



Aggressive and Violent Behaviour Towards Staff Policy

This procedural document supersedes: **Aggressive and Violent Behaviour Towards Staff Policy – CORP/HSFS 5 v.6**



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Kirsty Edmondson-Jones Director of Estates and Facilities
Author/reviewer: (this version)	Kerry Williams LSMS
Date written/revised:	September 2017
Approved by:	Trust Health and Safety Committee
Date of approval:	19 th September 2017
Date issued:	September 2017
Next review date:	September 2020
Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 7	September 2017	<ul style="list-style-type: none"> • References updated • Appendix 1 updated and re-designed 	Kerry Williams
Version 6	May 2012	<ul style="list-style-type: none"> • Format updated in line with Policy CORP/COMM 1 v.6 - Approved Procedural Documents (APDs) - Development and Management Process • Minor changes to some job titles and structure throughout the document. • Minor changes to Section 5 Training/Support • Section 9 – Associated Trust Procedural Documents updated. • Appendix 3 has been updated to bring in line with Risk Assessment Policy – CORP/RISK 18 	Dianne Culkin
Version 5	November 2007	<ul style="list-style-type: none"> • Updated in line with NHS Litigation Authority guidance. • Please read in full – changes made throughout. • Major Changes made to the following Sections:- <ul style="list-style-type: none"> • Section 6 – Duties • Section 8 - Training • Section 11 – Monitoring • Section 12 – Risk Assessment • New Sections:- <ul style="list-style-type: none"> • Section 2 – Equality Impact Assessment • Section 3 – Purpose • Section 13 – Other Relevant Procedural Documents • Section 14 - References 	A N Other

Contents

Section		Page No.
1	Introduction	4
2	Purpose	4
3	Duties and Responsibilities	4
4	Procedure	6
5	Training/support	7
6	Monitoring Compliance with Procedural Document	8
7	Definitions	9
8	Equality Impact Assessment	9
9	Associated Trust Procedural Documents	9
10	References	10
Appendices		
Appendix 1	Rapid Response Team Protocol	11
Appendix 2	Violence and Aggression – Questionnaire	13
Appendix 3	Environmental Impact Assessment	18

1 INTRODUCTION

The nature of the work undertaken by Doncaster and Bassetlaw Hospitals NHS Foundation Trust means that staff may be required to work with patients and visitors who are distressed, anxious or in pain. Such situations can lead to a risk of aggressive or violent behaviour towards staff.

Aggression or violence is not considered to be an acceptable part of any working situation and the Trust recognises its duty to provide a safe and secure working environment for all its employees. This policy sets out the measures it will take to protect its staff from incidents of violence, whilst recognising the inherent problems created in a service designed to allow ease of access by the general public.

The Trust will ensure that measures are in place to comply with the Secretary of State Directions on work to tackle all types of aggressive or violent behaviour towards staff and professionals who work in or provide services to the Trust either directly or indirectly through means deemed appropriate and equivalent.

2 PURPOSE

The Trust recognises the obligations placed upon it and its employees and is committed to developing strategies to deal with problems of violence towards its staff. The purpose of this document is to support a working environment and culture in which aggressive or violent behaviour is unacceptable. It provides a framework for the recognition of, response to and the appropriate management of aggression and violence, in order that members of staff are better equipped to deal with a potential or actual situation. Managing aggression and violence in a structured and cohesive manner underpins the ability for staff to work in a safe and secure environment. Strategies will, therefore include an assessment of the problem, taking preventive measures, initiating suitable responses to violent or aggressive incidents, and to support staff who are victims.

3 DUTIES AND RESPONSIBILITIES

The Chief Executive

The **Chief Executive** maintains overall responsibility for ensuring the Trust has robust policies and procedures in place regarding aggressive and violent behaviour towards staff. These duties will be implemented through Executive Directors, Clinical Directors, Departmental Managers and Supervisory Management.

3.2 The Security Management Director (SMD)

The **Security Management Director (SMD)** – The Director of Estates and Facilities - will ensure the necessary resources are made available to enable this policy and its relevant requirements in regards training and implementation.

- Responsible to Trust Board for day to day operation of policy.
- Ensuring compliance with the legal framework

- Ensuring compliance with Secretary of State Directions
- Nomination of a suitable person to act as Local Security Management Specialist

3.3 The Local Security Management Specialist (LSMS)

The Local Security Management Specialist is responsible for leading and advising on day to day work within the Trust to tackle aggressive and violent behaviour towards staff in accordance with the SMS National Framework and guidance. This includes responsibility for the ongoing Conflict Resolution Training Programme.

3.4 Line Managers

Must ensure that:-

[a] Staff are aware of the policy and all other measures taken by the Trust to reduce the risk of violence and aggression towards staff.

[b] Risk assessments are carried out identifying the scale and nature of the risks to staff. This should include assessments of current working practices and working environment, existing measures concerned with preventing and coping with violent incidents, and the identification of training needs.

Further information on risk assessments can be found in the Trust's General Risk Assessment Policy (CORP/RISK 30) and guidance can also be sought from the Trust Health & Safety Adviser and Local Security Management Specialist.

[c] A register of completed risk assessment forms accessible to all employees is entered on Datix and a copy kept in work areas.

[d] Safe systems of work are established and maintained.

[e] Staff receive appropriate training in the handling of aggressive and violent behaviour, following training needs analysis and in line with training requirements as detailed in the Trust's Statutory and Essential Training Policy (SET)(CORP/EMP 29) .

[f] They and their staff attend the Datix training and follow the correct reporting procedures for all behavioural incidents.

[g] Should an incident occur, to undertake a review of the circumstances to determine any further preventative action which is necessary, including de-briefing staff and offering support and counselling.

[h] Equipment associated with handling of aggressive or violent incidents is available and in good working order – e.g., personal protection alarms.

3.5 Staff

Must ensure that:-

- [a] They comply with this policy.
- [b] Incidents are reported and they follow the correct reporting procedure.
- [c] They do not endanger themselves or their colleagues.
- [d] They comply with any instruction and training which is provided.

4 PROCEDURE

4.1 Action Taken if Violence is Thought to be Imminent or Actually Occurring

- [a] Seek immediate assistance from anyone available including your Line Manager or Supervisor (shout for help if necessary). Retreat if physical violence is used.
- [b] Assess the situation to decide if the incident can be contained and where additional assistance is required. Where appropriate, use verbal techniques to de-escalate behaviour.
- [c] Where additional assistance is required dial extension 2222 in order to obtain help - state "Critical Incident", the type of critical incident and the location (See Appendix 1 for the role of the Rapid Response Team who will respond at DRI and Bassetlaw).
- [d] Where an individual believes Police presence is required, dial switchboard or use any payphone by dialling 999. The Police should always be requested where violence has occurred or is threatened.
- [e] Use call systems where available.

Staff involved in an incident should take all necessary steps to ensure the safety of, as far as possible:

- Themselves and people in close proximity
- Those involved in the incident

The conservation of property should not be seen as having a high priority.

4.2 Incident Reporting

4.2.1 It is essential that instances of violence and aggression, including verbal aggression, be recorded immediately via Datix with copies to the LSMS and H&S team.

4.2.2 If an employee is unable to complete the Datix report the manager or designate must complete the appropriate form as fully as possible on their behalf on the same day as the incident occurs.

4.2.3 In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations, all violent incidents resulting in staff being injured and absent from work for seven days or more (or if there is any other criteria present, i.e. major injury or a reportable incident) must be reported to the Health and Safety Executive. This must be submitted on Form F2508 which can be found in the Datix system within 15 days of the incident. Each department will have a specified person who will have responsibility for completing and submitting this information.

5 TRAINING/SUPPORT

- Mandatory training requirements are detailed in the Trust's Statutory and Essential (SET) Training Policy (CORP/EMP 29). Staff will receive appropriate training, following training needs analysis, in accordance with this policy.
- Training will be recorded on the Oracle Learning Management System.

5.1 Further Action/Support

5.1.1 Managers are responsible for:

- [a] Taking immediate preventive action
- [b] Assessing the care and support needed by an employee and initiate appropriate action
- [c] Recording the occurrence

5.1.2 As well as offering immediate support and treatment, consideration must be given to providing any longer term assistance that may be required, e.g. counselling, referral to the Occupational Health Department, or through other appropriate agencies.

5.1.3 Following an incident, if appropriate further action may be taken.

Action may include:-

- [a] A discussion with the aggressor to attempt to find agreement on ways of preventing a recurrence
- [b] A letter to the aggressor explaining why their behaviour was unacceptable, and setting out criteria for future conduct
- [c] Formal communication withdrawing treatment either partially or wholly *
- [d] Formal communication requiring the aggressor not to enter any or all of the Trust's premises *

* These actions will require the consent of the Chief Executive. Refer to Trust Policy PAT/PA6 – Arrangements for the Provision of Care to Individuals who are Violent and Abusive (Age 18 or Over).

5.1.4 Violence and aggression, whether it be physical assaults or verbal abuse, is catered for within the criminal law and staff should be encouraged to use the criminal justice system to prevent occurrences.

There are numerous offences within a Public Order and Harassment Act to cater for violence and aggression where no actual physical assault has taken place.

Where staff have actually been physically assaulted then these offences fall within Offences Against the Persons Act and obviously attract a higher sentence by the courts.

5.2 Police Powers

[a] Breach of the Peace

The police can arrest and take away the offender ONLY if he/she is still committing the breach, or it is likely that the breach will occur again

.

[b] Actual Bodily Harm, Theft, Damage

Police can arrest if the offence has been committed, the offence is in progress or the police believe the offence is about to be committed.

[c] Arrest

If an arrest is made, the police will expect members of staff who have witnessed the event to be prepared to make statements, and to appear in court as witnesses, for which members of staff will receive the support of their Managers.

5.2.1 Further guidance on the above should be sought from the LSMS in conjunction with the Health and Safety Department.

5.4 Lone Workers

The Trust recognises that at times lone working will occur which may put staff at risk, both whilst working in isolation in Trust premises or working off site in the community. The Trust requires that, where this occurs, appropriate arrangements are put in place to safeguard the lone worker. This document should be read in conjunction with CORP/HSFS 03 – Lone Workers Policy, which sets out the Trust framework for safeguarding Lone Workers.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Violence and Aggression statistics	The Trust Health and Safety Committee	Quarterly	Audit and non-clinical risk Committee(ANCR)
10% of incidents	LSMS	Quarterly	Health and Safety Committee
Staff survey results	Trust Board	Annually	

7 DEFINITIONS

7.1 Aggression at work can take many forms such as sarcasm, ridicule and other forms of verbal abuse; bullying, sexual or racial harassment, intimidation or even physical attack.

7.1.1 The Trust accepts several definitions of violence and aggression, which is: "*The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort*".

European Commission DG-V 1997 (HSC 1999/226 & 229) defines violence as

"Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health."

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy is supported by the following Trust policies:-

Lone Workers Policy – CORP/HSFS 03

Health and Safety Policy – CORP/HSFS 01

Page 11 of 35 Security Policy – CORP/HSFS 15

Personal Harassment Policy – CORP/EMP 04

Risk Assessment Policy – CORP/RISK 30

Policy for Reporting and Management of Incidents and Near Misses – CORP/RISK 13

Arrangements for the Provision of Care to individuals who are Violent and Abusive (Age 18 or Over) – PAT/PA 06

Equality Impact Assessment Policy - CORP/EMP 27

Fair Treatment For All Policy - CORP/EMP 04

Mandatory and Statutory Training Policy – CORP/EMP 29

Restrictive Interventions: Principles and Guidance – PAT/PS 15

Trust's Statutory and Essential (SET) Training Policy – CORP/EMP 29

Enhanced Patient Supervision and Engagement Policy – PAT/P5

10 REFERENCES

- Health and Safety at Work Act 1974
- HSC 1999/226 & 229 – Campaign to Stop Violence against Staff working in the NHS – NHS Zero Tolerance Zone
- Management of Health and Safety at Work Regulations 1999
- RIDDOR 1995
- Secretary of State Directions on Work to Tackle Violence against Staff and Professionals Who Work or Provide Services to the NHS 2003
- Secretary of State Directions on NHS Security Management Measures 2004

APPENDIX 1 – RAPID RESPONSE TEAM PROTOCOL

RAPID RESPONSE TEAM PROTOCOL

The protocol is to be followed as per the attached schedule.

- The rapid response team's objective is to give support to colleagues when their personal safety is or could be compromised.
- If your bleep activates for a rapid response you should make every effort to respond, other than in exceptional circumstances (i.e. you are dealing with a patient or are the only qualified person on duty on a ward area etc).
- In all cases where you are requested to respond to an incident, your personal safety is of paramount importance.
- **You should not, under any circumstances, take any action which would/ could endanger either yourself or others.**
- **In most cases your presence as a deterrent will be all that is required.**
- The most senior bleep holder on duty will be responsible for assessing each situation and giving instruction (i.e. contact police etc)
- Rapid response team members should only act in accordance with the most recent training they have received.

If no training has been given you can still attend as a supporting presence at the scene.

ACTIVATING THE RAPID RESPONSE TEAM

DRI and Bassetlaw RING 2222

Say "Critical Incident" and state the location involved.

By using the 'voice-over' facility the Switchboard will:

- Alert all designated Unit Bleep Holders
- Alert Site Manager –

Montagu RING 9, 999

We no longer have a cardiac arrest team here so the number of people who would attend an emergency call have depleted somewhat. With that in mind staff are required to dial '9' 999 for an ambulance or the police before dialling 2222.

For all other emergencies we are required to dial 2222 however, only a limited number of staff are available to assist and none are CPR trained.

Any incidents on all sites - Alert Security Manager 01302 644128 (office hours) and Clinical site manager (out of hours)

Type of Incidents included are:

- Severe verbal abuse
- Any incident where an individual feels threatened
- Circumstances where staff feel they need extra support
- Any incident where risk of injury to staff, patients, relatives is thought to be imminent

- Wherever an act of violence or aggression has already taken place

Remember:

- Stay calm
- Ease the situation by being reassuring and sympathetic, but don't stick it out if the situation becomes personal or begins to escalate
- Follow your 'gut feeling' by withdrawing from the situation if you feel threatened
- Shout and call for help if necessary
- Do not be worried about activating the Rapid Response Team
- Additionally consider a request for the Police to attend if thought appropriate

If a violent incident is thought to be imminent:

- **Shout for help**
- **Use Call System**
- **Ring 2222 (Rapid Response Team/Police)**
- **State "Critical Incident", Ward....., or Department**
-

SWITCHBOARD OPERATORS' ACTIONS

When receiving a 2222 call relating to a critical incident the operator will activate a voice-over This will alert:

- All Unit Bleep Holders
- Site Manager
- Service Assistants with the bleep facility

Giving brief details of the incident and its location.

All above will attend the area involved.

The operator will also contact the Police, if requested to do so.

APPENDIX 2 – VIOLENCE AND AGGRESSION – QUESTIONNAIRE

DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST VIOLENCE AND AGGRESSION QUESTIONNAIRE

	In each of the sections tick the appropriate box (Yes, No, N/A)	Yes	NO
1a	Is there any historical evidence of verbal or physical aggression to staff?		
	Verbal abuse (with intent/directed at staff)	<input type="checkbox"/>	<input type="checkbox"/>
	Verbal abuse (abusive remarks not directed at staff)	<input type="checkbox"/>	<input type="checkbox"/>
	Punch/strike/slap	<input type="checkbox"/>	<input type="checkbox"/>
	Wounding	<input type="checkbox"/>	<input type="checkbox"/>
	Kicking	<input type="checkbox"/>	<input type="checkbox"/>
	Biting	<input type="checkbox"/>	<input type="checkbox"/>
	Scratching	<input type="checkbox"/>	<input type="checkbox"/>
	Grabbing (please specify areas grabbed)		
	Hair pulling	<input type="checkbox"/>	<input type="checkbox"/>
	Stalking	<input type="checkbox"/>	<input type="checkbox"/>
	Victimisation	<input type="checkbox"/>	<input type="checkbox"/>
	Intimidation	<input type="checkbox"/>	<input type="checkbox"/>
	Threat with/use of weapon (eg knives, needles, walking sticks, etc) (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>
	Harassment (racial, sexual, bullying)	<input type="checkbox"/>	<input type="checkbox"/>
	Offensive messages	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone abuse	<input type="checkbox"/>	<input type="checkbox"/>
	Rape	<input type="checkbox"/>	<input type="checkbox"/>
	Robbery	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
1b	Is it perceived that there could be a risk of any of the above?	<input type="checkbox"/>	<input type="checkbox"/>
	(Please Specify)		
	If there is no perceived or known risk of verbal or physical aggression there is no need to continue with questionnaire.		
2	How often do violent incidents occur?		
	Never	<input type="checkbox"/>	
	Every few months	<input type="checkbox"/>	
	Once a month	<input type="checkbox"/>	
	Several times a month	<input type="checkbox"/>	
	Once a week	<input type="checkbox"/>	
	Several times a week	<input type="checkbox"/>	
	Once a day	<input type="checkbox"/>	
	Several times a day	<input type="checkbox"/>	
3	If hurt or wounded as a result of an attack, has it lead to:	Yes	No

	Bruising/swelling	<input type="checkbox"/>	<input type="checkbox"/>
	Dislocation	<input type="checkbox"/>	<input type="checkbox"/>
	Fracture	<input type="checkbox"/>	<input type="checkbox"/>
	Cuts	<input type="checkbox"/>	<input type="checkbox"/>
	Multiple injuries	<input type="checkbox"/>	<input type="checkbox"/>
	Sprains	<input type="checkbox"/>	<input type="checkbox"/>
	Stress	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
3a	Is it perceived that an incident could lead to any of the above?	<input type="checkbox"/>	<input type="checkbox"/>
	(Please Specify)		
4	Following attacks or incidents of aggression, has this led to time off work?	Yes	No
	few hours	<input type="checkbox"/>	<input type="checkbox"/>
	Days	<input type="checkbox"/>	<input type="checkbox"/>
	Weeks	<input type="checkbox"/>	<input type="checkbox"/>
	Months	<input type="checkbox"/>	<input type="checkbox"/>
5	When are violent incidents more likely to occur (please tick)?		6
			On what day of the week? Mark days when incidents are most likely to occur if known. 7 = most likely 1 = least likely
	8.00 am – 5.00 pm	<input type="checkbox"/>	Sunday
	5.00 pm – 10.00 pm	<input type="checkbox"/>	Monday
	10.00 pm – 2.00 am	<input type="checkbox"/>	Tuesday
	2.00 am – 8.00 am	<input type="checkbox"/>	Wednesday
	At any time	<input type="checkbox"/>	Thursday
			Friday
			Saturday
			Any day
7	Is the workplace over-crowded?	Yes	No
	All the time	<input type="checkbox"/>	<input type="checkbox"/>
	Never	<input type="checkbox"/>	<input type="checkbox"/>
	During specific times (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
8	Are the following adequate?		
	Lighting	<input type="checkbox"/>	<input type="checkbox"/>
	Temperature	<input type="checkbox"/>	<input type="checkbox"/>
	Ventilation (fresh air/smells)	<input type="checkbox"/>	<input type="checkbox"/>
	Décor/colour schemes	<input type="checkbox"/>	<input type="checkbox"/>
	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
	Seating for patients/visitors	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify):		

9	Are the following readily available for patients/visitors?	Yes	No	N/A
	Public telephones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Light refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Information service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Up-to-date magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Children's play area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TV/Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Internal environmental issues			
	Are there excessive noises which could cause distraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there isolated areas such as treatment rooms, offices, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the rooms laid out in such a way as to allow staff to exit in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Could the aggressor be situated between the employee and the door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there designated waiting areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are these adequately supervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there corridors/areas where aggressors could hide/congregate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there adequate signage displaying the Trust's Zero Tolerance stance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are staff protected by additional security measures where required, eg screens, security locks, intercoms, internal CCTV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is money/valuables kept in the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are there potentially dangerous fixtures and fittings, eg	Yes	No	N/A
	Vases etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Waste bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sharp corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Surgical/medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is there a room available to speak privately with:			
	Patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other members of staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	External environmental issues			
	Are there adequate parking spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is it distant from the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have routes to parking areas/external walkways been surveyed for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Is there CCTV coverage of routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are these cameras monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a security escort service to parking areas when walking on external routes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are there any times when tasks are undertaken alone?		Yes	No
	If yes, please specify:		<input type="checkbox"/>	<input type="checkbox"/>
	Are there any procedures in place to help ensure safety?			
	If yes, please specify:		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	N/A
15	Are there easily recognisable alarm systems in place by which you can summon help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state type of system:			
	Are alarms fitted in rooms used for interviewing potentially aggressive/violent individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are these alarms accessible to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the alarms easy to activate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are staff trained in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do others know how to respond if the alarm is raised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there documented procedures in place for ensuring this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Can the alarm be heard in all areas of the ward/department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Have staff attended violence & aggression training.		Yes	No
	Level of training received:-		<input type="checkbox"/>	<input type="checkbox"/>
	Awareness, personal safety, de-escalation 1 day		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	N/A
	Is the training received sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If 'No' what additional training is required? Please specify:			
17	Is there a contingency plan if violence is threatened or breaks out toward:		Yes	No
	Patients		<input type="checkbox"/>	<input type="checkbox"/>
	Visitors		<input type="checkbox"/>	<input type="checkbox"/>
	Staff		<input type="checkbox"/>	<input type="checkbox"/>
	Please specify arrangements:			

	Are staffing levels adequate to ensure that contingency plans can be followed?	<input type="checkbox"/>	<input type="checkbox"/>	
18	Home/community visits	Yes	No	N/A
	Are home/community visits essential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is any information sought highlighting previous/known risks associated with the patient and/premises/or locality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where joint agency working takes place, are there protocols for sharing information regarding known risks of violence and aggression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is joint agency visiting considered where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are individual risk assessments undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a tracking system to ensure safety prior to, during and at the end of a visit (eg buddy systems, lone working procedure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are mobile phones provided, together with training in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are personal safety alarms provided and information given on their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Policy/Procedures	Yes	No	
	Is the Trust's Policy easily accessible to all staff?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is there an Information Leaflet available to all staff?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you have a Departmental Policy/Procedure?	<input type="checkbox"/>	<input type="checkbox"/>	

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Aggressive and Violent Behaviour	Estates and Facilities - Security	Kerry Williams	Existing Policy	September 2017
1) Who is responsible for this policy? Estates and Facilities				
2) Describe the purpose of the service / function / policy / project/ strategy? Staff who may be involved with aggressive acts – to ensure their safety				
3) Are there any associated objectives? Legislation, targets national expectation, standards: Compliance with Policies and Procedures				
4) What factors contribute or detract from achieving intended outcomes? – Behaviour and understanding				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] - N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1	<input checked="" type="checkbox"/>	Outcome 2	<input type="checkbox"/>	Outcome 3
		Outcome 4		
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review: September 2020				
Checked by: Kerry Williams		Date: September 2017		