



Dealing with Violent and Abusive Patients Policy

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1 Introduction

1.1 POLICY STATEMENT

Oakham Medical Practice is committed to taking all reasonable precautions necessary to ensure the health, safety, welfare and well-being of its employees, patients and visitors, and endeavours to ensure that all employees are protected from physical and verbal abuse while they are working.

The Practice acknowledges that there may be instances where violence and / or aggression forms part of a patient's illness. In these circumstances, the issue will be discussed with the patient and form part of their care planning.

This information will be recorded in the patient's medical record and flagged to ensure that staff are aware. In addition, where deemed necessary, appropriate support will be put in place, e.g. staff member does not see the patient alone.

1.2 PRINCIPLES

This policy will illustrate the practice's commitment to the safety of staff, contractors and patients whilst explaining the requirement for staff to undertake training and report incidents effectively to ensure that appropriate action is taken against offenders.

1.3 STATUS

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.4 TRAINING AND SUPPORT

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 WHO IT APPLIES TO

This document applies to all employees and partners of the practice. Other individuals performing functions in relation to the practice, such as agency workers, locums and contractors, are encouraged to use it.

2.2 WHY AND HOW IT APPLIES TO THEM

It is the responsibility of all staff to ensure they recognise, respond to and take the necessary action when dealing with any patient who is behaving in a violent, threatening or abusive manner towards colleagues, contractors or patients. It remains the responsibility of the practice management team to ensure that all staff have undertaken the necessary training to be able to respond appropriately.

3 Definition of terms

3.1 VIOLENCE

Any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work.¹

3.2 PHYSICAL ASSAULT

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

3.3 NON-PHYSICAL ASSAULT

The use of inappropriate words or behaviour causing distress and/or constituting harassment.

3.4 AGGRESSION

Behaviour that is hostile, destructive and/or violent.

4 Reducing the risk

4.1 RISK ASSESSMENTS

Whilst it is acknowledged that a risk assessment alone will not reduce the occurrence of work-related violence, the subsequent actions following the assessment should do so.² The findings of the risk assessment(s) will inform the procedures needed to enhance safety within the practice.

4.2 POTENTIAL RISKS

The following constitute foreseeable risks to staff at Oakham Medical Practice:

- Known or suspected abusive, aggressive or violent patients
- Patients suffering from stress and/or mental illnesses
- Patients for who services may be withdrawn or withheld
- Patients with a criminal history

4.3 PREVENTATIVE MEASURES

¹ [Violence at Work A guide for employers \(HSE\)](#)

² [Risk Assessment for work-related violence](#)

Preventative measures should be in place when staff are treating known or suspected abusive, aggressive or violent patients or those patients identified as posing a risk to staff, contractor or patient safety.

In addition, the clinician may consider:

- Having a chaperone present throughout the consultation
- Arranging the surgery to ensure they are seated closest to the door
- Ensuring other staff are aware of a potential issue and are prepared to respond accordingly

4.4 POLICE ASSISTANCE

The police should be called in instances where physical assault is likely or where weapons or drugs have been identified. It is the responsibility of the police to deal with patients who act in such a manner.

4.5 REMOVAL OF PATIENTS

Staff should refer to the Removal of Patients Policy which clearly details the procedure to remove a patient from the practice list as a result of violence, aggression or assault.

5 Panic alarms

5.1 ACTIVATING THE ALARM

All staff at Oakham Medical Practice are given an overview of the panic alarms and how they work during the induction process. Within each consulting room, panic alarms are available in Systmone. Should staff at any point feel threatened or sense that the situation may lead to an incident, they are to activate the alarm.

5.2 RESPONSE PROCEDURE

Two members of staff will go to the location of the incident, proceeding with caution. The first member of staff is to knock and enter the room; the second is to remain in the doorway, ready to summon additional support if necessary.

The specific nature of the incident will determine if:

- Additional staff are required for support
- The police are required to attend and take any subsequent action
- The situation can be resolved by the clinician, with support from a staff member

Staff should at all times try to minimise the risk of harm to themselves and others.

In all circumstances, staff are to demonstrate confidence and compassion, remaining calm throughout the incident. Staff should refrain from being judgemental, instead opting to show the patient their clear intention to resolve the situation as opposed to attempting any form of reprimand.

6 Reporting of incidents

6.1 INTERNAL REPORTING

All incidents are to be reported to the practice managers at the earliest opportunity. The practice managers will ensure that any subsequent reporting action is taken, whilst supporting staff in the completion of the significant event report.

6.2 CLINICAL RECORD

An entry is to be made in the patient's healthcare record, detailing exactly what happened, including timings, the build-up to the incident, and those staff members present.

6.3 SIGNIFICANT EVENTS

In addition to recording the information in the patient's healthcare record, the staff member dealing with the patient is to complete a Significant Event report/form.

6.4 PRACTICE MANAGEMENT ACTIONS

The practice manager is required to notify the CQC of an incident that is reported to or investigated by the police.³

7 Effects on staff

7.1 SUPPORTING THE TEAM

Staff who experience incidents of violence, aggression or assault may experience subsequent after-effects, which may require support from the team or external resources. Line managers and the practice management team will be required to support all staff members following any incident, no matter how minor it may seem, to ensure that the health and well-being of the staff member is not adversely affected.

8 Summary

Assaults on NHS staff occur every day across England; healthcare workers are four times more likely to experience work-related violence and aggression than other workers.⁴ Effective risk assessment and incident reporting will support the practice in the appropriate management of offenders, thereby reducing risk to staff, contractors and patients alike.

³ [CQC \(Registration\) Regulations 2009: Regulation 18: Notification of other incidents](#)

⁴ [Health Services – Workplace violence: Further Guidance](#)