Lone Worker, and Violence and Aggression at Work Policy

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Lincolnshire Community Health Services NHS Trust

Lone Worker, and Violence and Aggression at Work Policy

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1	New Document	Combination of the 'Lone Worker Policy' (P_HS_03) and the 'Violence and Aggression at Work Policy' (P_HS_11)	March 2016	C Evans, C Kisby
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Lincolnshire Community Health Services NHS Trust

Lone Worker, and Violence and Aggression at Work Policy

Policy Statement

Background	Lincolnshire Community Health Services NHS Trust recognises that some staff may have the requirement to work by themselves for significant periods of time in the community without close or direct supervision, in isolated work areas and often out of normal working hours. The purpose of this policy is to protect staff, so far as is reasonably practicable, from the risks that are associated with lone working, violence and aggression.
Statement	Lincolnshire Community Health Services NHS Trust takes extremely seriously the health, safety and welfare of all staff. It recognises that violence towards staff is unacceptable and that staff have the right to be able to perform their duties without fear of abuse or violent acts. No member of staff should consider the receipt of violence or abuse to be an acceptable part of their job.
Responsibilities	Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS Trust managers and of all staff who work alone as part of their duties. All incidents including near misses pertaining to lone workers should be reported using the Datix Incident Reporting Procedure.
Training	Directors, Heads of Service, and Workforce Development are responsible for ensuring that awareness training is available and that staff members access this as appropriate.
Dissemination	Website
Resource Implication	Lincolnshire Community Health Services NHS Trust will be required to provide appropriate management tools and facilities in order to ensure staff health and safety e.g. technology for tracking whereabouts.

Lincolnshire Community Health Services NHS Trust

Lone Worker, and Violence and Aggression at Work Policy

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Lincolnshire Community Health Services NHS Trust

Lone Worker, and Violence and Aggression at Work Policy

1. Introduction

Lincolnshire Community Health Services NHS Trust (from here on referred to as 'the Trust') recognises that some staff may be required to work by themselves for significant periods of time in the community without close or direct supervision, in isolated work areas and often out of normal working hours. The purpose of this policy is to protect staff, so far as is reasonably practicable, from the risks of lone working, violence or aggression.

The Trust acknowledges that there are processes already in place locally to minimise the risks of lone working, this policy is designed to support and strengthen those arrangements.

This policy takes into account the NHS Protect guidance on protecting health staff, and the options available to take action against those who abuse or assault them.

The Trust also recognises it has an obligation under the *Health and Safety at Work etc. Act (1974)* and the *Management of Health and Safety at Work Regulations (1999)*, for the health, safety and welfare at work of its staff. These responsibilities apply equally to those staff that may, for whatever reason, work alone. They require the Trust to identify hazards, assess the risks and put measures in place to avoid or control the risks.

2. Definitions

The following definitions are used throughout this policy:

Violence - Any incident, in which an employee is abused, threatened or assaulted by a member of the public in circumstances arising out of the course of his or her employment. Whilst the HSE's definition and this policy are particularly concerned with violence towards staff, they should also be read to include:

- Incidents involving violence towards patients/other persons;
- Incidents involving damage to property.

Violent incidents - Include all incidents involving physical contact resulting in;

- Fatality,
- Major or minor injury,
- No injury,
- Emotional shock.

It also includes all incidents involving serious or persistent threats or verbal abuse including;

- Threats of physical violence,
- Threats with a weapon,
- Verbal abuse causing emotional stress/shock,
- Telephone abuse,
- Persistent bullying,
- Racial or sexual harassment.

Staff - Any employees of the Trust and staff who work in, or provide services to, the NHS. It does not include 'Independent Contractors', who are generally covered by separate policies, although they may wish to adopt this policy in whole or in part. A contractor who is intrinsically working within our organisation will be covered by this policy; however their employing organisation should have policies in place to protect the health, safety and welfare of their own staff. This policy does not apply to GP staff, although separate specific arrangements exist to protect GP's who treat violent patients or otherwise provide a service to the Trust.

Visitors - Any visitor to the Trust's premises, including a service user's relative or other visitor. Anybody that may temporarily be working on the premises, whether or not they are employed by the Trust or the NHS, is also considered to be a visitor.

Lone Worker – A lone worker is any member of clinical or non-clinical staff that engages in lone working. Lone working may be defined as any situation in which someone is engaged on Trust business without a colleague nearby; or when someone is working out of sight or earshot of another colleague. Lone working may be a constituent part of a person's usual job or it could occur on an infrequent basis, as and when circumstances dictate.
Lone working is not unique to any particular group of staff, working environment or time of day.

Physical Assault - is the intentional use of force by one person against another, without lawful justification, resulting in physical injury or personal discomfort. (NHS standard definition, as defined by NHS Protect)

The Trust does not tolerate any form of assault or abuse against any of its staff, irrespective of the degree used or injury caused.

Non-physical Assault — is the use of inappropriate words or behaviour causing distress and/or constituting harassment. (Defined by *NHS CFSMS - Non Physical Assault Explanatory Notes*)

Examples may be; offensive language, unwanted or abusive remarks, racially aggravated remarks, intimidation, and any other non-physical words or actions which cause distress or constitute harassment (or are likely or intended to do so). The list is not exhaustive and it is a subjective test as to whether a person feels threatened, alarmed, distressed or harassed.

SMS - Security Management Service

LSMS - Local Security Management Specialist

HSE - Health and Safety Executive

SMD - Security Management Director

NHS CFSMS – NHS Counter-Fraud and Security Management Services, superseded by NHS Protect.

Racially Aggravated - Assaults or abuse which have a racial element to them including reference to immigrant status.

Independent Contractors - GP and Dental Practices not employed by the Trust.

Contractors - Any contractors engaged by the Trust to provide a continuous service, or any person employed by a contractor. It also includes volunteer staff working on Trust premises for the benefit of the Trust or service users.

3. The Hazards of Working Alone

Members of staff who work alone face the same hazards in their daily work as other workers. However, for lone workers, the risk of harm may be greater. Hazards facing lone workers include:

- Violence and personal safety are a greater risk for Trust staff visiting patients in their home;
- Fire may pose difficulties for an isolated worker, when evacuating a building in the event of fire alarms activation;
- Lifting and handling tasks may pose more risk to an individual member of staff.

In practice, the lone worker aspect of this policy will apply to a significant number of staff, especially when they are working in isolated locations and/or when carrying out known high-risk activities.

High risk activities may include:

- Undertaking work within isolated areas;
- Undertaking work within known high risk areas;
- Working/visiting patients in their own home;
- Working alone at base;
- Working with people who have known risks e.g. violence and/or aggression;
- Times when staff are carrying medication, equipment or valuables;
- Times when employees are travelling between site/homes/offices;
- Times when employees are handling cash and/or banking.

4. Policy Aims

This policy aims to:

- Increase staff awareness of safety issues relating to lone working;
- Ensure that the risk of working alone is assessed in a systematic and on-going manner, and that safe systems and methods of work are put in place to eliminate risks to staff working alone or to reduce those risks to the lowest practicable level;
- Ensure that appropriate training is available to staff in all areas, that equips them to recognise risk and provide practical advice on safety when working alone;
- Ensure that appropriate support is available to staff who have to work alone;
- Encourage full reporting and recording of all accidents/incidents relating to lone working;
- Reduce the number of incidents and injuries to staff related to lone working;
- Ensure that the Trust takes action against those people who harass, abuse or assault our staff;
- Ensure that the Trust complies with relevant health and safety legislation, best practice and relevant Secretary of State directions, regarding security management.

5. Responsibilities

Lone working environments present unique health and safety challenges. Although there is no specific legal guidance on working alone, under the *Health and Safety at Work etc. Act (1974)*, and the *Management of Health and Safety Regulations (1999)*, the Trust must organise and control the health and safety of lone workers. All incidents including near misses pertaining to lone workers should be reported using the DATIX Incident Reporting Procedure.

The **Chief Executive** is responsible for:

- Promoting and supporting the aims and objectives of this policy;
- Making sure that there are arrangements for identifying, evaluating and managing risk associated with lone working;
- Making sure that there are arrangements for monitoring incidents linked to lone working and that the board reviews the effectiveness of the policy.

The **Director of Finance/Deputy Chief Executive** is responsible for:

- Promoting and reporting security management issues to the Trust Board;
- Ensuring that, in the event of a physical assault on a member of staff, systems are in place so that Police are contacted immediately either by the person who has been assaulted or an appropriate manager or colleague and that full co-operation is given to the Police in any investigation;
- Informing the LSMS of any incidents and ensuring that full co-operation is given to them in any investigation or subsequent action which is considered appropriate.

Senior and **Line Managers** are responsible for:

- The operational management of health and safety in their services/localities;
- Promoting and supporting aims and objectives of this policy;
- Ensuring that all staff are aware of the policy;
- Identify staff in their services who are lone workers;
- Ensuring that risk assessments are carried out and reviewed regularly;
- Assessing the need for working alone;
- Ensuring that staff are aware of the risks of lone working, and the arrangements/protocols in place locally to reduce risks to lone workers;
- Putting procedures, devices and/or safe systems of work in to practice which are designed to eliminate or reduce the risks associated with working alone;
- Ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction and training; including training at induction, updates and refresher training as necessary;
- Ensuring that all information about patients/clients referred from other departments or agencies is passed on, particularly if there is a known risk or previous history of violence or aggression;
- Ensuring that appropriate support is given to staff involved in any incident recording, reporting and investigating any incidents involving a lone worker, and making recommendations to prevent recurrence;
- Ensuring mechanisms are in place to account for, and trace, the whereabouts of lone working employees and that these systems are regularly checked.

All members of **staff** are responsible for:

- Taking reasonable care of themselves and other people who may be affected by their actions;
- Familiarising themselves with relevant health and safety policies and procedures;
- Co-operating by following rules and procedures designed for safe working;
- Considering and assessing potential risks to their health and safety;
- Reporting all incidents, difficulties or risks arising from lone working, however minor they may be, to their line manager, even if they do not wish any further action to be taken. Failure to report an incident may put others at risk;
- Ensuring that all information about patients/clients referred from departments or agencies is passed on. Particularly if there is a known risk or previous history of violence or aggression;
- Attending all training designed to meet the requirements of the policy;
- Reporting any dangers they identify or any concerns they might have in respect of working alone or the safe working arrangements;
- Maintaining an up to date diary of their appointments, that is accessible to others whilst they are out working alone;
- Not interfering or misusing anything provided for their, or others, safety.
- Being certain of **three important things:**

    i. That they have full knowledge of the hazards and risks to which they are exposed;
    ii. That they know what to do if something goes wrong;
    iii. That someone knows their whereabouts, what they are doing, and when they are due back.

The **Health and Safety Committee** is responsible for:

- Ensuring relevant policies are in place to protect the health and safety of staff;
- Monitoring the number of incidents relating to lone workers;
- Ensuring that lessons learned from incidents are communicated throughout the Trust;
- Considering sickness statistics and recommending action in relation to health and safety;
- Monitoring training statistics and feedback.

The **Local Security Management Specialist** is responsible for:

- Liaising with the local Police in the event of a physical or non-physical assault to assist with any investigation;
- Undertaking an investigation where the Police are unable to do so and where the Trust's Security Management Director requests intervention by the LSMS;
- Feedback to the victim on the progress of any Police or LSMS investigation into physical or non-physical assault;
- At the request of the Security Management Director and in conjunction with the training department, the LSMS will deliver appropriate security awareness training which may include a workshop;
- Provision of security advice on an ad-hoc basis to the Trust.

The **Education and Workforce Development Department** is responsible for:

- Ensuring that accurate records of training undertaken are maintained;
- Running annual essential training updates, evaluating uptake and targeting those who have not attended annual updates;
- Running the Trust's corporate induction programme which will include Health and Safety training;
- Evaluating training programmes to ensure they are of the highest standards and well represented;
- Undertaking training to staff as a result of 'Training Needs Analysis' produced by services;

The **Clinical Governance Managers** are responsible for:

- Producing regular reports and statistics from the Incident Reporting system on the number and type of incidents, the results of investigations and recommendations for improvements to prevent recurrence to ensure that learning from incidents is spread throughout the Trust.

6. Assessing Risk

The assessment of risk is simply a careful examination of anything that may cause harm to staff or others during the course of their work.

A risk assessment is the first step in deciding what prevention or safe working arrangements (control measures) need to be taken to protect staff from harm. All staff whose work contains an element of lone working should carry out a risk assessment of the work, for example, at the time of the first contact with a new patient. Lone workers should not face any more risks than other staff within the Trust. They may however, need extra measures put in place to control specific risk.

The risk assessment will provide an indication as to whether the work can or cannot be done safely alone. If the risk assessment indicates unacceptably high levels of risk then the work should not be undertaken unless further safe working arrangements are implemented; for example, two people visiting together.

Risk assessment should take account of both normal work and foreseeable emergencies, including fire, potential risks such as violence, aggression and containment, as well as illness and accidents. The format of the assessment will become a written record and will show any significant finding of any person who may be particularly at risk. The 5 step process, outlined below, should be followed when assessing risk;

- Identify any hazards,
- Decide if the person/s may be affected/harmed and how,
- Evaluate the risk arising from the information you have already gathered,
- Record your finding and eliminate the risk or put control measures in place to reduce the level of risk to the lowest level practicable,
- Review the assessment on a regular basis.

Risk assessments must be carried out in all areas of work where there is an actual or potential risk to staff, including working alone. Risk assessment should be carried out by competent persons, be recorded, evaluated at appropriate staff and managerial levels, and communicated to all whom their contents may have a bearing upon during the performance of their work. Factors to consider when carrying out the risk assessment include the following:

- Does the activity need to be carried out alone?
- Does the activity need to be specially authorised before lone working can commence?
- Does the workplace present a special risk to the lone worker?
- Is there a record or history of violence, aggression, verbal and physical abuse, or racism at the location, either from the client, relatives or neighbours?
- Is there a potential risk of violence/aggression?
- Does the task being undertaken with the person have the potential to cause them to become angry?
- Is the area being visited a known trouble spot?
- Is there a safe way in/out for one person?
- Can the building be secured to prevent entry but still maintain sufficient emergency exits that can be readily operated from the exit side without the use of a key and without having to manipulate more than one mechanism?
- Are there known drugs, alcohol or mental health issues, which need to be considered?
- Can the risks of the job be adequately controlled by one person?

- Can the equipment, substances and goods involved in the work be safely handled by one person?
- Is the person medically fit and suitable to work alone?
- What training is needed to make sure the staff member is competent in safety matters?
- Have members of staff received training which is necessary to allow them to work alone?
- How will the person be supervised?
- Are people of a particular gender especially at risk if they work alone?
- Are new or inexperienced members of staff especially at risk if they work alone?
- Are younger workers especially at risk if they work alone?
- What happens if a person becomes ill, has an accident, or if there is an emergency?
- Are there systems in place for contacting and tracing those who work alone?
- Will the visit/meeting be taking place out of hours?

Details of the risk assessment should be recorded on paper or a retrievable electronic database and should include:

- The extent and nature of the risks;
- Factors that contribute to the risk, including job content and specific tasks and activities;
- Safe systems of work to be followed to eliminate or reduce the risk;
- Numbers of staff and others affected by the activity;
- Any changes, recommendations, training, policy and procedural reviews necessary;
- Who is responsible for ensuring the identified actions in the risk assessment are followed through to a logical conclusion;
- Environmental factors, lighting, temperature, noise, floor conditions etc.

Information from the risk assessment should be passed to staff. Risk assessments should be reviewed and updated each year, or sooner, should circumstances change or there is an incident involving a lone worker.

7. Managing Risk

The risks that lone workers face should be reduced to the lowest reasonably practicable level. Using safe working arrangements depends largely on local circumstances; local procedures and protocols should be put in place to provide staff with specific local guidance in relation to lone working and the associated risk reduction techniques. Issues to consider in devolving safe working systems of work include:

- Having in place reporting systems to ensure that the whereabouts of staff are known;
- Consider working patterns and hours of work which at certain times of day or night could reduce risks;
- Joint working with others for high-risk activities;
- Improvements to security arrangements in buildings;
- Security lighting in parking areas;
- Communication systems for sharing information on risk with colleagues in other disciplines and agencies;
- Training to increase staff awareness of risk and the precautions to be taken;
- Supervision and auditing of working practices;
- Using personal protective equipment or mobile phones and personal alarms;
- Removing identification from cars;
- Joint communications meetings with other services (Police, Social Services, Probation Services etc.).

Each type of lone working situation will need to be assessed and where necessary, take in to account local circumstances, and measures to help control these, put in to place. Arrangements for managing risk should include:

- Guidance for lone workers on assessing risk;
- Details of when to stop and get advice;
- The safe working arrangements for logging in and out with base so that staff can be traced and located when working alone out in the community;
- Procedures to be followed in the event of an incident or emergency. All staff must be familiar with these local protocols and procedures. There may also need to be detailed guidance to tackle specific areas of risk, such as:
    - Lone workers traveling alone on work-related business;
    - Home visits;
    - Working outside of normal hours.

8. Supervision

Although lone workers cannot be subject to constant supervision, it is still the Trust's responsibility to ensure staff safety as far as is reasonably practical. Supervision can help to ensure that staff members understand the risks associated with their work and that necessary safety precautions are carried out. Supervisory staff can also provide guidance in situations of uncertainty.

Supervision will also be needed when checking progress and compliance with any existing or new control measures that have been put in place as a result of the risk assessments.

Procedures will need to be put in place to monitor lone workers to ensure that they remain safe. These may include;

- Supervisors periodically visiting and observing people working alone;
- Regular contact between the lone worker and any form of supervision by telephone or face to face;
- Regular checking of procedures designed to raise the alarm if contact is lost with a lone worker;
- Regular checking of other safety devices to ensure that they still work.

9. Mobile Phones

The Trust provides a number of mobile phones for staff who work alone. The Mobile Phone and Remote Access Policy outlines how many mobile phones can be accessed in each locality/service.

Using a mobile phone can itself create hazards and those members of staff who have mobile phones must use them in a manner that does not endanger themselves or others. For example, mobile phones must not be used whilst driving. As current legislation outlines, if the phone rings whilst the staff member is driving, they should pull over to the side of the road, when it is safe to do so and where it is safe to park, before answering the call.

Staff should make discrete calls if using a mobile phone, as to not draw attention to themselves or the phone and therefore alleviate the risk of theft/mugging.

10. Staff Training

The Trust will provide health and safety training to staff annually.

In relation to lone working, staff should be aware how to deal with potential incidents, and be able to recognise how their own actions can influence or even trigger an aggressive response.

The Trust has developed its Conflict Resolution Training, in line with national guidelines set by NHS Protect. Conflict Resolution Training will include as a minimum:

- Common causes of conflict;
- Forms of communication;
- Examples on how communication can breakdown;
- Examples of communication models;
- Patterns of behaviour;
- Warning and danger signs;
- Impact factors;
- Use of distance when dealing with conflict;
- Examples and descriptions on the use of reasonable force;
- Description on different methods of dealing with possible conflict.

11. Reporting Procedure

All staff should familiarise themselves with the Trust's accident/incident reporting procedure. Staff should report ***all*** accidents/incidents to their line manager at the earliest opportunity.

Staff should also report 'near misses' where they feel threatened, or unsafe, even if this is not a tangible event/experience. Failure to report an incident may put others at risk.

Any incidents or near misses should be reported using the DATIX Incident Reporting Form (IR1). The completed electronic form will automatically be passed to the nominated line manager, who will investigate the incident, implement preventative measures to ensure there is no recurrence of the incident and communicate lessons learned to other staff.

The DATIX Incident Reporting System should automatically generate a notification to the LSMS if correctly categorised when the incident is entered on to the DATIX system.

In order to monitor the implementation and effectiveness of this policy and associated local protocols, local statistics and incident reports will be reviewed regularly by the Health and Safety, and Clinical Governance Committees.

12. Immediate Support Following an Incident

In the event of an incident involving a lone worker, violence or aggression, the manager should immediately ensure that the employee receives any necessary medical treatment and/or advice. If an incident occurs out of hours, the on-call manager should be contacted.

Managers should be sensitive to the employee's need to talk about the incident and offer any assistance possible. If the employee is a member of a Trade Union or Professional Association, they may find this an appropriate source for practical and emotional support. The importance of colleague support should not be underestimated; they may be seen as primary emotional support.

Advice should be sought from the Clinical Governance Manager and the Local Security Management Specialist.

Staff should be made aware of the confidential counselling service offered by the Occupational Health Department.

13. Involving the Police

If a situation arises which requires Police attendance, the employee at risk, or other relevant person, should contact the Police immediately.

The Trust will seek to take legal action in all cases of physical violence and in specified cases of verbal violence, if deemed appropriate, in line with the *Directions to the NHS bodies on tackling violence against staff (2003)* and guidance of 2004 issued by NHS Protect. The victim of the assault will be kept informed of the investigation's progress by the LSMS and offered such support as is necessary or desirable in the circumstances.

14. Debriefing

After an incident of violence against a member of staff (whatever the severity, from verbal abuse to physical assault), it is important that there should be an opportunity for the staff member to discuss the incident with their manager as soon as possible after the incident.

The purpose of the debriefing is to:

- Discuss the incident in order to support the member of staff;
- Discuss the need for expert/further counselling for the member of staff;
- Ensure the 'Lone Worker, and Violence and Aggression at Work Policy' has been followed;
- Examine the details of the incident and if the policy and protocols worked;
- Ensure any protective factors or actions needed are implemented following the incident to protect staff or property, and ultimately learn lessons from the incident to prevent recurrence, and ensure that the learning is spread throughout the Trust.

15. Prevention of Violence

There is no single solution to preventing violence against staff, but it must start with a full assessment of risk. The Trust has well established Risk Assessment and, Health and Safety Policies which should be used.

Managing the risk to reduce incidents of violence and aggression

Security Management is monitored in line with the Security Management Service guidelines, with an Annual Security Plan and an Annual Security Report, agreed by the Trust's SMD and LSMS. The following points show how violence and aggression is managed within the Trust:

- Any member of staff who is involved in a physical assault will be fully supported by the Trust. Managers should assess the needs at the time of the incident and put in to place appropriate support mechanisms;
- Incident pattern analysis will be conducted by the LSMS to highlight problem areas;
- Site security testing and Crime Reduction Surveys will be conducted to reduce risk of incidents;
- Action plans will be agreed with managers to tackle problem areas.

16. Effective Immediate Action for Local Staff and Managers

Local procedures may be necessary for some higher risk services; however the following will apply where no local procedures exist.

In the event that staff are faced with a hostile situation that they are unable to manager they should:

- Remove themselves, and others is possible, from the threat, and thus ceasing (where applicable) any treatment(s) being administered;
- Call the Police, or Prison Security if working within the Prison environment;
- Ensure safety of others.
- Complete a DATIX report accordingly and report incident to Line Managers and/or Manager On-Call

It is not advisable to make any attempt to detain the offender(s); however the Trust supports the right of all employees to reasonably and proportionally defend themselves.

The LSMS will provide advice to managers on the development of local protocols in areas of high risk.

17. Procedure Following a Violent Incident

Any person who assaults an employee whilst carrying out their day to day duties will be liable to prosecution, as will any employee who assaults a service user, visitor or any member of staff. The Trust, or the victim of the assault or abuse, may report that offence to the Police for them to consider whether a crime has been committed and if so, whether to proceed against the person concerned, subject in all cases to the victims wishes. If the Police decide not to take action, then the Trust may support the victim, if that is what they wish, in pursuing an action against the perpetrator in consultation with NHS Protect. First point of contact for such referrals is the LSMS

The Trust will consider a range of measures that can be taken by the Trust, depending on the severity of the non-physical assault and which may assist in the management of unacceptable behaviour. This will be with the aim of reducing the risks as well as demonstrating acceptable standards of behaviour by service users and customers.
Examples include:

- Further Investigation, leading to disciplinary action;
- Withholding treatment (see section 25, Withholding Treatment Protocol);
- The use of secure environments, to affect the Trusts Violent Patient Scheme Civil injunctions and Anti-Social Behaviour Orders (ASBOs).

The LSMS will provide advice on managing those who cause harm or distress to NHS staff.

In the event of a non-physical assault the Police should be contacted if appropriate, as soon as is practicable. The seriousness of the incident should be taken in to account, in deciding whether the Police should be involved.

The Police may be given information by the Director about the assailant's clinical condition (if known), in the public interest where it is essential to protect the patient of third parties from a risk of death or serious harm. The *Data Protection Act (1998)* also makes provision for the disclosure of information such as patient details, for purposes of prevention and detection of crime and legal proceedings. In summary, assault against NHS staff, constitutes a justifiable reason for breach of confidentiality, required by law and covered by exemptions to the Data Protection Act, however, the presence of a clinical condition should not necessarily preclude appropriate action being taken. This decision will be taken by the Director, having consulted with relevant staff and obtained clinical advice, that the assault was not intentional and that the patient did not know what they were doing, and was due to the nature of their medical condition, mental health or severe learning disability, or the medication administered to treat such a condition.

18. Medical Assistance

If any medical assistance is required, appropriate action should be taken, e.g. call for ambulance, take to A&E or GP.

Ensure that any medical assistance required or given is also reported on the DATIX system.

19. Reporting of Incidents

All incidents of violence, including verbal abuse, are reportable.

Incident reporting protocol guidance notes are available at ***all*** Lincolnshire's NHS Trust's premises. A copy of the guidance notes are attached (Appendix A). Any of the following should lead to a DATIX report:

- Any actual incident to patient, staff, or visitor which leads to accidental death, serious injury e.g. fracture/amputation, or serious disease e.g. hepatitis.
- Any homicide, suicide, sudden unexpected death, assault resulting in GBH, rape or serious sexual assault, financial loss in excess of £10,000.
- Any actual incident which necessitates the use of physical restraint of a patient by members of staff.
- Incidents involving serious or persistent threats, or verbal abuse causing emotional stress/shock.
- Any incident causing damage to the property of patients, staff, other persons, or the Trust.

Where a member of staff is absent for more than 7 days, a RIDDOR form should be completed by the manager.

Where a patient is involved in an incident, that incident should be recorded in the patient's notes.

For those staff working within the prison setting, the prison security procedures should be initiated and advice taken from the security staff within the prison. The incident should be reported to both the prison and the Trust using the appropriate reporting mechanisms.

20. Information Required by NHS Protect When Reporting Incidents

The following information will be required when contact is made by the nominated Executive Director with the LSMS.

The nature of the information required can be split in to 5 separate areas for SIRs:

- Victim details;
- Incident description;
- Police details;
- Witness details;
- Assailant details.

Victim details should include information about the name, date of birth, staff number, job title and workplace, and contact numbers.

Incident description should include as much detail as possible about the location and by whom, and the name of the officer/s attending the scene, their collar numbers, and contact details.

Witness details should include the name, address, and contact numbers and also whether they are staff members or members of the public.

Assailant details if they are known; the name, address and contact details. Where they may be unknown, as full of a description of the assailant as possible, should be given.

Once this information has been obtained, it should be passed on to the LSMS at the earliest practicable time. Earliest practicable time may be interpreted as the next working day, although this does not preclude the potential need in exceptional circumstances for the contact to be made at an earlier stage.

21. Further Action Following an Incident

The local manager should:

- Advise the Senior/Service Manager;
- Debrief;
- Take corrective measures where appropriate; this may mean revising risk assessments and procedures;
- Invite the LSMS and Risk Managers to risk assess the environment to ensure any high level risks are identified;
- Advise staff of action taken.

22. Counselling

When an incident has occurred that may lead to shock, distress or anxiety, managers should be responsive to the needs of staff following such an incident. If after discussion the manager feels the member of staff requires further support, assistance is available from the following sources:

- Staff members own GP
- Occupational Health Counselling Service (Team Prevent)
- Victim Support – 0845 30 30 900

23. Criminal Injury Compensation

If a member of staff is injured in a violent incident, they should be advices by their manager that they may have rights to compensation under the Criminal Injuries Compensation Scheme. Any claim for compensation from the Criminal Injuries Compensation Authority must be made within 2 years after the date of injury. Information is available from the Police, Citizens Advice Bureau and Victim Support.

24. Domestic Violence

All LCHS employees who come in to contact with victims of domestic violence in their field of work should access appropriate training, either internally or externally as available.

Employees who find themselves the victim of domestic violence will be:

i. Ensured of confidentiality if they raise the issue in the workplace.
ii. Supported to access special paid/unpaid leave, through the appropriate policy (to support staff who may be off sick, whose performance may be affected or who may need time off to obtain housing or legal advice).
iii. Be given information about local help and support employees and/or managers can contact HR for advice in these circumstances.

Woman's Aid Helpline – 08457 023 468 (24 hour, UK-wide info)
Website – www.womensaid.org.uk

In an emergency, you can contact your local Social Services Emergency Duty Team or your local Police.

25. Withholding Treatment

As part of the Zero Tolerance Zone campaign, the Government stated that "There will be circumstances in which it would be reasonable to withhold treatment." This was broadened in the NHS CFSMS framework document *Non-Physical Assaults Explanatory Notes* which includes guidance on withholding treatment and examples of letters which can be used.

In the event of a physical assault on a member of staff, the Trust will support staff in their decision to withhold treatment on an immediate basis. In all instances the Police should be called immediately. The NHS protect document *Tackling Violence against Staff* provides further reference guidance.

The withholding of on-going treatment is however a major decision and should not be taken without authorisation from a Director or the Chief Executive, in the context of a defensible local policy and procedure applied to the facts of the individual case. The Trust will take legal advice on the implication of any such decision and should be able to justify them by reference to supporting evidence.

The withholding of NHS treatment from violent and abusive patients will always be a last resort, but will only be appropriate where violent or abusive behaviour is likely to:

a) Prejudice any benefit the patient might receive from the care or treatment; OR

b) Prejudice the salary of those involved in giving the care or treatment; OR

c) Lead the member of staff offering care to believe that they are no longer able to undertake their duties properly (this might include incidents of racial or sexual abuse); OR

d) Result in damage to property inflicted by the patient or as a result of containing them; OR

e) Prejudice the safety of other patients present at the time. It will not be appropriate to withhold treatment where:

- A patient requires emergency treatment.
- A patient is mentally ill and may be under the influence of drugs/alcohol.
- A patient has become violent or aggressive as a result of an illness or injury.
- A patient is under the age of 16 (except in exceptional circumstances).
- A patient is not competent to take responsibility for their actions.

Staff should be aware of local procedures for the treatment or care of violent or aggressive patients.

Patients and those accompanying them should be fully aware of the standards of conduct expected of them and the sanction which way follow unacceptable behaviour.

26. Confidentiality

Offenders, assailants and those who abuse Trust staff have no automatic right to confidentiality to avoid apprehension, defection and prosecution.

The fundamental principles of the *Data Protection Act 1998*, the *Human Rights Act 1998* and the Trust's various Information Governance Policies are for the protection of personal information and basic human rights.

There are exceptions within the Data Protection Act and Information Governance Policies that allow data (which includes manually stored and computer data) to be released in the furtherance of a criminal investigation by a competent authority.

27. Incidents Involving Weapons

Where an offensive weapon, e.g. a knife or firearm is discovered on a person, staff must consider the safety of themselves and all other persons in the immediate area. If there is a perceived threat, the police must be called using local arrangements.

When visiting a service user's home, if an offensive weapon is discovered, the individual must consider the safety of themselves and others, and remove themselves and others from the vicinity safely. The Police should be called as above.

There is no right of search of property except under certain circumstances in the Mental Health Trusts.

If a firearm is discovered on Trust property, the Police must be contacted immediately. They should be given as much relevant information about the situation as possible, e.g.

- The nature of the firearm (handgun, rifle, shotgun, etc.);
- Who has possession or constructive possession of it;
- Description and where known, the name of the armed person;
- The state of the person (calm, confused, injured, etc.);
- What they are wearing;
- Where they are located;
- Whether any shots have been fired;
- Any persons injured;
- Any other service users in a critical situation in the area, such as unconscious or wounded people.

If it is safe to do so, move other staff, service users and visitors away from the area, seeking local support where practical. Alternately, it may be practical under some circumstances to isolate the offender.

Under no circumstances should staff attempt to unload or otherwise neutralise the firearm, <u>whether they are qualified to do so or not</u>.

Follow Police instructions until they say it is safe to return to the normal routine.

In the event that an employee is in a service users home or some other place which is not on the Trust's property and they discover a firearm or weapon which causes them any concern, staff should use common sense in deciding whether they should vacate the premises at the earliest practical opportunity. Quite often, such times will be on display and may be antique. There is normally no need for an immediate Police response to such incidents and advice can be sought from the Firearms Licensing Department, at the Police Headquarters, if the matter involves a firearm. For other weapons, staff should make a routine report to the local Police station.

The manager must re-asses the risk of continuing visits to the service user's home.

Support and advice can be obtained from the Local Security Management Specialist.

28. Related Policies and Procedures

In addition to the above, all staff should ensure they are aware of the Trust's policy on Health and Safety at Work. For further information on Security within the Trust, the Security Policy and Strategy should be consulted.

Corporate Health and Safety Policy	(P_HS_02)
Security Policy and Strategy	(P_HS_05)
Mobile Phone and Remote Access Policy	(P_IG_23)

29. Monitoring and Review

The Trust will monitor and review this policy in partnership with its staff. This will be carried out in partnership with Trade Union colleagues, and safety representatives through the Health and Safety Committee.

Appendix A

Incident Reporting Form (IR1) – Quick Guide

Please note, all questions with a red (*) must be completed. Click on the button to get help where it is available for the question.

1. Navigate to the following page by opening your Internet browser and enter in to the address bar or click the following link: https://datix.lincolnshire.nhs.uk/datix/live/index.php

2. Choose who or what was affected by the incident from the 'Incident type' drop-down list.

3. Choose the type of incident from the 'Category' drop-down list.

4. Choose the details of the incident from the 'Sub-category' drop-down list.

5. Choose the particulars of the event from the 'Adverse event' drop-down list.

6. Enter the date of the incident or click the calendar icon next to 'Incident date'.

7. Enter the time of the incident in the box next to 'Time of Incident' (use 24hr clock format).

8. Select the type of location where the incident took place from the drop-down menu next to 'Location (type)'.

9. Enter the exact location where the incident took place from the drop-down menu next to 'Location (exact)' (e.g. the name of the ward).

10. Type a description of the incident in the box next to 'Description of incident'.
    DO NOT type in your opinions, or the names of people involved. Keep the description as concise as possible.

11. Enter the action taken after the event in the box next to 'Immediate action taken'. If no action was taken, enter 'None'.

12. Next to the question 'Was any person affected or potentially affected in the incident?', choose 'Yes' if the incident involved people, as well as a for a 'near miss' where a person was nearly affected (e.g. wrong medicine prescribed but not given to the patient).

13. Tick the box below if anyone else besides the affected person was involved.

14. For each person **affected** by the incident, enter the following details (including your details if required);

    a. Type of person (employee, patient, visitor),
    b. First name(s),
    c. Surname,
    d. Gender,
    e. Date of birth,
    f. Whether the person was injured.

15. If the person was injured, choose:

    a. The type of injury, from the drop-down list.
    b. The body part affected, from the drop-down list.

16. Click 'Add Another' button, to add the details of other affected people.

17. For other people involved, enter details of witnesses who were not significantly affected, and professionals requested to be involved in the incident (e.g. Police, social services, paramedics). Enter the following details;

    a. Type of person (employee, patient, visitor),
    b. First name(s),
    c. Surname,
    d. Gender,
    e. Date of birth,
    f. Contact telephone number.

18. For 'Risk grading':

    a. Identify the column relating to the consequence to those involved, based on **actual severity of the outcome.**
    b. Identify the row relating to the likelihood that a similar incident will happen to a patient in similar circumstances.
    c. Click the button where the identified column and row cross.

19. Under the 'Reporter' section, enter your own details;

    a. First name(s),
    b. Surname,
    c. Contact telephone number,
    d. Email (ensure you use your work email address, not a 'personal/home' one).

20. Under the 'Employer at time of incident' enter;

    a. Business Unit,
    b. Service.

21. Choose your Manager from the drop-down list.
    (If your manager's name is not available, contact the risk team.)

22. If you wish to print a copy, click 'Submit and print'.
    Please note it is your responsibility to keep these details secure.

23. If you do not wish to print a copy, click 'Submit'.

Please contact the risk team if you require any help, tel.:

01529 220389
01522 582922
01205 367358 ext.: 328

Appendix B

This risk assessment form aids the reduction of various factors which may be linked to violence, harassment, theft and criminal damage. Use one form for each lone worker.

Guidelines for Managers and/or Assessors

Where lone working takes place in the community, the following minimum precautions must be observed:

- The lone worker must have a means of signing in and out of visits, with the destination being recorded, alongside an estimation of time to be spent. This must be done even in an emergency.
- A procedure must be in place whereby Managers or nominated persons monitor the whereabouts of staff out on calls.
- A system must be put in place to ensure that workers on call have adequate communications between themselves and others, and that the system is used, audited, and tested.
- The lone worker must be provided with an aid to communication, such as a portable telephone.
- Lone workers should be provided with a personal attack alarm, or other Lone Worker Safety Devices, where there is a risk of violence.
- Lone workers must receive adequate training including security awareness and conflict resolution training.

Breakdown of Assessment

1. Daily activity.
2. Area of work.
3. Other concerns expressed by the worker.
4. Remedial action
5. Risk probability
6. Control measures
7. Notification and review
8. Re-assessment notes

APPENDIX B	Lone Working Risk Assessment Form - Managerial Summary ASSESSMENT

Activity being covered by this assessment:	Trust/Area covered: Date of Assessment:
Employee name:	

Please tick Yes or No box

Activity	Yes	No
Does this staff member work in patient's homes?		
Does this staff member work alone?		
Does this staff member have a mobile telephone, radio or panic alarm device to contact others?		
Are the means of communication between this person and others?		
Could this staff member be located easily at any given time?		
Are there checks to see if any communication policy is adhered too?		
Is the Manager or nominated person notified of all staff visits and timings even when called out on emergencies?		
Is there a monitor to call for help should a lone worker fall out of contact with the Base Office?		
Has this staff member attended the NHS SMS conflict resolution training?		
Has a personal attack alarm been provided for this person?		
Are visits made at quiet times such as weekends or nights?		
Is there a visit list record?		
Are potential violent patients seen on hospital premises rather than visiting in the community?		
Would self-defence/break-away training be considered in the future?		
Area of Work/ Grounds/ Paths	**Yes**	**No**
Is the lighting adequate in the area visited?		
Is there any lighting?		
Is the area visited quiet / unfrequented?		
Is the area used after dark?		
Is the area quiet at weekends?		
Is an escort available when / if needed e.g. car parks at night etc.?		
Is there C.C.T.V in the area?		
Is there a police station nearby?		
Are there any local late night shops etc. for refuge if required?		
Is there a need to use underpasses or tunnels etc.?		
Does the person feel safe when visiting an area?		
Does the person feel safe when visiting a home?		
If the person has voiced concerns about an area of work, has the person been re-located?		

Other concerns – please specify

List any possible immediate remedial action:

Managers / Assessors notes

Use the information gathered so far with the worked to assess the probability of a security threat or threat of violence to the worked. Complete the risk probability table and record your findings in the overall risk rate section then move on to the next step.

Use the table to assess the risk rating; ***example:***

Risk level 1 (low) + severity level 1 (minor injury) + likelihood level 1 (not likely) = 3

- **The risk** can be defined as the level of risk the particular activity being assessed carries.
- **The severity** can be defined as the level of injury that may occur during an activity.
- **The likelihood** can be defined as the perception of a violent or dangerous occurrence happening
- **Major injury** can be defined as death, amputation, disability, sever wounding, and broken limbs
- **Modest injury** can be defined as fractures, cuts, bruising.

- **Minor injury** can be defined as including emotional upset, shock.
- **Not likely** can be defined as very remote.
- **Likely** can be defined as an incident could occur.
- **Very likely** can be defined as an incident will occur.

Risk probability table (*where common sense and experience suggest the criteria*)

Risk level 1-3	Severity 1-3	Likelihood 1-3	*Overall risk rate*
1. Low	1. Minor injury	1. Not likely	
2. Medium	2. Modest injury	2. Likely	
3. High	3. Major injury	3. Very Likely	

Risk probability **(*Part 2*)**
Use the scale below to assess how you must now proceed.

Overall risk rate	Next step
3-4	Needs to be reviewed annually at re-assessment date
5-6	Needs to be monitored and reviewed regularly
6-7	Changes must be made to work practice and procedures – advice can be sought from LSMS or the Trust Risk Department.
7-9	This activity must be judged as very Dangerous – advice can be sought from the LSMS or the Clinical Governance Manager.

Control Measures

Please specify any measures you think are essential to reduce the risks, use page 1 as a guide to minimum precautions.

Alterations to department procedures

1) _____

2) _____

3) _____

4) _____

5) _____

Expected date of completion: ___/___/____

Alterations to safety practices (equipment, training etc.)

1) _____

2) _____

3) _____

4) _____

5) _____

Expected date of completion: ___/___/____

Expected date of training: ___/___/____

Alterations to staff working systems

1) _____

2) _____

3) _____

4) _____

5) _____

Expected date of completion ___/___/____

Copies of the risk assessment to be sent to:

Department Manager	*Yes / No*
Security Management Director (SMD)	*Yes / No*
Training & development Manager	*Yes / No*

Management Review:

Name and title of the person who completed this assessment:

The date of planned review of this assessment ____/____/____

NOTE: *A review should take place following any significant incident, or change in work practice.*

RE-ASSESSMENT NOTES

When re-assessing please take note of the following:

- Identify any reasons why dates of completion where not met (if any)
- Identify any reasons for none compliance (if any)
- Have any violent incidents occurred since the date this assessment was first done. If so please specify how the incident was reported.

Have there been any changes to the department or the workers job that is likely to affect this risk assessment:

Yes	No
/ Complete new risk assessment with worker involved. / Keep this old assessment on file.	/ No need to complete a new risk assessment. / Ensure current risk assessment reviewed regularly.

Date reviewed ___/___/____

Next planned review date ___/___/____

Appendix C

NHSLA Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Security Incident & Crime Reduction Survey Reports	Report to Committee	Local Security Management Specialist	Quarterly	LCHS Health and Safety Committee	General Managers	LCHS Health and Safety Committee
Training	Staff training records audit	Workforce Development	Annual	LCHS Health and Safety Committee	Workforce Development	LCHS Health and Safety Committee
Review Datix Reports	Report to Committee	Clinical Governance Managers	Quarterly	LCHS Health and Safety Committee	Clinical Governance Managers	LCHS Health and Safety Committee
Review Policy	Policy to Committee	Local Security Management Specialist	2 years	LCHS Health and Safety Committee	Local Security Management Specialist	LCHS Health and Safety Committee

Appendix D

Equality Analysis

Title: Lone Worker, and Violence and Aggression at Work Policy
Relevant line in:

What are the intended outcomes of this work? To demonstrate the Trusts commitment to protect members of staff from violence and aggression, in any environment, including Lone Workers, and compliance with relevant legislation and best practice guidance. To identify the responsibilities of Trust management and individuals to minimise the risk to all staff, including lone workers and to ensure that their actions do not endanger themselves or others.
Who will be affected? Directly affects Directors, Managers and all Members of Staff. Outcomes will affect patients, carers and visitors.

Evidence
What evidence have you considered? Management of Health and Safety at Work Regulations 1999, Health and Safety at Work etc. Act 1974
Disability policy applies equally to all persons
Sex policy applies to sexes equally
Race policy applies to all races equally
Age policy applies equally to all persons
Gender reassignment (including transgender) policy applies equally to all persons
Sexual orientation policy applies equally to all persons
Religion or belief policy applies equally to all persons
Pregnancy and maternity policy applies equally to all persons
Carers policy applies equally to all persons
Other identified groups policy applies equally to all other persons

Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve)? **No**
How have you engaged stakeholders in gathering evidence or testing the evidence available? **No**
How have you engaged stakeholders in testing the policy or programme proposals? **No**
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis

Eliminate discrimination, harassment and victimisation N/A
Advance equality of opportunity N/A
Promote good relations between groups N/A

What is the overall impact?

The impact will be to reduce the risk to lone workers and the number of security incidents associated with lone working.

Addressing the impact on equalities

N/A

Action planning for improvement

Policy to be ratified by the Health and Safety Committee
Policy to be approved by the Board
Policy to be updated on the website policies section
Policy to be promoted to staff via training
Monitoring to take place as detailed in policy
Policy reviewed using NHSLA guidelines

For the record
Name of person who carried out this assessment: Carl Kisby, LSMS
Date assessment completed: March 2016
Name of responsible Director/Director General: Maz Fosh
Date assessment was signed:

Action plan

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Health and Safety Committee consulted	10/07/2014	
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing	As per Policy		
Transparency (including publication)			