# Bowland Medical Practice: Aggressive patient policy

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## 1.0 Introduction

Bowland Medical Practice will ensure all reasonable precautions are taken 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 as per the NHS zero tolerance policy towards all violence and aggression. 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 where appropriate. This information will be recorded in the patient’s medical record and flagged to ensure that staff is aware. In addition, where necessary, appropriate support deemed will be put in place, e.g. staff member not to see patient alone.

## 2.0 Aims and Objectives

The aims and objectives of this policy are as follows:

1. To ensure processes are in place for the protection of all staff and patients
2. To ensure staff are aware of their responsibilities when dealing with violent or aggressive patients
3. To ensure staff are aware of how to seek urgent help and their rights when dealing with aggressive patients or visitors.

## 3.0 Practice and employee responsibilities

Under the Health and Safety at Work Act 1974, the Practice will also undertake the following measures to ensure a safe work environment:

• Carry our 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, particularly if they are working alone.

• Assess and review the layout of the premises to reduce the risk to employees where physically possible.

• Assess and review the provision of personal safety equipment, such as alarms.

• Develop surgery policies, procedures and guidelines for dealing with physical and verbal abuse.

• 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.

• Record any incidents on a Significant Event Form and take any remedial action to ensure similar incidents are prevented in future.

*Employee Responsibilities*

At all times, employees should take care to ensure a safe work environment and must consider their own safety and that of their colleagues.

They must:

• Familiarise themselves with this Policy and conform to the requirements, guidelines and instructions contained within it.

• Ensure they are familiar with the location of equipment or devices provided for use in at risk situations (e.g. panic buttons / alarms etc.) and know how to use them.

• Be responsible for their own security and the security of others who may be affected by their acts and omissions

• Co-operate with managers on security matters and observe all safety rules at all times

• Undertake and participate in relevant training made available by the Practice

• Promptly report all incidents of physical or verbal abuse (threatened or actual), violence and aggression incidents, hazards or near misses and damage, in accordance with the Practice Significant Event Policy

• Record all details of incidents in compliance with Practice procedures.

• Contribute towards reviews by doctors, the Practice manager or other supervisor 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, such as removal of possible weapons or projectiles (e.g. telephones or letter openers) from patient access.

• Make use of any staff support and counselling available through the Practice, if required.

• Advise the Practice manager or supervisor of any perceived risks involved in work activities.

• Never attempt to physically tackle someone during a violent or aggressive incident.

*Practice support for employees subjected to abuse*

The Practice takes a serious view of any incidents of physical and verbal abuse against its employees and will support them, if assaulted, threatened or harassed, so long as the employee is correctly carrying out his or her duties. The first concern of the manager 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 Practice Manager or supervisor will assist victims of violence with the completion of the Significant Event Form and where appropriate will report the incident to the police. In the event of serious physical and or verbal abuse, patients causing this will be removed from the Practice List.

With this in mind, posters and information are displayed in the waiting room and on our website stating the following Practice policy:

• Our Practice staff are here to help you.

• Our aim is to be as polite and helpful as possible to all patients.

• If you consider that you have been treated unfairly or inappropriately, please ask the reception staff to contact the practice manager, who will be happy to address your concerns.

• However, shouting and swearing at Practice staff or any type of insulting or intimidating behaviour will not be tolerated under any circumstances and patients who are abusive may be removed from the Practice List.

• Please help us to help you.

## 4.0 Aggressive Patient

**What is aggressive or violent behaviour? This is a patient (or relative) who exhibits one or more of the following patterns of behaviour:**

1. Unreasonable and / or offensive remarks or behaviour / rude gestures / innuendoes

2. Sexual and racial harassment

3. Threatening or intimidating behaviour (with or without a weapon)

4. Actual physical assault (whether or not it results in actual injury) includes being pushed or shoved as well as being hit, punched or attacked with a weapon, or being intentionally struck with bodily fluids or excrement.

5. Attacks on Partners, members of staff or the public

6. Discrimination of any kind

7. Damage to employee's or employer's property

8. Unreasonable or demanding behaviour

Anger can be a common and normal reaction

• Often due to a loss of control, feelings of powerlessness

• Can sometimes be justified – e.g. due to late/missed diagnosis, medical errors, fatalities, poor quality care, inadequate pain control, excessive waiting times, rudeness, etc

How you might recognise when someone is angry:

• Raised voice/shouting

• Flushed face

• Wild gesticulations

• Angry words

• Rigid body

• Withdrawal

• Sarcasm

• Dismissive comments

• Gritted teeth, clenched jaw

## 5.0 Dealing with an Aggressive Patient

**Patients can become aggressive for a variety of reasons, and it is always advisable to try to calm down the situation as early as possible, as this may prevent an incident.**

### Dealing with violence in the waiting room:

The essential points when dealing with violence in the waiting room are to:

1. Dial 9 - 999 to call the police.

2. Use the emergency panic alarm button.

3. Work as a team.

4. Do not put yourself or your colleagues in danger.

5. Evacuate other patients from the waiting room.

If an incident occurs

• Ask the perpetrator to stop behaving in an unacceptable way, remaining calm. Under no circumstances should you respond in the same manner (see Appendix 1)

. • If a member of staff receives an abusive telephone call, they should warn the caller that they will terminate the call if they do not modify their behaviour. If the caller continues to be abusive, the staff member has the authority to terminate the call.

• If the perpetrator continues, call your line manager to attend the incident, explaining, in a calm manner, what has occurred. Ideally the perpetrator should also be able to hear what you are saying. • Should the perpetrator be breaking the law, physically assault anyone or cause damage to the premises, call the police straight away.

• Do not attempt to remove the person from the premises unless it is under extreme circumstances. Call the police.

• If it is necessary to resort to calling the police and having the person removed, all staff involved in the incident should make a written statement, giving as many details as possible, including exact words used by the perpetrator. This statement should be undertaken straight away while the incident is fresh in the mind.

• Where an injury has been sustained (irrespective of how serious), it must be entered in the accident book and where hospitalisation is not required, the injured party should be advised to consult with a doctor before leaving the premises.

• A significant event form should be completed as soon as possible after the incident.

• It is Practice policy to press charges against any person who physically or verbally assaults another, damages or steals property.

• Where the perpetrator is a member of staff, disciplinary proceedings may also be instigated where deemed appropriate.

• The counter fraud and management service and the CCG should also be notified.

## 6.0 Actions following an incident

**Every incident of violence or aggression should be recorded in a log specifically used for this purpose. This log should contain the following information:**

* **Patient ID (eg EMIS number)**
* **Time and date of incident**
* **Nature of incident – particularly the trigger point (eg not able to get appointment)**
* **Perspective of staff member dealing with the incident,**
* **Names and statement of any witnesses**
* **Record of any actions taken**

**Notifying the CQC of Incidents reported to the Police or being investigated by the Police**

The Practice is required to report to CQC any incident reported to, or investigated by the police that is associated with the delivery of the service and affects or may affect the health, safety and welfare of a person using the service, its staff, or anyone who visits the service.

There is a dedicated notification form to report such incidents – it is contained in the Outcome 20 document “Notification of Other Incidents - Outcome 20 Composite Statement and Forms.

The Registered Manager is responsible for notifying the CQC of an occurrence of this type of incident. Where the Registered Person is unavailable, for any reason, the Practice Manager will be responsible for reporting this type of incident to the CQC.

• A meeting to undertake a significant event analysis will be convened as soon as possible which will include the partners, the Practice manager and the staff concerned. Following discussion, further action (if any) will be decided, (e.g. written warning, removal from the Practice list).

• Where there are significant mitigating circumstances, (e.g. severe mental problems), these may be taken into account when deciding on any further action.

• Details of the incident will be entered into an SEA form and a note added to medical records if deemed necessary or the employee’s personal file unless it has been decided that no further action will be taken.

• Any staff involved in a violent incident will be offered counselling and / or medical treatment and encouraged to utilise the Employee Assistance Programme if required.

**Notifying the CQC of Serious Injury to a person who uses the Service**

The Registered Manager is responsible for notifying the CQC without delay about events that lead to:

• Serious injury to any person who uses the service.

• An injury requiring treatment by a healthcare professional to avoid death or serious injury. These serious injuries include:

• Injuries that lead to or are likely to lead to permanent damage – or damage that lasts or is likely to last more than 28 days to:

A person’s sight, hearing, touch, smell or taste

Any major organ of the body (including the brain and skin)

Bones, muscles, tendons, joints or vessels

Intellectual functions, such as intelligence, speech, thinking, remembering, making judgments, solving problems.

• Injuries or events leading to psychological harm, including:

Post-traumatic stress disorder, other stress that requires clinical treatment or support, psychosis , clinical depression, clinical anxiety

* The development after admission of a pressure sore of grade 3 or above that develops after the person has started to use the service (European Pressure Ulcer Advisory Panel Grading)
* Any injury or other event that causes a person pain lasting or likely to last for more than 28 days
* Any injury that requires treatment by a healthcare professional in order to prevent: Death, Permanent injury
* Any of the outcomes, harms or pain described above

Where the Registered Person is unavailable, for any reason, the Practice Manager will be responsible for reporting the serious injury to the CQC. There is a dedicated Notification form for this type of incident. The form is contained in the Outcome 20 document “Notification of Other Incidents – Outcome 20 Composite Statements and Forms

## 7.0 Repeated Incidents

**If there are repeated incidents from a particular patient, then the practice should write to the patient warning them that no other incidents will be tolerated, and the patient will be removed from the list if this happens again (Appendix 2 and 3).**

**If the patient continues with this behaviour, even after the written warning, then they should be removed from the list for the safety of staff and other patients.**

## 8.0 Governance Arrangements

This policy will be approved by the Practice Manager. The Practice Manager will be responsible for notifying all staff of the process, ensuring all staff has up to date copies of the document and that the staff are following the processes documented within.

This policy will be reviewed 2 years from the date of publication

## Appendix 1: Tips for managing aggressive patients

|  |  |
| --- | --- |
| **Do's**   * Keep a safe distance—neither too close nor too far * Stay cool, calm, and composed * Correctly acknowledge the emotion that the patient is projecting. Never mistake anger as anxiety or irritable behaviour * Acknowledge legitimacy, when appropriate, without blaming anyone * Listen actively by making good eye contact and nodding * Identify intensity of anger—“How angry have you been?” * Ask open questions: “What makes you feel so?” * Explore the reasons for anger and identify focus of anger * If complication is due to a surgical intervention, explain the options for treating the complication * Acknowledge imperfections of diagnosis, investigations, and treatment * Apologise, where appropriate * Finally, if all above options fail to work, take a break for some time, but do come back. * Assertive, non-aggressive communication about what is OK and is NOT OK is important | **Don'ts**   * Interrupt a patient's or relative's outburst * Caution a rude patient for rude language * Deny reality, no matter how cruel * Talk to a patient from behind * Get angry, especially when the patient questions your credentials or competence * Challenge the patient's interpretation and criticise them for their reaction * Make defensive response such as, “We have been doing our best, don't you realise how hard we have been trying?” * Try to pacify them by touching them * Block their way |

## Appendix 2 : Management Protocol for Inappropriate Behaviour towards Staff

This protocol sets out how staff and managers will respond in the event of behaviour towards a member of staff from a patient that meets the definition of Physical or Verbal Abuse in the practice Violent and Aggressive Patients Policy.

**During the incident:**

Staff should:

1. Calmly and politely attempt to de-escalate the situation

a. Offer for the patient to speak to a manager if they are unhappy

b. Invite patient to sit

c. Make patient aware; “I’m feeling uncomfortable”

2. If the patient persists in displaying inappropriate behaviour and summon the patient services manager or practice manager

3. If the patient is being violent, use the ‘panic button’, call the police and inform the practice manager

4. Record brief but factual details of the incident in the patient’s medical record and details added to SEA form

**After the incident:**

1. A manager should review the recorded details of the incident and debrief the involved staff member(s) within 24hours
2. Once it has been established that inappropriate behaviour has been displayed, a manager should send a warning letter to the patient making it clear that if a further incident occurs that they will be removed from the practice list
3. If it is the second recorded incident then a manager should write to the patient informing them that the matter will be discussed at a practice meeting and they will be removed from the practice list if the incident occurs again and a warning letter sent again
4. If it is the third recorded incident then a manager should write to the patient informing them that they will be removed from the practice list and the CCG notified of the fact

a. Cases for list removal must be reviewed by partners prior to removal

b. Patient needs in every case should be assessed taking into account safeguarding and risks to patient

## Appendix 3: Letter to patient

Dear

Following your visit to surgery on.............................. when (details of incident – factual)

…………………………………….…………………………………………………………………

\_\_\_\_\_\_\_\_\_\_………………….......................................................................................................................

........

We are writing to tell you that this behaviour is unacceptable.

It is my responsibility to point out to you that there is a zero tolerance policy in this practice and across the NHS for patients who are abusive and/or violent to staff.

At Bowland Medical Practice, we take this policy very seriously, and would not hesitate to remove patients from the list who do not abide by this policy.

We are happy for you to remain with the practice, but insist that you abide by the above mentioned policy in all your dealings with the practice.

We hope you understand that should such poor behaviour occur again, we will have no alternative other than to exercise our right to remove you from our List.

Yours sincerely,

Dr. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## Appendix 4: SEA form/ Log of incident

|  |  |
| --- | --- |
|  |  |
| Patient ID (eg NHS number) |  |
| Time and date of incident |  |
| Nature of incident – particularly the trigger point (eg not able to get appointment) |  |
| Perspective of staff member dealing with the incident |  |
| Names and statement of any witnesses |  |

## Appendix 5: Website statement and poster

**NHS Zero Tolerance Policy**

Thank you to the vast majority of our patients who treat our GPs and staff with courtesy and respect.

The Practice supports the government's 'Zero Tolerance' policy. The aim of this policy is to ensure that our patients and staff remain safe by tackling the problem of violent or aggressive behaviour. This states that GPs and their staff have a right to care for others without fear of being attacked or abused. We expect our staff to be polite, helpful, and sensitive to all patients’ individual needs and circumstances. They are trained to understand that they may be dealing with patients who are unwell, under stress or both and will try to take this into consideration when dealing with a misunderstanding or complaint.

We ask you to treat our staff courteously and act in a reasonable manner. If you are unhappy with any aspect of your care, you have the right to raise concerns in a reasonable manner by asking to talk to our Practice Manager or by making a complaint.

Any patient who is aggressive, violent or abusive is at risk of being removed from the Practice list and, if warranted, the police will be called for support.

Please find below examples of the type of behaviours that will not be tolerated (this list is not exhaustive):

* Using bad language or swearing at practice staff
* Any physical violence towards any member of the Primary Health Care Team or other patients, this includes pushing or throwing things
* Verbal abuse of staff including projecting insults
* Racial abuse and sexual harassment
* Pressurising staff with persistent or unrealistic demands is unacceptable. Requests will not be unreasonably declined and explanations provided
* Causing damage to, or stealing from the Practice's premises, staff or patients
* Obtaining drugs and/or medical services fraudulently

Please treat our GPs and staff as you would wish to be treated.

**Removal from the Practice List**

A good patient-doctor relationship, based on mutual respect and trust, is the cornerstone of good patient care. The removal of patients from our list is an exceptional and rare event and is a last resort in an impaired patient-practice relationship. When trust has irretrievably broken down, it is in the patient’s interest, just as much as that of the practice, that they should find a new practice. An exception to this is on immediate removal on the grounds of violence e.g. when the Police are involved.

**Removing Other Members of the Household**

In rare cases, however, because of the possible need to visit patients at home it may be necessary to terminate responsibility for other members of the family or the entire household. The prospect of visiting patients where a relative who is no longer a patient of the practice by virtue of their unacceptable behaviour resides, or being regularly confronted by the removed patient, may make it too difficult for the practice to continue to look after the whole family. This is particularly likely where the patient has been removed because of violence or threatening behaviour and keeping the other family members could put doctors or their staff at risk.