



Safeguarding Staff and Students from Violent and Aggressive Patients Policy

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Policy on Safeguarding Staff and Students from Violent and Aggressive Patients

1. SCOPE OF THIS POLICY

- 1.1 This policy applies to all the clinical environments that the UCO provides services in, including its main site on Southwark Bridge Road and any Community clinic or related sites.
- 1.2 It is applicable to all service users and to all students, staff and other individuals who are part of the UCO community.

2. INTRODUCTION

- 2.1 Everyone who is part of the UCO community, be it a member of staff, a student, an observer or a patient, deserves to work, study and engage with their healthcare, in an environment that is safe and free from abuse or harassment, as well as without the fear of violence.
- 2.2 The UCO follows the NHS in its approach to a “zero tolerance” attitude towards violence and this policy forms part of this, including steps that may be taken when any issues of fear, violence or aggression may have occurred.

3. DUTY OF CARE

- 3.1 The UCO as an employer and as an educational institution has a duty of care to provide a supportive environment, as well as having a “zero tolerance” attitude towards aggression and violence at work, perceived or actual.
- 3.2 This policy should also be read in conjunction with the [Dignity at the UCO Policy](#) If you have concerns, experience or witness behaviour that you believe amounts to bullying, harassment, discrimination or victimisation, please consult our Dignity at UCO Policy .

4. DEFINITIONS

- 4.1 The Health and Safety Executive’s (HSE) definition of work-related violence is “any incident in which a person is abused, threatened or assaulted in circumstances relating to their work” (Ref: [Health and Safety Executive; Violence at Work](#)).
- 4.2 This includes:
- a) verbal abuse - shouting, swearing or insults, sexual harassment or other unwanted advances/behaviour, and racial abuse;
 - b) threats and intimidation - from customers/patrons;
 - c) physical violence - physical attacks including a slap, kicking, spitting or shoving as well as more extreme violence.

5. ASSESSING RISK

5.1 The responsibility of creating a safe environment for all at the UCO and for assessing risk, is a shared responsibility across the UCO senior managers, as well as individual staff and student members.

5.2 All staff and students, as well as other individuals at the UCO, need to be aware of potential risks and how this may impact on the behaviour of a patient or any other person on the UCO premises. From this, decisions can be made as to appropriate courses of action, which may include seeking advice from others.

5.3 [The HSE](#) recognises that those employees whose job requires them to deal with the public can be at risk from violence. Those who are at most risk include those who are engaged in:

- a) Giving a service
- b) Caring
- c) Education
- d) Cash transactions
- e) Delivery/collection
- f) Controlling
- g) Representing authority

5.4 When working with patients, each individual has a responsibility to be aware of recognising potential signs that a patient is dissatisfied or distressed and that this may escalate.

5.5 Examples of such signs are:

- a) Raised voice/shouting
- b) Flushed face
- c) Wild gesticulations
- d) Angry words
- e) Rigid body
- f) Withdrawal
- g) Sarcasm
- h) Dismissive comments
- i) Gritted teeth, clenched jaw

5.6 Whilst recognising that anger can be a normal reaction in response to a difficult situation, it is important that everyone recognises when a situation may be escalating and/or when you may feel unsafe and what steps to take.

5.7 Patient Specific Risks

5.7.1 Patients may have their own particular risks that are likely to fluctuate and change, depending on a range of factors such as:

- a) Their physical, mental and emotional wellbeing, including levels of pain
- b) Their behaviour in relation to existing medical conditions
- c) Whether the patient is taking any medications, prescribed or otherwise
- d) Whether the patient is taking any drugs or alcohol

- e) Whether the patient is undergoing high levels of stress
- f) Whether the patient has a history of challenging, aggressive or violent behaviour
- g) Whether the patient may consider you a threat
- h) Patients may also have particular triggers for aggression, and these should be considered when evaluating the risk. Examples of these in a healthcare setting are:
 - i) Queuing at reception
 - j) Being kept waiting for an appointment and a lack of information about this
 - k) Poor communication – including between practitioners or between the patient and a practitioner
 - l) Changing appointments at short notice
 - m) Lack of available facilities
 - n) Feelings of not being listened to
 - o) Feelings of loneliness

5.8 Staff working off site

- 5.8.1 For those staff and students working away from the main UCO clinic site on Southwark Bridge Road, the risk assessment should take this environment into account.
- 5.8.2 Staff will be responsible for themselves as well as students and service users.
- 5.8.3 Staff at Community clinic sites should be aware of the comparable policy at the clinic or environment in which they work, along with considerations about how they may manage an aggressive encounter with a patient. If staff have any concerns about this, then they should speak to their line manager and/or Human Resources in the first instance.

6. CONSIDERATIONS WHEN MANAGING AN AGGRESSIVE PATIENT OR OTHER PERSON

- 6.1 It is essential that you do not put yourself, any of your colleagues or other service users in danger.
- 6.2 Do ask for help and support, at the earliest opportunity, which may mean urgently leaving the consultation room.
- 6.3 Do call the police and evacuate others, if there is any concern for anyone's safety.
- 6.4 At our Southwark Bridge Road site, there are panic buttons located under the front reception desk, middle terminal, at the operators left hand. At BHS, there is a panic button on the operators right, tucked beneath the desk. However, if anyone is thought to be in danger, then please remove yourself and others at the earliest opportunity.
- 6.5 A useful guide for recognising and managing aggressive individuals is contained in a similar policy produced by the [Suffolk GP Federation](#).
- 6.6 Further information is also available at:
<https://www.nice.org.uk/news/article/safeguarding-nhs-staff-from-violent-and-aggressive-patients>

6.7 Always remember that if a person's behaviour starts to escalate beyond your comfort zone, then disengage and seek help.

Do's	Don'ts
Recognise your own feelings	Meet anger with anger
Project calmness; move and speak slowly, quietly, and confidently.	Raise your voice, point or stare or communicate in a way that might generate hostility (such as apathy, brush-off, coldness, condescension).
Put yourself in their shoes	Be sensitive or take their acts or words personally
Be prepared to apologise if necessary	Threaten any intervention unless you are prepared to act on it
Assert yourself appropriately	Make them feel trapped or cornered
Be patient - allow people to get things off their chest – when they are calmer and quieter, express your ideas / point of view	Argue or even feel that you have to win the argument
Be an empathetic listener. Encourage the person to talk and listen patiently.	Reject all of a client's demands from the start.
Focus your attention on the other person to let them know you are interested in what they have to say.	Pose in challenging stances such as standing directly opposite someone, hands on hips, or crossing your arms.
Maintain a relaxed, yet attentive, posture and position yourself at a right angle, rather than directly in front of the other person.	Avoid any physical contact, finger pointing, or long periods of fixed eye contact.
Acknowledge the person's feelings. Indicate that you can see he (or she) is upset.	Make sudden movements that can be seen as threatening.
Notice the tone, volume, and rate of your speech. Ask for small, specific favours such as asking the person to move to a quieter area.	Challenge, threaten, or dare the individual. Never belittle the person or make him (or her) feel foolish.
Establish ground rules, if unreasonable behaviour persists. Calmly describe the consequences of any violent behaviour.	Criticize or act impatiently toward the agitated individual.
Use delaying tactics that will give the person time to calm down. For example, offer a drink of water—in a disposable cup.	Attempt to bargain with a threatening individual.

Be reassuring and point out choices. Break big problems into smaller, more manageable problems.	Try to make the situation seem less serious than it is.
Accept criticism in a positive way. When a complaint might be true, use statements like, "You're probably right," or "It was my fault." If the criticism seems unwarranted, ask clarifying questions.	Make false statements or promises you cannot keep or try to impart a lot of technical or complicated information when emotions are high.
Ask for their recommendations. Repeat back to them what you feel they are requesting of you.	Take sides or agree with distortions.
Arrange yourself so that a visitor cannot block your access to an exit.	Invade the individual's personal space. Make sure there is a space of 3-6 feet between you and the hostile/irate person.

Ref: https://suffolkfed.org.uk/wp-content/uploads/2016/04/Violent-Agressive-Patient-Policy_035_v1.0.pdf

7. IN THE EVENT OF A PATIENT BEHAVING IN AN AGGRESSIVE OR VIOLENT MANNER

- 7.1 The individual to whom this has been directed at, should be supported by a Practice Educator, Senior Practice Educator, Line Manger or relevant other to ensure that they are safe.
- 7.2 The incident should be logged with as much detail as possible so that a risk assessment can be carried out and appropriate steps taken, to ensure that there is no recurrence, or that this likelihood is significantly reduced.
- 7.3 The incident should be logged on the Clinic Incident Report Form that can be found [here on SharePoint](#). Typically, this would be completed by the lead member of staff in liaison with the student.
- 7.4 Individuals involved should be offered the services of student support, the counsellor and/or Human Resources as appropriate, so that further support can be provided.
- 7.5 Any case of physical assault must be reported to the police, whether this involves a student, member of staff, or any other individual at the UCO.

8. SANCTIONS AND MONITORING

- 8.1 Following any incident of a patient behaving in an aggressive or violent manner, the details of the event will be reviewed, and a recommendation made by the relevant staff and practitioners as to the appropriate next steps, which may include:
- Speaking with the patient informally
 - Verbal warning
 - Written warning
 - Recommendation that the patient is referred elsewhere

- 8.2 The final decision on the appropriate next steps will be taken by the Head of Clinical Practice and Reception Manager.
- 8.3 The sanctions taken will be dependent on the circumstances of the incident, along with the context of the patient's situation. The patient's reflection on the incident and their level of engagement with the UCO, should also have a bearing on actions taken.
- 8.4 Any cases that have been submitted, regarding patients behaving aggressively or violently form part of an annual review at Senior Management Team (SMT), so that appropriate steps can be taken if needed.
- 8.5 It should be noted that whilst the UCO will always strive to provide the highest level of patient care and experiences for patients, this cannot be at the expense of the safety and well-being of the UCO staff, students and wider community.

9. REFERENCES

- Health and Safety Executive; Violence at work A guide for employers. Available at: <http://www.hse.gov.uk/pubns/indg69.pdf> [Accessed 29 June 2022]
- Health and Safety Executive; Example violent incident report form. Available at: <http://www.hse.gov.uk/violence/toolkit/reportform.pdf> [Accessed 29 June 2022]
- NICE: Safeguarding NHS Staff from Violent and Aggressive Patients. Available at: <https://www.nice.org.uk/news/article/safeguarding-nhs-staff-from-violent-and-aggressive-patients> [Accessed 2 Aug 2022]
- Suffolk GP Federation (2015) Violent and Aggressive Patient Policy. Available at: https://suffolkfed.org.uk/wp-content/uploads/2016/04/Violent-Agressive-Patient-Policy_035_v1.0.pdf [Accessed 29 June 2022]

10. FURTHER RESOURCES

- Health and Safety Executive: Work-related violence; [Accessed 6 Oct 2022] <https://www.hse.gov.uk/violence/index.htm>
- Peoplesafe: How to Diffuse Aggression – Conflict Resolution Tips; [Accessed 6 Oct 2022] <https://peoplesafe.co.uk/blogs/how-to-diffuse-aggression-conflict-resolution-tips/>
- NHS Time for Care [Accessed 6 Oct 2022] https://www.youtube.com/watch?v=8hf_a0TbSQw
- How to handle an angry patient: Dr Erwin Kwun; [Accessed 6 Oct 2022]

CORE DOCUMENTATION RECORD PAGE

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Version number	Dates produced and approved (include committee)	Reason for production/ revision	Author	Location(s)	Proposed next review date and approval required
V1.0	Produced May 2019; approved at SMT Aug 2019	Current best practice	Head of Clinical Practice	Clinic Area on SharePoint	May 2022
V2.0	Oct 2022 PRG Chair Nov 2022 Noted by SMT	3-Yearly Routine Review Minor Amendments to update staff role title; reflect an online reporting form; monitoring of cases by SMT annually; additional resources regarding managing aggressive patients.	Head of Clinical Practice	UCO Website	Oct 2025

Equality Impact

Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)

Neutral equality impact (i.e. no significant effect)

X

Negative equality impact (i.e. increasing inequalities)

If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk