informal support at any time
- Revisit relevant risk assessment
- Arrange and carry out clinical debrief involving relevant staff
- Reorganise working patterns to accommodate if necessary

RECORD OF ACTION TAKEN WITHIN 24 HOURS

ONGOING SUPPORTIVE ACTION: (in agreement with the individual)

Date	Nature of support	Signature

SUMMARY OF INCIDENT:

Date of Incident:	First Aid Required: **Yes / No**	Attended A&E Dept: **Yes / No**

Assault**: Verbal / physical / other (state):**

Debriefed and supported, then went home**: Yes / No**	Debriefed and supported, then returned to work: **Yes / No**

SIGNATURES:	Individual	Date
	Manager	Date

11.2 Appendix B – Violence and Aggression Investigation Checklist

This checklist has been designed to provide managers with guidance in order to investigate service-user violent incidents.

When investigating a violent incident these are the issues that as a minimum should be considered. (Please **"X" ALL THAT APPLY** in the box when a section has been checked and documented). This tool is to support the managerial investigation process.

Have you checked and documented the following:	Y/N
Were relevant Directorate / Departmental policies being followed?	
Were staffing levels different than normal?	
Have you identified the key personnel involved?	
Was there a weapon involved? If yes, have you documented what type and what happened to it?	
Have you determined whether the violence expressed was intentional and deliberate or due to medical or clinical condition such as confusion or illness?	
Have you identified whether there were any contributory factors? What were the events leading up to the incident such as: • Details of assailant's condition immediately prior to the assault; • Mental illness; • Reaction to medication; • Under the influence of drugs, alcohol or other substances; • Behavioural difficulties; • Staff response. • Other	
Have you identified any environmental contributory factors such as:	

Have you checked and documented the following:	Y/N
- Location; - Overcrowding; - Noise levels; - Local environment - Waiting times; - Delays in treatment. - Other	
Have you identified areas of aggravation? - Was race a precipitating factor? - Was gender a precipitating factor? - Was disability a precipitating factor?	
If there is an injured person, have you identified the type of injury that was sustained? Have you identified whether the injured person took time off work as a result and entered the information into the contacts page of the incident report form? If more than 7 days, have you contacted the Health and Safety Team?	
Have you identified whether the assailant has been involved in other incidents? If yes, how frequently have they occurred?	
Where appropriate, have you identified the: - Full name, age, sex, and address of the assailant - Classification of person, e.g. service user, staff member, visitor, volunteer, contractor, student, employee, staff on secondment,	
Have you indicated what activity the injured person (IP) was engaged in immediately before and at the time of the incident?	
Have you documented the post incident support provided?	
Have you identified what action will be taken to prevent reoccurrence of the incident?	
Have you undertaken and/or reviewed the: Local risk assessment, systems of work and guidelines;	

Have you checked and documented the following:	Y/N
• Service users violence risk assessment (where appropriate) If the incident is classified as serious – you must develop / review the risk assessment. The Departmental risk assessment should in any case be reviewed at least annually.	
Further action following the incident: • Was the incident reported to the police? If so, what was the Crime Incident Number? • Did the police attend? If so, what were their PC Numbers? • Did the police arrest the perpetrator and take them into custody? • Do the police plan to take further action? • Does this incident warrant an Anti-Social Behaviour Referral? • Does the victim wish to pursue further action against the assailant? • Has advice regarding victim support services been given?	

11.3   Appendix C –- Manager's Checklist - Risk Factors

Directorate	
Specific Location i.e. Department / Site	
1 – RISK FACTOR CHECKLIST: • These are the minimum requirements / control measures which must be in place. • The checklist is designed to aid managers to complete a violence and aggression risk assessment and consider lone worker risks • (Please **"X" ALL THAT APPLY** in the box when a section has been checked and documented)	
A-General Questions	**Y/N**
A1	Is there any historical evidence of verbal or physical aggression to staff?	
A2	Verbal abuse (with intent/directed at staff)	
A3	Verbal abuse (abusive remarks not directed at staff)	
A4	Punch / strike / slap	
A5	Wounding	
A6	Kicking	
A7	Biting	
A8	Scratching	
A9	Grabbing by assailant (please specify areas grabbed)	
A10	Hair pulling	
A11	Stalking	
A12	Victimisation	
A13	Intimidation	
A14	Is it perceived that there could be a risk of any of the above? If there is **no** perceived or known risk of verbal or physical aggression there is no need to continue with this assessment	
A15	How often do violent incidents occur?	

INTERNAL EVIRONMENTAL ISSUES – ARE THE FOLLOWING ADEQUATELY ADDRESSED	Y/N/NA
B1 Ventilation (fresh air / smells)	
B2 Seating	
B3 Levels of noise	
B4 Procedures in place to prevent overcrowding?	
B5 Rooms laid out in such a way as to allow staff to exit in an emergency?	
B6 Adequate signage / posters displaying the Organisation's stance on violence and aggression?	
B7 Suitable precautions in place to ensure the safety of all staff working in isolated areas i.e., treatment rooms, offices, etc?	
B8 Staff are protected by additional security measures where required e.g., screens, security lock, intercoms, internal CCTV?	
B9 Waiting areas i.e., seating, magazines, music, television, etc?	
B10 Are the areas overseen by staff?	
B11 Are there times that your staff need to work alone in the department?	
B12 Are local procedures in place?	
B13 Do all staff know about them?	
C – PANIC ALARMS	Y/N/NA
C1 Are these alarms positioned for ease of access and activation?	
C2 Are the alarms tested on a monthly basis and is this documented?	
C3 Are all staff trained in use of alarms (room or personal)?	
C4 Do others know how to respond if the alarm is raised?	
C5 Are there documented procedures in place for response to alarms?	
C6 Can the alarm be heard in all areas of the department?	
C7 If panic alarms are not currently provided, do you require them?	

C8	If personal panic alarms provided, are they tested by staff before each use?	
D - EXTERNAL ENVIRONMENTAL ISSUES		**Y/N/NA**
D1	Are there enough parking spaces within suitable distance from the working area?	
D2	Is the environment adequately lit?	
D3	Is there CCTV coverage of routes?	
D4	Are these cameras monitored?	
HOME / COMMUNITY VISITS		**Y/N/NA**
E1	Are home / community visits essential?	
E2	Is any information sought highlighting previous / known risks associated with the service user service user and / premises / or locality?	
E3	Where joint agency working takes place are there protocols for sharing information regarding known risks of violence and aggression?	
E4	Are individual risk assessments undertaken?	
E5	Is there a tracking system to ensure safety prior to, during, and at the end of a visit (e.g., buddy systems, lone working procedure, lone working devices)? Please state what is provided	
E6	Are mobile phones provided together with training in their use?	
Date of review		**Date for review**	

11.4 Appendix D – Service User Violence and Aggression Risk Assessment Form

RISK ASSESSMENT FORM **SERVICE USER VIOLENCE AND AGGRESSION**	
Please refer to Lone Working Procedure and generic risk assessment which can be found on Public Health Wales intranet	
DEPARTMENT	
SERVICE USERS NAME	
REFERENCE NUMBER	
D.O.B.	
ADDRESS	
Description Of Activity Which Could Lead to A Risk of Violence & Aggression	
Forms of violence and aggression towards staff. Please "X" all that apply:	
Verbal abuse (with intent / directed at staff)	
Intimidation	
Verbal abuse (abusive remarks not directed at staff)	
Punch / strike / slap	
Kicking	
Biting	
Scratching	

Grabbing by service user – Please specify areas grabbed	
Other (Please specify)	

CONTROL MEASURES ALREADY TAKEN TO REDUCE THE RISK OF VIOLENCE AND AGGRESSION. PLEASE "X" ALL THAT APPLY:

Documentation treatment plan in place	
Ensure potential weapons are kept out of reach	
Information sharing third parties (G.P. etc.)	
Attending to the service user in twos	
Identifying potential trigger factors	
Others (Please Specify)	

WITH THESE CURRENT CONTROL MEASURES THE LEVELS OF RISK ARE:

Consequence (C)		Likelihood (L)		Risk Score and Colour	
Please refer to Appendix E – Risk Matrix for scoring					

DESCRIPTION OF FURTHER CONTROL MEASURES REQUIRED:			
(List further action needed to adequately control hazards / risks)			
Action(s) Required	By Whom?	By When?	Cost (State actual or estimated)

WITH THE ABOVE CONTROLS, THE TARGET LEVELS OF RISK WILL BE:					
Consequence (C)		Likelihood (L)		Risk Score and Colour	

Please refer to Appendix E – Risk Matrix for scoring

Assessor Name(s)			
Date of Assessment		Date for Review	

11.5 Appendix E – Risk scoring matrix

Risk Map

The risk map is where the two scores come together. The Impact and the likelihood are multiplied and the product of the two is the severity score. The severity score translates into one of four severity levels: low, moderate, high or extreme.

Impact		Rare 1	Unlikely 2	Likely 3	Highly Likely 4	Almost certain 5
5	Critical	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

Likelihood

For full details of scoring refer to Risk Management Procedure on Public Health Wales intranet.