

Title:	A Zero Tolerance approach to the prevention and management of Aggression and Violence towards staff in the workplace		
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Ownership:	Jacqui Kennedy, Human Resources Director		
Approval by:	Trust Policy Committee Executive Team Meeting	Approval date:	1 August 2019 7 August 2019
Operational Date:	August 2019	Next Review:	August 2024
Version No.	4	Supersedes	V3 - June 2014 – June 2017
Key words:	Management, Aggression, Violence, staff		
Links to other policies	BHSCT General Health and Safety Policy BHSCT Policy on Lone Working BHSCT Restrictive Practices Policy BHSCT CS Spray Contamination BHSCT Adverse Incident Reporting Policy BHSCT Statutory Mandatory Training Policy		

Date	Version	Author	Comments
25/07/2013	2.1	A Brannigan	Initial Draft
07/08/2013	2.2	A Brannigan	Comments from Management of Aggression Team
12/08/2013	2.3	A Brannigan	Comments from Senior Manager Regulation and Improvement
04/10/2013	2.4	A Brannigan	Comments from Joint Health and Safety Committee
03/04/2014	2.5	A Brannigan	Comments from Assistant Medical Director
01/07/2014	3.0	A Brannigan	Final version Issued
June 2018	3.1	A Brannigan T Patterson	Initial draft
August 2018	3.2	A Brannigan T Patterson	Following consultation
January 2019	3.3	A Brannigan	Following screening
February 2019	3.3	A Brannigan	Comments from Trust Policy Committee
August 2019	3.4	A Brannigan	Final amendments
August 2019	4		Final version

Trust Policy Committee_ A Zero Tolerance approach to the prevention and management of Aggression and Violence towards staff in the workplace_V4_August 2019

1.0 **INTRODUCTION**

This Policy aims to ensure that the need to protect staff is properly balanced against the need to provide health and social care to individuals.

The Trust recognises that staff and those they provide services to have a right to feel safe from threat and violence from others. It is acknowledged that whilst there is an increased risk of aggression and violence against healthcare staff, this risk can be greatly reduced by effective communication, effective risk assessment, prevention planning, service user involvement, learning from incidents and training. The Trust is committed to staff safety and incident reduction through the provision of safe ways of working and provision of training.

1.1 **Background**

Zero Tolerance:

'Is when all abuse against healthcare staff is totally unacceptable'

(Zero Tolerance Strategic Group (ZTSG) 2007)

Workplace violence and aggression includes any incident in which an employee is verbally or physically abused, threatened or assaulted by a service user, visitor, colleague or member of the public in circumstances arising out of his or her employment, whether they are on or off duty.

In line with the Department of Health, Social Services and Public Safety Belfast Health and Social Care Trust is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.

1.2 **Purpose**

The purpose of this policy is to express BHSCT commitment, in partnership with staff side, to the management of abuse toward staff in the workplace, and to ensure associated structures are in place to enable this outcome.

This policy will continue to enable the implementation of Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence HSS (Gen) (5): 2008. Northern Ireland: Department of Health and Social Services and Public Safety. This policy is underpinned by health and safety legislation, which places a duty on the Trust to provide a safe and secure environment and support for staff and others and to undertake risk assessments.

Further relevant Trust policies may be accessed via the Intranet or via line managers.

1.3 Objectives

Belfast Health and Social Care Trust is committed to a culture and environment where employees may undertake their duties without fear of abuse or violence by:

- 1.3.1** The promotion of an organisational culture to promote this objective by developing associated structures that prevent abuse to staff in the workplace and to minimize the adverse effects of abuse on staff should it occur.
- 1.3.2** Providing a safe and secure environment with support for staff, patients, service users, carers, students on placement and other persons carrying out authorised work on behalf of the Trust.
- 1.3.3** Committing to taking all reasonably 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.
- 1.3.4** Ensuring that the need to protect staff is properly balanced against the need to provide health and social care to individuals.
- 1.3.5** Respecting patient/clients/staff's rights under the Human Rights act 1998.
- 1.3.6** Ensuring **all** staff are aware that they have a vital role to play in these processes, and also take responsibility to ensure they take all reasonable steps to ensure their own and others safety.

2.0 SCOPE OF THE POLICY

This is a Trust corporate policy and applies to all health and social care staff, students on placements and volunteers, patients, clients, carers and visitors.

This policy is for use in situations of aggression towards staff from others. Excluded from this policy is harassment and bullying of Trust employees by other employees and abuse of service users by staff. Such situations will be managed in accordance with the Trusts HR policy on harassment (Sept 2014) and relevant safeguarding policies.

The Trust defines aggression as behaviour resulting in damaging or harmful effects (physical or psychological) on another person or persons.

This includes:

- Verbal abuse.
- Non-verbal abuse. (e.g. Stalking, menacing behaviour)
- Threats of physical abuse.
- Physical abuse.

- Threats of sexual abuse.
- Sexual abuse.
- Damage to property.

3.0 ROLES/RESPONSIBILITIES

3.1 Chief Executive

The Chief Executive has overall responsibility and accountability for the health, safety and welfare of all clients, staff and others affected by the activities of the Trust and to appoint a director to have responsibility for staff safety.

3.2 Director of Human Resources

The **Director of Human resources** has overall delegated responsibility for staff safety, and is responsible for the following:

- 3.2.1** To ensure that appropriate arrangements are in place to effectively manage the issue of abuse towards staff in the workplace, including promotion of the Regional Training Strategy.
- 3.2.2** To ensure that sufficient numbers of qualified people are available to support health and social care staff affected by violence in the workplace.

3.3 Directors and Co-Directors

All Directors and Co directors in the trust are responsible for the following:

- 3.3.1** Compliance with The Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies. See Appendix 3
- 3.3.2** Ensuring that any development or review of local procedures on managing abuse towards staff reflects the ethos of this policy.
- 3.3.3** Ensuring a Zero Tolerance Regional Training Strategy Risk assessment is completed in each of their areas and that the training needs of staff are properly identified, delivered and monitored.
- 3.3.4** Ensuring that appropriate risk assessment of aggressive behaviour associated with the use of their service has been carried out in conjunction with staff, service users and carers.

- 3.3.5** Ensuring that all aggressive incidents are appropriately reported, investigated and monitored in line with the Trust's incident reporting procedure and that learning outcomes are implemented.
- 3.3.6** Taking responsibility for high level monitoring of incident patterns, to identify high-risk areas, and the subsequent development of relevant management strategies.

3.4 Senior Clinicians

While the Trust has the responsibility for ensuring that a safe working environment is provided for staff, staff have a responsibility to recognise factors that may be contributing to a patient or service user's behaviour.

Staff must ensure that any medical, psychiatric or cognitive factors are identified as part of an initial risk assessment when a patient/ service user displays aggressive, challenging or inappropriate behaviour.

It would be advisable that a senior clinician from the appropriate team be involved in this risk assessment and subsequent management plan.

3.5 Line Managers

All line managers need to be aware of the potential impact of their staff team's behaviour and how this could precipitate or increase the severity of an incident of aggression and **are** responsible for the following:

- 3.5.1** Fostering an environment where staff are committed to treating all services users with respect and dignity and to acknowledge unique needs of the individuals in their care.
- 3.5.2** The communication of this Policy and associated strategies, including any planned relevant implementation, to their staff.
- 3.5.3** Completion and implementation of Zero Tolerance on Abuse of staff Risk Assessment and liaising with the Management of Aggression Team to ensure the completion of appropriate Training Needs Analysis. (Appendix3)
- 3.5.4** Providing local induction training for new staff with regard to managing aggression. Resources available to assist managers with this include Personal Safety at Work e-learning course, and Zero Tolerance Personal Safety leaflet which are available on the HUB.
- 3.5.5** Ensuring that effective plans are in place to release staff for foundation and update training.

- 3.5.6** Ensuring that appropriate multi-disciplinary/multi-agency risk assessments in relation to violence and aggression towards staff are carried out, communicated to relevant staff and kept up to date.
- 3.5.7** Reporting, communicating learning and investigating all incidents promptly in accordance with the Trust's Adverse Incident Reporting Policy.
- 3.5.8** Monitoring and reviewing staff working practices with regards to the management of aggressive incidents.
- 3.5.9** Ensuring, where available, resources including alarms and CCTV are in good working order and staff using them are appropriately trained in their use. Any faults / issues must be reported promptly as per the Trust Adverse incident policy.
- 3.5.10** Ensuring that service specific procedures include guidance for staff on the recognition of those situations when it would be appropriate to call for the assistance of the PSNI.
- 3.5.11** Providing staff with knowledge of the comprehensive support available to them, following an incident. (Appendix 1)
- 3.5.12** Recognising the rights of individual members of staff to pursue legal action against an aggressor in the context of their work and –where appropriate- offering support to staff through the legal process.
- 3.5.13** The display of public notices in appropriate places, as agreed by the relevant Co-Director/Senior Manager, displaying the agreed Trust Zero Tolerance statement which is available on the trust intranet.
- 3.5.14** Keeping their Co- Director/Director informed of any significant risks or implementation difficulties.

3.6 All Employees

- 3.6.1** Are required to adhere to this policy, and associated strategies, at all times whilst carrying out their role.
- 3.6.2** Must Attend appropriate Mandatory training and utilise the knowledge gained.
- 3.6.3** Have a responsibility to adhere to safe working practices and report to their line manager if they are experiencing difficulties in adhering to these systems.
- 3.6.4** Have a responsibility to ensure that their behaviour towards clients/patients reflects an understanding of individual need.

- 3.6.5 Trust staff should be aware of the potential impact of their behaviour and how this could precipitate or increase or de-escalate the severity of an incident of aggression.
- 3.6.6 Record and communicate appropriate information about known relevant risks to colleagues and any others who may be affected. If in doubt about which information it is appropriate to share, staff should seek guidance from their line manager.
- 3.6.7 Report aggressive incidents in compliance with the Trust Adverse incident reporting policy.
- 3.6.8 Reflect with colleagues on practice and learning following an incident and seek appropriate support for themselves or their colleagues if necessary.
- 3.6.9 Have a duty of care to clients/patients and their colleagues when an aggressive incident occurs.

3.7 Management of Aggression Team

The Management of Aggression Team support the Trust in the promotion of an organisational culture and development of associated structures, including training, that helps prevent aggression towards staff in the workplace and seeks to minimise the adverse effects of aggressive incidents should they occur. (See appendix 2)

4.0 KEY POLICY PRINCIPLES

The Zero Tolerance Strategic Group (ZTSG) has adopted the following definitions of verbal and physical abuse as defined by The Security Management Agency, the Trust has also adopted these definitions.

Non-physical abuse - the use of inappropriate words or behaviour causing distress and/or constituting harassment.

Physical abuse - The application of force (intentional) against the person of another without lawful justification, resulting in physical injury or personal discomfort.

ZTSG HSS (Gen) (3) 2007

When managing any potentially violent or aggressive situation staff should be guided by certain principles including.

- Person Centred approaches
- Human Rights of all individuals
- Duty of Care
- Beneficence / non maleficence
- Reasonableness
- Therapeutic relationships and environments
- Risks associated with actions / omissions

- Every individual or individual incident is unique
- Professional and legal frameworks
- Trust policies/procedures/guidelines/values

4.1 Predicting, preventing and managing aggressive incidents.

- Certain factors can indicate an increased risk of aggressive behaviour. The following lists are not intended to be exhaustive and these risk factors should be considered on an individual basis:
 - Attitudinal.
 - Situational.
 - Organisational.
 - Environmental.
 - Medical
 - Psychiatric
 - Cognitive
 - Alcohol and or substance abuse/misuse

Nice Guidance 10:2015 recommends the use of an actuarial violence prediction instrument for some setting to assist with this process.

- There should be a regular and comprehensive general risk assessment to ensure the safety of the working environment. It would be advisable that a senior manager from the appropriate team be involved in this risk assessment and subsequent management plan
- Risk management procedures should be established, communicated and regularly reviewed. Risk assessment may include a structured and sensitive interview with the service user and, where appropriate, carers.
- All areas should include agreed protocols for raising the alarm and alerting assistance. These should be consistently applied and rehearsed.
- Where a risk of disturbed/violent behaviour is discussed or identified as a possibility in the risk assessment interview, staff should record intervention and management strategies and the service user's preferences regarding these in the care plan and healthcare record.
- If appropriate a copy of the care plan may be given to the service user or their carer

- A service user's anger needs to be treated with an appropriate, measured and reasonable response.
- Use de-escalation techniques before other interventions. Continue to use verbal de-escalation even if other interventions are necessary.
- In a crisis situation staff are responsible for avoiding provocation they should be aware of and monitor/modify their own verbal and non-verbal behaviour.
- Staff should learn to recognise what generally and specifically upsets and calms the service user. This should be noted in the care plan.
- Where possible, and if appropriate, encourage the service user to understand those factors which may trigger aggressive behaviour in themselves.
- Note these in the care plan and where appropriate give a copy to the service user.
- Encourage the service user to discuss and negotiate their wishes should they become agitated.

Guidance on de-escalation

Every aggressive or threatening situation is unique

Therefore information below is general guidance.

Staff must use skills received at training and their professional judgement when attempting to de-escalate a situation.

One staff member should assume control of a potentially disturbed/violent situation. This staff member should:

- consider which de-escalation techniques are appropriate for the situation
- manage others in the environment (for example, removing other service users from the area, getting colleagues to help and creating space) and move towards a safe place
- explain to the service user and others nearby what they intend to do, giving clear, brief, assertive instructions
- ask for facts about the problem and encourage reasoning (attempt to establish a rapport; offer and negotiate realistic options; avoid threats; ask open questions and ask about the reason for the service user's anger; show concern and attentiveness through non-verbal and verbal responses;
- listen carefully; do not patronise and do not minimise the service user's concerns)
- Ensure that their non-verbal communication is non-threatening and not provocative.

- Consider asking the service user to make use of the designated area or room to help them calm down. The seclusion room (in services where seclusion is practised) should not routinely be used for this purpose.

Training on the use of de-escalation techniques is provided through management of aggression training programmes.

In the event of a physical assault staff have the common law right of self-defence (the **minimum** action and/or force necessary to **remove** themselves from a situation presenting imminent or present harm to their personal safety).

Some situations will require the support of other staff, Trust security staff and/or the use of the PSNI.

Service specific guidance must be available to staff on which situations may require the use of the PSNI.

If there are potential weapons, the service user should be relocated to a safer environment, where possible, or all others moved away.

Staff are not expected to disarm an aggressive service user. If a weapon is involved, ask for it to be put in a neutral location rather than handed over or it may be necessary to move away and call the PSNI.

All incidents of violence or aggression must be reported as per Trust Adverse Incident Reporting Policy. Guidance regarding the recording and reporting of these types of incidents is found in Appendix 1 Guidance for post incident support is found in Appendix 1. The Trust has a range of measures available to it depending on the severity of any assault or threat. Decisions on implementing these must be made at a senior management level, these include:

- PSNI involvement
- Alternative arrangements for care
- Issuing of letters including warning/restriction on visiting/exclusion from BHSC premises. In order for a letter of any type to be issued the following must apply:

An incident of violence or aggression must have occurred and this must be deemed to be at a severity constituting the issuing of a letter by senior management.

The person must have been told to cease the behaviour unless this would have personal safety implications for others or staff.

The incident must be logged on Datixweb

The manager must believe that there is a likelihood of reoccurrence.

The head of service must be aware, kept informed and in agreement re the issuing of a letter.

Further guidance on issuing of letters and template letters are available from the management of aggression team, Knockbracken **email -**

managementofaggressionteam@belfasttrust.hscni.net

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy is required to be implemented by all Directorates.
All managers and staff are required to comply with this Policy.

5.2 Resources

Further resources and advice are available from the Management of Aggression Team.
Responsibility for training and risk assessments associated with this policy are detailed in Section 3 – Roles and Responsibilities.

5.3 Exceptions

There are no exceptions.

6.0 MONITORING

It is the responsibility of line managers to monitor the completion and review of relevant risk assessments, staff training, incidents reporting and investigation and the completion of audit tools. Other specific monitoring responsibilities are detailed in Section 3.

7.0 EVIDENCE BASE / REFERENCES

Department of Health and Social Services and Public Safety (2006) Zero Tolerance Strategic Policy and Best Practice Guidance. Northern Ireland: Department of Health and Social Services and Public Safety.

Zero Tolerance on Abuse of Staff. Regional Training Strategy For The Management Of Aggression And Violence HSS (Gen) (5): 2008 Northern Ireland: Department of Health, Social Services and Public Safety.

Department of Health, Social Services and Public Safety Circular HSS (Gen) (3) 2007- 'Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff from Violence'.

National Institute for Health and Clinical excellence (2015) – Violence: The Short Term Management of Disturbed/Violent Behaviour in Mental Health, Health and Community Settings. London: Royal College of Nursing

Royal College of Psychiatrists Research Unit. (1998), Management Of Imminent Violence, Clinical Practice Guidelines To Support Mental Health Services. Occasional paper, Royal College of Psychiatrists

Paterson, B, Leadbetter, D, Miller, G. (2005) Beyond Zero Tolerance, a Varied Approach to Workplace Violence. British Journal of Nursing vol 14 no 14 pp 746-753.

<http://www.hse.gov.uk/healthservices/violence/index.htm>

<http://www.rcpsych.ac.uk/files/pdfversion/op57.pdf>

Health and Safety at Work (NI) Order 1978, as amended Management of Health and Safety at Work Regulations (NI) 2000

Health and Safety (Consultation with Staff) Regulations (NI) 1966 and the Safety Representatives and Safety Committee Regulations (NI) 1979.

8.0 CONSULTATION PROCESS

This policy has been revised in collaboration with the:

- Risk and Governance Department
- Co-Directors and Senior Managers
- Trade Unions
- Members of the Joint Health and Safety Committee
- Occupational Health
- Human Resources
- Assistant Medical Director
- Karen Devenney, Zero Tolerance Group

9.0 APPENDICES / ATTACHMENTS

Appendix 1 Post Incident

Appendix 2 The Role of the Management of Aggression Team

Appendix 3 Training

10.0 EQUALITY STATEMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if this policy/proposal has potential impact and if it should be subject to a full impact assessment. This process is the responsibility of the policy or service lead - the template and guidance are available on the Belfast Trust Intranet. Colleagues in Equality and Planning can provide assistance or support.

The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☒

No impact ☐

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment (see Appendix 7). The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this [link](#).

The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved ☐

A full data protection impact assessment is required ☐

A full data protection impact assessment is not required ☐

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

12.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services.

It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

13.0 REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references "reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

GRO-C

Date: 6 August 2019

Name: Anne Brannigan
Title: Management of aggression team

GRO-C

Date: 7 August 2019

Name: Jacqui Kennedy
Title: Human Resources Director

GRO-C

Date: 7 August 2019

Name: Martin Dillon
Title: Chief Executive

Post Incident

The Recording and Reporting of aggressive incidents.

Information is essential to assist in the reduction and prevention of incidents, the need for staff development and the evaluation of the efficacy of training or other interventions.

The Trust Adverse Incident Reporting Procedure must be implemented throughout directorates as follows:

- All incidents of 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 the Trust's Incident Report Form or Datix Web system to report all incidents of aggression/abuse (as defined in this policy) and forward immediately to the Incident Reporting Centre.
- Line managers must investigate every incident that occurs within their area. Serious or highly significant incidents must be investigated in accordance with the adverse incident reporting policy.
- All incidents must be reported in line with current Reporting of Incidents, Diseases and Dangerous Occurrence's Regulations.
- Managers should monitor the frequency and severity of incidents in their area.

Learning from Incidents

Incident Review should be regarded as an opportunity:

- To learn from experience.
- To obtain information to prevent/reduce risk of further aggressive incidents.
- To improve services/resources where necessary.
- To promote a learning culture.

It is important that lessons are learned and conclusions drawn from each and every experience. Managers should promote learning from experience and team working throughout their area. Opportunities to share learning across the Trust should be maximised to prevent the reoccurrence of similar incidents in other Trust facilities/departments. These may include: management of aggression training sessions, team meetings, and manager's meetings.

Post Incident Support.

The Trust wishes to promote a culture of support that permeates the total organisation. Each service should demonstrate a commitment to providing support to staff, service users and carers involved in an incident.

Service managers are responsible for ensuring that each individual receives the appropriate form of support. The following options should be offered as appropriate, and be responsive to individual need:

- Support immediately after the incident within the department/unit (Group or individual).
- Opportunity to go off duty.
- Contact relative, friend or Trade Union representative.
- Taxi Home/Transport arrangements.
- Assistance and accompaniment to hospital.
- Ongoing managerial contact with individual in a considerate/ supportive manner.
- Long-term Support e.g. Occupational Health, Staff Care.

Managers should be aware of the potential long-term effects of an incident and the incremental effects of a series of incidents on their staff.

Local arrangement for staff support should be detailed in Zero Tolerance risk assessment.

The role of the Management of Aggression Team

The Management of Aggression Team continue to support the Trust in the promotion of an organisational culture and development of associated structures that prevent aggression towards staff in the workplace and to minimize the adverse effects of aggressive incidents should they occur.

This includes:

- Development and review of the Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards Staff in the Workplace Policy and associated strategies.
- Supporting managers in the development or review of local procedures on managing abuse towards staff.
- Compliance with and on-going implementation of the Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence.
- Supporting managers in the completion of Zero Tolerance Regional Training Strategy risk assessments and helping to ensure that the training needs of staff are properly identified, delivered and monitored.
- Providing Accredited Training under the MAPA® (management of actual and potential aggression) Model is delivered by three members of the Team supported by Associate Trainers who work in other Service Areas. The MAPA® programmes are audited by the accrediting body on an annual basis.
- Providing assistance to managers in reviewing and learning from incidents of aggression towards staff.
- The team develop and deliver person centred training programmes for staff teams who may have to manage aggressive or challenging behaviour from service users or members of the public whilst carrying out their role.

All training is assessed and delivered in compliance with Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence , HSS (Gen) (5): 2008 which identifies four levels of training.

Tailored courses include basic personal safety awareness, recognising preventing and managing aggression, skills to escape an attack and/or team approaches in holding skills. The Zero tolerance Personal Safety leaflet is available on the HUB.

E-Learning Personal safety programme can accessed on the HUB

MAPA team contact:

Tel: 028 95 46376 / 46135

Or email – managementofaggressionteam@belfasttrust.hscni.net

Training

The Zero Tolerance on Abuse of Staff Regional Training strategy requires the Trust to have in place training plans underpinned by risk assessment to ensure that staff receive the appropriate level of training. This assessment will detail how often they will be trained and also outline the techniques in which they will be trained.

- All staff should receive ongoing competency training to recognise anger, potential aggression, antecedents and risk factors of disturbed/violent behaviour and to monitor their own verbal and non-verbal behaviour. Training will include methods of anticipating, de-escalating or coping with disturbed/violent behaviour.
- All staff involved in administering or prescribing rapid tranquillisation or monitoring service users to whom parenteral rapid tranquillisation has been administered should receive ongoing competency training to a minimum of Immediate Life Support (ILS – Resuscitation Council UK) (covers airway, cardio-pulmonary resuscitation [CPR] and use of defibrillators).
- Staff who employ physical intervention or seclusion should as a minimum be trained to Basic Life Support (BLS – Resuscitation Council UK).
- Further information can be provided by the management of aggression team and in Trust policies on the reduction of the use of restrictive practices.

Before training is commenced it is essential that a Zero Tolerance Risk Assessment and Training Needs Analysis be completed. This must comply with this policy and the Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence (2008).

This assessment should address

- How the environment, patient/service users and staff teams affect the level of risk
- How victims of aggression or violence are to be supported.
- Incident Analysis and recommendations from incident review meetings.

On completion of your Risk Assessment you should make contact with the relevant team outlined below who will also assist you in completing the training needs analysis for your staff. Note: - for all other queries including those from acute hospital settings, these should be directed to the Management of Aggression team based at Knockbracken.

Assessments and action plans must be communicated to staff. 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.

Further information may be found by accessing on the HUB:

- Personal safety Leaflet.
- Personal Safety ELearning
- Zero Tolerance Posters.
- HRPTS

For support in the completion contact:

- The Management of Aggression Team. Knockbracken Health Care Park, except for Learning Disability services and Childrens Residential services.
- MAPA Team Muckamore Abbey Hospital for all Learning Disability services.
- Therapeutic Crisis Intervention (TCI) Team for Children's Residential Facilities

Guidance:

On completion of a Zero Tolerance Risk Assessment you should make contact with the Management of Aggression Team **email -** managementofaggressionteam@belfasttrust.hscni.net who will assist you in completing the training needs analysis for your staff.

Score each hazard below individually – delete those that do not apply

Please use the Risk calculator at the end of this attachment.

**GENERAL 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					
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					
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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 Policy 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. measures are likely to be implemented. This will enable you to assess their effectiveness in reducing risk.

In certain circumstances it will be necessary to undertake a new assessment eg. 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: _____

RISK CALCULATOR RISK RATING = LIKELIHOOD X CONSEQUENCE

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

LIKELIHOOD	DESCRIPTION	SCORE
Rare	Could only happen in exceptional circumstances	1
Unlikely	Do not expect this to happen	2
Possible	Do not expect this to happen, but it is possible and could be an occasional occurrence	3
Probable	Likely to happen , but not a persistent issue	4
Inevitable	Certain to happen, and could occur frequently	5



Consequences – What are the potential consequences of the identified risk occurring?

CONSEQUENCE	DESCRIPTION	SCORE
Insignificant	Behaviour that has no effect upon staff/property/ service delivery	1
Minor	Behaviour that has a minimal and short lived effect upon staff/property/service delivery	2
Moderate	Behaviour that has a moderate and temporary effect upon staff/property/service delivery	3
Major	Behaviour that has a significant and potentially persistent effect upon staff/property/service delivery	4
Extreme	Behaviour that has a serious and lasting effect upon staff/property/service delivery	5



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



Consequence and Likelihood	Insignificant	Minor	Moderate	Major	Extreme
Rare	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Probable	4	8	12	16	20
Inevitable	5	10	15	20	25

1-3 Broadly Acceptable Risk

4-6 Requires Monitoring and Managing

8-12 Requires Action to be taken

15-25 Requires Urgent Action

Management of Actual and Potential Aggression and Violence 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
<u>1 – 3</u> 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
<u>4 – 6</u> 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
<u>8 - 12</u> 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
<u>15 - 25</u> 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