Health and Social Care in Northern Ireland

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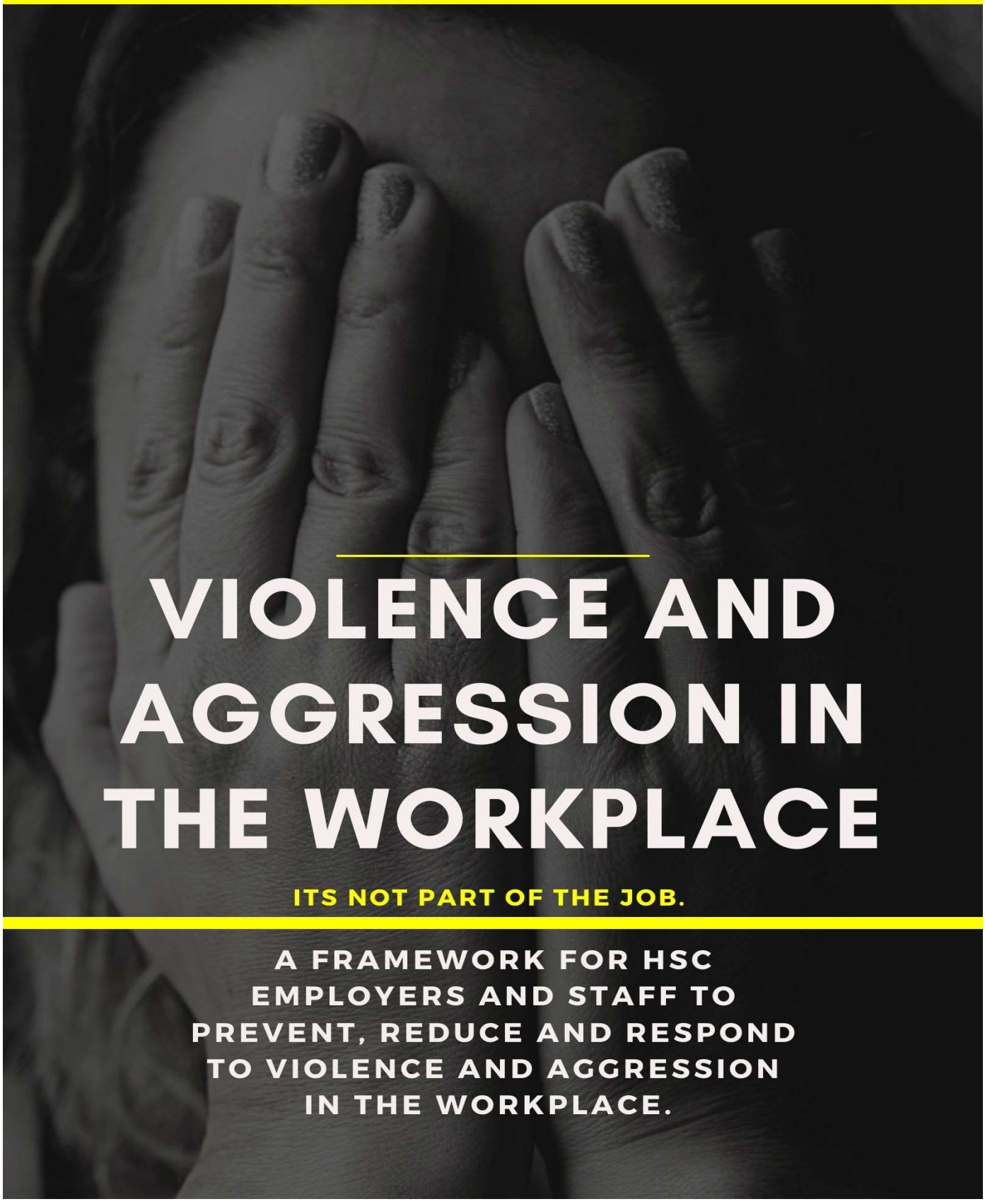

VIOLENCE AND AGGRESSION IN THE WORKPLACE

ITS NOT PART OF THE JOB.

A FRAMEWORK FOR HSC EMPLOYERS AND STAFF TO PREVENT, REDUCE AND RESPOND TO VIOLENCE AND AGGRESSION IN THE WORKPLACE.

Working together Excellence Openness & Honesty Compassion

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SECTION 1: FRAMEWORK STATEMENT

1.1 Introduction

All Health and Social Care (HSC) staff have the right to feel safe from the threat of violence and aggression. HSC Organisations do not condone any acts of violence or aggression towards staff. Whilst it is acknowledged that in the provision of healthcare services, there is an increased risk of violence and aggression this does not mean that it is acceptable. The HSC is committed to staff safety and in working to achieve a reduction in incidents of violence and aggression towards staff, through the provision of safe ways of working and effective training. The risks associated with such incidents can be effectively managed through the use of effective communication, risk assessment, the provision of training, prevention planning, service user involvement, learning from incidents.

For employers it is recognised that the impact of violence and aggression towards staff, is far reaching for the organisation, in that it can lead to reduced performance, both individually and at team level, low morale, poor employee relationships, high levels of absence, difficulty in recruiting and retaining staff, and negative publicity. When incidents do occur, it is vital that all incidents of violence and aggression are dealt with appropriately and that staff are supported in line with Trust policy.

Any patient, visitor, parent, guardian or carer behaving unlawfully may be reported to the PSNI and HSC Organisations will seek the application of relevant penalties available in law and will consider as necessary, the prosecution of perpetrators of crime on or against Staff, Trust property and assets.

1.2 Defining 'Violence and Aggression"

The Health and Safety Executive (HSE) defines work-related violence as*:

"Any incident, in which a person is abused, threatened or assaulted in circumstances arising out of the course of their employment". This includes, threatening behaviour including bullying, intimidation, psychological abuse, harassment, inappropriate use of social media and/or telecommunication and threats with weapons."

Verbal abuse: the use of inappropriate words or behaviour causing distress including shouting, swearing or insults with racial or sexual intent and intimidation.

Physical violence: the intentional application of force to another person without lawful justification, resulting in physical injury or personal emotional discomfort.

It also includes slapping, punching, nipping, biting, kicking, spitting, butting, head butting, stamping or sexualised abuse. It may also include more extreme forms of violence using weapons that are not just restricted to sharp implements, chemicals and firearms.

It is important to note that in addition to the deliberate acts of violence and aggression that are sometimes displayed by service users (or their family and friends), illnesses and mental capacity may also lead to unintended or unintentional incidents of violence and aggression. A service user may be responsible for incidents of violence and aggression which are outside of their control, but which lead to the harming of staff. Whilst these incidents may be unintentional, it is vital that staff are supported in line with this Framework. * https://www.hse.gov.uk/pubns/indg69.pdf

Some examples (this list is not exhaustive) of violent and aggressive behaviour include:

- An irate visitor who considers that his relative has not been properly treated verbally abuses a ward manager;
- A nurse verbally abused and threatened by a patient who is unwilling to take prescribed medication;
- A catering assistant providing refreshments is hit by a confused elderly patient.
- Trust equipment / property being deliberately damaged;

- A Domiciliary Care Assistant being verbally abused and threatened in a service users home;
- A carer bitten by a person with learning disabilities in the course of the normal care of that person;
- A Social Worker is punched and threatened whilst conducting a Child Protection visit in a family home.
- Social Media communications: facebook stalking, trolling, cyber bullying, or recording staff while they are undertaking their duties;
- An ambulance staff member being inappropriately touched while placing a service users seatbelt;
- Emergency medical dispatcher being subject to racial verbal abuse during an emergency call.

Incidents of violence and aggression can arise because the provision of health and social care involves contact with a wide range of people in challenging circumstances and environments that may be difficult to manage. People receiving care and or / their relatives may be anxious and worried; and in some cases may be predisposed towards violence and or aggressive behaviour(s) (HSE, 2019). It is important that staff are aware of this potential, and are prepared to deal with situations that may arise.

It is important for service users, including their visitors, friends and family who may be present during provision of care, on HSC premises or in the home, to understand and respect that there is an expected minimum standard of behaviour towards staff. Any behaviour that puts staff, service users or other persons at risk is not acceptable. This includes behaviours that are motivated by prejudicial attitudes, stereotypes or discrimination against a person on a protected equality ground for example racism or homophobia.

Service users (and their families / friends) have a responsibility to behave in an acceptable manner, which does not include any behaviour(s) considered to be violent or aggressive.

1.3 Purpose

The purpose of this framework is to outline the HSC commitment in partnership with staff representatives, to ensure the **prevention, reduction and management** of violence and aggression towards staff in the workplace, and to ensure associated structures, policies and support is in place to enable staff to work safely.

The Framework is underpinned by health and safety legislation, which places a duty on the employer to provide a safe and secure environment and support for staff and others and to undertake risk assessments as applicable in line with the creation of safe working environments.

1.4. Objectives

In Health and Social Care we are committed to creating a culture of mutual respect, where staff can undertake their duties safely. In accordance with this framework HSC organisations will;

Respect patient/clients/staff's rights under the Human Rights act 1998;
Promote an organisational culture and develop associated structures and strategies that help prevent incidents of violence and aggression towards staff in the workplace and minimize the adverse effects of abuse on staff should it occur;
Provide an environment where staff feel protected from violence and aggression, with appropriate support for staff, patients / service users, carers, students on placement and other persons carrying out authorised work on behalf of the organisation;
Take all reasonable practical steps to reduce the likelihood of the occurrence of abuse toward staff, ensuring staff have the appropriate skills to manage these situations and to minimising the effects of abuse should it occur;
Ensure all staff are aware that they have a vital role to play in these processes, and support staff to take all reasonable steps to ensure their own and others safety.
Ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals.
Learn from incidents of violence and aggression, by gathering and reviewing relevant information, sharing this with staff appropriately and making improvements where possible.
Consider and ensure the implementation of all other relevant policies.

As part of the HSC commitment to keeping staff safe, and in line with the **Plan, Do, Check, Act** approach outlined in *'Violence prevention and reduction standard' NHS Guide*[1], it is important that a governance framework exists in all HSC organisations and that appropriate steps are put into place to mitigate the risk of incidents of violence and aggression to staff and that reduction and prevention strategies are reviewed and implemented.

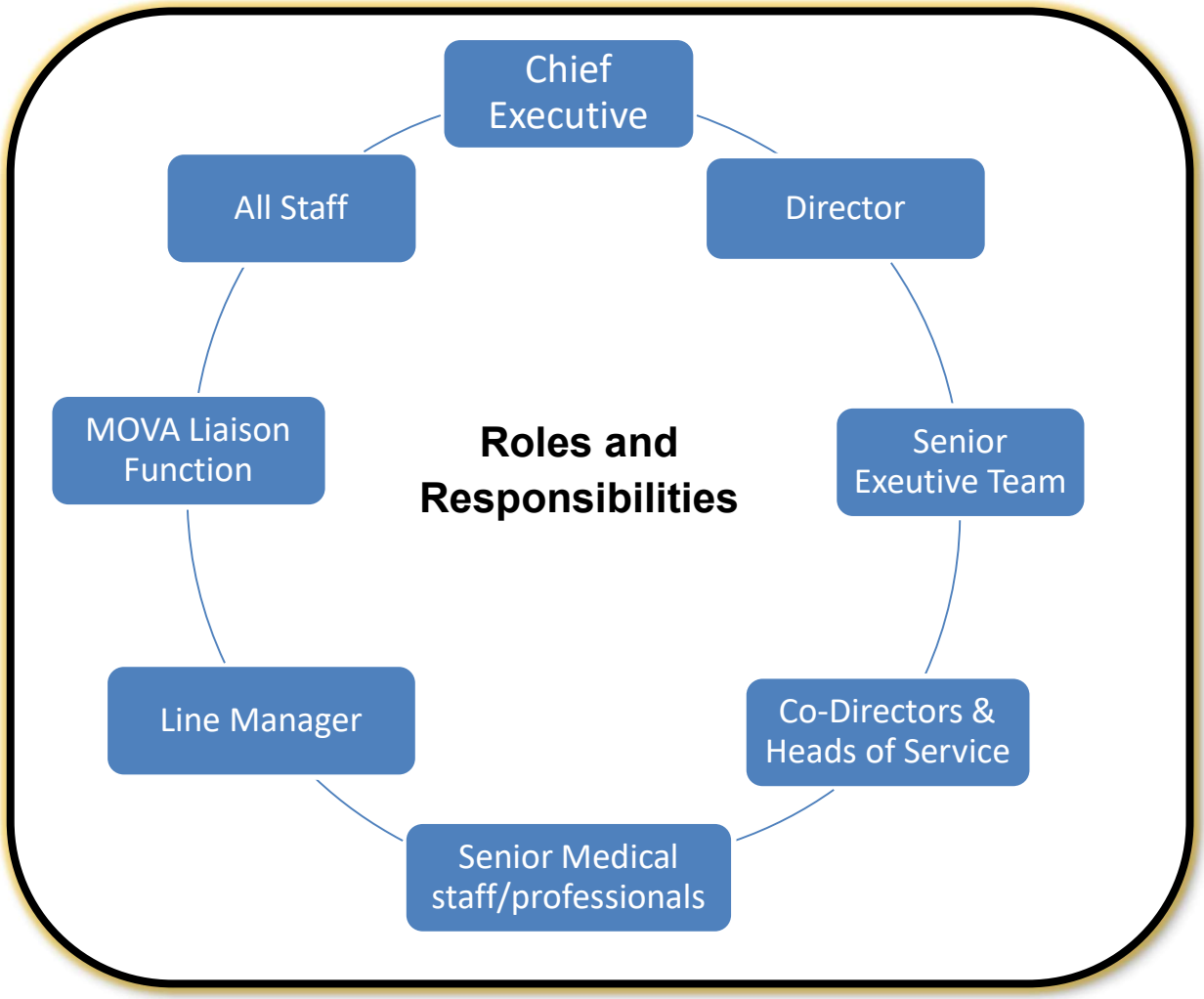
1.5 Scope

This framework applies to all health and social care staff, students and volunteers and should be read in conjunction with other relevant local guidance, policies or strategies, e.g. De-escalation, Rapid Tranquilisation, Physical / Manual Restraint, Regional Framework on the use of Restrictive Practices, Northern Ireland and regional operational procedure for the use of Seclusion 2021 as appropriate.

Excluded from this Framework is harassment and bullying of HSC staff by other staff and abuse of service users by staff. Such situations will be managed in accordance with other policies such as 'Conflict, Bullying and Harassment', disciplinary procedure and other relevant safeguarding policies.

[1] NHS guide; 'Violence prevention and reduction standard' - December 2020
For additional information see appendix 10
https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf

SECTION 2: Roles and Responsibilities



2.1 Board

The board of directors of HSC employers are responsible and accountable for the strategic direction and management of the organisation's activities. Boards' assurance frameworks cover their clinical and social care governance and risk management functions. In this respect, the board, and the board chair in particular, are responsible and accountable for ensuring organisational compliance with this policy, as well as assessing and reporting both on progress with implementation and the impact this is having upon the health and well-being of staff and service users.

2,2 Chief Executive

The Chief Executive has overall responsibility and accountability for the health, safety and welfare of all patients / service users and clients, staff and others affected by the activities of HSC Organisations. The Chief Executive will ensure that all actions are taken within the HSC

organisation, in relation to the prevention, reduction and management of violence and aggression in the workplace.

2.3 Director of X (Trust/HSC Organisation specific)

The **Director of INSERT APPROPRIATE POST** (delete/amend as necessary) has overall delegated responsibility for staff safety and is directly accountable for providing assurance that the management of violence and aggression, specifically prevention and reduction objectives are being achieved.

2.4 Senior Executive Team

The senior executive team are directly accountable for ensuring that this framework for the prevention, reduction and management of violence and aggression in the workplace has the appropriate governance structures in place to implement and monitor this framework. This includes responsibility for creating and driving a culture focused on preventing and managing incidents of violence and aggression (see Section 3).

2.5 Directors, Co/Assistant Directors and Heads of Service

All Directors, Co/Assistant Directors and Heads of Service are responsible for the following:

- Compliance with this framework regarding the prevention, reduction and management of violence and aggression towards staff in the workplace.
- Ensuring that any development or review of local procedures on managing violence and aggression towards staff reflects the ethos of this framework.
- Ensuring risk assessment is completed in each of their areas of responsibility and that the training needs of staff are properly identified, delivered and reviewed.
- Ensuring that all incidents of violence and aggression are appropriately reported, investigated and monitored in line with HSC organisations incident reporting procedures and that learning outcomes are implemented and shared.
- Monitoring incidents regularly to identify high-risk areas and to action plan and develop prevention strategies as necessary.
- Maintaining records in relation to incidents of violence and aggression.
- Ensure that the line managers of individual members of staff or a staff group involved in an incident are provided with an appropriate level of emotional and other support as is necessary

2.6 Senior Medical Staff / Professionals

While HSC organisations have a legal responsibility to provide a safe working environment, staff also have a responsibility to recognise and identify factors that may be contributing to a patient or service user's behaviour.

Medical and professional staff will be alert to any medical, psychiatric or cognitive factors identified as part of any initial clinical risk assessment, which identify the potential for aggressive, challenging or inappropriate behaviour and should therefore ensure that plans are in place to prevent where possible violence and aggression towards staff from service users/patients.

Arrangements should be in place to manage this type of risk across multi-professional teams.

2.7 Line Managers

All line managers need to support and protect their staff, and should through risk assessment be aware of the potential for violence and aggression against their staff and the impact that this may have. Line managers are responsible for the following:

- Communicating this framework and any other associated policies.
- Completion and implementation of management of violence and aggression risk assessments (section 4) as appropriate. Ensuring that appropriate multi-disciplinary/multi-agency risk assessments in relation to violence and aggression towards staff are carried out, communicated and kept up to date.
- Ensuring that effective plans are in place to release staff for training as necessary, including training for new staff with regard to prevention and management of violence and aggression.
- Investigating all incidents of violence and aggression promptly and communicating and sharing learning where appropriate.
- Monitoring and reviewing staff working practices with regards to the management of violent or aggressive incidents.
- To facilitate and implement safe working practices, e.g. buddy systems, silent alarms linked to the switchboard, personal safety alarms, etc.
- Ensuring where available, that resources including alarms and CCTV are in good working order and that staff using them are appropriately trained to do so.
- Ensuring that service specific procedures are in place. For example guidance on recognition of those situations when it would be appropriate to call for the assistance of the PSNI.
- Recognising the rights of individual members of staff to pursue legal action against an aggressor in the context of their work and where appropriate offer support to staff (see section 5 reporting a crime).
- The display of public notices in respect of the Management of Violence and Aggression where applicable.
- Keeping their Co/Assistant/Head of Service informed of any significant risks or implementation difficulties.
- Ensuring appropriate communication of relevant information and risks between services/other agencies. This should be considered and documented on a case-by-case basis. If in doubt about what information is appropriate to share Managers should seek advice from Senior Management or relevant information governance staff.
- Providing emotional and other appropriate support to individual members of staff or a staff group involved in an incident (Section 5).

2.8 MOVA (Management of Violence and Aggression) Liaison Function

HSC organisations must ensure that they have a liaison role / function, that may already exist within an existing team or post, to assist specifically in the prevention, reduction and management of violence and aggression by;

- Providing a central coordination point for the gathering and monitoring of information relating to all incidents of violence and aggression
- Providing a regular review for the Senior Executive team of all incidents of violence and aggression towards staff and an overview of staff personal impact assessments to capture themes and to inform decision making in the prevention and management of violence and aggression.
- Undertaking regular reviews of staff personal impact assessment documentation to ensure learning.
- Where appropriate, linking with line managers regarding the support of staff that have been involved in serious incidents of violence and aggression, which may include accompaniment if appropriate at civil court cases.
- Liaising between staff and managers where issues arising from incidents of violence and aggression require immediate action or where further support for staff is required.
- Building strong relationships with the PSNI.

2.9 All Staff

Staff are required to adhere to this Framework, and any other associated policies at all times whilst carrying out their role. Staff must:

- Attend relevant training.
- Adhere to safe working practices and report to their line manager if they are experiencing difficulties.
- Record and communicate appropriate information about known relevant risks to themselves, colleagues and any others who may be affected.
- Report violent or aggressive incidents in compliance with the relevant adverse incident reporting framework.
- Reflect with colleagues on practice and learning following an incident.
- Ensure that their behaviour towards clients/patients / service users reflects an understanding of individual need.
- Be aware of the potential impact of their behaviour and how this could precipitate or increase the severity of an incident of aggression.

SECTION 3: PREVENTING AND REDUCING THE LIKELIHOOD OF VIOLENCE AND AGGRESSION

Through effective and up to date **risk assessment, staff training and incident reporting**, HSC organisations must demonstrate how they will plan for, prevent, and reduce incidents of violence and aggression towards staff.

The communication to patients/service users and the public about **the impact** of violence and aggression on our staff and our services and the consequences for service users is another key factor in the prevention and reduction of violence and aggression. HSC organisations must also consider and develop ways in which to raise awareness of this issue through the public display of posters/information and by raising awareness through other channels such as social media.

3.1 Risk Assessment and Care Plans

Effective, up to date, suitable and sufficient risk assessments are key to helping the organisation prevent and reduce the impact of incidents of violence and aggression; both workplace / environmental risk assessments, and care plans for dealing with specific individuals and their behaviours. These assessments should reflect requirements under health and safety legislation and must outline the measures in place to support staff as far as reasonably practicable to minimise the risk to their personal safety at all times and should be shared with staff as appropriate.

3.2 Staff Training (See section 6)

Each organisation must designate a specific individual with overall responsibility and accountability for ensuring that appropriate training is delivered, at both the induction stage and subsequently.

HSC staff work in a wide range of diverse working environments including hospital wards, community settings and residential homes. Many staff are also required to work in clients' homes

where lone working is a significant factor; this should be considered in relation to risk assessment, safe systems of work and providing appropriate levels of training.

All staff should receive induction and other appropriate training relevant to their roles, to develop their knowledge of behaviours as a form of communication and the skills necessary in preventing, de-escalating and managing incidents of violence and aggression. It is important that organisations also have sufficient mechanisms in place to train other workers such as agency staff and/or students as appropriate and in accordance with their role and risk assessment.

3.3 Incident Reporting

It is important to report all incidents of violence and aggression in order to identify incident trends and other related issues, with the aim of preventing future incidents. An incident of violence is defined by the HSE as:

"Any incident in which an employee is abused, threatened or assaulted in circumstances relating to work". This includes the serious or persistent use of verbal abuse – which the HSE says can add stress or anxiety, thereby damaging staff health and wellbeing. It also covers staff who are assaulted or abused outside their place of work, for example, while travelling home, as long as the incident relates to their work. This also includes staff who have experienced violence or aggression through social media platforms, linked to their role / job(s).

All incidents of violence and aggression, including incidents which are motivated by a protected equality characteristic for example racial, sectarian or homophobic abuse must be reported and recorded in accordance with the 2020 HSC Regional Framework on Adverse Incidents via Datix Web.

It should also be noted that incidents involving threats of violence or actual violence and other crimes against individuals and property should also be referred to the PSNI by individuals (see section 5.8, 5.9).

Incidents reported on the integrated risk management system DatixWeb should be reviewed at regular intervals to provide information and trend analysis to managers. Managers should investigate clusters and identify the root cause of incidents and ensure this is fed back into care plans and local procedures. Managers should be suitably trained and aware of understanding behaviour as a form of communication.

Reporting is important in order to:

- Assess the risks to individuals concerned, the environment and to the service
- Identify the true scale of the problem
- Highlight patterns of increasingly threatening behaviour
- Measure the effectiveness of how incidents of violence and aggression are handled
- Identify issues that could be considered a hate crime (on the basis of equality grounds)

The **collection of evidence** is important and may be required (where appropriate) to assist in the prosecution process. This may involve:

- Weapons (which should be securely and safely retained with minimum handling to prevent contamination)
- CCTV footage
- Photographs of the scene and injuries sustained should be taken
- Obtain details of possible witnesses, including written statements of evidence; if no PSNI involvement e.g. in cases of potential hate crimes etc.
- Where a written statement has been provided to the PSNI, a copy of this statement should be requested from the PSNI by the person who made the statement and this should be forwarded to their line manager for review as part of any incident investigation.

If staff are unclear in relation to the gathering of evidence they should link with their Line Manager in the first instance.

3.4 Prevention and Reduction - The application of a 'Trauma' lens

Staff and service user engagement is a key factor at all levels (**primary, secondary and tertiary**) in the prevention and reduction of violence and aggression. The following guidance sets out considerations at each level, with a particular focus on applying a trauma lens to the understanding of patient / service user needs.

3.5 Primary, Secondary and Tertiary Intervention

This includes engagement and collaboration with service users, accurate and up to date risk assessments, clear communication and understanding of patient / service user needs, and focusing on a culture of respect. The application of a 'trauma lens' to situations and to service users' behaviours can reduce the likelihood of violence and aggression through consideration and planning of the following:

Physical environment

Consider the impact that the setting has and how that might impact on patients and service users (noise, lighting, crowds, signage)

Assessment, treatment and screening

Use a calm voice; provide clear instructions, clear explanations. Be responsive to and acknowledge pain (physical and/or emotional), fear and/or frustration.

Behaviour is communication

Aggression is often the mask of fear therefore it is essential to create safety as far as possible i.e. consider privacy; clear exits so service users do not feel trapped; provision for physical needs- water, toilets, resources.

Workplace Culture

Staff need to feel confident and supported by colleagues and managers/leaders (e.g. through clear communication, modelling of respect, support, compassion, supervision in a range of forms formal and informal, individual and group/team focussed) in order to do demanding work. Line managers should work to ensure that a workplace culture exists where staff feel able to not only report incidents that have occurred but where they feel safe to raise concerns and reflect upon practice.

Secondary intervention is early intervention to prevent escalation and involves the use of de-escalation skills and techniques in real time as behaviour is escalating.

Successful secondary intervention is heavily reliant upon departmental practices and procedures, communication skills and staff having up to date training and awareness. (see section 4).

There may be occasions where even best practice fails to de-escalate aggressive or violent behaviours. In such circumstances, staff have a range of options up to and including the immediate removal of the individual(s) by the PSNI. Clear communication with PSNI officers attending, may be effective in order not to further escalate the situation.

Seeks to lessen the impact of episodes of violence and aggression as well as learn lessons to reduce the chances of future episodes. It is expected that in care settings, care plans and post incident reviews are used to this end. Staff/team debriefing, service user learning, accountability/supervision, system evaluation and root cause analysis are all key components of tertiary prevention and form part of the learning for staff and patient / services users. It is also essential to learn lessons where a heightened situation has been avoided through de-escalation, support, explanation etc. De-briefs and learning when difficult situations have been avoided are of equal importance as techniques used could be repeated or replicated to other situations.

SECTION 4: MANAGING INCIDENTS OF VIOLENCE AND AGGRESSION

4.1 General guidance for managing an incident

Where there is an identified or foreseeable risk of staff being faced with violence and aggression, an appropriate risk assessment should be completed by managers in conjunction with staff and appropriate training provided where necessary. In many roles and in many circumstances within HSC there are inherent risks and the potential for violence and aggression against staff. Whilst organisations have a responsibly for staff safety, there is also an individual responsibility on each member of staff, to make professional judgements, in order to control risk. This is known as '**dynamic risk assessment'**.

Dynamic risk assessment is the continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk and monitoring / reviewing in the rapidly changing circumstances of an incident.

With regards to the management of an incident of violence and aggression, this may include the ability to recognise own limitations, being vigilant for the safety others, adapting to changing circumstances, working with accepted systems of work, introducing additional controls, reassessing etc. This could be as simple as withdrawing and calling for help depending on the situation. It is important to note that risk management at this level includes post incident review to ensure shared learning. The review allows relevant information to be recorded and fed back into the strategic decision making process, so that safety can be further improved.

In areas where a risk has not previously been identified (e.g. in an administrative or office type setting), the following is guidance on dealing with an incident of violence or aggression, which could be on Trust / HSC premises, or in a service users home, where the primary goal is to manage and minimise risk to the staff member.

Early warning signs

- Every effort should be made by staff to recognise early warning in changes of behaviour and to take control of the situation as soon as possible. Communication skills are vital to engage with the individual to understand the cause, find solutions and ultimately to de-escalate the situation

Assuming control

- If possible, one staff member should lead in a potentially violent situation.

'De-escalation'

- This refers to the use of verbal and non- verbal responses which, if used selectively and appropriately, may reduce the level of a person's anger and hostility. Consider which de-escalation techniques are appropriate for the individual and the situation. De-escalation techniques are taught in both MOVA training models (e.g. TCI and Crisis Prevention Institute (CPI)® Insert trust specific here if additional) employed by HSC Organisations. Line managers and staff should ensure they are proficient and up to date with their training in the management of violence and aggression when training is available.

Know your exit

- For personal safety be aware of your environment and know your exits. If the situation is unsafe disengage and leave immediately.

Maintain Calm

- Be aware of your own emotional state and maintain a calm, confident manner to convey respect of the individual and maintain control of the situation. Take a deeper than normal breath and exhale slowly to help calm your emotions.

Weapons

- Where there are potential weapons in the environment, this is very high risk and the individual should, where possible be encouraged to relocate to a safer area. Staff are not expected to disarm an individual who is displaying violence and aggression. If a weapon is involved ask for it to be placed in a neutral location. It may be necessary for staff to move away and call security where applicable or the PSNI for assistance.

Restrictive practices

- Where restrictive practices are required to manage risk, they should be used as a last resort, be the least restrictive option available and used for the minimum amount of time in line with local policies and best practice guidelines.

Ensure assistance

- Ensure assistance is available by raising a suitable alarm where applicable. This may be calling for help, activating a panic (or similar) alarm.

Manage the environment

- For example, get colleagues to move other individuals towards a safe place and help create space. If the incident is in a service users own home, managing the environment and risk assessing the situation may include withdrawing from the environment if requested by a service user, or a family member or friend on behalf of a service user, or withdrawal of self on the basis of an assessment that the situation may lead to the potential for violence.

Adopt a non-threatening position

- At least one leg length away at an angle to the angry/hostile individual; legs positioned slightly wider than hips for optimal balance and in readiness to move away if necessary. Keep open fluid hand movements at waist level and maintain intermittent eye contact.

Actively Listen

- Demonstrate that you are really listening and interested in the individual by encouraging them to express their concerns.

Keep it simple

- Give simple and brief directives to the individual. Negotiate and offer realistic options and choices, speak calmly assertively and respectfully, empathise and seek resolution. Listen carefully, continue to establish and build therapeutic rapport with the individual.

Behaviours

- Manage your verbal and non-verbal behaviour ensuring that you remain non-threatening and communicate respect.

Quiet Area

- Consider offering the individual the use of a quiet area or designated area to help them calm.

Other relevant Trust / HSC organisation policies / frameworks regarding how incidents should be managed and the use of restrictive practices are in place e.g. *Regional Framework on the use of Restrictive Practices, Northern Ireland (and regional operational procedure for the use of Seclusion 2021.*

SECTION 5: SUPPORTING OUR STAFF

Supporting staff who have experienced violence and aggression or the threat of violence and aggression is an important issue for HSC organisations and is integral to our duty of care and shared HSC values.

When an incident of this type has taken place, it is important that staff know what to do, who to talk to, are aware of the support available to them and what they can expect from their Manager. For an open culture where incidents and learning are shared and addressed it is important that staff feel supported and encouraged to report all incidents of violence and aggression and vital that they see appropriate action and follow up.

HSC organisations will support any individual who exercises their right to take legal action in the case of an act of violence at work.

5.1 Recording and reporting of violent or aggressive incidents

Information is essential to assist with the prevention, reduction and effective management of incidents. It will also shape the support available for staff and aid with the evaluation of training or any other intervention in place to address violence and aggression. The process for dealing with incidents of violence or aggression is as follows:

- **All incidents of violence and aggression must be reported** as soon as possible to the person in charge of the relevant area/department by the person(s) directly involved.
- **All staff must use HSC Organisations Incident Report Form or Datix Web system to report all incidents of violence and aggression recording where appropriate incidents related to an equality characteristic** (as defined in this Framework).

- **Managers must investigate and follow up** with the member of staff in relation to any incident that occurs within their area. Serious or highly significant incidents must be investigated in accordance with the relevant adverse incident Framework and appropriate support given to the member(s) of staff involved.
- **All incidents must be reported** in line with Health and Safety Legislation and Regional Framework for Reporting of Incidents, Diseases and Dangerous Occurrence's Regulations (NI) 1999 as appropriate.
- **Managers should monitor** the frequency and severity of incidents in their area to look for trends, patterns or particular cluster areas.

5.2 Actions following an incident

Managers are responsible for ensuring that each individual receives an appropriate level of support responsive to individual need:

Initial support, some examples of this may include:

- Emotional first aid – common human support, e.g. comforting the individual and offering refreshments
- Recognise the impact of discriminatory behaviours for example racism or homophobia and provide signposting and support.
- Support immediately after the incident within the department/unit (Group or individual) and support to get prompt and appropriate medical care.
- Opportunity to go off duty.
- Contact relative, friend or Trade Union representative.
- Taxi Home/Transport arrangements.
- Assistance and accompaniment to hospital (where appropriate)
- On-going managerial (most appropriate Manager) contact with individual in a considerate/ supportive manner.
- Occupational Health, Inspire, or other Employee Assistance Provider

On-going support

5.3 Personal Impact Assessment

Staff that have been involved in an incident relating to violence and aggression in work should be offered the opportunity to complete a personal impact assessment (PIA) (appendix 9). This is not compulsory for staff to complete. It is important that the manager makes the member of staff aware of the opportunity to reflect on their experience by completing the PIA soon after the incident or at an appropriate time after the event.

The purpose of the assessment is to enable the individual to reflect on their experience, the support they have had, and what other support if any may still be helpful. It will be up to the manager and member of staff to determine when the timing is right to undertake the assessment.

Purpose of the Personal impact assessment:

Experiencing incidents of violence or aggression in the work place can leave staff feeling lots of different emotions. One way of helping the organisation to understand what staff have experienced is to provide a personal impact assessment. Your statement details how the experience has affected you in your own words. It enables you to describe the impact on you emotionally and practically, and is intended to help HSC Organisations to continually learn from incidents, put appropriate preventative and support measures in place and to ensure that you personally have been / continue to be supported appropriately post incident.

The personal impact assessment is confidential, and redacted information from the documentation will only be used (with staff consent) in appropriate ways e.g. for sharing information with relevant working groups / Health and safety groups linked to management of violence and aggression.

5.4 Return to work

Staff should be kept informed of any actions taken following the incident, especially if they are absent from work and what steps have been taken to ensure that the individual

feels that they are supported and returning to a safe working environment. Further guidance on staff returning to work following absence is contained within HSC Organisations's Sickness and Absenteeism Framework and Procedures ***insert relevant title*** and where appropriate discussions with Occupational Health may identify some additional measures that may be taken to support the member of staffs return.

5.5 Learning from Incidents of violence and aggression

Post incident review(s) should be regarded as an opportunity:

- To promote a learning culture where there is learning from experience and where there is appropriate support for our staff in the best way possible in the future
- To obtain information to prevent/reduce risk of further violent and aggressive incidents.
- To improve services and better utilise resources.

It is important that lessons are learned and conclusions drawn from all incidents that staff are involved in and that changes identified as being necessary are made. Managers should actively promote learning from experience and share knowledge across teams in relevant services. Opportunities to share learning right across HSC Organisations should be maximised to prevent the reoccurrence of similar incidents in other Trust facilities/departments.

5.6 Evaluation (of Incidents/ incident management and impact on staff)

On a quarterly / regular basis, HSC Organisations will provide a summary evaluation report, of the incidents relevant to the management of violence and aggression which will be considered along with other relevant factors e.g. training uptake and considered against any relevant corporate risks.

This must be considered by an appropriate senior committee/forum in accordance with agreed local governance arrangements. This is for the purpose of preventing, reducing and managing all incidents of violence and aggression effectively, to ensure that staff are receiving an appropriate level of support, and that there is awareness and understanding at a senior level within the organisation, of the impact that incidents have on Trust staff.

The following sections outline some of the support mechanisms available to staff and outline the responsibility of Managers in terms of providing direct support and guidance for staff when an incident occurs:

- **Appendix 6 – Dealing with dangerous or offensive weapons**
- **Appendix 7 - Managing abusive telephone calls**
- **Appendix 8 – Working with the PSNI**
- **Appendix 9 – Personal Impact Assessment (PIA)**

5.7 Reporting an incident as a Crime (Criminal Prosecutions)

Where a member of staff has reported an incident as a crime, the individual may wish to liaise with the team / officer who has responsibility for MOVA to seek support / information as necessary (see page 12 regarding the liaison function).

Where an incident could be / is being considered as a hate crime, due to an equality nature of the incident, individuals may wish to speak to relevant Equality / Human Resources (or other relevant) Staff within the organisation for further advice.

Where appropriate the Team / Officer will liaise with individual affected and their Line Manager, in terms of follow up actions / information required and to support learning post incident. This may also include providing support / guidance as appropriate and accompanying the individual if required.

In addition to the support outlined above, the team / officer will link with the relevant Health and Safety Groups / Committees to provide further details and analysis re incidents across HSC Organisations that will inform relevant actions plans and training etc. They will also be responsible for developing relevant action plans in support of the relevant Committees to ensure actions in relation to incidents of violence and aggression are delivered and that post incident learning is applied and shared appropriately. The team / officer will also have responsibility for establishing a baseline for incidents of violence and aggression, working closely with other staff from the relevant Health and Safety Team(s) / Officer(s) and monitoring levels of incidents on an

annual basis, to look for and report on trends and recurring issues that should be developed through an action plan for improvement.

5.8 Advice regarding Criminal Prosecution

Due to the legal requirements set out in law, the employer is unable to take forward a case on behalf of a member of staff. Line managers do however have a responsibility to support any member of staff involved in criminal/legal proceedings because of a work related incident.

Where a serious incident (including hate crimes and or threats of violence) has occurred, staff should report the complaint to the PSNI as soon as possible and liaise with their Manager to advise of any issues that arise from this. It is acknowledged that this can cause distress to staff and managers should ensure the individual is given appropriate assistance and support. A work colleague or line manager can be present to provide support so long as they are not involved in the incident or likely to be a witness. In pursuing a criminal prosecution, a Director or other Senior Member of Trust Management may be able to submit a **victim impact statement** to support a member of staff's case. Staff should speak to the PSNI about this during the course of reporting an incident and they will advise on the appropriateness of this. The Liaison Officer can also assist in the co-ordination of this process and the provision of advice.

Reporting a criminal incident (of violence and/or aggression);

Staff should report an incident as soon as possible, in one of these ways:

- **Emergency:** Phone 999 where there is serious injury, threat or danger; a crime is in progress; or suspects are on the scene.
- **Non-urgent matters:** Phone 101 or you can report online at , www.psni.PSNI.uk/CrimeReportFormPage/
- **Hate crime:** You can also report hate crime online at www.psni.PSNI.uk/crime/hate-crime/
- **Call at your local PSNI station:** You can report non-urgent incidents at your local PSNI station, during opening hours.
- **SPOC,** Northern Area (extension 63968), Western Area (extension 40722), Eastern Area (extension 36602), Southern Area (extension 34030), South Eastern Area (extension 34030).

- **Web:** www.psni.PSNI.uk

Where reported to the PSNI, a crime (incident) number will be issued, which is important should staff wish to pursue individual personal damage or prosecution against the perpetrator. Following the incident, staff member(s) may be asked by the PSNI to make an immediate statement, in order to assist them in dealing with or arresting an individual. If necessary, the PSNI will take a written, or video recorded, statement from staff setting out what happened.

For more detailed and up to date information in relation to how to report an incident to PSNI and the support available, or other general information in relation to incidents please see either of the links below:

- https://www.nidirect.gov.uk/information-and-services/crime-justice-and-law/victims-and-witnesses
- https://www.justice-ni.gov.uk/sites/default/files/publications/doj/information-for-victims-of-crime.PDF

The Victim Charter sets out how victims of crime should be treated and what advice, support and practical information they can receive. Details of the Victim Charter can be found at Victim Charter | nidirect.

5.9 Logging an incident with PSNI by way of a record of the incident

In the event that a member of staff does not wish to make a formal complaint to the PSNI, but the Trust / HSC organisation feels that they have a duty to flag the incident to the PSNI by way of a record, the Line Manager in conjunction with the MOVA Liaison Officer (or team that has responsibility for incidents of violence and aggression in the Trust / HSC Organisation) can report this to the PSNI, but request no further action to be taken. The staff member involved may be asked by the PSNI if they wish to do anything further regarding the incident.

Contact regarding an incident should be raised through the PSNI via; **Telephone Number: 101 OR via the PSNI website (link below)**

https://selfservice.nidirect.gov.uk/firearms/PSNI/PSNIForms/OnlineIncident#/IntroAdult

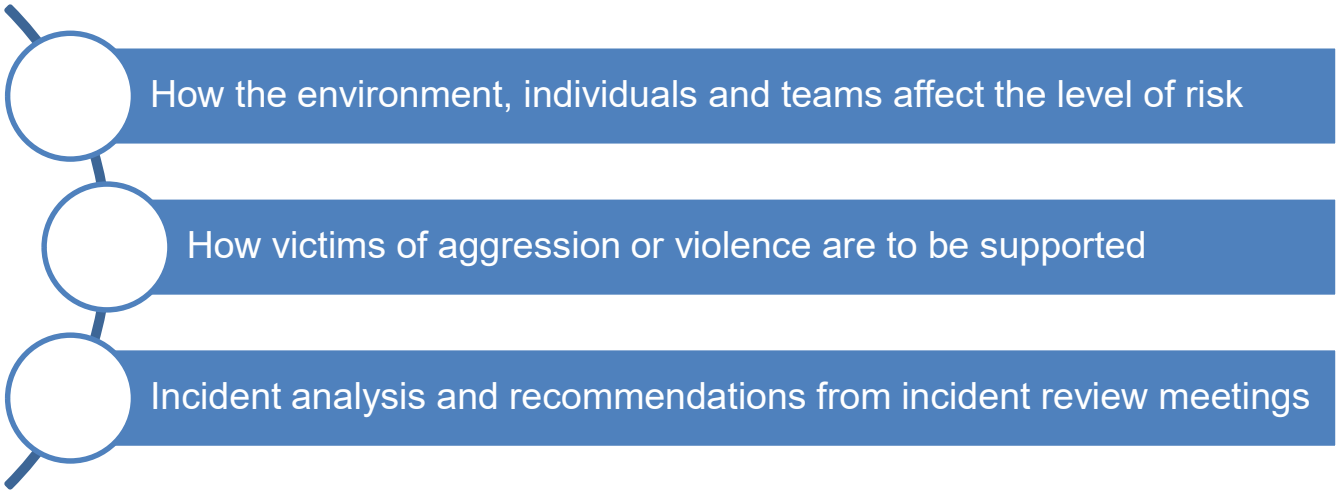
This will generate an incident number which can be recorded by the Trust and referred to if any further incidents occur.

SECTION 6: TRAINING AND RISK ASSESSMENT

6.1 Introduction to training

Organisations must ensure training, is appropriate, available and delivered to all staff assessed to be at risk of violence and aggression in the workplace.

If training is identified at level 2 or above this training must be accredited. The assessment of needs should address:



This assessment will detail how often the identified staff will be trained and also outline the techniques in which they will be trained. This assessment and the subsequent guide will inform training needs analysis. (Page 37)

Organisations should ensure that appropriate arrangements are in place to effectively manage training within their organisation and this will include:

- That accredited training that has been commissioned and is available
- Ensuring that effective plans are in place to release staff for foundation and subsequent refresher training.

Assessments and action plans must be communicated to staff and reviewed regularly. These should include any necessary instruction (e.g. local procedures) and or training on the control measures.This can be evidenced by:

- Induction / Training Records, (Training as per Statutory and Mandatory Training Matrix)
- Completed Training Needs Analysis
- Minutes from staff / team briefings
- Staff appraisals.

Equality and Human Rights Considerations

This Framework has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires HSC Organisations to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

Monitoring and Review

This Framework will be reviewed after a period of five years.

SECTION 7 – APPENDICES

APPENDIX 1 – GENERAL MANAGEMENT OF VIOLENCE AND AGGRESSION RISK ASSESSMENT FORM

As required by the Management of health and safety regulations (NI) 2000 as amended

Facility/Ward/Department: _____ Assessment Completed By: _____

Date: _____ (Names/Titles): _____

Brief Description of activity, location or equipment:

Description of Hazards	Persons Affected by the Work Activity and How	Existing Controls	Likelihood	Severity / Consequence	Risk Rating
1.Exposure to verbal abuse (including threats of discriminatory nature eg. racist, sectarian.) 2.Exposure to non verbal abuse (e.g stalking – menacing behaviour) 3.Exposure to threats of abuse 4.Exposure to Physical abuse 5.Threats of sexual abuse and exposure to sexually inappropriate language and behaviour 6. Sexual abuse 7.Damage to property 8. Risks of threats to personal safety					

Health and Social Care in Northern Ireland

APPENDIX 2 – MANAGEMENT OF VIOLENCE AND AGGRESSION ACTION PLAN

Sources of Information / Persons Consulted	Further Action if necessary to control the Risk	Person/s responsible for Co-Ordinating implementation of the Action.	Recommended Timescales	Date Completed	Revised Risk Rating

Please ensure that you:

1. Communicate this risk assessment with the staff and others affected by the work assessed.
2. Monitor the implementation of any further action identified.
3. Monitor the continued implementation of existing controls.
4. Revise the Risk Rating when additional actions have been implemented
5. Retain this Risk Assessment in your Health and Safety Framework and Documentation folders
6. When further action has been identified it is good practice to set a date shortly after
7. Review your risk assessment at least every two years or more frequently if required, this will enable you to assess their effectiveness.

In certain circumstances it will be necessary to undertake a new assessment e.g. Following an Accident/Incident, new legislation/guidance/best practice, changes in work activities/location, new hazards/activities identified.

Line Manager Signature _____ Date:_____

Initial Review Date: _____

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APPENDIX 3 – HSC REGIONAL IMPACT TABLE (WITH EFFECT FROM APRIL 2013 AND UPDATED JUNE 2016 AND AUGUST 2018)

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	**MINOR (2)**	**MODERATE (3)**	**MAJOR (4)**	**CATASTROPHIC (5)**
PEOPLE *(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)*	• Near miss, no injury or harm.	• Short-term injury/minor harm requiring first aid/medical treatment. • Any patient safety incident that required extra observation or minor treatment e.g. first aid • Non-permanent harm lasting less than one month • Admission to hospital for observation or extended stay (1-4 days duration) • Emotional distress (recovery expected within days or weeks).	• Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). • Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). • Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required	• Long-term permanent harm/disability (physical/emotional injuries/trauma). • Increase in length of hospital stay/care provision by >14 days.	• Permanent harm/disability (physical/ emotional trauma) to more than one person. • Incident leading to death.
QUALITY and PROFESSIONAL STANDARDS/ GUIDELINES *(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)*	• Minor non-compliance with internal standards, professional standards, Framework or protocol. • Audit / Inspection – small number of recommendations which focus on minor quality improvements issues.	• Single failure to meet internal professional standard or follow protocol. • Audit/Inspection – recommendations can be addressed by low level management action.	• Repeated failure to meet internal professional standards or follow protocols. • Audit / Inspection – challenging recommendations that can be addressed by action plan.	• Repeated failure to meet regional/ national standards. • Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. • Audit / Inspection – Critical Report.	• Gross failure to meet external/national standards. • Gross failure to meet professional standards or statutory functions/ responsibilities. • Audit / Inspection – Severely Critical Report.
REPUTATION *(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)*	• Local public/political concern. • Local press < 1day coverage. • Informal contact / Potential intervention by Enforcing Authority (e.g. HSENI/NIFRS).	• Local public/political concern. • Extended local press < 7 day coverage with minor effect on public confidence. • Advisory letter from enforcing authority/increased inspection by regulatory authority.	• Regional public/political concern. • Regional/National press < 3 days coverage. Significant effect on public confidence. • Improvement notice/failure to comply notice.	• MLA concern (Questions in Assembly). • Regional / National Media interest >3 days < 7days. Public confidence in the organisation undermined. • Criminal Prosecution. • Prohibition Notice. • Executive Officer dismissed. • External Investigation or Independent Review (eg, Ombudsman). • Major Public Enquiry.	• Full Public Enquiry/Critical PAC Hearing. • Regional and National adverse media publicity > 7 days. • Criminal prosecution – Corporate Manslaughter Act. • Executive Officer fined or imprisoned. • Judicial Review/Public Enquiry.
FINANCE, INFORMATION and ASSETS *(Protect assets of the organisation and avoid loss)*	• Commissioning costs (£) <1m. • Loss of assets due to damage to premises/property. • Loss – £1K to £10K. • Minor loss of non-personal information.	• Commissioning costs (£) 1m – 2m. • Loss of assets due to minor damage to premises/ property. • Loss – £10K to £100K. • Loss of information. • Impact to service immediately containable, medium financial loss	• Commissioning costs (£) 2m – 5m. • Loss of assets due to moderate damage to premises/ property. • Loss – £100K to £250K. • Loss of or unauthorised access to sensitive / business critical information • Impact on service contained with assistance, high financial loss	• Commissioning costs (£) 5m – 10m. • Loss of assets due to major damage to premises/property. • Loss – £250K to £2m. • Loss of or corruption of sensitive / business critical information. • Loss of ability to provide services, major financial loss	• Commissioning costs (£) > 10m. • Loss of assets due to severe organisation wide damage to property/premises. • Loss – > £2m. • Permanent loss of or corruption of sensitive/business critical information. • Collapse of service, huge financial loss
RESOURCES *(Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)*	• Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. • No impact on public health social care. • Insignificant unmet need.	• Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. • Short term impact on public health social care. • Minor unmet need. • Minor impact on staff, service delivery and organisation, rapidly absorbed.	• Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. • Moderate impact on public health and social care. • Moderate unmet need. • Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention.	• Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. • Major impact on public health and social care. • Major unmet need. • Major impact on staff, service delivery and organisation - absorbed with	• Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. • Catastrophic impact on public health and social care. • Catastrophic unmet need. • Catastrophic impact on staff, service delivery and organisation - absorbed

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
	• Minimal disruption to routine activities of staff and organisation.		• Access to systems denied and incident expected to last more than 1 day.	some formal intervention with other organisations.	with significant formal intervention with other organisations.
ENVIRONMENTAL *(Air, Land, Water, Waste management)*	• Nuisance release.	• On site release contained by organisation.	• Moderate on site release contained by organisation. • Moderate off site release contained by organisation.	• Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc).	• Toxic release affecting off-site with detrimental effect requiring outside assistance.

APPENDIX 4 – RISK CALCULATOR

RISK RATING = LIKELIHOOD X CONSEQUENCE

Likelihood – What are the chances of the identified risk actually occurring?

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	**Score**	**Frequency** (How often might it/does it happen?)	**Time framed Descriptions of Frequency**
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

	Impact (Consequence) Levels				
Likelihood Scoring Descriptors	**Insignificant(1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost Certain (5)	**Medium**	**Medium**	**High**	**Extreme**	**Extreme**
Likely (4)	**Low**	**Medium**	**Medium**	**High**	**Extreme**
Possible (3)	**Low**	**Low**	**Medium**	**High**	**Extreme**
Unlikely (2)	**Low**	**Low**	**Medium**	**High**	**High**
Rare (1)	**Low**	**Low**	**Medium**	**High**	**High**

RISK RATING = LIKELIHOOD X CONSEQUENCE

RISK RATING SCORE	DESCRIPTION	RISK LEVEL
1-3	The risk is broadly acceptable	Low
4-6	The risk requires monitoring and managing	Medium
8-12	The risk requires action to be taken	High
15-25	The risk requires action as a matter of urgency	Very High

APPENDIX 5 – MANAGEMENT OF VIOLENCE AND AGGRESSION TRAINING NEEDS GUIDE

Is the employee likely to encounter?	What would the organisation expect of this employee if faced with a difficult situation?	Training Needs Guide	Level(as per DHPSS guidelines) / length of course
1 - 3 Minimal Chance of violence and aggression	No expectation other than own health and safety	Basic Personal Safety	Basic Personal Safety leaflet and / or e-learning course Level 1
4 - 6 Verbal aggression or feeling threatened in any way	Expectation to try to verbally de-escalate an aggressive person	Basic Personal safety including management of violence and aggression theory.	Presentation Approx 3 hours teaching time Level 2
8 - 12 Physical aggression	Expectation to use de-escalation skills and to disengage from physical attacks	Basic Personal safety including management of violence and aggression theory plus disengagement skills training	1 day course including theory and physical skills Level 3
15 - 25 The need to apply restrictive intervention techniques in order to maintain safety.	Expectation to do all of the above and to apply restrictive intervention techniques if necessary	Basic Personal safety including management of violence and aggression theory, plus disengagement skills training and restrictive interventions training.	2 – 5 day courses including physical holding skills Level 4

APPENDIX 6 - MOVA DEALING WITH DANGEROUS OR OFFENSIVE WEAPONS

Definition:
A weapon means any object which can be used to cause injury and not just items such as knives, etc. Any implement lying around could be seized and used to harm or threaten others.

Staff should:

- NEVER approach an armed aggressor.
- Keep at a safe distance, weapons can be thrown.
- Build a way out – position yourself to the nearest escape route.
- If unsafe, leave/disengage immediately and if possible, evacuate everyone and secure the area.
- GET HELP.
- Ring PSNI if required.

If safe, use an item of furniture as a barrier and ask the individual to lay down the weapon, rather than hand it over.

Negotiate a compromise e.g. “if you put the weapon down, I will telephone your GP/partner/manager” depending on the situation.

If a dangerous or offensive weapon has been brandished or used, it should be:-

- Securely retained if possible.
- Handling should be kept to a minimum
- Item placed in a plastic bag and then placed in box to prevent accidental injury.
- PSNI should be advised and the item handed over to them.
- Under no circumstances return to the assailant.

APPENDIX 7 - MOVA MANAGING ABUSIVE TELEPHONE CALLS

Staff should:-

- Try to answer the phone promptly
- Be assertive but friendly, courteous and respectful.
- If appropriate let the caller vent (in a respective way) their concerns, this will allow the caller to calm especially if they know their message is being heard.
- Reflect back empathetically to the caller the essence of the information gathered "*Yes I can see you are extremely frustrated/angry/annoyed that nothing has been done ……"* and seek clarification of the issues.
- Show empathy "*I am sorry this has happened to you".*
- It is important to recognise the boundaries of your role, you may have to refer the caller to a manager or colleague if this will help. Inform the caller you are putting them on hold, for say 5 minutes, to find possible solutions, while you check on records; or speak to a colleague.
- If transferring the call please ensure details of the caller's issues are conveyed so as not to exacerbate the situation.
- It may not be possible to fully meet needs or demands but offer realistic alternatives and time to choose, where possible explain why you can't meet their needs.

At any stage if de-escalation has been successful and the situation has calmed follow normal procedures to further resolve the caller's concern, query or complaint. Offer extended help, "*Is there anything else I can help you with?"*

If unsuccessful move to:-

- **Stage One:** Explain there is a problem and ask them to stop e.g. "*Please stop shouting/using bad language, I want to help….pause….* When you speak more quietly/calmly/stop swearing then I will be able to listen and help you". Remain silent ….. to allow caller to consider their behaviour and a positive outcome if they follow your request.
- **Stage Two**Remind the caller and state more assertively e.g. "*I have already asked you to please stop shouting/using bad language. If you choose to continue to do so then you leave me with no option but to end this call"*Remain silent ….. to allow caller to consider their behaviour and a positive outcome if they follow your request.
- **Stage Three**Terminate the call e.g. "*I'm sorry but I have already asked you twice not to shout/use bad language. I am authorised to terminate this call. Please call again when you can do so in a calm/normal way. Thank you".*

Dealing with Threats

Trust staff are authorised to immediately terminate any call where threats are made against them personally or to their property or any perceived threat to them outside of the work environment should be reported to the PSNI. We as a Trust find abusive calls unacceptable and operate a Zero Tolerance Frameworkhowever where staff believe appropriate techniques have not resulted in the required respect then this should be reported to your line manager and a Datix completed.

APPENDIX 8 - MOVA WORKING WITH THE PSNI

If any member of staff perceives that there is a risk to the safety of service users, the public or staff they should contact the PSNI. Each situation will demand an assessment of risk to be made by staff and PSNI on duty.

1. ***PSNI called to deal with violent/disorderly persons.***

    - Staff will fully brief the PSNI in attendance.
    - Any offence committed will be dealt with by the PSNI.
    - If action is required by the PSNI, Trust staff should not intervene.
    - Witness statements will be taken by the PSNI Officers attending.
    - Any Medical attention required should be administered.

All incidents where PSNI are called to attend Trust premises must be fully documented on the DATIX web System

2. ***Persons brought to hospital by PSNI for medical attention (not in PSNI custody)***

    The full facts and background should be communicated to senior medical / nursing staff on arrival at hospital.

    Hospital staff should convey any concerns about the persons' behaviour to the PSNI attending, PSNI should give due consideration to the risk and remain until the situation is resolved (if operational requirements permit).

3. **Persons in PSNI custody brought to hospital for medical attention**
    The PSNI should communicate the full circumstances to senior medical/nursing staff.

    Senior medical/nursing staff should inform the PSNI early of the individual's condition, e.g. whether or not the person is to be admitted to hospital.

    PSNI/hospital staff are to keep each other updated of developments.

    Person in PSNI custody will not be left unaccompanied in hospital. If they are able to be admitted to hospital a PSNI guard should be placed.

    The PSNI may refuse visitors to the person (depending on the offence).

    PSNI should advise the senior medical/nursing staff the person has been released from PSNI custody.

4. **Organisations / Trusts working with PSNI**
    Organisations are encouraged to work on an on-going basis with local PSNI, to provide clarity on these matters and build relationships

APPENDIX 9 - MOVA Personal Impact Assessment

What is a personal impact statement?

In relation to the management of violence and aggression, experiencing physical or verbal abuse in the work place can leave staff feeling lots of different emotions. One way of helping the Organisation to understand what you have experienced is to provide a personal impact statement. Your statement details how the experience has affected you in your own words. The main purpose is that it describes the impact on you emotionally and practically, and is intended to help HSC Organisations to continually learn from these incidents and to ensure that you have been / continue to be supported appropriately post incident.

The personal impact Assessment form is a follow up to an incident and Section 1 should be completed as soon as possible after the incident. Section 2 should be more of a reflective piece of work and should be completed at an appropriate time following the incident. This form is not compulsory and is designed for post incident learning and service improvements.

The **information provided on this form is confidential**; however it may be used in a redacted form to share with relevant governance committees etc, with a view to making improvements across the organisation. If the information is to be shared as outlined, your permission will be required prior to doing so.

Name: _____ **Job title:** _____

Division: _____ **Ward/Dept/Facility:** _____

SECTION 1

Incident Details (Very brief description, not the level of detail provided on Datix web)
Incident ID (if logged on Datix web, if it wasn't logged please say why this was the case) *Was this a Physical Incident or a Verbal incident?* *When did the incident take place?* *Were there any witnesses?*

Impact on you: (this will be a description of how the incident(s) have made you feel)
Has the incident changed how safe you feel with people or certain situations? *Has the incident affected your physical health and or mental wellbeing?* *Are there any other impacts this has had on you that you would like to make us aware of?*

Was this incident reported to the Police? **YES ( ) NO ( )**

SECTION 2

Looking back on the incident, have you had appropriate support from the organisation / what else could have been done to support you / how can we learn from this?
Tell us what else we can do / do better

Was this incident since reported to the Police? **YES ( ) NO ( )**

Signed: _____ **Date:** _____

Please give a copy of this form to your Line Manager

APPENDIX 10 – MOVA VIOLENCE PREVENTION AND REDUCTION STANDARD DECEMBER 2020

NHS - Violence prevention and reduction standard - December 2020

The violence prevention and reduction standard provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.The violence prevention and reduction standard employs the Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes.

Plan

The NHS organisation must review their current status against the violence prevention and reduction standard and identify their future requirements, to understand what needs to be completed and how, who will be responsible for what, and what measures will be used to judge success. This phase of the process includes developing or updating strategies, policies and plans to deliver the aims.

Do

The NHS organisation must:

- assess and manage risks
- organise and implement processes, and communicate plans to and involve NHS staff and key stakeholders in their delivery
- provide adequate resources and training.

Check

The NHS organisation must ensure that the plans are implemented successfully, assess how well the risks are controlled and determine if the aims have been achieved, ie via audit measures. As part of the process, the NHS organisation should routinely assess any gaps and ensure swift corrective action. Credible, accurate and unambiguous data will assist in checking incidents of violence have fallen.

Act

The NHS organisations must review its performance to enable the senior management team to direct and inform changes to policies or plans, in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. The NHS organisation should share critical findings with internal and external stakeholders.

For more details on the NHS violence, prevention and reduction standard see the following link;

https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf