Avon and Wiltshire Mental Health Partnership NHS Trust

Violence Reduction and Management policy

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Contents

1. Introduction

This policy outlines the Trust approach for recognising, reducing and safely managing episodes of aggression and violence that may arise in the course of workplace duties.

The Trust recognises and accepts its corporate responsibility for the prevention and reduction of violence and aggression in accordance with the relevant legislation and national best practice guidelines. It also acknowledges a commitment to the reduction of violence and restrictive practices, which is evidenced in the Trust's over-arching violence reduction plan that is managed through the Reducing Restrictive Practice (RRP) Board.

2. Purpose or aim

The Trust acknowledges that all staff, patients and members of the public have a right to a safe and secure environment whilst on AWP premises. It recognises the risk to staff from violence and aggression and its potentially damaging effects on the individual, work performance and organisation as a whole. It recognises the impact that violence and aggression can have on patients, carers and their families.

The Health and Safety at Work Act, (1974) and the Management of Health and Safety at Work Regulations, (1999) provide the general legal requirements for preventing and managing violence and aggression in the workplace. Security Management has undergone a number of changes at a national level and the remit now sits with NHS Boards and CCG Commissioners.

This policy works in unison with other policies for managing violence and aggression, particularly in relation to managing clinical risks, where staff identify, manage and mitigate risk for patients, staff and carers (Refer to P032 CPA and Risk Policy).

The Trust does not condone or tolerate any form of violence against staff, patients or carers and believes that such behaviour is unacceptable, irrespective of the form it takes.

3. Scope

This policy applies to all employees and non-executive directors of the Trust. It also extends to bank staff, agency staff, patients, carers, contractors and visitors. The policy equally applies to staff in community situations, where staff are seconded to other trusts or organisations and to people who are on work experience or training placement within the Trust.

The policy will apply to all "workplaces" which will include: -

- All Trust premises
- All premises, clinical and non-clinical where AWP staff are required to work, which come under the management responsibility, and/or are in the ownership of other organisations or individuals.

The policy does not cover the following:

- Staff on staff violence
- Bullying and harassment.

4. Policy Statement

The Trust believes that all staff, patients and visitors have a duty to treat each other with dignity and respect, and to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, free from fear of assault and abuse in an environment that is safe and secure. Each ward/service should display a Trust poster Appendix 1 providing the Trust's policy statement - Policy Statement Poster for Violence and Aggression.

The Trust's definition of what constitutes violence and aggression is detailed in section 6 of this policy.

The Trust will not accept violence against staff, patients, carers and visitors and appropriate action will be taken against any individual or group of individuals who physically or verbally abuse, threaten or assault staff, patients or visitors in the work place.

The Trust will ensure that systems are in place to reduce acts of violence to an absolute minimum by developing a range of prevention strategies based on the Public Health model approach.

The Trust will fully support members of staff, patients and members of the public who have been subjected to violence and/or aggression arising from their work, care or visit and will assist staff members, patients, and visitors who wish to pursue a prosecution (or criminal justice sanction) where they have been injured.

Due to the nature of care provided by the Trust, staff might come into contact with patients who present with episodes of behaviour disturbance. In such situations it is recognised that the staff member, acting on behalf of the Trust, has a duty of care the service user, themselves, their colleagues and other members of the public. It will be a matter of judgement to assess whether verbal abuse in some situations should be considered in the context of this policy. A useful guide for staff will be to identify whether they feel threatened by the situation, in which case this Policy will apply.

If faced with a violent and/or aggressive situation, staff will make every reasonable effort not to place patients, themselves or their colleagues at risk and take steps (where safe to do so) to de-escalate/talk down the situation. Staff retain a legal right at both common and statute law to use reasonable force to protect themselves or others in situations of imminent harm.

Employees failing to observe this policy and applicable health and safety regulations may be subject to action in accordance with Conduct and Capability Policy or Disciplinary Policy and Procedure.

The Trust also recognises that it is important, as far as is reasonably practicable, to:

- Provide and maintain equipment and systems of work/procedures that are safe and without undue risks to health
- Provide information, instruction, education, training and supervision to ensure the health and safety at work of all Trust employees regardless of location. This is supported by Health and Safety for Lone Working Policy
- Provide means of access to and from places of work under the Trusts control that are safe and which minimise risks to health
- Maintain places of work under Trust control in a condition that is safe and without risk to health
- Co-operate with other organisations where Trust staff may be working within their premises
- Ensure that adverse incident reports are completed after any assault whether physical or verbal
- After a physical assault on a member of Trust staff, the Local Security Management Specialist (LSMS) should be notified by email (see Security page on Ourspace for contacts) as soon as is practicable.

5. Roles and Responsibilities

In order to ensure that policy objectives are achieved it is necessary to communicate the role and responsibilities of all employees at all levels. It is therefore the responsibility of each member of the Trust to support and be familiar with this policy.

5.1 Trust Board

The Trust Board is ultimately responsible for fulfilling legal requirements relating to health and safety and the management of violence and aggression. It is the Chief Executive's responsibility for the fulfilment of the relevant statutes.

5.2 Chief Executive

The Chief Executive takes specific responsibility for:

- Advising the Trust Board on the review of existing policy arrangements and allocation of resources to implement health and safety procedures.
- Referring matters of a critical nature to the Trust Board for resolution and ensuring that adequate safety arrangements exist within the Trust.

5.3 Executive Directors

- On behalf of the Chief Executive the Executive Director of Nursing and Quality (N&Q) takes lead responsibility for the management of Health and Safety within the Trust.
- The Executive Director of N&Q is also the nominated Security Management Director (SMD) and the lead Director for Health and Safety.
- The Executive Director of N&Q will be responsible for:
  - Communicating to the Board strategies to address violence against staff
  - Ensuring that appropriate arrangements are in place for the prevention, reduction and management of violence, alongside other Executive Directors ensure the provision of training, guidance and support to managers is in place to implement this policy
  - Promoting safe working through ensuring that the introduction, operation, monitoring and evaluation of this policy is undertaken to ensure comprehensive, fair and consistent application is undertaken throughout the Trust
  - Ensuring that arrangements exist for the circulation of Regulations and Approved Codes of Practice (ACoP); to act on reports from Trust Specialist Advisors, the Health, Safety, Security and Fire Group and the Health and Safety Executive (HSE)
  - Ensuring that systems are in place to maintain records of accidents and dangerous occurrences; that as required the reporting of incidents to HSE is in place inclusive of the notification of incidents reportable under RIDDOR
  - Ensuring that patients, staff and visitors who have been involved in a violent or aggressive situation are fully supported including assistance with the process of Criminal Injury Compensation or civil claims
  - Ensuring that reports and audits on violent incidents and the status of violence and aggression management within the Trust are produced.

5.4 Non-Executive Director for Security Management

The Non-Executive Director for Security Management is responsible for promoting security management at Board level. The requirement for a Non Executive Director is set out in Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006). The role of the Non-Executive Director is to support, and where appropriate,

challenge and support the Security Management Director on issues relating to security management at Executive Board level.

5.5 Locality Clinical Leads and Operations Managers

Locality Clinical Leads and Operations Managers are responsible for ensuring that for each service and department within their directorate:

- Complete risk assessment screening for all patients and where required a full multidisciplinary risk assessment is undertaken and that these assessments are reviewed
- Develop control measures including robust risk management and safe systems of work are implemented in accordance with health and safety risk assessments
- Staff are adequately trained to the standard required in this policy
- Ensure that staffing levels throughout any 24 hour period include trained, capable and competent workers with appropriate skills in respect of the prevention, reduction and management of violence and aggression
- Ensure that accidents and dangerous occurrences are reported in accordance with P057 Incident Policy.
- Report incidents reportable under RIDDOR to the Health and Safety Manager without delay either by telephone or email followed by the electronic RIDDOR report
- Physical assaults where there has been physical contact and injury must be reported to the LSMS at the earliest opportunity
- Provide timely supportive information to the Patient Safety Team, the LSMS and or the Health and Safety team as they triangulate information to ensure serious incidents are recorded and managed appropriately
- Monitor the implementation of this policy and provide support for line managers to ensure that their responsibilities are met
- Local arrangements that implement this policy are devised and reviewed
- Display the Policy Statement Poster for Violence and Aggression, Appendix 1 in a prominent area.

5.6 Matrons and Service Managers

Each Matron and Service Manager has key responsibilities to:

- Ensure each ward has a Safewards implementation plan
- Ensure, within their area of responsibility, that employees are sufficiently conversant and compliant with this policy to enable them to perform their duties
- Ensure that risk assessments are carried out to identify the likelihood of a violent or aggressive situation occurring and that such situations are minimised by devising control strategies and risk management. Such risk assessments not only consider clinical issues but also environmental, procedural and practice issues including:
  - assessing the level of training provided to staff
  - assessing communications with other teams, outside agencies and within the team to ensure that accurate, contemporaneous and relevant risk information in relation to clinical risks
  - assessing the response to emergency situations, i.e. when a lone worker fails to return from a visit, response to building alarms, response to mount a Tertiary Physical Intervention, team response etc
  - assessing the environment for factors which inhibit best practice in the prevention and management of violence and aggression, i.e. vision, audibility, staff call alarms, patient

to nurse call alarms, colour of decorations and furnishings, noise levels, signage and information, sources of potential weapons, isolated corridors, security, doors and interview spaces see Appendix B - Management Of Violence and Aggression Health and Safety Risk Assessment Checklist

- assessing lone worker situations including escorting of patients on or off a hospital site
- security and safety of the building

- Investigate violent or aggressive incidents taking action to avoid a recurrence wherever possible , whilst supporting employees and directing to the appropriate support agencies if required from the LSMS
- Ensure that assessment and control measures are reviewed, clearly documented and amended in an appropriate format where necessary
- Ensure that staffing levels throughout any 24 hour period include trained, capable and competent workers with appropriate skills in respect to the management of violence and aggression
- Ensure that where any employee is unable to undertake interventions (physical or other) but where it is still appropriate for the individual to be working in their identified workplace, an impact assessment is completed, mitigating factors are identified and actions taken to ensure that other appropriate training is provided such as Conflict Resolution, Managing Conflict
- Provide appropriate alarm and communication equipment to support staff in practice and ensure that local procedures are in place to ensure safe and appropriate use
- A system should be in place to ensure that regular checks are conducted to identify faults and ensure that prompt remedial action and maintenance is carried out. Records of tests, checks and maintenance should be kept, see Section 8.5
- Ensure that all staff regardless of ability and or previous experience are provided with a training needs assessment, the appropriate training programme and subsequent up-date training opportunities are provided
- All associated risk and training records are maintained
- Provide a local induction programme to all staff commencing employment within their workplace that includes the principles of conflict resolution and the , prevention and management of violence and aggression
- The induction programme must ensure that any member of staff that has never received training for the reduction, prevention and management of violence and aggression is provided with the appropriate level of information, training and support ahead of any formal training programme. The induction training must take place before an individual commences clinical duties
- Ensure that employees are provided with supervision opportunities and an appraisal is completed to support the identification of any education and or training requirements associated with this policy
- Ensure that accidents and dangerous occurrences are reported in accordance with P057 Incident Policy.
- Physical assaults where there has been physical contact and or injury must be reported to the LSMS as soon as is possible. Routinely this would be communicated by completing an electronic adverse incident form but in the case where this is not possible it should be emailed
- Incidents reportable under RIDDOR should be reported to the Health and Safety Manager using the electronic RIDDOR reporting form on the Trust Intranet
- Ensuring that patients who have been involved in a violent or aggressive situation are fully supported and assisted

- Ensure that employees are supported post incident and provide opportunity for learning, reflection and or training updates if indicated
- Ensure that employees are provided opportunity and time to engage with the confidential, independent and free counselling service available to all employees through self-referral to the Trust's Traumatic Stress Service for Staff or Occupational Health Employee Assistance Programme. It should be recognised that counselling may be necessary not just for those people who have experienced or observed a one-off violent or aggressive situation where injury may or may not be apparent, but also for those who have suffered exposure to prolonged violence and aggression not characterised by a single event
- Display the Policy Statement Poster for Violence and Aggression, in a prominent area.

5.7 Employees

The policy requires all employees to:

- Comply with health and safety rules and regulations by co-operating with their line managers on risk assessments and incident investigations
- Follow this policy and any associated local or Trust procedures and guidelines such as P045 Health and Safety for Lone Working Policy
- Communicate to line managers, supervisors, colleagues and employees of other organisations if there is a likelihood of a patient displaying violent or aggressive behaviour making a clear record in the patients care plan and any referral documentation
- Report all accidents, incidents or dangerous occurrences as soon as possible after the occurrence as per P057 Incident Policy
- Act reasonably within the law and care for their own health, safety and wellbeing and that of others who may be affected by their acts or omissions. Employees must not knowingly put themselves or others into situations of significant risk and must only take part in those activities for which authorisation, suitable training and adequate protection has been given. This shall not be construed as precluding the use of reasonable force that may be required in an emergency involving a colleague or member of the public who is in imminent or immediate danger
- Bring any perceived risks, such as unsafe working conditions and training needs to the attention of their line manager
- Undertake relevant violence and aggression reduction training as indicated by role and responsibilities as identified in the Trust Training matrix.
- Bring to the attention of their manager any physical condition or mental health issue that prevents them from undertaking their duties or training safely
- Complete the local induction programme ensuring that clinical duties are not undertaken until all elements have been completed especially the reduction, prevention and management of violence and aggression
- Seek available support and or counselling through the Trust's Traumatic Stress Service for Staff or Occupational Health Employee Assistance Programme as required to enable safe practice and personal and professional wellbeing.

5.8 Health and Safety Manager

The Health and Safety Manager will:

- Offer advice to managers on environmental risks in relation to violence and aggression and health and safety risk assessment and management
- Liaise with the Health, Safety, Security and Fire Group and the Learning and Development Department to ensure that contribution is provided for the development of a range of training courses covering various aspects of managing and dealing with violence and aggression

- Report any RIDDOR reportable incidents to the Health and Safety Executive on behalf of the Trust.

5.9 Local Security Management Specialist (LSMS)

For the purpose of this policy and all AWP procedures the Trust's LSMS shall assume this responsibility and assist the Security Management Director and designated senior clinical and operational management leads to comply with the Secretary of State Directions.

The LSMS will:

- Maintain up to date accredited security management training
- Be a central link for all security issues across the organisation
- Be the Single Point of Contact for security management
- Complete an annual quality assurance assessment, and support any related audit requirements
- Produce work plans to be approved by the Security Management Director
- Produce an annual report on security management for assurance and present this to the Health, Safety, Security and Fire Group and Quality, Safety & Risk Assurance Group.

5.10 Health and Safety Advisors

The role of Accredited Health and Safety Advisors and Workplace Representatives are detailed in Section 6.5 of P094 Health and Safety Policy.

In summary they have the following functions (this is not exhaustive):

- Representing employees in discussions with the employer on health, safety or welfare issues and in discussions with HSE or other enforcing authorities
- Being consulted in a timely manner for a range of health and safety issues
- Being involved with risk assessment procedures
- Attending safety committee/management group meetings
- Inspecting the workplace
- Investigating potential hazards
- Investigating notifiable accidents, cases of diseases or ill health, and dangerous occurrences
- Receiving information from health and safety inspectors

See also JUC Health and Safety pages on Our Space.

5.11 The Head of Learning and Development

The Executive Medical Director takes overall responsibility for ensuring that the Learning & Development Department provides adequate resources for providing evidence based training, which is based on an analysis of operational need in order to ensure that this policy is implemented. The content of all violence reduction training is subject to regular evaluation to ensure it provides staff with the necessary skills and knowledge to discharge their legal obligations in accordance with existing statute law and best practice standards.

5.12 The Traumatic Stress Service for Staff and the Trust Occupational Health Provider

- The Trust offers an independent and free counselling service to which employees may seek access on a self referral basis via the Traumatic Stress Service for Staff

- The Trust's Occupational Health Provider (PAM) provides an employee assistance programme whereby counselling can be offered through self-referral or manager-referral Occupational Health Service
- The Occupational Health provider will complete health assessments for employees returning to work where referred by their manager in order to establish fitness for work in accordance with Disability Discrimination legislation, and suggest reasonable adjustments to reduce any risks.

5.13 Other Organisations

The Trust should provide for reciprocal arrangements with other organisations and professionals to ensure that the sharing of information is in line with Information Governance standards, especially where there is a potential for individuals/teams to be exposed to violent or aggressive behaviour as indicated within P032 CPA and Risk Policy.

6. Definitions

Violence and aggression are defined as:

Violence and aggression refer to a range of behaviours or actions that can result in harm, hurt or injury to another person, regardless of whether the violence or aggression is behaviourally or verbally expressed, physical harm is sustained or the intention is clear (NICE Guideline 10, 2015).

"Any incident, in which an employee is abused, threatened or assaulted by a member of the public including clients in circumstances arising out of or in the course of his or her employment" (Adapted from HSE guidance).

This is extended to include:

"Verbal abuse against employees which includes threatening, insulting, obscene, racist, or sexist language sufficient to cause fear, intimidation, or serious offence".

Restrictive Practice

Interventions that may infringe a person's human rights and freedom of movement, including observation, seclusion, physical intervention, mechanical intervention and rapid tranquillisation (NICE: 10, 2015).

Physical Intervention

A skilled, hands-on method of physical intervention used by trained healthcare staff to prevent patients from harming themselves, endangering others or compromising the therapeutic environment. Its purpose is to safely immobilise the patient (NICE: 10, 2015).

Mechanical Intervention

A method of physical intervention involving the use of authorised equipment, for example handcuffs or restraining belts, applied in a skilled manner by designated professionals. Its purpose is to safely immobilise or restrict movement of part(s) of the body of the patient (NICE: 10, 2015).

Rapid tranquillisation

Use of medication by the parenteral route (usually intramuscular or exceptionally intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed (NICE: 10, 2015).

Seclusion

Seclusion refers to the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate

necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause others harm, (MHA CoP, 2015; Ch26.103).

The term “patient” in this procedure also applies to detainees in Places of Safety.

If a patient is confined in any way that meets the definition above, even if they have agreed to or requested such confinement, they have been secluded and the use of any local or alternative terms (such as ‘therapeutic isolation’) or the conditions of the immediate environment do not change the fact that the patient has been secluded. It is essential that they are afforded the procedural safeguards of the Code, (MHA CoP, 2015; Ch26.104).

7. Standards

It is essential that the Trust is compliant with standards that are set out as statutory and or mandatory requirements as indicated below.

- The Care Quality Commission (CQC) is the independent regulator for health and social care in England and established under the Health and Social Care Act 2008.
- The CQC provides a regulatory system to ensure that all services being delivered meet essential standards of Quality and Standards ensuring that users of services are kept safe from harm, abuse and neglect.
- The ‘Essential Standards of Quality and Safety’ (CQC) require that staff are supported to undertake their work in a safe working environment where the risk of violence is minimised.
- NHS Security Management Standards (2017-18)
- The primary legislation applicable in the prevention and management of violence and aggression is derived from the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- The Secretary of States Directions 2004 (amended 2006) place duties on NHS Trusts to have appropriate systems in place to manage the risks associated with violence and aggression.
- Violence and Aggression: short-term management in mental health, health and community settings (NICE 10;2015)

8. Risk Assessment

8.1 Overview

The Trust Risk Assessment Policy (P054) provides an overview for managing the risks to staff from violent and aggressive behaviour. A number of interrelated assessments cover the risks, including:

- **generic risk assessments:** covering the general risks to staff working in the Trust, i.e. lone worker requirements, new and expectant mothers assessment
- **local/departmental risk assessments**: teams complete local assessments to help develop local procedures to manage risk
- **clinical risk assessments**: the Trust health and social care records systems e.g. RiO provides for individual assessment and management of risk this can be supported by the Clinical Toolkit
- **building and environmental risk assessments**: the Trust has risk assessments on the safety and security of the building, e.g. design of reception areas, interview rooms and wards

When considering how and what to cover in a risk assessment, there are a number of key issues that need to be taken into account:

- reducing aggressive behaviour – at the point of contact
- protecting lone workers – either working at fixed sites or community workers
- patient specific risks – how you manage these risks and share information
- training – providing training to match operational need
- physical buildings and grounds – i.e. layout of premises to reduce the risks
- protecting staff – who handle medicines, money and other valuables

8.2 Health and Safety Risk Assessment

The completion of risk assessments can be seen as a proactive approach for the prevention of violence and aggression using the Trust's Risk Assessment tools which should be carried out to identify potential triggers for violence and aggression either from the design of the environment, methods of communication or the way the service is delivered.

Appendix B - Management of Violence and Aggression Health and Safety Risk Assessment Checklist provides examples of areas to consider when undertaking risk assessments.

Risk assessments should be completed using a multi-disciplinary approach. Staff involved in the assessment could include, staff already working in the environment, staff side health and safety representatives. The Risk Management team will also offer support.

All risks should be recorded on the standard AWP Risk assessment form, (see also Risk Assessment Policy). On completing the risk assessment, the risk and associated risk action plan should be managed within the directorate/locality risk register.

8.3 Clinical Risk Assessment

On admission to a service, at any transition and following a significant event , all patients must have a risk assessment completed as per P032 CPA and Risk Policy. A full clinical toolkit for Clinical Risk assessment and Management. provides a framework to help clinicians with this process.

Patient risk assessments should inform the content and detail of individual Positive Behavioural Support Plans (PBSP) which should be continuously reviewed; particularly with consideration to changes in their clinical condition, behaviour or personal circumstances.

8.4 Lone Working

The Trust recognises that some staff will spend a considerable amount of time working alone, often in domestic premises. These staff may face additional risks to their personal safety, due to the nature of their work.

In circumstances where staff work alone, managers should ensure that staff are provided with clear induction to the P045 Health & Safety Policy for Lone Working Policy and attend the relevant Health and Safety training.

8.5 Departmental/Team Standards

Each ward/team is required to ensure that local standards and procedures are in place to manage the risk of violence and aggression

All staff must be familiar with the local emergency procedures for their workplace or building and where to find them; the local induction should provide all required information to support staff in practice

- Types of alarm and sound of each system
- How to and when to raise an alarm to summon assistance

- How to check that equipment is in working order
- How to report a fault with all equipment
- Management of system maintenance checks
- Site-wide/inter-service response expectations
- Allocation and responsibilities of the safety nurse role
- Ability to provide advice, support and equipment for all visitors

9. Prevention and Reduction of Violence and Aggression

The Trust recognises that there will be a number of occasions when patients may experience a loss of control that leads to an episode of behavioural disturbance. Whilst the underlying causes can often be multi-factorial it is important to recognise that the risk of violence can often be reduced by a thorough analysis and understanding of the primary root causes of the behaviour. Behaviour Support Planning.

9.1 Positive Behavioural Support Plans (PBSP) or Collaborative Support Plan (CSP)

Where a clinical history or actual risk of violence and or aggression has been identified, a PBSP/CSP needs to be developed (DoH, 2014) in collaboration with the patient (where possible) that recognises the primary, secondary and tertiary prevention strategies required to reduce and manage potential episodes of behavioural disturbance. This approach is deemed to be essential in reducing the need for restrictive practices such as physical intervention, seclusion and rapid tranquilisation (NICE: 10, 2015). The template and framework for developing such plans can be found within the existing Trust Clinical Toolkit.

9.2 Safewards

Safewards (2014) is part of an evidenced based approach that aims to reduce episodes of restrictive practices, conflict and containment within in-patient mental health settings. The Trust has invested in the Safewards Model which aims to introduce and embed all 10 clinical interventions to identify flashpoints and provide staff modifying factors to mitigate individual, community and environmental risks.

10. Restrictive interventions

Any form of restrictive intervention that aims to curtail a patient's right to autonomy, freedom and movement should be very carefully considered and subject to proper safeguards. It is acknowledged that making a decision to use a particular restrictive intervention is likely to be a very stressful event for staff, patients and their carers/family due to the complex emotional, professional, legal and ethical issues involved. Ultimately, staff will be required to justify their actions in line with the tenets of reasonableness, proportionality and necessity. Clinical risk judgements will therefore need to carefully weigh and balance the benefits versus the potential harms of using such interventions.

Consideration must be given as to whether the interventions are of a degree or intensity that results in a deprivation of the person's liberty or a safeguarding incident. For further guidance refer to the following policy documents: P063 Safeguarding Adults at Risk, P062 Safeguarding Children at Risk; Mental Capacity Act including Deprivation of Liberty Safeguards.

The existing Mental Health Act 1983, Code of Practice, (2015) makes reference to the guiding principles when considering the use of restrictive practices.

10.1 Methods of Physical Intervention

It is acknowledged that the clinical needs of children, adults and older people will be different, therefore this is reflected in the nature and type of manual holding techniques used :

PMVA Team Work (PMVA)

PMVA teamwork techniques employ a minimum of three persons during a physical intervention, with the skills being specifically designed to meet the nature of risk and operational need within the Acute, PICU, Specialised including CAMHS and Secure Services In-patient Wards.

Specific consideration to the needs of patients admitted within specialised services is factored into the Trust Training programme as there will be significant physical differences for young people, women pre and post natal and individuals with eating disorders.

Understanding, Preventing and Managing Aggression in Older people (UPMA)

UPMA teamwork techniques incorporate primarily a two person approach predominantly low level safe holding technique for physical intervention requirements, however it is acknowledged that additional staff and additional approaches may be required if the risk assessment indicates.

Positive Behavioural Management Training (PBM)

The Daisy, specialised Learning Disability in-patient unit has provided training for all staff in the management of challenging behaviour using the PBM approaches. Positive Behaviour Support methods are outlined by The British Institute for Learning Disabilities (BILD) who are working closely with the Restraint Reduction Network to ensure that individuals with Learning Disability are afforded the safeguards required for their needs.

10.2 Application of Physical Intervention

Evidence from Trust audit, Rio care records and adverse incident reports typically indicate that physical intervention in clinical practice generally occurs as part of:

An Emergency Response where circumstances arise whereby an individual's behaviour necessitates an immediate physical intervention in order to prevent serious harm occurring to themselves or others

A Planned Response where a patient requires care and treatment under provision(s) of the Mental Health Act, 2003 (Amended 2007) i.e., administration of prescribed medication, interventions to prevent serious self-neglect.

Where possible, intervention strategies for the management of behavioural disturbance should be discussed with all patients at the point of admission to in-patient settings and incorporated into the individual's PBSP ensuring that any advanced patient directives and or crisis plans that are in place are incorporated.

General principles:

- Staff should follow the principles and techniques provided through the respective training course appropriate to their level of ability and or clinical environment.
- Physical interventions form part of a hierarchical set of responses based on the principles of least restrictive intervention.
- Personal Protective Equipment (PPE) such as gloves, aprons and eye protection should always be considered where there is a risk of cross infection or contaminated with body fluids etc. as indicated within P028 Management of Infection Policy
- The physical intervention team will aim to preserve and maintain the patient's dignity and safety at all times.

- Ensure that the level of force applied during physical interventions is necessary, appropriate, reasonable and proportionate to the needs of the situation and only applied for the shortest time possible.
- During the procedure of physical intervention the patient should be able to communicate without physical compromise with their airway/breathing being subject to continuous monitoring
- If the patient is showing visible signs of respiratory distress or the physical intervention team have any concerns about the patient's physical condition and wellbeing, the physical intervention **must be terminated immediately**.
- All staff must remain extra vigilant when using physical interventions as indicated within the Independent Advisory Panel on Deaths in Custody, (2010) particularly highlighted for patient's that may be physically unwell, disabled, under the influence of alcohol or illicit substances, pregnant or obese.
- Any known pre-existing physical (medical conditions), emotional or psychological trauma should be noted in the patient's PBSP.
- The focus of managing behavioural disturbance should be on de-escalation and non-physical intervention however where physical intervention is indicated it should be used for the least time possible and ceased at the earliest opportunity. The use of rapid tranquillisation or seclusion should be considered as a last resort intervention and will be subject to local scrutiny.
- Prone, (face down) physical intervention should be avoided where possible in line with Positive and Proactive: Reducing the Need for Restrictive Practice, DoH (2014).
- Emergency equipment to support life will be available within each in-patient clinical setting with staff trained to their level of role and responsibility as outlined in P008 Resuscitation and Medical Emergency Policy.
- Nursing staff should use the NEWS Physical Observation chart to monitor vital signs in accordance with the NEWS procedure and Rapid Tranquilisation Post Administration Monitoring Guidance (where indicated). If it is not possible to undertake a full set of NEWS Physical observations the Non-contact PHO Guidance and assessment framework must be used.
- Any patient subject to physical intervention must be medically assessed at the earliest opportunity. Any injuries must be reported directly through the Adverse Incident reporting system and a Safeguarding alert raised
- Any patient subject to physical intervention should have an opportunity to talk through the experience after the event. Post incident support should always be individualised to meet the patient's needs and may include the involvement of clinicians, advocates and professionals that have been trained in trauma support and are independent of the clinical team.

10.3 Recording of Physical Interventions

To ensure that individual care is detailed and safe practice has been used there are clear guidelines for recording within the **Mental Health Act 1983: Code of Practice (2015); Chapter 26.72.** It states that *where physical restraint has been used, staff should record the decision and the reasons for it, including details about how the intervention was implemented and the service user's response.*

Staff should ensure that:

- the patients' Rio records reflect the above within the progress notes as well as within section: Inpatient Management-Observation/Seclusion-Seclusion/Restraint
- an incident form is completed including the required details as indicated above

10.4 Techniques that may cause pain

The Trust recognises that any manual method of physical intervention has the potential for causing unintentional discomfort and/or pain. Whilst the methods of physical interventions endorsed by the Trust do not rely on the use of pain to be effective, it is recognised that in exceptional circumstances (NICE: 10, 2015) that the use of a pain stimulus may be used to preserve life (Human Rights Act, 1998). Therefore, pain/discomfort cannot be totally excluded, providing that it can be demonstrated to be a necessary and proportionate response under the circumstances of intervention. The Trust training programme provides staff with the legal and ethical issues that are associated with the use of pain stimulus and the techniques are only taught as an extreme emergency control measure.

11. Medical Risks Associated with the Use of Physical Intervention

The medical theories, risks and specific considerations associated with the use of physical interventions are addressed fully within the Trust Training programme. There is a clear focus upon the differentials with children and young people, adults and later life adults to ensure that all staff are aware of the physical variances and needs of each patient group.

The potential of psychological, safeguarding and trauma histories of patients in our services are discussed within the Trust Training Programme to ensure that staff are aware of the significance that physical intervention can have upon an individual. There may be cause for re-trauma by using physical interventions and or the individual may instigate physical intervention as a means of personal safety measures. Trauma Informed Care should be considered when developing PBSP's and the potential use of physical interventions.

12. Pharmacological interventions

The use of oral medication should always be considered as an appropriate early intervention strategy for some individuals where it has been identified as part of an agreed treatment plan. General guidance on medicines can be found in P060 Medicines policy

Guidance on the use of medication for the management of disturbed behaviour can be found in Rapid Tranquilisation Procedure (Med 23) - The Use of Medication to Manage Disturbed (Violent) Behaviour on Mental Health Units

Medical staff are provided with training at induction with consideration to prescribing within therapeutic limits, physical health management and the risks of rapid tranquilisation (RT) drugs.

Advice on the administration, prescribing and storage of medicines can be obtained via the Trust Pharmacy and or Pharmacy pages on Ourspace.

13. Weapons

Staff are not expected or trained to deal with individuals that are in possession of a weapon.

There may be circumstances, where an individual is in possession of a weapon, an item that could cause serious harm and or broken/damaged property that poses a significant risk or a potential life-threatening situation.

- De-escalation skills should be employed to support the individual where safe to do so particularly in relation to self-injury.
- Evacuation of the immediate area may be required.
- Police attendance should be requested to disarm an individual
- Self-defence measures should be based upon personal judgement, doing what is felt to be reasonable, and that is proportional to the threat and particular circumstances.

14. Mechanical Intervention

The Trust position for the use of mechanical interventions is that under no circumstances will mechanical intervention be used by AWP staff.

There may be occasion, in exceptional circumstances, where the Police have been called to assist with an incident; if the Police assume control and management of the incident, they may use mechanical interventions to manage the incident outcome safely in line with their professional standards and training.

The use of mechanical intervention may be considered when secure transport providers are conveying a patient or prisoner who is deemed a significant risk of harm to themselves or others or poses a serious absconding risk.

Any consideration for mechanical intervention in the conveyance of an individual from AWP services should be supported by an MDT clinical risk assessment, which has been approved by the Responsible Clinician and Operations Manager.

P109 The Multi Agency Protocol for the Use of Mechanical Restraint in the Transportation of Detained Patients following a Mental Health Act Assessment identifies the requirements of the Trust contract arrangements and professional responsibilities of staff.

Appendix 3 Guidelines for the Medical Implications of Taser Use and Appendix 4 Guidelines on the Management of Exposure to CS Incapacitant, provide information for the management and support required for patients where police measures have been taken in the management of behavioural disturbance.

Reducing Restrictive Practice Board

The RRP Board provides the framework for the formulation, delivery and evaluation of the organisational work-plan for reducing restrictive practices. The RRP Board reports to the Quality, Safety and Risk Assurance Group.

15. Training

The Trust is required to provide such training as is necessary to ensure, as far as is reasonably practicable, the health and safety at work of its employees. A programme of training is in place that meets with the recommendations from NHS Security Management Strategy and NICE guidance. The Trust training programme will use approaches that have been subject to medical, legal and manual handling review and feature in the existing Trust PMVA Tutor manual.

Restrictive interventions will never be taught in isolation from the other critical skills required in the identification, understanding, and prevention of violence and aggression.

All staff that have successfully completed their identified training programme will be required to refresh their skills within 2 years of initial training and thereafter. Records of their attendance will be maintained on the MLE register.

15.1 Staff Exemptions from Training

Some staff may not be able to participate in physical intervention (tertiary) training or practice for a number of reasons.

Temporary Exemption

The following represents a guide to the reasons for temporary exemption:

- Staff awaiting training (can contribute to the management of emergencies as indicated through local induction).
- Pregnancy.

- A medically diagnosed condition which would be aggravated by using physical intervention techniques - a review date must be identified with Occupational Health (usually within 3 months and repeated as necessary)
- A medically diagnosed condition which prevents the individual from using physical intervention techniques – a review date must be identified with Occupational Health (usually within 3 months and repeated as necessary)

Permanent exemption

The following are a guide to reasons for permanent exemption:

- A medically diagnosed condition which would be aggravated by using physical interventions.
- A medically diagnosed condition which prevents the individual from using physical interventions.

15.2 Action Required to Manage Periods of Exemption

- The individual must inform their Line Managers that they have a condition, which they believe makes them exempt from using physical intervention techniques either temporarily or permanently.
- The Line Manager must ascertain whether the condition has been medically diagnosed and if not ask the employee to provide written confirmation of this within 14 working days.
- The Line Manager will make the employee exempt for this 14 day period.
- Except for the case of pregnancy, which is automatic exemption, the Line Manager must refer the employee to Occupational Health for confirmation that the condition is one which exempts the employee from participation. The referral will request from Occupational Health an estimation of how long the employee may be unable to use physical intervention techniques.
- The manager must inform the learning and development department for purposes of auditing and monitoring the number of exempt staff.
- The manger must inform the Learning and Development department when a temporary exemption period concludes.
- Where permanent exemption is identified the staff must engage with Managing Conflict Training as a means of ensuring that engagement with management of violence and aggression is undertaken in a safe way at their level of ability
- Where permanent exemption is identified the Manager should discuss any clinical implications with the Operations Manager to ensure that the skill mix of the team are safe and appropriate to the clinical risk

15.3 Learning and development department

The Learning and Development department will ensure that it has systems in place to ensure that;

- All modules of Violence Reduction training is based primarily on the prevention, reduction and resolution (primary and secondary interventions) of conflict.
- All physical intervention (Tertiary) skills are based on an objective assessment of risk and operational need analysis which is subject to annual review.
- Training programmes are delivered by staff that possess the appropriate qualification, attitude, value base and clinical experience and within an agreed Code of Professional practice.

- Tutors are expected to engage with the Trust's supervision and appraisal structure through which they demonstrate their own development needs and develop opportunities to work with other violence reduction experts.
- A learning and development representative will attend the RRP Board where any practice developments will be tabled for discussion.
- P090 Learning and Development Policy provides guidance for recording attendance, the management of non-attendance and any follow up requirements.

16. Monitoring, Audit and RRP projects

Implementation of this policy will include:

- Monitoring of training uptake and any gaps.
- Shared information from the incident reporting process is used to directly influence, update and or revise training, equipment, policy, strategy and procedures.
- Development of action plans or QI projects to address any gaps in performance .
- Review of incidents of restrictive practices including physical intervention, prone interventions, RT and seclusion will be undertaken through the RRP Board.
- Review of the Staff survey outcomes to monitor themes and views in relation to restrictive practices, violence and aggression.
- An audit of restrictive practices and PBSP will be conducted on an annual basis with the outcomes influencing quality improvement within services, training and policy.
- The RRP Board will develop a work-plan to identify RRP work-streams to deliver practice, cultural and environmental innovation and improvement, Appendix D highlights the current projects and developments.
- All work-streams will work within the scope of quality improvement methodology

17. References

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18. Associated and Related Procedural Documents

P054 Risk Assessment Policy

P045 Health and Safety Policy for Lone Working

P116 Disciplinary Policy and Procedure

P057 Incident Policy.

P032 CPA and Risk Policy

De-escalation room standard operational procedure

P109 Multi Agency Protocol for the Use of Mechanical Restraint in the Transportation of Detained Patients following a Mental Health Act Assessment

Med 23 Rapid Tranquilisation Procedure

P060 Medicines Policy

P063 Safeguarding Vulnerable Adults at Risk

P062 Safeguarding Children at Risk

P090 Learning and Development Policy

P028 Management of Infection Control Policy

P008 Resuscitation and Medical Emergencies Policy

19. Appendices

Appendix 1 – Preventing Violence and Aggression Poster

Appendix 2 - Risk Assessment Checklist

Appendix 3 – Guidelines for the Medical Implications of Taser Use

Appendix 4 – Guidelines on the Management of Exposure to CS Incapacitant

Appendix 5 - Checklist for Risk Assessment of Interview Rooms

Version History

Version	Date	Revision description	Editor	Status
1.0	27/02/2006	Previous policy	PAD	Approved
2.0	17/12/2008	Approved by Board	PAD	Approved
2.4	24/01/2011	Administrative changes	PAD	Approved
3.0	13/12/2011	Approved by the Quality and Healthcare Governance Committee	PAD	Approved
3.1	16/10/2012	Extended Review date. Approved by the Quality and Safety Committee	PAD	Approved
4.0	07/05/2014	Approved by the Quality and Standards Committee	PAD	Approved
4.1	17/06/2014	Administrative updates to change Occupational Health details	SJ	Approved
5.0	01/11/2016	Policy review and update in light of NICE guideline10, MHA COP, DoH, Positive and Proactive	SJ/AM	
6.0	16/06/2017	Amalgamated policy: New policy name: violence reduction and management policy Replacing: Recognition, prevention and management of violence and aggression (P095) and tertiary physical intervention policy (P109). Approved by Deputy CEO & Director of Nursing & Quality	Head of Nursing - In-patients	Approved
6.1	19 July 2018	Director of Nursing at Q S Committee approved 6 month extension	DoF	Approved
6.2	11 Sept 2018	Added link to approved De-escalation room standard operational procedure	AM	Approved
6.3	25th March 2019	Administrative amendments inclusive of the management of exempt staff, management of site wide responses and reference to current projects and initiatives in relation to reducing restrictive practice	AM/JB	Draft
7.0	05 April 2019	Finalised update	AM Associate Director of Nursing	Approved
7.1	02 July	**Supplementary Section 10.3 Recording of Physical Interventions added**	JB	Approved

		To identify recording requirements as outlined by the MHA:CoP 2015 and support staff to ensure that all physical interventions are recorded accurately.		