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## CONSULTATION AND DISTRIBUTION RECORD

### Contributing Author(s)
- PaMoVA Tutors

### Consultation Process / Stakeholders
- HR Director
- Joint Policy Forum Members
- Occupational Health and Safety Performance Group Members

### Distribution
- NHS Lanarkshire Intranet: FirstPort

## CHANGE RECORD

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<td>PaMoVA team lead &amp; Health and Safety Specialist</td>
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<td>Revision to include sections on non-staff assault; post incident review &amp; debriefing and additional appendices: Risk assessment templates and tools; Post incident review and staff debriefing forms</td>
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1. **INTRODUCTION**

1.1 NHS Lanarkshire recognises that as an employer, it has a duty of care towards its staff and that reasonable steps should be taken to ensure their health, wellbeing and personal safety. It is also acknowledged that all employees have a responsibility for ensuring the safety and wellbeing of themselves and others affected by their acts, decisions and/or omissions.

1.2 NHS Lanarkshire takes extremely seriously the health, safety and welfare of all staff and recognises that violence towards staff is unacceptable and that staff have the right to be able to perform their duties without fear of abuse or violent acts.

1.3 No staff member should consider violence or abuse to be an acceptable part of their employment. The purpose of this policy is to enable NHS Lanarkshire to meet its obligation to protect staff as far as is reasonably practicable.

1.4 The policy clarifies roles and responsibilities and should be communicated to all NHS Lanarkshire employees at risk from violence at work either accessing the policy direct from FirstPort and/or where appropriate circulated as part of a new employee(s) induction and/or at a team meeting.

2. **AIM, PURPOSE AND OUTCOMES**

2.1 The aim and purpose of this policy is to ensure, so far as is reasonably practicable, that NHS Lanarkshire employees and persons working in NHS Lanarkshire are not exposed to significant risk to their health and safety and outlines the steps to assess risk of harm from violence at work in order to optimise safety whilst undertaking NHS Lanarkshire work activities.

2.2 This policy forms an integrate part of NHS Lanarkshire’s Health and Safety arrangements and applies, along with specific local guidance, for managing violence and aggression in the workplace by encouraging Services to develop localised arrangements to effectively manage potential for violence at work.

2.3 This policy also aims to:
   - Promote the prevention and management of violence and aggression within the Organisation
   - Clarify roles and responsibilities
   - Increase staff awareness of issues relating to violence and aggression
   - Make sure that violence and aggression risks are identified and assessed in a systematic and on-going way, and that safe systems and methods of work are put in place to reduce the risks as far as is reasonably practicable
   - Make sure that appropriate training is available to staff in all areas that equips them to recognise risk and provides practical advice on preventing and managing violence and aggression
   - Make sure that appropriate support and advisory services are available to all staff involved in violent incidents
   - Encourage full reporting and recording of all incidents of violence and aggression
   - Reduce the number of incidents and injuries to NHS Lanarkshire staff resulting from violence and aggression
2. **AIM, PURPOSE AND OUTCOMES (Continued)**

2.5 NHS Lanarkshire is committed to eliminating, so far as is reasonably practicable, employees being exposed to a significant risk of ‘harm’ from violence at work or otherwise reduce the residual risk of harm to the lowest level reasonably practicable. To facilitate this NHS Lanarkshire is committed to providing:

- Practical guidance on control measures and work procedures
- Model risk assessment formats
- Access to specialised training
- Access to specialist advisors i.e. Prevention and Management of Violence and Aggression (PaMoVA) Section

3. **SCOPE**

This policy forms an integrated part of NHS Lanarkshire’s Health and Safety Policy and applies along with specific local guidance for managing violence and aggression in the workplace. The policy applies to all situations in which violence and aggression at work may occur arising in connection with the duties and activities of our staff.

- Where lone working has been identified as associated with a foreseeable risk of violence and aggression, this policy should be read in conjunction with NHS Lanarkshire’s Lone Working and Working In Isolation Policy
- Staff incidents involving bullying, harassment, discrimination (sexual, gender, racial, age, disability etc) and victimisation are covered under NHS Lanarkshire’s Preventing and Dealing with Bullying, Harassment and Victimisation policy and Equality, Diversity and Human Rights Policy

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk) or ask a member of staff for a copy of our Data Protection Notice.

3.1 **Who is the Policy intended to Benefit or Affect?**

The policy applies to all NHS Lanarkshire employees and ‘others’ working within NHS Lanarkshire premises including Staff Bank, temporary and agency staff, contractors, volunteers, students and those on work experience.

3.2 **Who are the Stakeholders**

NHS Lanarkshire has consulted with the listed stakeholders to produce this policy, setting out good practice on the development, implementation, monitoring and review of policies, ensuring the quality and consistency of all corporate policies.

4. **PRINCIPAL CONTENT**

4.1 **Definition of Violence and Aggression**

‘Violence and Aggression’ covers a range of behaviour including swearing, verbal abuse, threats, physical assaults and behaviour intended to threaten or humiliate. It would also include damage to the environment such as breaking a window or throwing furniture.

NHS Lanarkshire defines an incident of violence and aggression as:
any incident in which a member of staff or person working in NHS Lanarkshire is verbally abused, threatened or physically assaulted by a patient or member of the public in circumstances relating to his or her employment"

This is based on Health and Safety Executive (HSE) definition of work-related violence.

Within this definition, visiting NHS staff, local authority staff or contractors are considered a ‘Member of public’

4.2 Assessing Risk

The level of risk that employees may face will vary from person to person and is subject to many associated factors, as such, some employees may never face any level of violence and aggression, others may face low levels of violence and/or aggression on a regular basis and some, high levels of violence on rare occasions.

NHS Lanarkshire recognises the importance of identifying, assessing and managing risks associated with ‘Violence and Aggression’ through Department/Specialty Health and Safety Control Books.

Line Managers/Control Book Holders should apply the risk assessment process, to ensure suitable controls are identified and implemented to manage work related ‘Violence and Aggression’.

All Work areas/ Departments where violence and aggression pose an actual or potential risk to staff must undertake a risk assessment.

4.2.1 Managers should review foreseeable work activities to identify

- Situations where acts of violence and/or aggression could occur
- Who could be affected and how
- The extent and nature of the risks
- The history of work related Violence and Aggression
- Other contributory factors, for example:
  - work speciality
  - patient/ service user/ groups
  - patient physical and psychological conditions
  - community/ mobile/ lone working
  - appointment schedules
  - waiting room capacity and communications
  - delivering unwelcome/ emotive information
  - refusing appointments/ requests
  - administering medications/treatments
  - the physical environment including workplace layout, furnishings, level of public access; adequacy of escape routes/ alarm raising/ anti-barricade measures

Control measures and safe systems of work currently in place to manage the risk of work related violence and aggression and reduce the associated risk of ‘harm’.

Whether further control measures, strategies and safe systems of work are required to eliminate or reduce the identified risks to the lowest reasonably practicable level

4.2.2 Risk assessment content should be communicated to staff and all relevant parties and reviewed & updated at least annually - sooner if circumstances change.

4.2.3 Where a patient/relative/carer/other has been identified as an actual or potential risk in relation to aggression and/or violence, this must be clearly documented within the appropriate clinical assessment/ patient’s notes/ care plan and relevant aspects of risk
4.2 **Assessing Risk (continued)**

Assessment findings and associated control measures communicated to all relevant staffing groups.

Where non NHS Lanarkshire employees are also involved in care provision, current information governance guidance should be followed.

4.2.4 Health and Safety Control Book, Section 3A for Violence and Aggression contains arrange of tools and templates to assist with risk assessment process

- Violence and Aggression Guidance
- Initial Assessment of Work Related Violence and Aggression
- Control Checklists
- Violence and Aggression Risk Assessment Form
- Individual Patient Violence and Aggression Risk Assessment Form

4.2.5 Assistance with risk assessment is available via NHS Lanarkshire’s Prevention and Management of Violence and Aggression (PaMoVA) Service and/or Health & Safety Service.

HSE guidance on assessment and management: ‘Violence and aggression to staff in health services’ provides healthcare speciality specific information, guidance and examples and can be accessed via [http://www.hse.gov.uk/healthservices/violence/index.htm](http://www.hse.gov.uk/healthservices/violence/index.htm)

4.3 **Managing Incidents**

Departmental procedures must be in place to provide guidance for staff on managing violent or aggressive incidents and include details of emergency procedures. In particular, staff must be aware of local procedures for raising the alarm and getting help if an incident occurs.

All staff must be familiar with organisational and departmental policies and procedures which are understood and used conjunction with the arrangements outlined within this policy.

4.4 **Incidents affecting non-staff members**

Assaults against non-staff members, for example Patient to Patient assault; Member of Public to Patient assault; Patient to Member of Public assault is not common, however the Organisation recognises that any area where there is a cross-section of the population combined with individual factors and/or morbidity there exists a potential for violent and/ or aggressive interaction between individuals.

Where the occurrence of violent and/ or aggressive interaction between patients/ members of the public is not reasonably foreseeable and of such a severity, the organisation recognises that staff may not be equipped to safely deal with the situation. Staff should dynamically assess the situation and take action that is in the interest of optimal safety, even if this means withdrawing from the situation and requesting external assistance e.g. police attendance.

Where the police are involved and an assailant is expected to be removed from the hospital, the person in charge should ensure a medical assessment has been undertaken to enable care to be maintained where necessary.
5. ROLES AND RESPONSIBILITIES

5.1 The Chief Executive is responsible for:

The Chief Executive has overall responsibility for the effective implementation of the Prevention and Management of Violence and Aggression policy and for ensuring the Board regularly reviews the effectiveness of the policy.

5.2 The Director of Human Resources is responsible for:

- Acting on behalf of the Chief Executive to ensure that the Prevention and Management of Violence and Aggression policy is implemented
- The General Manager for SALUS will act on behalf of the Director of Human Resources to ensure the policy is put into practice and aims are met

5.3 Directors of Hospital Services/ General Managers / Heads of Service and Service Managers

Directors of Hospital Services / General Managers may choose to delegate these responsibilities to Heads of Service or (Operational) Service Managers; however the overall responsibility for policy implementation and monitoring cannot be delegated.

- Ensuring Department Managers / Heads of Department evaluate the risks associated with violence and aggression for their area of responsibility and review and agree any control measures identified (Section 3A, Health and Safety Control Book)
- Implementation of procedures and safe systems of work designed to eliminate or reduce the likelihood of work related violence and aggression to “as low a level as is reasonably practicable” following the initial assessment and/or annual/periodic review
- Provision of adequate resources to allow staff to access and attend indicated training levels and regular refresher training
- Monitoring of the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents
- Ensure that arrangements are in place for monitoring incidents linked to ‘violence and aggression’. This may include the preparation and/or review of monthly statistics related to work related violence and aggression incidents
- Put recommendations from risk assessments for eliminating or reducing risk into practice as far as is reasonably practicable, following the initial assessment or annual review

5.5 Department/Line Managers are responsible for:

- Ensure that work related ‘Violence and Aggression’ risks are assessed within their area of responsibility
- Ensuring that all staff within their area of responsibility are aware of the Prevention and Management of Violence and Aggression Policy
- Ensuring staff receive the relevant level of PaMoVA training and maintaining records of staff completion of e-learning modules/ attendance at training courses
- Completing an ‘Initial Assessment of Work Related Violence and Aggression’ (Section 3A, Health and Control Book)
- Completing relevant Control checklist to identify if existing control measures are adequate and demonstrate staff awareness/ agreement of current control measures by countersignature by Staff representative (Section 3A, Health and Control Book)
- Identify and assessing work activities within their area of responsibility with a foreseeable risk of harm from work related ‘Violence and Aggression’ and undertake Violence and Aggression risk assessments programme for indicated work activities
- If applicable develop departmental procedures and safe systems of work to reduce or eliminate work related violence and aggression
5.5 **Department/Line Managers responsibilities (continued)**

- Putting into practice, so far as reasonably practicable with the resources available, any control measures identified through risk assessments or required under this policy and periodically review the effectiveness of control measures.
- Review Violence and Aggression risk assessments, Control measures and strategies at least once every year, retaining details in the Health and Safety Control Book.
- Investigate any concerns that staff raise related to work related ‘Violence and Aggression’.
- Ensuring all work related Violence and Aggression incidents are reported on the NHS Lanarkshire Incident Recording system and record all any significant findings on relevant recording procedures (Datix) and undertake a Staff briefing and Post incident review in the event of a significant incident.
- Ensure that appropriate support is given to staff involved in any incident of violence and aggression.

5.6 **Employees are responsible for:**

- Taking reasonable care to look after their own health and safety and that of others affected by their acts, decisions and/or omissions.
- Being aware of responsibility for the safety of themselves and/or others who may be affected by their actions.
- Co-operating by following all procedures designed for safe working.
- Taking part in training designed to meet the requirements of the policy and familiarising themselves with this policy and any other relevant information provided by their Department/Service.
- Reporting all incidents involving verbal abuse, threats and physical assault on the Datix incident reporting system.
- Reporting any dangers they identify or any concerns they may have about potentially violent situations or the environment in which they work.
- Where audible alarms are issued, ensure it is switched on and is easily accessible.
- Awareness of first aid arrangements on NHS Lanarkshire sites and other means of seeking First Aid assistance when working away from NHS Lanarkshire premises.

5.7 **Salus PaMoVA Section are responsible for:**

- Providing the main source of expertise in the prevention and management of work related violence and aggression (PaMoVA).
- Leading, developing and delivering PaMoVA training and other risk management strategies in line with this policy and maintaining a record of all staff who receive PaMoVA training.
- Developing systems to audit compliance with requirements of this policy and Health and Safety Control Book, Section 3 A.
- Investigating work related violence and aggression incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013.
- Reviewing and updating, as necessary, the guidance provided within the Health and Safety Control Book on assessing Violence and Aggression risk and communicating updates to identified Control book Holders.
- Providing statistics on the incidence of Violence and Aggression injuries within the organisation.
- Providing assistance and support to departments/ work specialties when necessary.
- Reviewing this policy and associated arrangements at specified intervals (not exceeding 3 years) and/or in the case of a serious incident/near miss being reported/change in legislation/HSE Guidance where an earlier review may be required.
6. TRAINING
NHS Lanarkshire will provide training to give staff the skills needed to assist in the prevention, prediction and management of violence and aggression via the PAMoVA service. Managers are responsible for making sure that staff receive appropriate training and have access to regular refresher training.

**PaMoVA training is compulsory for all NHS Lanarkshire staff.**

Different levels of PaMoVA training are available to staff, appropriate to training needs identified through the local risk assessment of working practice, working environment and staff’s role. Training details are available via PaMoVA service site on Firstport.

Training and training materials will be provided by accredited PaMoVA tutors in a variety of ways to suit the needs of the organisation, including e-learning.

6.1 Module 1 training
Compulsory for all NHS Lanarkshire staff and is a theoretical component designed to equip staff with the theoretical knowledge required to avoid, predict and prevent instances of violence occurring or, where violence has occurred, the ability to understand, de-escalate, defuse and safely manage violent incident and has a 3 year refresher requirement.

Module 1 training is available as an on-line e-learning module 'Violence and Aggression Awareness’ Learnpro module, however ‘classroom based’ Module 1 training can be arranged on request.

6.2 Module 2 training
Indicated for staff working within environments where local risk assessment identifies a medium risk of harm arising from work related violence and aggression and includes Breakaway techniques. Module 2 training has a 3 year refresher requirement.

6.2.1 Staff with no direct clinical contact or face-to-face interaction assessed as ‘medium risk’ of work related of Violence and Aggression incident due to high frequency of telephone abuse are not indicated for Module 2 ‘Breakaway’ training and should continue to utilise de-escalation and defusion skills provided within Module 1 training (LearnPro module), contacting PaMoVA service for further advice and support where required

6.3 Module 3 training
Indicated for staff working within environments where risk assessment identifies a high risk of violence and aggression. The organisation acknowledges that there are occasions where physical restraint may be necessary to safely manage a violent and/or aggressive incident. Specialist training in control and restraint techniques is available for staff working within such high risk environments. Staff in such high risk areas must initially receive Modules 1, 2 and 3 training with a 2 year refresher requirement for modules 2 and 3 and a 3 year refresher requirement for Module 1.

7. REPORTING & RECORDING
NHS Lanarkshire requires staff to report all ‘violence and aggression’ incidents, including ‘near misses’, to their line manager as soon as possible and record the incident on NHS Lanarkshire’s Incident Reporting system (Datix). Regular monitoring of the policy, local procedures, local statistics and incidents should be completed to ensure the policy and process remains effective.

7.1 Incidents that result in ‘specified injury’ (as defined in NHS Lanarkshire’s RIDDOR Reporting procedures) or injuries that result in over seven consecutive lost working days must be reported to Health and Safety Executive in line with the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Further information on RIDDOR Reporting criteria is available from Health and Safety Control Book, Section 1C2
7. REPORTING & RECORDING (continued)

7.2 Verbal Abuse. Staff should exercise discretion when choosing whether or not to report verbal abuse. Swearing and offensive language may be part of the person’s regular vocabulary or presentation and not necessarily used with the intention of being abusive.

7.3 Telephone Abuse. Telephone abuse is a criminal offence and staff should be aware that if an abusive caller does not comply after a request to stop, is it permissible to hang up. All such telephone abuse incidents should be reported and recorded on Datix. Scottish Government guidance on ‘Dealing with phone rage’ can be accessed via http://www.healthscotland.com/uploads/documents/13670-Dealing%20with%20Phone%20Rage.pdf

7.4 Complaints about service provision e.g., care plans, appointments, treatments, etc, should be referred to the relevant Patient Affairs department and not recorded on Datix system or IR1 form, unless there is an associated ‘violence and aggression’ incident.

8. POST INCIDENT REVIEW & DEBRIEFING

Incident review and debriefing are essential elements in the management and prevention of violent and aggressive incidents.

The purpose of post incident review is to establish what happened and what, if anything, could have been done to avoid the situation; what further action or support is required and what lessons should be learnt.

As such, it is recommended that a post incident review and staff debriefing take place following all significant incidents. Managers are responsible for making sure that a post incident review and staff debriefing are carried out as soon as possible after the incident with all the staff involved.

Debriefing should ideally include everyone who was involved (witnesses, other staff, possibly even the aggressor himself/herself, if appropriate).

It is good practice to gather verbal accounts from relevant parties as soon as possible after the incident has occurred and if deemed appropriate, formalising these accounts as written statements. Wherever possible, a person not directly involved in the incident should lead the review.

The post-incident review should address what happened during the incident, any trigger factors, each person’s role in the incident, how they felt during the incident, how they feel at the time of the review, how they may feel in the near future, and what can be done to address any remaining concerns. The review process could indicate that an action plan be put in place to prevent a similar incident occurring.

Staff debriefing should also be used to determine any on-going support needs the victim(s) may require and to review risk assessment and associated working procedures/ management plans.

Post incident guidance; staff debriefing template and post incident review form are available from Health and Safety Control Book, Section 3A.

9. STAFF SUPPORT

The organisation will ensure that all staff who are victims of violence or assault have access to appropriate support. Staff may need time off to get medical attention, legal advice, or counselling support following incident. Occupational Health Service is available to staff either via self-referral or Management referral.

An independent and confidential counselling service is also available via “Time for Talking” who provides face to face and/or telephone counselling for staff. The service is confidential. Any staff member can contact “Time for Talking” and arrange to speak to an accredited counsellor. The contact number for is 0800 9703980.
10. INVOLVING THE POLICE & PROSECUTION
NHS Lanarkshire is actively committed to protecting staff from work related violence and will support criminal proceedings against those who carry out acts of violence and aggression against staff, patients and/or visitors on our estate. Management and/or supervisory authorisation is not required before calling the police and all staff are encouraged to report acts of violence and aggression to ‘Police Scotland’ and will be supported by the organisation throughout the process.

Police Scotland will then be responsible for determining if a criminal offence has taken place including a review of ‘The Emergency Workers (Scotland) Act 2005 (as modified 2008)’ which creates an offence of assaulting, obstructing or hindering doctors, nurses and midwives whenever they are on duty. The Procurator Fiscal may decide to take legal action and line managers must make sure that staff have access to on-going support throughout this process. Other support may also be available to staff through Trade Unions/Professional Organisations.

NHS Lanarkshire will support the police in the pursuance of any further action.

11. WITHOLDING TREATMENT
11.1 Where a patient's violent and/or behaviour impairs a staff member's ability to undertake his/her duties properly, or has become a threat to the safety of a staff member, another patient, or hospital property, NHS Lanarkshire in line with PIN Guidelines, reserves the right to withhold treatment from the patient.

11.2 If a patient, or someone accompanying a patient, is violent and/or aggressive, they will be told what is considered unacceptable behaviour and its possible consequences. If the behaviour continues, the patient or person accompanying a patient will receive a written warning with details of the policy on withholding treatment, signed by a Site manager/ Clinical Director or Senior nurse, and copied to the patient's GP. The patient's consultant (or senior member of the medical team) will advise the Chief Executive on a decision to withhold treatment on the basis of a clinical assessment.

11.3 As a last resort, treatment can be withheld. The patient must receive a written explanation from the Chief Executive giving the reasons for exclusion, and copied to the patient's GP. Exceptionally, treatment may be withheld immediately. The decision will be recorded in the patient's medical and nursing notes and the patient informed of this. Other local NHS service providers and agencies will be informed of the decision. Each case will be considered individually and all staff will be given information specifying the action they should take in response to varying levels of incidents.

11.4 Allowances will be made for patients who are under 16, have on-going mental health issues, who require emergency treatment, or who cannot be held responsible for their actions.

11.5 The withholding of treatment is limited to a maximum period of 12 months. A patient may appeal against a decision to withhold treatment via the local patient complaints procedure.

12. COMPENSATION
The Criminal Injuries Compensation Scheme provides a system of compensation for any victim of violent crime. Guidance on eligibility and advice on making a claim is available from Human Resources.

If a staff member loses earnings as a result of an incident they can make a claim to the NHS Injury Benefits Scheme. Information and advice on this scheme is available from Human Resources.

If a staff member suffers loss or damage to personal property as a result of an assault, they can make a claim for compensation through Human Resources.
13. **MONITORING AND REVIEWING**

The organisation will monitor and review the implementation of this policy on an ongoing basis to ensure that the aims of the policy are actually being achieved. The quality of incident reports should also be subject to local review and discussed at local Health & Safety Committees and forums. Monitoring and review will be undertaken in partnership with staff side representatives; trade unions; professional organisations, safety representatives and others where appropriate.

14. **RESOURCE IMPLICATIONS**

- Time and support of managers/control book holders and/or identified responsible persons to undertake the risk assessment process and develop safe systems of work and communicate assessment content / control measures and safe systems of work to all relevant staff.
- The cost of providing additional controls identified through the risk assessment process. (i.e. enhanced observations, implementation of alert/ alarm and communication systems, etc.).
- Where indicated, time and support for clinicians to gather sufficient information to enable clinical assessment of potential/ actual risk of violence and/ or aggression and record findings within patient’s notes/ care plan and for clinical assessment content / control measures to be communicated to all staff involved.
- Time for staff to attend/ access indicated PaMoVA training/ refresher PaMoVA training.
- Following an incident, time and support for Department managers and staff to schedule and attend incident debriefing and where appropriate time involved in conducting and/or participating in a local investigation of the incident.

15. **COMUNICACION PLAN**

It is recognised that communication is important therefore it is proposed:

15.1 The Policy and process will be communicated via the NHSL intranet portal on FirstPort. Where appropriate, articles referring to the Policy will be featured in the Pulse and/or through the weekly Staff Briefing.

15.2 Availability of the Policy will be communicated by the PaMoVA team lead, by email to all identified Health and Safety Control Book holder, requesting that Control Book holders bring the Policy to the attention of their staff and requesting that staff familiarise themselves with its content.

16. **QUALITY IMPROVEMENT – MONITORING AND REVIEW**

16.1 **Policy Review**

The Policy will be reviewed every 3 years by the contributing authors and submitted to the Joint Policy Forum.

16.2 **Control Book Audit**

The Salus Health & Safety Section will undertake periodic and planned control book audits which will include a review of arrangements to manage work related Violence and Aggression and the quality and suitability of risk assessments highlighting areas of good practice and areas for improvement where appropriate.

17. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire’s EDIA.
18. REFERENCES

- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Emergency Workers (Scotland) Act 2005 (as modified 2008)
- Telecommunications Act 2003, Section 127
- The Protection from Harassment Act 1997
- Malicious Communications Act 1988
- Criminal Justice and Public Order Act 1994, Section 92
- Criminal Justice and Immigration Act 2008, Section 76
- The Mental Health (Care & Treatment) (Scotland) Act 2003
- Nurses Power to Detain, Section 299 advice notes, Mental Welfare Commission for Scotland [http://www.mwcscot.org.uk/media/140960/nurse_power_final.pdf]
- Adults with Incapacity (Scotland) Act 2000
- Managing Health at Work Partnership Information Network (PIN) Guideline 2003
- Violence to staff: Report of the DHSS Advisory Committee on violence to staff, HMSO 1988
Appendix 1  Definitions

It is important that all staff have a common understanding of their following terms in relation to prevention & management of violence & aggression.

DE-ESCALATION
A set of verbal and non-verbal skills which if used selectively and appropriately may reduce the level of an aggressor’s hostility and the associated risk of assault by calming anger and lowering arousal levels.

DEFUSION
Defusing is a non-physical intervention designed to prevent a potentially violent/aggressive situation from escalating by reducing tension.

BREAKAWAY
Breakaway can be defined as a range of specific physical techniques that the victim of a physical assault can use to escape from harm or potential harm. Breakaway techniques may be used only when verbal or other non-physical approaches have failed or are not deemed appropriate. It may also be used in some emergency situations to disengage from a restrictive situation.

RESTRANT
Restraint can be defined restricting movement or restricting liberty. Restraint ranges from commands (verbal restraint) to physical control or 'holding down' of patients (physical restraint). It also covers the use of drugs (chemical restraint); use of cot sides, tipped-back or otherwise awkward seating positions, locked doors etc, (mechanical restraint) and safe holding during an essential procedure.

CONTROL AND RESTRAINT
Control & restraint can be defined as a range of specific physical techniques designed to control a situation where a client’s behaviour will lead to self-harm, harm to others or to a crime where there is likely to be harm.

USE OF FORCE
The use of Control and Restraint requires the use of force. The law in Scotland permits the use of force only in under certain circumstances, specifically where restraint is necessary e.g. for the protection of an individual from harming self or others; in situations where self-defence is necessary.
In such circumstances the law places a duty on a potential victim of violence or aggression to retreat and escape and only where there is no opportunity to disengage is self-defence likely to be considered legitimate.
Use of force in ‘crime prevention’ is limited to where the crime is likely to cause severe harm. If the risk only applies to property it is important that individuals take no action which may jeopardise their safety or that of any other person.
Those using reasonable force to protect themselves or others will not be guilty of assault, however use of force that is deemed unnecessary or unreasonable may constitute assault. Even when a legitimate reason for the use of force exists, retaliation and revenge are not permitted.
Restraint of hospitalised, informal patients with a mental health disorder, whose behaviour poses a danger to themselves or others is covered under the Mental Health (Care and Treatment) (Scotland) Act 2003.
Section 299(2) of this Act details ‘Nurses Holding Power’. The nurse’s power to detain can only be used by a registered mental health or learning disability nurse; it cannot be exercised by any other class of nurse.