

Dealing with Unreasonable, Violent and Abusive Patients Policy

Responsible Person	Updated	Review Date	Version
Practice Manager	March 2025	March 2026	1.9

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1 Introduction

1.1 Policy statement

The purpose of this document is to provide guidance to staff at this organisation on how to manage unreasonable, violent and abusive patients in the workplace in line with extant legislation.

At Musters Medical Practice, the directive is that at no time will any violent, threatening or abusive behaviour be tolerated towards staff, patients or visitors.

Whilst violence and threatening behaviour is often easy to label, abuse may take on many forms. For the purpose of this policy, abuse can be towards any service user, visitor or staff member and includes (but is not limited to) sexism, racism, homophobia, biphobia, transphobia and ageism, or harassment or abuse on the basis of disability, marriage or civil partnership, pregnancy or maternity, religion or belief.

In addition, unreasonable behaviour is also unacceptable and, as such, needs to be managed appropriately and consistently. This organisation has a zero tolerance towards poor behaviour and is committed to reducing the risk to staff and other patients.

This document will illustrate the organisation'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. It is policy for Musters Medical Practice to press charges against any person who damages or steals organisation property or assaults any member of staff, visitor or patient.

This document will be updated as and when changes to legislation occur. Staff should refer to the legislative documents to always ensure relevance.

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.

The following legislation supports this policy:

- [Health and Safety at Work Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
- [Safety Representatives and Safety Committees Regulations 1977](#)
- [Health and Safety \(Consultation with Employees\) Regulations 1996](#)

Specifically, the legislation states that an employing organisation has a legal duty to:

- Ensure, so far as reasonable, the health, safety and welfare at work of their staff
- Identify risks to staff (including the potential risk of violence), decide how significant these risks are, decide what to do to prevent or control the risks and develop a clear plan to achieve this
- Notify their enforcing authority in the event of an accident at work involving any employee resulting in death, injury or incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence done to a person at work
- Inform, and consult with, employees in good time on their health and safety

In the document entitled '[work-related violence](#)', the HSE establishes the employers' responsibilities in relation to preventing and managing violence in the workplace. Employers have a duty of care to protect staff from threats and violence at work.

1.2 Status

The organisation 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 regarding 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.

2 Definition of terms

2.1 Violence

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

2.2 Physical assault

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

2.3 Non-physical assault

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

2.4 Aggression

Behaviour that is hostile, destructive and/or violent

2.5 Discrimination

Discrimination is the unfair or prejudicial treatment of people and groups based on protected characteristics.

2.6 Homophobia

The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. This can also include denying somebody's lesbian, gay or bi identity or refusing to accept it. Homophobia may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

2.7 Biphobia

The fear or dislike of someone who identifies as bi based on prejudice or negative attitudes, beliefs or views about bi people. This can also include denying somebody's bi identity or refusing to accept it. Biphobia may be targeted at people who are, or who are perceived to be, bi.

2.8 Transphobia

The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

Further information can be found on homophobic, biphobic and transphobic behaviour can be found at [Stonewall.org.uk](https://www.stonewall.org.uk).

3 Identifying challenging behaviour

3.1 Unreasonable behaviour

There are many reasons why a patient's behaviour may become unreasonable, including:

- Substance misuse
- If they are scared, anxious or distressed
- If they are frustrated, unwell or in pain

All staff at Musters Medical Practice may experience patients who are:

- Demanding
- Unwilling to listen
- Uncooperative

There are several factors associated with difficult and challenging interactions with patients, such as a lack of resources, waiting times and interruptions during consultations. For these reasons, the 'demanding' or 'difficult' patient can potentially consume a large amount of the clinician's and manager's time.

3.2 Inappropriate behaviour

Inappropriate behaviour is defined as being unacceptable if:

- It is unwanted by the recipient
- It has the purpose or effect of violating the recipient's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment

Inappropriate behaviour does not have to be face-to-face and may take other forms including written, telephone or e-mail communications or through social media. This is covered in the [Patient Social Media and Acceptable Use Policy](#).

Some examples of inappropriate behaviour include, but are not limited to the following:

- Aggressive or abusive behaviour, such as shouting or personal insults, in person or via social media
- Discrimination or harassment when related to a protected characteristic under the Equality Act 2010
- Unwanted physical contact

- Spreading malicious rumours or gossip or insulting someone
- Stalking
- Offensive comments/jokes or body language
- Persistent and unreasonable criticism
- Unreasonable demands and impossible requests
- Coercion, such as pressure to subscribe to a particular political or religious belief

What constitutes inappropriate or unreasonable behaviour could be viewed as a subjective matter. Therefore, to ensure objectivity and prior to any further actions being taken, incidents of inappropriate behaviour will be discussed with a member of the senior management team.

Any person, be they staff, visitor or service user, who encounters unreasonable behaviour will be fully supported by senior management.

3.3 Violent or abusive behaviour

It is acknowledged that a small minority of patients may become abusive or violent towards staff at Musters Medical Practice, making it difficult for the healthcare team to provide services. This organisation has a [zero tolerance](#) towards such behaviour and is committed to reducing the risk to staff and other patients resulting from such behaviour.

NHS England classifies violent or abusive behaviour as:

- Any incident in which “an employee is abused, threatened or assaulted in circumstances relating to their work” ([HSE 1996](#))
- The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- The use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment
- Behaviour that is hostile, destructive and/or violent

Classifications for assault are as follows:

- Physical assault is the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- Non-physical assault is deemed to be the use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment

4 Managing unreasonable behaviour

4.1 Process

A patient's values, beliefs and circumstances all influence their expectations of their needs for, and their use of, services. Staff at Musters Medical Practice recognise that external factors that may influence a patient's behaviour.

[NICE Clinical Guidance 138](#) recommends that an individualised approach to providing care is required to improve the patient's experience and to reduce the risk of the doctor/patient relationship breaking down.

Where interactions become challenging, staff are advised to discuss these more difficult consultations/conversations with their peer groups, seeking guidance where applicable and assurance that they have handled the situation in the most appropriate manner.

At Musters Medical Practice, clinicians must ensure that patients are aware that they may request a second opinion from another clinician, advising the patient how they can arrange this.

The following stepped approach to managing challenging behaviour will be followed:

- **Record keeping**

To support any decisions made on behalf of the organisation, members of staff who experience patients who are challenging and make unreasonable demands must record the events as accurately as possible. Any record should be strictly factual.

- **Speaking to the patient**

In the first instance, and to maintain an effective relationship with the patient, it is recommended that the patient be spoken to by the clinician who is treating them. The clinician can provide reassurance to the patient about their condition and address any concerns.

A recommended approach to help in such scenarios is to verbalise the difficulty, such as:

"We both have very different views about how your symptoms should be investigated and that is causing some difficulty between us. Do you agree?"

Verbalising such difficulties may enhance the level of trust between the clinician and the patient, enabling feasible options for care and treatment to be discussed.

Clinicians will not be forced into giving a diagnosis or treatment if they are uncertain. This should be explained to the patient whilst also explaining that it is in his or her interest that the most appropriate solution be found and that it can take time to confirm a diagnosis.

- **Writing to the patient**

Should the patient's behaviour remain unreasonable despite the above actions having been taken, the matter will be referred to the practice manager who will then write to the patient using the template at [Annex A](#).

The correspondence will, where indicated, also include links to relevant, evidenced literature or approved websites to enable the patient to carry out their own research.

- **Cooperation**

Should the patient not be cooperating, or it is judged that their behaviour is not acceptable, then a further letter at [Annex B](#) may be more appropriate.

- **Behaviour agreement**

If a patient continues to act in an unreasonable manner despite being issued a letter about their behaviour, Musters Medical Practice may establish a '*behaviour agreement*' that allows boundaries to be detailed and agreed to.

This agreement should be retained in the patient's healthcare record and reference will be made to the agreement should the patients deteriorate once again.

A sample behaviour agreement can be found at [Annex C](#).

- **Removal from the organisation**

Should the patient be non-compliant as per the behaviour agreement in a manner that contravenes the agreement then consideration should be given to removing the patient from the organisation list.

This final stage should never be taken lightly and will be agreed by the management team. The patient will be advised that the doctor/patient relationship has deteriorated to such a degree that there is no longer any trust between the parties and the relationship is not viable.

The patient will be asked to register at another organisation as detailed in the [Removal of Patients Policy](#). Further guidance can be sought within the [GMC's](#) ethical guidance for doctors on ending the professional relationship with a patient.

A sample letter can be found at [Annex D](#).

5 Managing inappropriate behaviour

5.1 Process

Should any patient behave in an unacceptable manner, this should be reported to a member of the management team who will determine an appropriate course of action to deal with the issue.

As part of this process, the practice manager will investigate the incident and either:

- Issue a final warning letter as at [Annex A](#) where inappropriate behaviour is deemed to be more serious and unlikely to improve, or
- Follow the steps outlined at [Section 4.1](#) in the expectation that the patient's behaviour can improve

6 Prevention of violence in the workplace

6.1 Overview

Since 2020, all NHS-funded services under the NHS Standard Contract must declare twice a year that they meet the [violence prevention and reduction standards](#).

Whilst aimed at our colleagues in secondary care, Musters Medical Practice considers these standards to be best practice and will aim to implement recommendations, where practicable, to support a safe and secure working environment for employees.

The BMA document, [Preventing and reducing violence towards staff](#), suggests actions that employers may consider taking to reduce the risk of violence and protect their staff. Musters Medical Practice will commit to the following:

- Developing a violence prevention and reduction policy with associated risk assessment, objectives and requirements with the aim of reducing incidents of violence
- An annual update of the policy with senior management oversight
- Communication of the strategy and policy to all staff including how to report incidents
- A risk assessment (staff and workplace) is done to consider any other factors (for example, protected characteristics) of violence. This will inform any prevention plans
- Assessing and completing actions in a timely manner
- Ensuring any lessons learned are considered by the organisation and changes made to this policy where indicated

DO	DO NOT
Recognise your own feelings	Meet anger with anger
Use calming body language	Raise your voice, point or stare
Be prepared to apologise if necessary	Attempt or appear to lecture them
Assert yourself appropriately	Threaten any intervention unless you are prepared to act upon it

Allow people to explain themselves	Make people feel trapped or concerned
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An example infographic summarising violence prevention measures titled *How staff can deal with aggression and/or violent behaviour* can be found [here](#).

Whilst the above BMA link details the actions needed for staff members, consideration will also be given for visitors and service users and the support needed following any act of violence.

7 Managing violent behaviour

7.1 Violence, offensive or threatening behaviour

We do not expect our staff to tolerate any form of behaviour that could be considered abusive, offensive or threatening, or that becomes so frequent it makes it more difficult for us to undertake our work or help other people.

Therefore, management will follow the process at Section 4.1 and additionally support those staff members who are exposed to poor behaviour and act accordingly.

As for violence, offensive or threatening behaviour against staff members, the same standards of zero tolerance also apply should patients demonstrate unreasonable behaviour towards other patients.

Sample letters can be sought within the annexes to support any type of poor behaviour. These can be amended to suit any situation.

7.2 Types of alarm

The organisation has adopted various panic alarms amongst its staff and within its premises, recognising the risks to the health and safety of staff that could arise from incidences of aggressive behaviour and this procedure enables staff to respond should a panic alarm be sounded by a member of staff.

There are several differing alarm types now in use within the organisation, including:

- On-screen buttons that may be activated to summon help
- Belt-worn portable units that activate at strategically located sounding points throughout the building
- Traditional, wall-mounted panic buttons attached to wired intruder-alarm systems that may or may not activate an alert to a central monitoring control centre
- Telephone panic button

The existence of such alarms enables a member of staff to initiate a supportive response from within the organisation when they perceive themselves to be under threat or are experiencing aggressive behaviour.

7.3 Use and activation of the alarms

Panic alarms are used to inform staff that assistance is required in situations of aggressive behaviour. Panic alarms are not to be used for emergency clinical situations as telephones are to be used for all non-aggression events.

All staff at Musters 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 located at on the wall behind the desk.

This organisation uses SystmOne which is equipped with a panic button. Activation of this alarm will send an alert to all users within the organisation, producing an instant message on each user's computer screen.

A panic alarm should be used when an employee feels threatened by a situation involving:

- Verbal or physical disruption
- Verbal aggression
- Physical aggression or the threat of physical violence or mental distress
- Physical violence
- The receipt of a bomb threat or coming across a suspicious package. Refer to the [Bomb Threat and Suspicious Packages Policy](#)
- Should there be any consideration of terrorist activity. In this situation, the [dynamic lock down procedure](#) is to be initiated

All staff who work during periods of low manning within the building could wear a belt alarm, especially after the closure of normal clinics, i.e., extended hours and dependent upon the [Lone Working Policy](#) and/or risk assessment.

Should staff at any point feel threatened or sense that the situation may lead to an incident, they are to activate the alarm.

7.4 Response procedure

The main alarm panel is located in each clinic room behind the PC; upon activation of the alarm, or upon seeing the alert from the Systm 1 generated alarm then:

- All available staff should respond immediately
- Two members of staff will go to the incident location, proceeding with caution
- The first member of staff is to knock and then 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 always try to minimise the risk of harm to themselves and others.

In the first instance, a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required.

Staff should not, in any circumstances, escalate or mirror the patient's behaviour.

Should the person not stop their behaviour, the practice manager should be asked to attend and the member of staff should explain calmly what has taken place, preferably within hearing of the perpetrator. If the person is acting in an unlawful manner, causes damage or strikes another then the police should be called immediately.

Should it prove necessary to remove the person from the organisation then the police should be asked to attend. Staff should never attempt to manhandle the person from the premises.

7.5 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.

The organisation manager is required to notify the CQC of an incident that is reported to or investigated by the police as detailed within [CQC GP Mythbuster 21: Statutory notifications to CQC](#).

7.6 Bomb threat and suspicious package

In the event of a bomb threat or a suspected package and the information relates to a patient area, then the message is to be calmly discussed and subsequent evacuation procedures are to be commenced

Refer to the [Bomb Threat and Suspicious Packages Policy](#).

7.7 Dynamic lockdown procedure

A lockdown is a procedure used when there is an immediate threat to the building and its occupants.

Should there be any hint or if a credible warning or evidence of any ongoing terrorist activity, then staff must comply with the Stay Safe principles as detailed within the [dynamic lock down procedure](#).

Stay Safe principles are:

Run

- Escape if you can

- Consider the safest options
- If there is a safe route then RUN
- Can you get there without exposing yourself to greater danger?
- Insist others leave with you
- Leave belongings behind

Hide

- If you cannot RUN then HIDE
- Find cover from gunfire
- If you can see the attacker(s), they may be able to see you
- Cover from view does not mean you are safe, bullets go through glass, brick, wood and metal
- Find cover from gunfire, e.g., substantial brickwork/heavy reinforced walls
- Be aware of your exits
- Try not to get trapped
- Be quiet, silence your phone
- Lock/barricade yourself in
- Move away from the door

Tell

- Call 999 – what do the police need to know?
- Location – where are the suspects?
- Direction – where did you last see the suspects?
- Descriptions – describe the attacker(s), numbers, features, clothing, weapons etc.
- Further information – casualties, types of injury, building information, entrances, exits, hostages etc.
- Stop other people from entering the building if it is safe to do so

8 Removal of the patient

8.1 GMC guidance

Whilst it is acknowledged that organisations are permitted to remove patients in appropriate circumstances, the [GMC's Good Medical Practice](#) states:

“You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.”

Furthermore, the GMC advises that organisations should consider the following as reasons for removal if the patient has:

- Been violent, threatening or abusive to you or a colleague
- Stolen from you or the premises
- Persistently acted inconsiderately or unreasonably
- Made a sexual advance to you

8.2 General Practitioners Committee (GPC) guidance

The GPC advice relating to the breakdown a patient-doctor relationship recognises the complexity of the area. Specifically, it advises:

- Violence or threatening behaviour: this usually implies a total abrogation by the patient of any responsibility towards the doctor or other members of the organisation and will normally result in removal from the list. As well as having a right to protect themselves, GPs have a duty as employers to protect their staff and, as providers of a public service, those who have reason to be on their premises
- Since 1994 it has been possible to [request the immediate removal](#) of any patient who has committed an act of violence or caused a doctor to fear for their safety
- Clinicians must exercise their judgement in determining whether a patient's violent behaviour is a result of their medical condition, be it acute or chronic. Where doubt exists, further guidance should be sought from the Local Medical Committee (LMC)

Removal should never be based on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical conditions.

8.3 Actions available to the organisation

a. Warnings

Prior to seeking formal approval to remove a patient from the organisation list, the practice manager is to adhere to the following:

- Initially consider discussing the problem with an independent party such as the LMC or defence union
- For unacceptable, threatening or abusive behaviour, the patient will be warned that the organisation is considering removing them from the organisation list

The letter template at [Annex A](#) is to be used and this advises that, should there be any further incidents of inappropriate behaviour, they will be removed and requested to register elsewhere

- Records of all warnings should be retained and, if a warning has been given in the preceding 12 months, there are grounds for requesting removal
- Should a patient not be cooperating with treatment then the letter at [Annex B](#) can be used
- Where behaviour is an issue, this organisation will do all that it can to ensure that this is rectified. In these instances, a behaviour agreement can be raised and a template for this can be sought at [Annex C](#).

b. Removal

- In all cases, there must be a justifiable reason(s) for seeking approval to remove the patient from the organisation list.

For instances where there is deemed to be a breakdown of doctor-patient relationship or should there be any repeat of the inappropriate behaviour within a 12-month period since the previous warning, then the patient can be removed.

The useful guidance from the BMA titled [Removing patients from your practice list](#) should be consulted coupled with the [Removal of Patients Policy](#).

- Should a patient be violent, e.g., when the police are involved, then in these cases the patient will be removed immediately. It should be noted that if the removal is on the grounds of violence or threatened violence, the police must always be informed.

The process is further detailed at [Section 7.5](#), [Section 8.5](#) and [Chapter 12](#).

- In all cases where removal is being considered, discuss with the NHS E area team giving the patient's name, address, date of birth and NHS number
- If it is for a clinical reason as to why the patient's behaviour was deemed inappropriate, consider changing the patient's GP internally

Where removal has been found to be justified, practice manager will:

- Write to the patient explaining why they are to be removed from the organisation list using the template at [Annex D](#)
- Record the decision, attaching the letter(s) to the patient's healthcare record
- Determine the most appropriate arrangements for continuing the patient's care and facilitate the timely transfer of the patient's healthcare record
- Notify NHS England in writing giving the patient's name, address, date of birth and NHS number

8.4 Actions by NHS England (unreasonable behaviour)

NHS England will remove patients eight days after they receive the request. However, if patients require treatment at intervals of less than seven days, Musters Medical Practice is obliged to provide such treatments until the condition of the patient improves.

In such instances, removal will occur on the eighth day after treatment ceases or until the patient is accepted by another organisation.

8.5 Actions by NHS England (violent and abusive behaviour)

In instances where patients are violent, abusive, threatening or have displayed signs of generally unacceptable behaviour, or where there are concerns for staff and other patients' safety, the police are to be notified.

The organisation can have the patient immediately removed within 24 hours once they have notified PCSE by either telephone or email. Secondary or local commissioner approval is no longer necessary. However, the incident must have been reported to the police and the police incident number is to be supplied to PCSE either immediately or within seven days of the removal request (if not available when the request is submitted).

To request immediate removal of a patient, the organisation manager is to refer to [PCSE guidance](#) and [NHS England guidance](#).

The organisation must ensure that the reason(s) for removal is recorded in the patient's healthcare record, along with any supporting documentation such as previous warnings or information leading up to the removal of the patient. The responsibility for ensuring that the patient meets the criteria for immediate removal rests with Musters Medical Practice as stated in the [Primary Medical Care Policy and Guidance Manual – Section 7](#). The removal of a patient in these circumstances results in them being allocated to a provider of the Special Allocation Scheme (SAS).

9 Reporting of incidents

9.1 Internal reporting

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

9.2 Clinical record

A factual entry is to be made in the patient's healthcare record detailing exactly what occurred; the record should include timings, the build-up to the incident and details of staff members and witnesses present.

9.3 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.

Further advice on significant events including understanding and acting on any lessons that should be learnt following any incident can be found in the [Significant Event and Incident Policy](#).

10 Risk assessment

10.1 Requirement

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. The findings of the risk assessment(s) will inform the procedures needed to enhance safety within the organisation.

The following constitute foreseeable risks to staff at Musters 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

HSE provide both [Risk assessment for work-related violent document](#) and a [guidance document](#) to support the management in dealing with violence within the workplace.

A template for conducting a risk assessment can be found at [Annex E](#). Further information on risk assessing can be found within the [Risk Assessment Guidance Document](#).

11 Effects on staff and patients

11.1 Supporting the team

At Musters Medical Practice, it is understood that much of the abuse and episodes of violence are directed towards front of house colleagues. The senior management team will support any staff who are exposed to poor behaviour and act swiftly to manage the situation, including removing patients from the list where indicated.

Staff who experience incidents of violence, aggression or assault may experience subsequent after-effects which may require support from the team or external resources. At Musters Medical Practice the following additional support is in place Occupational Health support – please contact the practice manager

A poster detailing that violent, threatening or abusive behaviour will not be tolerated can be found [here](#).

11.2 Debriefing the team

[Debriefing](#) refers to learning conversations that occur soon after an event and involve those who took part. This is also known as 'hot debriefing' or 'proximal debriefing'.

The aims of debriefing are to:

- Discuss how, why and what occurred.
- Promote learning and reflection for individuals and teams

- Identify opportunities for improvements in workflows, processes and systems
- Identify any key points and lessons learnt
- Ensure that the health and wellbeing of staff members are not adversely affected

The management team will support all staff members following any incident, no matter how minor it may seem. Both positive and negative points should be considered that can support organisation-level training in the support of any future events.

11.3 Supporting patients

Should any patient be subjected to violent, abusive or aggressive behaviour then, as for staff members, they may need support and this may be from a clinical or non-clinical member of the team. It is likely that the minimum would be to have a debrief about the incident, although in many cases the police would need to be involved.

External support may also be required.

Should the police be called, or should a service user be injured following an incident then the CQC are to be notified and as detailed within [Section 7.5](#) and [CQC GP Mythbuster 21: Statutory notifications to CQC](#).

11.4 Training

At this organisation, we use TeamNet to support this process as part of our ongoing training commitment to providing a safe environment.

NICE have produced a document titled [Safeguarding NHS staff from violent and aggressive patients](#) and advises that by undertaking training, staff can ensure that they have the skills to defuse a potentially violent or aggressive situation. Staff training in de-escalation should enable staff to recognise the early signs of agitation, irritation, anger and aggression, use techniques for distraction and calming and ways to encourage relaxation.

[Dealing with Violent and Abusive Patients](#) training is available on the [HUB](#). This action is further supported within the risk assessment at [Annex E](#).

12 Summary

It is widely accepted that at times patients may act unreasonably when attending or contacting the organisation. The effective management of such patients will give support to staff whilst also ensuring that the patient receives the appropriate level of care.

With violence or aggression, statistically, [HSE advise](#) that healthcare workers are four times more likely to experience this at work than in other vocations. Therefore, effective risk assessment and incident reporting is essential to support the organisation in the appropriate management of offenders, thereby reducing risk to staff, visitors and service users.

Further reading can be sought from:

NHS E	<u>Violence prevention and safety</u>
BMA	<u>Preventing and reducing violence towards staff</u> <u>At the sharp end: handling patient violence</u> <u>On the receiving end: violence aimed at doctors</u>
MDU	<u>Dealing with challenging patients</u>