Holy Cross Hospital

Management of Aggression and Violence

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Holy Cross Hospital

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1. Introduction

At Holy Cross Hospital, the safety and well-being of our patients, caregivers, volunteers, and visitors are of utmost importance. In potentially aggressive or violent situations, it is crucial to have clear standards and guidance in place to ensure everyone's safety. This policy outlines the necessary measures and procedures to manage and mitigate aggression and violence within the hospital premises. By adhering to these guidelines, we aim to create a secure and supportive environment for all individuals associated with Holy Cross Hospital.

2. Purpose

This policy sets out standards and guidance to promote the safety of everyone at Holy Cross Hospital in potentially aggressive or violent situations.

3. Objectives of this Policy

1. **Ensure Safety**: To safeguard the well-being of patients, caregivers, volunteers, and visitors by preventing and managing aggressive or violent situations effectively.
2. **Provide Training**: To equip all caregivers with the necessary skills and knowledge through comprehensive conflict management training.
3. **Establish Guidelines**: To set clear and actionable guidelines for identifying, managing, and mitigating aggression and violence within the hospital.
4. **Promote Awareness**: To raise awareness about the importance of maintaining a safe environment and the procedures in place to handle potential threats.
5. **Support Affected Individuals**: To offer support and resources to individuals affected by aggressive or violent incidents, ensuring their physical and emotional well-being.
6. **Compliance with Regulations**: To ensure adherence to relevant health and safety regulations and standards set by governing bodies.

4. Policy Statement

The Leadership Team at Holy Cross Hospital seeks to ensure that everyone feels safe at work irrespective of their role. Safety of patients, caregivers, volunteers, and visitors to the hospital is paramount. Violent behaviour will not be tolerated under any circumstances, and steps will be taken to control the behaviour safely, including removal of an individual from the premises and involving the police if necessary.

5. Scope

This policy applies to all caregivers, patients, volunteers, and visitors at Holy Cross Hospital.

6. Responsibilities

6.1 Statutory Responsibilities

- **Health and Safety Executive (HSE):** Regulation and enforcement of workplace health, safety, and welfare.
- **Employers:** Ensure the health, safety, and welfare of employees at work.
- **Care Quality Commission (CQC):** Independent regulator for health and adult social care in England.

6.2 Roles and Responsibilities

- The **Chief Executive:** provides leadership to the hospital on all matters relating to maintaining the health, safety and welfare of the hospital's patients, visitors and caregivers whilst they are at work. The Chief Executive has nominated the Director of Operations as the hospital's strategic lead on all Health and Safety issues.

- The **Director of Operations** also provides leadership to ensure that there are suitable and sufficient management policies, procedures and safe systems of work in place to proactively assess the likelihood of hospital patients, visitors or caregivers being abused, threatened or assaulted and that adequate resources and training are then provided to reduce or eliminate the identified risks.

  The Director of Operations hold the delegated lead role of providing assurance to the Leadership team and the Advisory Committee on all relevant health & safety, fire safety and security issues.

  They are responsible for:

  1. Informing the hospital CEO, Trustees, Leadership team, Advisory Committee of any actual or potential breaches of health and safety legislation; including significant acts of intimidation, violence or aggression towards any person on hospital premises.
  2. Provide support to managers and caregivers throughout any investigation into serious abuse incidents and until legal proceedings have been concluded
  3. Monitoring the investigation and prosecution of serious incidents, providing assistance to the Police or other authorities (HSE) when necessary and ensuring that appropriate legal advice is available to hospital caregivers
  4. Advising, along with the Human Resources Manager, on the application of the range of sanctions against any caregivers who are responsible for assaults on hospital premises

- The **Leadership Team:** have corporate responsibility to help provide a safe working environment and ensure adequate arrangements, resources and support is provided to implement the requirements of this policy: By Following the relevant guidance documents

issued by the UK Health and Safety Executive (ACOPS); safety-related training requirements; any associated safe systems of work; and communicate and apply this within their respective areas of responsibility.

- The **Director of Patient Services** holds additional responsibility as Safeguarding Lead for the hospital. Relevant responsibilities associated with this role can be found in the Safeguarding Policy.

- **Managers** are responsible for:
- Complying fully with this policy including the promotion, and the development of a safe environment.
- Ensuring risk assessments are completed, and mitigation in the form of action plans and resources are implemented at the earliest opportunity.
- The placement of identified risk on the hospital's risk register.
- Supporting their caregivers when reporting any act of abuse, violence or aggression

- **Health and Safety Committee:** Consult with health and safety representatives. For further information see Health and Safety Committee Terms of Reference (Appendix 3)

- **Clinical Multidisciplinary Team (MDT):** Ensure patients receive comprehensive clinical assessment and are supported through the implementation of suitable plans leading to a reduction of intentional or unintentional aggression and violence.

- **Employees:** The Leadership team do not expect caregivers to intervene in such a manner as to place themselves in harm's way to protect or prevent damage to or theft of property or to deliver care. Every member of caregivers has a responsibility to follow safe working practices, therefore caregivers must:

1. Take reasonable care of their own health and safety and that of others who may be affected by what they do or do not do.
2. Co-operate with managers to implement measures to reduce incidents of intimidation, violence and aggression
3. Be aware of their own behaviour when confronted with abuse or the potential for conflict or violence to occur
4. Not retaliate or interact with patients or others in a manner which is likely to inflame or aggravate the situation
5. Share information with other hospital caregivers so that the members of their teams are forewarned of likely risks and comply with the findings of local risk assessments
6. Be responsible for adhering to and co-operating with the procedures in this policy and help address the issues of violence and aggression within the workplace
7. Report all incidents and near misses of abuse and violence using the hospital process for incident reporting.

8. Attend Conflict Resolution Training, or any other personal safety training provided by the hospital every 3 years.

9. Any member of the team who has been assaulted is entitled to know about the *'Legal options available to a victim after an assault'* (see Appendix 2)

7. Definitions

- Health and Safety Executive (HSE) definition of **violence at work**:

  'Any incident in which a member of the team is abused, threatened or assaulted by a patient/client or member of the public in circumstances arising out of his or her employment, and includes incidents of verbal abuse'. Acts of violence and aggression includes:

  1. Physical Assault with or without the use of a weapon, which results in actual physical harm e.g. bruising, lacerations, fractures, unconsciousness, burning, poisoning etc
  2. Physical Abuse or manhandling where the assault does not result in actual harm or physical signs pf injury
  3. Threats or intimidation whether verbal, written or communicated in a manner that indicates or suggest harm to a person or property
  4. Actual or threatened criminal damage to property either belonging to the hospital, its caregivers or the organisation, per se.
- **Intentionally or Recklessly**: The act must be done intentionally or recklessly i.e. on purpose or without due care to avoid it. The Offences Against the Person Act 1861 classifies assaults according to the amount of force used and the severity of the injury inflicted.
- **Aggression:** An act or gesture, verbal or physical, suggesting an act of violence may occur.
- **Inappropriate Behaviour:** Examples include offensive language, loud conversation, unwanted remarks, invasion of personal space, brandishing objects, threats, bullying, stalking, spitting, and unreasonable behaviour.
- **Harassment**: Repeated attempts to impose unwanted communications and contact upon a victim in a manner that could be expected to cause distress or fear in any reasonable person.
- **Violence:** Includes behaviours such as gestures and language that may result in physical harm.
- **Battery:** This is where actual contact is achieved and no matter how slight, provided the contact is hostile and unlawful, an assault will be constituted. Common assault and battery (Criminal Justice Act 1988, Section 39): Common Assault and Battery shall be summary offences, and a person found guilty of either of them shall be liable to a fine, or imprisonment not exceeding 6 months, or both
- **Assault:** In Common Law, an intentional act by one person that creates an apprehension in another of an imminent harmful or offensive contact. An assault is carried out by a threat of bodily harm coupled with an apparent, present ability to cause the harm.
- **Assault occasioning actual bodily harm:** Actual Bodily Harm (ABH) means any hurt or injury calculated to interfere with bodily health or comfort and would include a hysterical or

nervous condition arising from an assault. The degree of injury is more substantial than that required in Common Assault and would include evidence of bruising, strains, sprains, minor wounds, etc. Crown Prosecution Service guidelines suggest that the following injuries will not amount to ABH but should be proceeded with as Common Assault: grazes, scratches, abrasions, minor bruising, reddening of the skin, superficial cuts, black eye, swelling.

8. Policy or Procedure Implementation

Violent and aggressive behaviours can significantly impact the health and safety of patients, carers, caregivers, and others using the service. It's important to focus on prevention, anticipation, and risk reduction of such behaviours.

Whenever possible, involve the individual in decisions about their care, and collaborate with those who have parental or legal responsibility. When supporting the individual in managing and minimising violent or aggressive behaviours, consider their physical, intellectual, emotional, and psychological maturity, including any variations in their development.

Preventing violent and aggressive behaviours involves understanding their likely causes. Work with the individual in a calm and safe space to identify triggers, which could include:

- Events or feelings like disappointment or anger
- Delusions, hallucinations, confusion, disorientation, or misinterpretation
- Perceptions of the environment or others' behaviour

Consider the individual's history, including experiences of abuse or trauma and responses to previous incidents of violent and aggressive behaviour. Discuss what happens when they become distressed and what helps them feel calmer. Identify any cognitive, language, communication, or cultural factors that might increase the risk of violent and aggressive behaviour.

Due to the complexity of many patients' neurological conditions at Holy Cross, there may be times when they exhibit aggressive or violent behaviours. These behaviours may be unintentional. It is important for the clinical multidisciplinary team (MDT) to establish a clear care plan and share it with those caregivers who will be involved in the care of the patient Understanding the intention or volition behind the individual's aggressive behaviours is essential before determining the appropriate actions and consequences.

Document this information in the care plan and support the individual in creating an advance statement if they wish. This should include their preferences for caregiver intervention and ways to minimise harm or discomfort during restrictive interventions. Ensure the young person has copies of this information and that they understand it.

At Holy Cross a multidisciplinary approach is undertaken. This enables multiple professionals to be able to provide insight and support into an individual's behaviour, how this is managed and how to reduce risk in the most effective way.

There are a multitude of approaches and recommendations in relation to violent and aggression in the workplace, however, using the NICE Guideline, de-escalation is the primary stance. (ref Reducing the risk of violent and aggressive behaviours | Quick guides to social care topics | Social care | NICE Communities | About | NICE).

De-escalation involves using verbal and non-verbal techniques to reduce agitation and prevent violent or aggressive behaviour, sometimes including 'when needed' medication. It requires advance planning and is more effective when caregivers:

- Have a close working relationship with the person and monitor changes in mood or composure
- Show respect and empathy
- Use verbal and non-verbal skills to help the individual manage difficult situations
- Encourage the individual to recognise triggers and early warning signs
- Consider if the individual needs help developing self-control and self-soothing techniques

If the individual becomes agitated:

- Start agreed actions from their care plan immediately
- Use one caregiver as the main communicator
- Control your own anxiety or frustration
- Use calming techniques and distractions
- Offer a quiet room or area
- Aim to build emotional bridges and maintain a relationship

Restrictive interventions should only be used if all de-escalation attempts fail and there's a risk of harm. Continue to try de-escalation during these interventions.

Training for caregivers should focus on de-escalation and include:

- Early signs of agitation, irritation, anger, and aggression
- Likely causes of aggressive or violent behaviour
- De-escalation techniques and ways to encourage relaxation
- Importance of personal space
- Responding to agitation professionally to avoid provocation.

Current training offered to Caregivers includes:

- Compliments, complaints and conflict management e-learning
- Conflict management face-to-face training

This policy is in line with Holy Cross' values and is aligned with the NICE guidelines and quality standards. This policy also adheres to relevant legislation, Children Act 1989, Children Act 2004, Human Rights Act 1998, Mental Health Act 1983, Mental Capacity Act 2005.

Immediate post-incident support and debriefing for caregivers involved in an act of violence and aggression.

Incidents of violence and aggression can have a serious detrimental effect on the victim. Managers must ensure that caregivers are properly cared for and debriefed as soon as is reasonably possible after such incidents. Depending on the severity of the incident, managers must allow caregivers (victim) a reasonable amount of time to recover, and they must consider allowing them to be relieved of their duties, to go home, be provided with a taxi and/or be escorted home, or taken to a place of safety such as a Hospital Emergency Department.

A debriefing meeting should be held within five working days so that the caregiver can help to identify the factors that have led up to or contributed to the incident and for them to be able to voice their views about the overall management of the incident.

Debriefing meetings can also help to identify additional measures to prevent a reoccurrence and signposting to appropriate sources of support.

Some caregivers who are not directly involved in a violent situation can be distressed and will require information regarding any follow up actions taken, or signposting to appropriate sources of support. It is therefore important that all caregivers are informed as soon as possible of the basic details of the incident and any counter measures planned.

Managers must be fully supportive to caregivers through any periods of sickness and recuperation and allow them to attend any Occupational Health Department, GP or other clinic appointments in order for the caregiver to fully recover from their ordeal.

9. Regulatory Requirements/ References-

Health and Safety at Work Act 1974: This Act is the main legislation for workplace health and safety in Great Britain. It requires employers to ensure the health, safety, and welfare of their employees and the public. It also established the Health and Safety Executive (HSE) to enforce these regulations.

Management of Health and Safety at Work Regulations 1999: These regulations provide specific requirements for managing health and safety, including conducting risk assessments, providing health surveillance, and ensuring employees receive proper training and information.

Health and Social Care Act 2008: This Act established the Care Quality Commission (CQC) to regulate health and adult social care services in England. It ensures services meet essential standards of quality and safety and gives the CQC enforcement powers.

Registration Requirements Regulations 2009: These regulations require service providers and managers to be registered with the CQC to carry out regulated activities. They ensure compliance with quality and safety standards and maintain a public register of registered persons and their activities.

Children Act 1989: This Act provides a comprehensive framework for the care and protection of children, emphasising the welfare of the child as paramount.

Children Act 2004: This Act builds on the Children Act 1989, establishing the role of the Children's Commissioner and promoting the integration of services to improve outcomes for children.

Mental Health Act 1983: This Act covers the assessment, treatment, and rights of people with mental health disorders who are detained without their consent.

Mental Capacity Act 2005: This Act provides a framework for making decisions on behalf of individuals who lack the capacity to make specific decisions for themselves.

Human Rights Act 1998: This Act incorporates the rights set out in the European Convention on Human Rights into UK law, ensuring that individuals can seek justice in UK courts.

NICE quality standard (QS154): This standard covers the short-term prevention and management of violent and physically threatening behaviour among people with mental health problems.

NICE guideline (NG10): This guideline includes recommendations on managing violence and aggression in mental health, health, and community settings.

10. Evaluation Measures

- **Incident Reports**: Regular review and analysis of incident reports related to aggression and violence to identify patterns and areas for improvement.
- **Training Records**: Monitoring the completion rates and effectiveness of conflict management training for caregivers.
- **Audit and Compliance Checks**: Conducting periodic audits to ensure adherence to the policy and compliance with relevant regulations.
- **Response Time**: Measuring the response time to incidents of aggression or violence and the effectiveness of the interventions.
- **Caregiver Turnover and Absenteeism**: Monitoring caregivers turnover and absenteeism rates to identify any correlations with workplace safety concerns.

11. Related Documents

- **Health and Safety Policy**: Outlines the overall approach to health and safety within the hospital.
- **Incident Reporting Procedure (within Health and Safety Policy):** Provides guidelines for reporting and managing unexpected incidents.
- **Incident Reporting Forms**: Standardised forms for reporting incidents of aggression or violence
- **Anti-Harassment & Victimisation Policy**: Details the procedures for addressing harassment and victimisation in the workplace.
- **Conflict Management Training Materials**: Includes resources and training for managing conflict and aggression.
- **Risk Assessment Procedures**: Documents the process for conducting risk assessments related to aggression and violence.
- **Emergency Response Plan**: Describes the actions to be taken in response to emergencies, including violent incidents.

Appendix 1 – Equality Impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy document when submitted to the appropriate committee for consideration and approval.

Policy Title	Management of Aggression and Violence

		Yes/No	**Comments**
	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Gender reassignment	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Ethnic origins (including gypsies and travelers)	No	
	Nationality	No	
	Sex	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability- both mental and physical impairments	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	Is the impact of the policy/guidance likely to be negative?	No	
4.	If so can the impact be avoided?	N/A	

5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
6. >--	Can we reduce the impact by taking different action?	N/A	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	

Appendix 2: Legal options available to a Caregiver who is a Victim after an Assault.

In cases of actual physical assaults on caregivers, the hospital will work with the police (with the full consent and knowledge of the victim) to achieve a prosecution of the assailant. Caregivers injured because of a violent incident may be able to claim compensation under the Criminal Injuries Act 1968 so long as the incident is reported to police within 24 hours.

The caregiver who has been assaulted (the victim) will need to provide a full and accurate contemporaneous statement to the police if they wish a prosecution to be pursued with any chance of success. When giving the statement the victim has two options on how he/she wishes to be kept informed of subsequent proceedings.

The victim can allow the normal course of events to be followed, in which case he/she would be kept informed of proceedings by the authorities. The hospital will not be involved, in pursuing the prosecution in any legal capacity, nor will the hospital be allowed any access to information regarding the assault from the police, for fear of compromising the prosecution case.

The victim can tell the police officer taking the statement that he/she wishes the hospital to act on their behalf. A nominated member of the Leadership Team will then maintain communications with the police in order to be kept fully informed of developments regarding the assault and the progress being made through the legal systems.

At a much later date the victim may be called upon to give evidence in court. Giving evidence in court can be stressful; therefore, support will be made available to the caregiver by a senior hospital manager, the Human Resources Department and the Occupational Health Department. The Police, CPS and Court will also give the caregiver as much information and help as possible and they will be accompanied by a senior hospital manager to court, if requested by the victim.

Additional information on any person's legal rights:

Common Law allows an individual to use reasonable force to protect themselves or others from personal attack. The Criminal Law Act 1967 Section 3 (1) states that 'a person may use such force as is reasonable in the circumstances in the prevention of crime, or in effecting or assisting in the lawful arrest of offenders or suspected offenders or of persons unlawfully at large'. In addition to preventing an assault from taking place it also allows an individual to use reasonable force to prevent criminal damage to, and theft of property.

Defining Reasonable Force and Proportional Response under UK Law:

- You may have a right of self defence
- You may exercise 'minimum use of force'
- You must moderate the 'proportionality of force used'
- You must consider the 'seriousness of evil to be prevented'

The Right of Self Defence:

The right of any person to defend himself or herself extends to any force used against them. It does not generally extend to verbal abuse; physically defending yourself from verbal abuse may be disproportional to the verbal abuse you face. If, in the process of defending yourself, the assailant becomes injured, then, provided you are the genuine victim and not the aggressor, there should be nothing to fear.

Minimum Use of (proportional) Force: You may only exercise such force as is reasonable under the circumstances in order to prevent or repel an attack. Any force used must be proportional to the force being applied against you. It would also not be right if a person who has assaulted you, stops assaulting you, for you to then retaliate and attack the perpetrator as they are walking away or after he or she has desisted.

Seriousness of the evil to be prevented: In considering your self-defence you are perfectly entitled to use such force as is necessary to prevent serious harm to yourself or others. In all cases, provided you act reasonably or in a reasonably held belief that you were in imminent danger, then you are in the right.

Appendix 3 Health and Safety Committee Terms of Reference and Review Schedule

1.0 General

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Health and Safety Committee. This is a sub-committee of the Leadership Team, which reports to the Advisory Committee and upwards to the Board of the Congregation of the Daughters of the Cross of Liege (the Congregation).

2.0 Purpose

The purpose of the Committee is to oversee, and drive improved performance in, the strategies, policies, working practices and performance of the Hospital in relation to health and safety, ensuring these at least meet or exceed legal obligations, with the objective of promoting the well-being and safety of the Hospital's employees, patients and anyone affected by the Hospital's activities.

3.0 Health and Safety at Holy Cross

The hospital's managers aim to provide employees with a safe and healthy working environment. The Leadership Team acknowledge their responsibility for providing safe plant and equipment, safe systems of work, adequate supervision, safety training and safety information. Management will discharge this responsibility by taking a systematic approach to risk assessment and the elimination of hazards.

Although the hospital's managers have a primary responsibility for health and safety, the maintenance of high standards of health and safety requires the continuous co-operation of all employees. The development of a safe and healthy environment and the promotion of safety in general are seen as a joint endeavour of management and employees. The attainment of high standards of health and safety is considered to be a positive contribution to the overall performance of the organisation.

4.0 Membership

Membership is open to:

The Leadership Team (as a minimum DO and DPS will attend)

Ward Managers

Inpatient Team Leader

Outpatient Team Leader

Facilities and Housekeeping Lead

Reception Team Leader

5.0 Roles and responsibilities

The Committee shall

Review the Hospital's Health and Safety policy and related policies and recommend approval of the policy to Leadership Team

Review the hospital's strategies, working practices and performance regarding health and safety and recommend improvements as considered necessary.

Review the Hospital's performance in relation to health and safety

Review the main risks faced by the hospital in relational to Health and Safety

A standard agenda is in place.

6.0 Arrangements for Meetings

Meetings will normally be convened four times a year usually in, January, April, July and October

The Director of Operations will chair all meetings.

The date and time of meetings will be agreed from one meeting to the next and notice of a meeting and an agenda will be given to members at least a weeks before the meeting date.

The Chairman may convene additional and unplanned meetings following consultation with the Chief Executive subject to there being business of sufficient substance and urgency to warrant such a meeting.

Agendas and Minutes

Agendas and minutes of meetings will be prepared by the Director of Operations (another person acting on their behalf). Minutes will be agreed for accuracy at the following meeting.

Review

Review every 2 years. Next Review date October 2025

Monthly Health and Safety Review Schedule

April

Catering Risk Assessments and Food Hygiene Practices

Review catering policy, HACCP, and food allergy policy.

Tree Safety

Review tree survey.

May

Manual Handling

Review manual handling policy and procedures.

Wheelchairs and Ambulances

June

Dangerous Substances

Review dangerous substances policy and COSHH assessments.

Management of Aggression and Violence including review policy on managing violence and aggression.

July

Grounds and External Maintenance

Review grounds and external maintenance policy.

August

Fire Safety and Policies

Review fire policy and procedure.

Asbestos including review asbestos policy.

Control of Contractors including review control of contractor's policy and Contractors Terms and Conditions

September

Housekeeping including review housekeeping policy.

Slips, Trips, and Falls including review slip, trip, and fall policy.

Personal Protective Equipment (PPE) and review PPE policy.

Winter Preparedness

October

Waste Disposal including review waste management policy and maintenance policy.

Water Safety including Review Legionella risk assessment, water safety log book, and water safety policy.

November

First Aid

Medical Gas Pipelines

Review operational policy for medical gas pipelines.

Office Safety including WRULDS

Review workstation risk assessments.

Review of Fire Safety Risk Assessments

December

Review of the Year

January

Action Plan for Coming Year

Review health and safety policy.

February

Use and Maintenance of Vehicles, Plant, and Equipment

Review PUWER, gas safety, electrical safety, medical devices, and noise policies.

Major Utilities Failure Policy

Electrical Policy

March

Occupational Health

Review health surveillance, pregnant workers, and young people policies.

Security including review security policy.

Hydrotherapy including review hydrotherapy maintenance policy.

Management of Extreme Weather Conditions and review management of extreme weather conditions policy.