

## Zero Tolerance Policy

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### Document Control

<b>Classification:</b>	<b>CLINICAL</b>
<b>Policy Owner:</b>	<b>DIRECTOR OF NURSING</b>
<b>Permanent Delegation:</b>	
<b>Document Reference:</b>	<b>THL-CLN-007-V2</b>
<b>Date Approved:</b>	<b>16.08.22</b>
<b>Review Frequency:</b>	<b>24 MONTHS</b>
<b>Next Review Date:</b>	<b>01.08.2024</b>
<b>Owners Signature:</b>	

### Document Revision and Approval History

Version	Date	Version Created/ Revised by:	Version Approved by:	Significant Changes
1.0	20/11/2017	Malcolm Sampson/ Kim McCready		
1.0	20/04/2019		Nikki Marriott	Reviewed, no changes
1.1	17.03.2020	Kim McCready		Reviewed policy, updated V&A letter
2.0	10.08.2020	Louise Parker	QAC and SMT August 2020	Reviewed, updated legal framework, updated escalation process.
3.0	26/7/2022	Louise Parker	<b>QAC 16.08.22</b>	Reviewed, no changes

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## **1. INTRODUCTION**

Everyone has a duty to behave in an acceptable and appropriate manner; staff have a right to work, as patients have a right to be treated, in an environment that is safe and secure.

The policy aims to address the responsibilities set out in the Department of Health's Zero Tolerance policy for the prevention and management of violence and aggression to NHS staff from patients, relatives and visitors aims to provide a workplace where staff can work and go about their business without the fear of intimidation, threats or assault from any other persons.

The Health and Safety at Work etc. Act 1974 places a legal duty upon employers to provide for the health and safety of their employees. This extends to safeguarding those who face a predictable risk of violence. These duties were extended under the Management of Health and Safety at Work Regulations 1992 (further amended in 1999) which require employers to assess risks to the health and safety of their employees and implement a comprehensive system of safety management, including providing adequate information and training.

## **2. PURPOSE**

This policy is designed to ensure that staff working in healthcare are provided with an environment that is safe and secure and that minimises the risk of violence and aggression.

The organisation recognises that there may be intimidation, violence or aggression (in all its various forms) directed towards its staff. The organization will take all reasonable steps to prevent or mitigate these risks by providing physical security measures, safe working practices and appropriate staff training & conflict resolution training. Staff are encouraged to undertake risk assessments and consider the possible underlying causes for intimidation, violence and aggression in the workplace, which includes the following examples:

- Medical or mental conditions - aggression through frustration, from patients who are confused as a result of their illness, drugs, pain, fear of hospitals, complications of epilepsy or diabetes, head injuries or diminished levels of responsibility, family tensions & bereavement, the elderly or patients with mental health issues may unintentionally lash out and appear violent but are not necessarily in control of their faculties

Whilst the delivery of healthcare is predominately carried out in teams, there are occasions where workers may need to work alone. This is particularly true for staff who provide a service within the community. Managers are expected to apply the risk assessment process to identify potential and actual risks of intimidation, violence or aggression towards all staff particularly those staff working on their own. The organisation will ensure that appropriate support mechanisms are available for all members of staff who are subjected to incidents of intimidation, violence or aggression during their work, including access to counselling and legal advice or support, where appropriate.

## **3. SCOPE**

This policy applies to all staff, patients and visitors who are working within the organisation or attending for services or as a chaperone. It covers both physical and non-physical violence and aggression, including:

- Physical violence and assault
- Self-harm
- Antisocial, offensive or disruptive behaviour
- Verbal abuse
- Threatening language or behaviour

- Harassment
- Damage to personal or organisational property

This policy applies throughout the premises, including any car park and grounds. It also applies to any employee away from the practice / service where clinical services or organisation related business is being undertaken.

#### 4. DEFINITION

Work-related violence - The Health and Safety Executive (HSE) defines it as any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks.

Violence and aggression – refer to a range of behaviours or actions that can result in harm, hurt or injury to another person, regardless of whether violence or aggression is physically or verbally expressed, physical harm is sustained or the intention is clear.

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

Non-Physical Assault: - the use of inappropriate words or behaviour causing distress and/or constituting harassment. De-escalation – A set of verbal and nonverbal skills which if used selectively may Page 6 of 48 reduce the level of arousal.

#### 5. RESPONSIBILITIES

##### Employee Responsibilities

- Take reasonable care of their own health and safety and that of their colleagues at work.
- Take reasonable care of their working environment and report any untoward activity, incidents, defects, losses, or procedural problems relating to the workplace which they believe is likely to endanger the safety of themselves or others
- Familiarise themselves with company policies and procedures, guidelines and instructions.
- Use any equipment or devices provided for ‘at risk’ situations i.e. alarm.
- Participate in relevant training made available by the organisation.
- Report all incidents of physical and verbal abuse (threatened or actual) in line with the organisations incident reporting policy.
- Record details of incidents in compliance with company procedures.
- Contribute towards reviews by nominated managers concerning any incidents in which they have been involved. Suggest precautionary measures involving changes in the layout of the work environment that can reduce risk.
- Undertake mandatory training and any further training identified for their role
- Make use of any available staff support and counselling through the company.
- Advise the service manager or line manager of any perceived risks involved in work activities.

##### Company Responsibilities

Each manager, supervisor, or persons responsible for other workers have a responsibility to ensure or take into consideration that they:

- Carry out risk assessments to assess and review the duties of employees, identifying any ‘at risk’

- situations and taking appropriate steps to reduce or remove the risk to employees.
- Ensure that risk assessments on lone working and prior to lone workers undertaking home visits are being carried out within their areas of responsibility and that these are adequately documented
- Assess and review the duties of employees, identifying any 'at risk' situations and taking appropriate steps to reduce or remove risk to employees particularly if they are working alone.
- Assess and review the layout of premises to reduce the risk to employees.
- Maintain workplaces which are suitable and fit for its intended purpose and use and have appropriate security measures and safe systems of work in place
- Assess and review the provision of personal safety equipment i.e. alarms.
- Develop policies, procedures and guidelines for dealing with physical and verbal abuse.
- Put in place measures to deal adequately with emergency (intimidation, violence and aggression) situations and have clear and unobstructed means of escape and calling for help
- Provide support and counselling for victims or refer to suitably qualified health professionals.
- Make employees aware of risks and ensure employee involvement in suitable training courses, maintaining records of completion.
- Record any incidents and take any remedial action to ensure similar incidents are prevented.

All Directors have corporate responsibility to provide a safe working environment and ensure adequate arrangements and resources are provided to implement the requirements of this policy, all safety Regulations, training requirements, any associated safe systems of work.

## 6. PROCESS

### 6.1 Duty of Care

By law, staff have a duty of care to patients, themselves and others. This will be provided by ensuring suitable treatment and care that is in the patients' best interests. Treatment must be necessary to preserve or improve health and be in accordance with practice accepted at the time by a responsible body of opinion appropriate to the staff involved. Staff must be skilled in the particular form of treatment being utilised.

### 6.2 Taking positive steps to prevent incidents occurring

Prevention is concerned with stopping incidents of violence from occurring in the first instance by using interventions to either eliminate or reduce the underlying risk factors or to reduce the recurrence of further incidents of violence and its ill effects.

A pro-security culture amongst staff, professionals, patients, visitors and members of the public is one where the responsibility for security is accepted by all and the actions of a small anti-social minority who breach security not tolerated. It is essential for all staff to be proactive and do everything reasonably possible to prevent intimidation, violence or aggressiveness from occurring and therefore everyone should: (this list is not exhaustive, but illustrative)

- Treat patients, visitors, members of the public and colleagues with respect, dignity & courtesy at all times
- Make allowances for patients, relatives & visitors being anxious, worried, distressed, depressed, etc.
- Share information - reduce stress and frustration by letting people know what is happening & when (delays & cancellations) and what they can expect
- Provide information to patients & visitors with clear, appropriate notices or signs so that people know where to report to, where the use of mobile phones is permitted and the location and directions to clinics, refreshments, toilets & other facilities
- Ensure that waiting & reception areas are pleasant, clean and comfortable
- Regularly review the information sent out to patients to make sure that it is relevant, informative and

clear

- Plan for those whose first language is not English or who may have communication difficulties
- Anticipate the needs of those with a disability, with dependants or children
- Deal sensitively with people with mental impairments, or those wearing cultural or religious clothing

It is important that patients are fully aware of the standards of conduct expected of them and of the sanctions that may follow unacceptable behaviour.

### **6.3 Process if Violence/Aggression is encountered**

If violence and aggression is encountered, please refer to the workflow process in **Appendix One**

In the first instance a member of the staff should attempt to understand and ascertain the concerns of the individual to attempt to de-escalate the situation. Addressing someone's anxieties or concerns may be all that is required to de-escalate the behaviour, and then care can continue. **See Appendix Two**

You should clearly as part of the de-escalation attempt, make it clear to the individual that the current behaviour is not acceptable.

Where the behaviour continues, the person dealing with the individual (can be deferred to the team leader/manager) should then provide the individual with a verbal warning that explains if they do not behave in an unacceptable manner they will be asked to leave the premises/service and therefore treatment will not be provided.

Following a verbal warning, should the behaviour continue then the team leader should instruct the security team to attend whilst awaiting police support to remove the individual from the premises.

If the person is acting in an unlawful manner, causes damage or actually strikes another individual then the police should be called immediately. This can be undertaken as a first action where the behaviour is such that the safety of the staff/patients/relatives or service are compromised.

Staff should not, except in the most extreme occasions, attempt to remove the person from the premises themselves.

Staff should escalate to the Operations manager/Director on-call where removal from the service is required or where serious threat to the staff/patients/service are evident.

The details of any incident other than no further action will be entered into the patient's permanent record or the employee's personal file.

All instances, including those resolved should be recorded in detail as an incident on the Datix incident management system to support monitoring and progression of any necessary Actions

It is the policy to press for charges against any person who damages or steals company property or assaults any member of staff or visitor/patient

## **7. PROCEDURE FOLLOWING AN INCIDENT**

The incident should be reviewed by the manager as part of determining the organisations response. In particular the following should be taken into consideration:

- Was the person's behaviour the result of a medical condition, whether or not capable of being

treated?

This could take one of many forms, such as mental illness (mania or dementia), the effects of drug and alcohol misuse, or a personality disorder.

- Was the person's behaviour possibly due to underlying physical causes (eg pain, hunger, sleep disorder) or physiological causes (fear, frustration, low self-esteem, feeling vulnerable or threatened) which may be exacerbated by unemployment, poor housing, family/marital difficulties or language barriers.
- Was the person's behaviour influenced by environmental factors in the setting/surgery – e.g. lack of seats, heat/cold, poor toilet facilities, or lack of information?  
Delays in seeing a healthcare professional may also be a contributory factor.
- Was this incident part of a pattern of persistent or regular inappropriate behaviour or an atypical one-off?

There will be an escalating scale of actions depending on the findings of the manager's investigation. Each situation may result in one or more of the following actions against the individual:

- Conciliation process with the person. This is not intended to appease difficult persons but to ensure that incidents are dealt with in a fair and balanced way after proper investigation and consideration of the facts. **(See appendix FOUR)**
- Formal written warning letter **(See appendix FIVE-SIX)**
- Confirmation of barred from service/ referral to zero tolerance **(See appendix SEVEN)**

**The organisation has the right to refer to zero tolerance for abusive and difficult behaviour following a single incident of sufficient magnitude that requires an immediate response or following a pattern of behaviour where they have been in receipt of a written warning in the past 12 months.**

Any employee/patient/visitor injury, no matter how small, should be reported as an incident as per the Incident Reporting & Management Policy, and should always be strongly advised to be examined by a doctor before they leave the premises

Every violent incident involving staff will be reasonably supported by the provision of medical or other treatment as necessary and all incidents should be brought to the attention of the Service Manager, if not already involved. If an injury has occurred this may be notifiable to the HSE.

The organisation re-affirms its commitment to do everything possible to protect staff, patients and visitors from unacceptable behaviour and their zero tolerance of any incident that causes hurt, alarm damage or distress.

## **8. LONE WORKING**

Managers of staff working alone, on site / off site or making home visits need to ensure that a risk assessment is carried out and captured on the Datix risk register, and where possible sensible precautions are taken to minimise risk. Staff should be fully briefed on patients and procedures such as logging of home visits, movement plans; regular contact with colleagues and / or reporting back to base should be in place, together with contingency plans for providing assistance. All Lone Working staff must have Conflict Resolution Training

## **9. SUPPORT FOR EMPLOYEES SUBJECTED TO ABUSE**

The company takes a serious view of any incidents of physical and verbal abuse against its employees and will support them if assaulted, threatened or harassed.

The first concern of managers after an incident is to provide appropriate debriefing and counselling for affected employees. Depending on the severity of the incident this counselling may be undertaken by trained professionals.

The service manager/line manager will assist victims of violence with the completion of the formal record of the incident and where appropriate will report the incident to the police.

Support will be provided for the staff member to access additional training such as de-escalating skills or resilience training if appropriate. The manager should speak to the employee to find out if there is anything else that the employee needs in terms of support after the incident

Taurus currently holds the contract for the Zero Tolerance Service: Please view the following documents for information and procedures which are held on teamnet.

[Taurus Process for V & A Patients](#)

[Area Team Local Procedure for V & A Patients](#)

## **10. TRAINING**

Training is provided as part of the annual program on blue stream to enable employees to manage conflict / personal safety. It is the responsibility of all employees to undertake their mandatory training that includes Conflict Resolution

Managers are responsible for ensuring their staff receive the training appropriate to their needs for their job role as identified in the risk assessment. The type of training will depend on the area of work and the risk assessments associated to those activities.

Managers are responsible for identifying any further training needs as risk assessments identify or incidents occur and opportunities for further support are identified.

## **11. MONITORING COMPLIANCE**

All arrangements & requirements of this policy along with the appended procedures will be monitored for effectiveness by analysing the following:

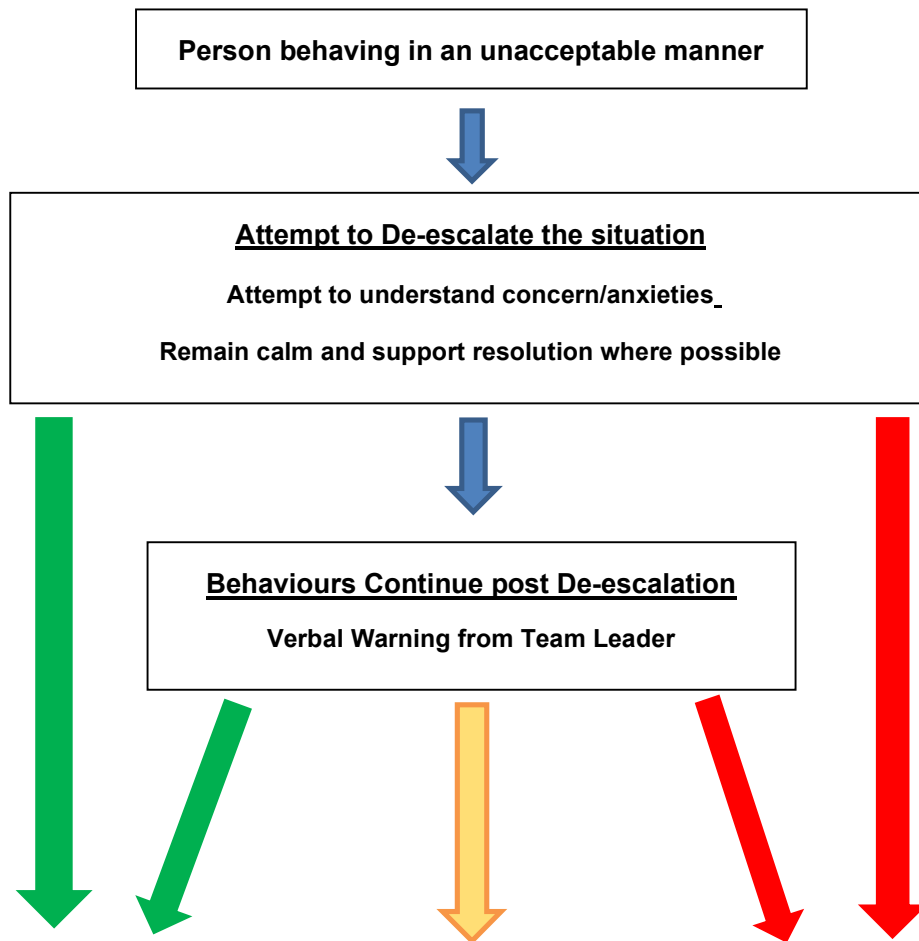
- Staff Training records and training evaluation feedback
- Analysis of (Intimidation, violence or aggression) DATIX incident reports
- Collating the numbers of warning letters that are sent to patients & visitors and copied into GPs
- Auditing the use of lone worker alert devices annually

## **12. RESOURCES**

<http://pathways.nice.org.uk/pathways/violence>



Appendix ONE – Staff Process



Resolution reached Care continues	Unacceptable behaviours continue	Behaviour poses immediate Safety Risk
<ul style="list-style-type: none"> <li>Inform operations manager of events</li> </ul>	<ul style="list-style-type: none"> <li>Ask patient/visitor to leave the premises</li> <li>Call Police for support with escort if required</li> <li>Escalate to Operations manager/Director on-call</li> </ul>	<ul style="list-style-type: none"> <li>Call Police</li> <li>Maintain safety of others where possible</li> <li>Only use restraint where required to prevent harm to others</li> <li>Escalate to on call Director</li> </ul>

**All instances of unacceptable behaviour need to be logged as an incident on Datix**

Ensure detailed and factual records are maintained to support incident review and recommendations  
Head of Operations/Management Lead will review and decide upon next course of action according to individual circumstances

## Appendix TWO

### De-escalation techniques & interventions

In certain circumstances, employees may become aware of a potential for aggressive behaviour. It may be necessary for employees to deal with an agitated or aggressive service providers, patients, or members of the public. The following warning signs may offer an opportunity for interventions that can be followed in an attempt to manage the behaviour:

#### Warning Signs

- agitated mannerism
- speaking loudly
- impatience
- refusal to accept advice
- argumentative
- verbal and physical aggression

#### Environmental Interventions

- create a calm environment, find a quiet location
- try not to get isolated from other staff or individuals

#### Behavioural Interventions

- talk slowly and softly,
- never turn your back on the person,
- place yourself between the person and the exit / door,
- be aware – eye contact may help establish a rapport, or seem threatening,
- convey a genuine sense of concern,
- allow the person to verbalise their feelings but cut it short if the anger escalates.

<u>Do</u>	<u>Don't</u>
Recognise your own feelings	Meet anger with anger
Use calming body language	Raise your voice, point or stare
Put yourself in their shoes	Appear to lecture them
Be prepared to apologise if necessary	Threaten any intervention unless you are prepared to act on it
Assert yourself appropriately	Make them feel trapped or cornered
Allow people to get things off their chest	Feel that you have to win the argument



## **ZERO TOLERANCE**

**Violent, aggressive or abusive behaviour towards any member of our team will NOT be tolerated.**

**People, who behave in a violent, aggressive or abusive way to staff or other people on the premises will not be able to use this service. Patients will be removed with immediate effect and the incident will be reported to the police.**

## Appendix FOUR - Example of Conciliation Process

### Stage 1

- Find out what has happened and try to identify the cause
- Agree the process:
  - try to speak to the patient (informally/privately) at the time of the incident or
  - invite them to the practice for discussion or
  - write to them with the offer of a meeting to discuss the incident/behaviour
- During the meeting find out the reasons for behaviour/incident. Discuss the consequences of repetition etc. Keep a file note of discussions and use incident report form
- Consider inviting commissioning staff to advise/conciliate and/or contact other agencies if required

### Stage 2

Where repetition of incident/behaviour occurs, or improvement required has not taken place:

- Send further warning letter (inviting comments as before)
- Notify commissioners and consider outside intervention if not used before

### Stage 3

If there is a further reoccurrence of behaviour complained of:

- Send final warning letter
- Notify Commissioners

### Stage 4

If there is a further reoccurrence:

- Consider requesting the patient to be removed from the practice/service list giving reasons
- Notify patient of removal giving reasons as appropriate, with reference to previous warnings

## Appendix FIVE - Example Letter to Patient Following Alleged Inappropriate Behaviour

**Recipient's Name**

Address Line 1

Address Line 2

TOWN

Postcode

**DATE**

Dear **[Mr/Mrs/Ms XXXXX]**

Re: **Conduct during visit to \*\*\*Service on \*\*\*\*\***

I am writing to you about an alleged **incident / situation\*** on **(date)** at **(place)** where I understand that the following occurred (**describe incident**). If you disagree with this description of what occurred, or there are circumstances that we are unaware of, which you believe would help to explain what happened, please let us know, preferably in writing, as soon as possible. If you would like to discuss this matter, please contact us and we will arrange a meeting at a time that is mutually convenient to discuss these concerns.

If you wish, you can be accompanied by a friend or we can provide an independent person to act as a facilitator at the meeting. In this **practice/organisation** we have a policy for dealing with situations in which our services are abused.

Should there be any repetition of this type of behaviour; consideration will be given to taking action against you. Such action may include the following:

- Excluding you from the premises
- Seeking an Acceptable Behaviour Agreement
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution, they may pursue
- Consideration of a private criminal prosecution or civil legal action by NHS protect

Where there is serious or persistent misbehaviour it can result in a patient being removed from our service / being referred to zero tolerance.

A copy of this letter will be placed on your record. This warning will be reviewed in six months. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

Before taking any action, we would like to hear from you. Please remember that we are here to help you. All that we ask is that our patients act reasonably and are considerate of the demands they make of us.

Yours sincerely

**Name**

**Job Title**

**Appendix SIX - Example Final Letter to Patient Following Alleged Repeat of Inappropriate Behaviour**

**Recipient's Name**

Address Line 1

Address Line 2

TOWN

Postcode

**DATE**

**Dear [Mr/Mrs/Ms XXXXX]**

**Re: Conduct during visit to \*\*\*Service on \*\*\*\*\***

I am writing to you about an alleged **incident/situation** on **(date)** at **(time)** at **(place)** when I understand that the following occurred **(describe incident)**. You will recall that we wrote to you on **(date)** that we also **discussed on (date) that I enclose our discussion/copy letter enclosed for information**, about an incident/situation in which **(describe incident)**. We warned you on that occasion of our policy of seeking removal from our list of patients who seriously or persistently abuse our services.

Before taking any action we would like to hear from you if there are circumstances relating to this latest **incident/situation** that we are unaware of, which you believe would help to explain or excuse what happened. If you would like to discuss the matter, please contact us and we will arrange a meeting at a time that is mutually convenient.

If we do not hear from you by **(date)** we may decide to request that the Herefordshire and Worcestershire Clinical Commissioning group agree that you are **removed from our service list/ remove you from our practice list**.

Yours sincerely

**Name**

**Job Title**

**Enclosures (if appropriate)**

**Appendix SEVEN- Example Letter When Removal from a Service/GP List is Preferred Option**

**Recipient's Name**

Address Line 1

Address Line 2

TOWN

Postcode

**DATE**

**Dear [Mr/Mrs/Ms XXXXX]**

**Re: Conduct during visit to \*\*\*Service on \*\*\*\*\***

Further to my letter of (date), copy enclosed for information, I am writing to you about the incident/situation on (date) at (time) and (place) when (describe incident).

Having investigated the matter we have decided to request that Herefordshire and Worcestershire Clinical Commissioning Group remove you from our service/practice list. This will take effect in seven days' time and in the meantime, you should register with another practice/use your practice appointments in hours/utilise alternate out of hours providers via 111.

\*Get information from CCG to ascertain any support channels for patient to find alternate service providers\*

Yours sincerely

**Name Job**

**Title**

Enclosure. (if appropriate)