# PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

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<td>Endorsing Body:</td>
<td>Human Resources Forum</td>
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<td>Governance or Assurance Committee</td>
<td>Occupational Health and Safety Performance Group (OHSPG)</td>
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- Human Resources Director
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Distribution
- All Staff through posting on the NHS Lanarkshire Public Web Site under HR Policies [https://www.nhslanarkshire.scot.nhs.uk/corporate-policies/human-resources-policy/]

CHANGE RECORD

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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 the NHS Lanarkshire Public Web Site under HR Policies 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 for 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 integral part of NHS Lanarkshire's Health and Safety arrangements and applies, along with specific local guidance, to managing violence and aggression in the workplace by encouraging Services to develop localised arrangements to effectively manage the 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
   - Through training and increased awareness seek to help staff to react appropriately to acts of violence and aggression
PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

2. **AIM, PURPOSE AND OUTCOMES** (continued)

2.4 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**

The policy applies to all situations in which violence and aggression at work may occur and/or arising in connection with the duties and activities of NHS Lanarkshire staff.

- Where lone working has been identified as being associated with a foreseeable risk of violence and aggression, this policy should be read in conjunction with the 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 Bullying, Harassment and Victimisation-Policy’ and ‘NHS Lanarkshire’s Equality, Diversity, Human Rights Policy’

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.

3.3 **General Data Protection Regulation**

NHS Lanarkshire takes care to ensure personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal 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 or ask a member of staff for a copy of our Data Protection Notice.
4. **PRINCIPLE 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 for NHS Lanarkshire is verbally abused, threatened or physically assaulted in circumstances relating to their employment*. This is based upon the Health and Safety Executive (HSE) definition of work-related violence. Within this definition, visiting NHS staff from other Boards, local authority staff and/or contractors are considered as a ‘Member of the 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 occasion(s).

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 Services / Departments where violence and aggression pose an actual or perceived risk to staff must undertake a risk assessment.

4.2.1 Managers should review 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
- Historical and recent work related Violence and Aggression incidents
- Other contributory factors, for example:
  - 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 medication(s) / treatment(s)
  - 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 **Assessing Risk** (continued)

4.2.2 Relevant risk assessment content should be communicated to the appropriate staff and all relevant parties and reviewed at least annually and / or when circumstances significantly change.

4.2.3 Where a patient / relative / carer or other party has been identified as an actual or perceived 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 assessment findings with associated control measures communicated to all relevant staff. 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 a range of tools and templates to assist with the risk assessment process. These include:

- Violence and Aggression Guidance
- Initial Assessment of Work Associated Violence and Aggression
- Violence and Aggression Control Measures Checklist
- Violence and Aggression Risk Assessment Form
- Individual Patient Violence and Aggression Risk Assessment Form
- Post Violence and Aggression Flowchart
- Post Incident Review Form

The above Control Book documents are available through the NHS Lanarkshire Health and Safety Service FirstPort intranet page under ‘Control Book’, ‘Section 3’.

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 with contact details posted on FirstPort.

HSE guidance on assessment and management: ‘Violence and aggression to staff in ‘Health and Social Care Services’ provides healthcare specialty specific information, guidance and examples of work related violence and can be accessed via 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**

NHS Lanarkshire 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, for example:

- Patient to Patient assault;
- Member of Public to Patient assault;
- Patient to Member of Public assault
4.4 Incidents Affecting Non-Staff Members (continued)

Where the occurrence of violent and/or aggressive interaction between patients/members of the public is not reasonably foreseeable and of such a severity, NHS Lanarkshire recognises that staff may not be equipped to safely deal with the situation. Where this occurs, staff should dynamically assess the situation and take action that is in the interest of everyone’s 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 to be removed from the healthcare premises, the person in charge should ensure a medical assessment has been undertaken to enable care to be maintained or transferred where necessary.

4.5 Training

Different levels of PaMoVA training are available to staff, appropriate to training needs identified through local risk assessment of working practice, working environment and staff members roles. Further training information is available via the NHS Lanarkshire FirstPort and the eEmployee Support System (eESS) Live portal. Members of the PaMoVA training team can be contacted through contact details posted on FirstPort under the PaMoVA Service intranet page for further advice and/or guidance.

4.5.1 Module 1 Training

This is compulsory for all NHS Lanarkshire staff and is a theoretical component designed to equip staff with the 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 and can be completed within 3 months of the date of renewal. Module 1 training is also available as an on-line e-learning module: Violence and Aggression Awareness’ LearnPro module and a DVD is also available for staff having difficulty accessing LearnPro through the PaMoVA Service.

4.5.2 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 training for staff in Breakaway techniques. Module 2 training has a 3 year refresher requirement. 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 defusing skills provided within Module 1 training (LearnPro Module), contacting PaMoVA service for further advice and support where required.
4.5.3 **Module 3 Training**

Indicated for staff working within environments where risk assessment identifies a high risk of violence and aggression. NHS Lanarkshire 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 physical restraint techniques is available for staff working within such high risk environments. Staff in such high risk areas must complete training Modules 1, 2 and 3. Module 3 should be repeated by staff completing this training for the 1st time within 12 months to re-enforce the learning experience.

Module 3 also requires refresher training to be completed within a 2 year rolling period alongside Module 2. Whilst Module 1 can continue to be completed within the standard 3 year refresher period.

The training on the use of soft cuff restraints is not provided by NHS Lanarkshire trainers and a specialist external training provider would require to be engaged to provide this type of training where it is required for staff dealing with particularly complex and unique situations. Further advice is available through the NHS Lanarkshire PaMoVA team lead through the contact details posted on FirstPort under the Health and Safety Service intranet page. This is in line with training provided within other Scottish Health Boards.

4.6. **Reporting and Recording**

4.6.1 **Datix**

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.

4.6.2 **RIDDOR**

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 posted on FirstPort.

4.6.3 **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.

4.6.4 **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, it is permissible to terminate the call. 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](http://www.healthscotland.com/uploads/documents/13670-Dealing%20with%20Phone%20Rage.pdf)

4.6.5 **Complaints**

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

Incident review and debriefing are essential elements in the management and prevention of violent and aggressive incidents. The purpose of a post incident review is to establish what happened and what, if anything, could have been done differently to avoid and/or de-escalate the situation; what further action or support is required and what lessons should be learnt and applied should a similar incident occur.

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 posted on FirstPort.

4.8 **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 an incident. The Salus Occupational Health Service is available to staff either via self-referral or a management referral. Further contact details are posted on FirstPort under ‘Occupational Health’.

An independent and confidential counselling service is also available via “Time for Talking” who provide face to face and/or telephone counselling for staff. The service is confidential. Any staff member can contact “Time for Talking” in confidence and arrange to speak to an accredited counsellor. The contact number is 0800 9703980.

4.9 **Involving Police Scotland and 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 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, patients and/or visitors.

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.
4.9. **Involving Police Scotland and Prosecution** (continued)

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.

4.10 **Withholding Treatment**

4.10.1 Where a patient's violent and/ or aggressive behaviour impairs a staff member's ability to undertake their 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, reserve the right to withhold treatment from the patient.

4.10.2 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. Please refer to NHS Lanarkshire’s “Unacceptable Behaviours Procedure” which forms part of NHS Lanarkshire’s complaints procedure.

4.10.3 As a last resort, treatment can be withheld. The patient must receive a written explanation from the Chief Executive or their representative giving the reasons for exclusion, and copied to the patient's GP. In exceptional circumstances, 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 may be informed of the decision. Each case will be considered individually and all relevant staff will be given information specifying the action they should take in response to varying levels of incidents.

4.10.4 Allowances will be made for:

- Patients who are under 16; and / or
- Have on-going mental health issues; and / or
- Who require emergency treatment; and / or
- Who cannot be held responsible for their actions i.e. due to their medical condition, a learning disability, etc.

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

4.11 **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 a work related assault, they can make a claim for compensation through Human Resources.

4.12 **Monitoring and Review**

The organisation will monitor and review the implementation of this policy to ensure that the aims of the policy are 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.
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.

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 revised and updated as required

5.3 Acute University Hospital Directors / Divisional General Managers / Heads of Service and Service Managers

- Acute University Hospital Directors / 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 periodic review
- Ensure staff complete the compulsory PaMoVA Module 1 and continue to complete this within a 3 year refresher period
- Provision of adequate resources to allow staff to access and attend indicated training module(s) and attend mandatory 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 periodic review

5.4 Divisional 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 the relevant Control Book 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 assessment programme for indicated work activities
5.4 Divisional Department / Line Managers are responsible for: (continued)

- If applicable develop departmental procedures and safe systems of work to eliminate or where this is not practicable reduce where possible work related violence and aggression issues
- 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 periodically and 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 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

5.5 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

5.6 Salus PaMoVA Advisors / Trainers 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
- 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
- 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
5.6 Salus PaMoVA Advisors / Trainers are responsible for: (continued)

- Providing assistance and support to departments/ work specialties when necessary

6. 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

7. COMMUNICATION PLAN

It is recognised that communication is important therefore:

7.1 The Policy and process will be communicated via the All Staff through posting on the NHS Lanarkshire Public Web Site under HR Policies https://www.nhslanarkshire.scot.nhs.uk/corporate-policies/human-resources-policy/. Where appropriate, articles referring to the Policy will be featured in the Pulse and/or through the weekly Staff Briefing.

7.2 Significant changes to the Policy will be communicated by the Health & Safety Admin support , 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.

8. QUALITY IMPROVEMENT – MONITORING AND REVIEW

8.1 Policy Review

The Policy will be reviewed every 3 years and submitted to the Joint Policy Forum (JPF) and Human resources Forum (HRF).

8.2 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.
9. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**
   This policy meets NHS Lanarkshire’s EDIA.

10. **REFERENCES**
   - The Health and Safety at Work etc. Act 1974
   - Malicious Communications Act 1988
   - Violence to staff: Report of the DHSS Advisory Committee on violence to staff, HMSO 1988
   - Criminal Justice and Public Order Act 1994, Section 92
   - The Protection from Harassment Act 1997
   - The Management of Health and Safety at Work Regulations 1999
   - Adults with Incapacity (Scotland) Act 2000
   - Telecommunications Act 2003, Section 127
   - The Mental Health (Care & Treatment) (Scotland) Act 2003
   - Managing Health at Work Partnership Information Network (PIN) Guideline 2003
   - Emergency Workers (Scotland) Act 2005 (as modified 2008)
   - Criminal Justice and Immigration Act 2008, Section 76
   - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
   - Nurses Power to Detain, Section 299 advice notes, Mental Welfare Commission for Scotland http://www.mwcscot.org.uk/media/140960/nurse_power_final.pdf
   - Violence in Health and Social Care, Health and Safety Executive online guidance http://www.hse.gov.uk/healthservices/violence/index.htm
11. 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.

11.1 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.

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

11.3 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.

11.4 Restraint
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. (limited mechanical restraint) and safe holding during an essential procedure.

11.5 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.

11.6 Use of Force
The use of Control and Restraint requires the use of force. The law in Scotland permits the use of force only under certain circumstances, specifically where restraint is necessary e.g. for the protection of an individual from harming self or others and 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.