

## Violence, Aggression and Abuse Management Policy

<b>Ratified</b>	Final
<b>Status</b>	Approved
<b>Issued</b>	January 2021
<b>Approved By</b>	Executive Committee
<b>Consultation</b>	Internal CCG review
<b>Equality Impact Assessment</b>	Section 9
<b>Distribution</b>	All Staff
<b>Date Amended following initial ratification</b>	Non-Applicable
<b>Implementation Date</b>	December 2020
<b>Planned Review Date</b>	December 2022
<b>Version</b>	V4.1
<b>Author</b>	NECS Governance Manager, Health & Safety
<b>Reference No</b>	CCG CO20

### **Policy Validity Statement**

This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

### **Accessible Information Standards**

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [stynccg.enquiries@nhs.net](mailto:stynccg.enquiries@nhs.net)



## Version Control

Version	Release Date	Author	Update comments
V1	28 February 2013	Liane Cotterill	Policy provided to Clinical Commissioning Group (CCG) as part of policy suite
V2	13 November 2014	Lee Crowe	Duties and responsibilities. Equality Impact Assessment. Re-formatted to CCG policy standard.
V3	22 <sup>nd</sup> November 2016	Lee Crowe	New EIA and Policy Format
V4	14 <sup>th</sup> December 2018	Lee Crowe	Re-view in line with expiration date. Minor changes made additional text to be added in blue, text in red to be taken out of policy once approved
V4.1	January 2021	Lee Crowe	Minor formatting amendments.

## Approval

Role	Name	Date
Approval	Executive Committee	14 <sup>th</sup> January 2016 (2)
Approval	Executive Committee	22 <sup>nd</sup> December 2016 (3)
Approval	Executive Committee	30 January 2019 (4)
Approval	Virtual Executive Committee	April 2021 (4.1)

## Review

This document will be reviewed two years from its issue date.

# Contents

1. Introduction.....	4
2. Definitions.....	4
3. Management of Violence, Aggression and Abuse.....	5
4. Duties and Responsibilities.....	8
5. Implementation.....	9
6. Training Implications.....	9
7. Documentation.....	10
8. Monitoring, Review and Archiving.....	10
9. Equality Analysis.....	12
<b>Appendix 1</b> , Action to be taken when physical assault taken place.....	14
<b>Appendix 2</b> , Action to be taken when a non-physical assault has taken place...	16
<b>Appendix 3</b> , Advice/Guidance for managers.....	17
<b>Appendix 4</b> , Advice/Guidance for employees.....	20
<b>Appendix 5</b> , Requirements for reporting incidents.....	23
<b>Appendix 6</b> , Flow chart for action in the event of an incident.....	25

## 1. Introduction

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The aim of this policy is to reduce the risks, so far as it reasonably practicable, for staff.

### 1.1 Status

This policy is a health and safety policy.

### 1.2 Purpose and scope

1.2.1 The aim of this policy document is to reduce the risks, so far as it is reasonably practicable, for staff.

1.2.2 This policy applies to all employees of the CCG and in particular deals with the issue of violence, aggression and abuse against a member of its staff by a member of the public (i.e. patient, member of the patient's family, member of the public etc.). If a member of staff feels that they are experiencing any violence, aggression or abuse by another member of staff, they should refer to the CCG's Dignity at Work Policy.

1.2.3 All employees have a common law duty of care to co-operate with their employer to comply with the CCG policy and follow their service, departmental and local procedures governing violence, aggression and abuse and abide by any risk assessment.

## 2. Definitions

The following terms are used in this document:

### 2.1.1 Violence

The CCG defines acts of violence as:

*“Any incident where staff are abused, threatened or assaulted in circumstances related to their work involving an explicit or implicit challenge to their safety, wellbeing or health”.*

This is a very broad definition of 'violence' however it is important to acknowledge that violence can be either physical or non-physical and the two must be distinguished and recorded as different from one another.

The Counter Fraud and Security Management Service define physical assault “*the intentional or unintentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort,*” and non-physical assault as “*the use of inappropriate words or behaviour causing distress and/or constituting harassment.*”

### **2.1.2 Risk Assessment**

Risk Assessment is a process of identifying what hazards exist in the workplace and how likely it is that they will cause harm to employees and others. It is the first step in deciding what prevention or control measures need to be taken to protect staff from harm.

## **3. Management of Violence, Aggression and Abuse**

### **3.1 Action to Be Taken When Physical Assault Has Taken Place on a Member of Staff: (Counter Fraud and Security Management Service Guidance) (NHS Protect Guidance)**

3.1.2 Police to be contacted immediately by the person assaulted, their line-manager or a relevant colleague.

3.1.3 The nominated Director for the CCG is to be contacted as soon as practicable by the person assaulted, their line manager or a colleague, and inform the CCG’s Governance and Risk Lead.

3.1.4 The nominated Director will:

- i. contact, as soon as is reasonably practicable, the relevant Local Security Management Specialist with specific information on the assault.
- ii. arrange for full co-operation to be given to a police or the Local Security Management Specialist and any subsequent action.
- iii. ensure those details of the incident are recorded on the CCG’s risk management recording system.
- iv. arrange for an acknowledgement of the report to be sent to the injured party and copied to the line manager to ensure that the necessary support arrangements, such as counselling and or occupational health are offered. The acknowledgement should state what action is being undertaken and the injured party should be kept informed of the progress and outcome.
- v. ensure that all possible preventive action is taken to minimise the risk of a similar incident reoccurring.
- vi. keep the line manager apprised of the on-going Local Security Management Specialist’s situation.

3.1.5 The line manager will:

- contact the employee directly to offer support, e.g. ensure the employee is aware of the counselling facilities available and the services of the Local Security Management Specialist.
- offer support on an on-going basis as appropriate.

### **3.2 Counter Fraud and Security Management Service Action upon a physical incident occurring:**

3.2.1 The CSU Governance Manager (H&S) will:

- i. determine if the police are going to lead the investigation.
- ii. if the police are handling the case, ensure that the case is regularly monitored as to progress, make sure the person assaulted and the CCG is kept updated, and ensure both are informed of any outcomes.
- iii. The Crown Prosecution Service (CPS) should undertake any criminal prosecution if the police are handling the case.
- iv. if the police are not handling the case, carry out initial investigations in conjunction with the CCG Counter Fraud and Security Management Service's Legal Protection Unit.
- v. progress the investigation with all speed, including recording all details relating to the investigation on a locally held file (using the standards in the CFSMS OS Manual of Guidance). (using the standards in the NHS Protect OS Manual of Guidance)
- vi. update the person affected by the physical assault and the nominated Director on a regular basis, as to progress and outcomes.

3.2.2 If the police are not handling the case or the Crown Prosecution Service are unwilling to undertake a criminal prosecution, then the Counter Fraud and Security Management Service's Legal Protection Unit will, if appropriate, consider a private prosecution the CCG will consider a private prosecution following Legal Advice

3.2.3 The NHS Protect Legal Protection Unit, if appropriate, will The CCG will seek legal advise on the viability of civil proceedings consultation with the person(s) subjected to assault.

The procedure(s) for implementing this policy document are as follows:

- Managers must develop local procedures for the management of violence, aggression and abuse and review accordingly.
- Managers to follow advice and guidance provided in Appendix A-F.

### **3.3 Action Following Acts of Violence**

3.3.1 Members of staff carrying out the act of violence-

- 3.3.2 Where a member of staff is alleged to have carried out an act of violence, abuse or aggression this will be considered under the CCG's Disciplinary or Dignity at Work policies and procedures.
- 3.3.3 Where the patient, member of the public or relative initiates the complaint then the CCG's Complaints Procedure may also be invoked.
- 3.3.4 Patients, relatives or members of the public who carry out the act of violence-
- 3.3.5 Where a patient, relative or member of the public is alleged to have carried out an act of violence, abuse or aggression then the CCG reserves the right to respond to the alleged incident, as deemed necessary in light of the circumstances. The level of response will be dependent upon the seriousness of the incident. The potential responses or actions available to the CCG include:
- verbal warnings
  - written warnings from the Chief Officer
  - warning flag applied to patient notes
  - police presence at consultations
  - withdrawal of medical services
  - criminal prosecution
  - civil prosecution

#### 4. Duties and Responsibilities

<p><b>Council of Practices.</b></p>	<p>The Council of Practices has delegated responsibility to the governing body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.</p>
<p><b>Chief Officer</b></p>	<p>The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.</p>
<p><b>Nominated Director</b></p>	<p>The Nominated Director responsible for Health and Safety, will ensure that appropriate strategies and systems are in place to manage the CCG's health and safety risks.</p> <p>The Nominated Director responsible for Health &amp; Safety will act as the lead person on security management work.</p> <p>The Nominated Director responsible for Health &amp; Safety will, following physical assaults:</p> <ul style="list-style-type: none"> <li>• As soon as is reasonably practicable the CFO will make contact with the Governance Manager Health and Safety who will liaise directly with the Local Security Management Specialist with specific information on the assault.</li> <li>• Ensure that the actions described in Appendix A &amp; B are carried out.</li> <li>• Ensure any necessary documentation in relation to behavioural letters etc are carried out these are available from the Governance Manager H&amp;S within the CSU.</li> </ul>

<p><b>All Managers</b></p>	<p>All managers are responsible for:</p> <ul style="list-style-type: none"> <li>• Implementing this policy and developing local procedures for the management of violence, aggression and abuse and reviewing them accordingly</li> <li>• Ensuring that staff receive the necessary training, including conflict resolution training, relevant to the level of identified risk</li> <li>• Managing any incidents or staff concerns that are reported to them</li> <li>• Ensuring that violence and aggression hazards are adequately identified and relevant control measures put in place</li> <li>• Ensuring employees are involved or aware of risk assessments</li> <li>• Maintaining an awareness of advice and the support available to reduce the risk</li> <li>• Ensuring that employees are aware of available means of advice and support</li> <li>• Taking all reasonable steps to reduce the risk of both physical and non-physical assault</li> <li>• Ensuring appropriate contact is maintained with the employee following an incident</li> <li>• Ensuring that the employee is aware of counselling services available, and refer the employee where appropriate</li> <li>• Giving serious consideration to the concerns of employees</li> <li>• Ensuring that all incidents of physical and non-physical assault are reported in line with the Counter Fraud and Security Management Service guidance, including notifying the Nominated Director. See Appendix 1.</li> <li>• Ensuring that potential violent/aggressive patients are highlighted to staff, other Team Managers and where appropriate, other partner agencies</li> </ul>
----------------------------	---

## 5. Implementation

5.1 This policy will be available to all Staff.

5.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## 6. Training Implications

6.1 The training required to comply with this policy are:

All Managers must ensure that all staff attend necessary events e.g.

- Conflict Resolution Training every three years where applicable

## **7. Documentation**

### **7.1 Other related policy documents**

- Complaints Policy
- Incident Reporting and Management Policy
- Serious Incidents (SIs) Management Policy
- SOP Lone Worker
- Bullying and Harassment Policy
- Grievance Policy

### **7.2 Legislation and statutory requirements**

- Cabinet Office (1974) *Health & Safety at Work Etc. Act 1974*. London. HMSO.
- Cabinet Office (1998) *Human Rights Act 1998*. London. HMSO.
- Cabinet Office (1999) *Management of Health & Safety At Work Regulations 1999*. London. HMSO.
- Cabinet Office (2001) *Freedom of Information Act 2001*. London. HMSO.
- Cabinet Office (2006) *Equality Act 2006*. London. HMSO.
- Cabinet Office (2007) *Corporate Manslaughter and Corporate Homicide Act 2007*. London. HMSO
- Cabinet Office (2008) *Health & Safety Offences Act 2008*
- *Amends Section 33 (Prosecutions for criminal offences) of the Health and Safety at Work Act 1974*. London. HMSO.

## **8. Monitoring, Review and Archiving**

### **8.1 Monitoring**

8.1.1 The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### **8.2 Review**

8.2.1 The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

8.2.4 NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### 8.3 **Archiving**

- 8.3.1 The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

## 9. Equality Impact Assessment

### Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### Name(s) and role(s) of person completing this assessment:

**Name:** Lee Crowe

**Job Title:** Governance Manager

**Organisation:** North of England CSU

**Title of the service/project or policy:** Violence, Aggression and Abuse Management policy

#### Is this a;

**Strategy / Policy**

**Service Review**

**Project**

**Other** [Click here to enter text.](#)

#### What are the aim(s) and objectives of the service, project or policy:

The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.

#### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>Eliminating unlawful discrimination, victimisation and harassment</li> <li>Advancing quality of opportunity</li> <li>Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

The policy is a review of an existing policy and has received only minor updates. There is no fundamental change to the content therefore the previous EIA which concluded 'no impact' remains appropriate.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: <b>"If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"</b>		
<b>If any of the above have not been implemented, please state the reason:</b> <small>Click here to enter text.</small>		

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Lee Crowe	Governance Manager	December 2020

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

## APPENDIX 1

### Action to be taken when physical assault has taken place on a member of staff

#### NHS Protect Guidance

- 1 Police to be contacted immediately by the person assaulted, manager or relevant colleague.
- 2 The nominated Director for the CCG is to be contacted as soon as practicable by the person assaulted, their line manager or a colleague, and inform the CCG's Risk Lead.
- 3 The nominated Director will:
  - contact, as soon as is reasonably practicable the relevant Local Security Management Specialist with specific information on the assault.
  - arrange for full co-operation to be given to a police or the Local Security Management Specialist and any subsequent action.
  - ensure those details of the incident are recorded on the CCG's risk management recording system.
  - arrange for an acknowledgement of the report to be sent to the injured party and copied to the line manager to ensure that the necessary support arrangements, such as counselling and or occupational health are offered. The acknowledgement should state what action is being undertaken and the injured party should be kept informed of the progress and outcome.
  - ensure that all possible preventive action is taken to minimise the risk of a similar incident reoccurring.
  - keep the line manager apprised of the on-going Local Security Management Specialist's situation.
- 4 The line manager will:
  - contact the employee directly to offer support, e.g. ensure the employee is aware of the counselling facilities available and the services of the Local Security Management Specialist.
  - offer support on an on-going basis as appropriate.

#### Security Management Service Action upon a physical incident occurring provided by CSU:

The Local Security Management Specialist will:

- determine if the police are going to lead the investigation.
- if the police are handling the case, ensure that the case is regularly monitored as to progress, make sure the person assaulted and the CCG is kept updated, and ensure both are informed of any outcomes.
- The Crown Prosecution Service (CPS) should undertake any criminal prosecution if the police are handling the case.

- if the police are not handling the case, carry out initial investigations in conjunction with the Counter Fraud and Security Management Service's Legal Protection Unit.
- progress the investigation with all speed, including recording all details relating to the investigation on a locally held file (using the standards in the CFSMS OS Manual of Guidance).
- update the person affected by the physical assault and the nominated Director/Director of Security Management of the CCG on a regular basis, as to progress and outcomes.

If the police are not handling the case or the Crown Prosecution Service are unwilling to undertake a criminal prosecution, then the Counter Fraud and Security Management Service's Legal Protection Unit will, if appropriate, consider a private prosecution.

NHS Legal Protection Unit, if appropriate, will consider civil proceedings consultation with the CCG and the person(s) subjected to the assault.

## APPENDIX 2

### ACTION TO BE TAKEN WHEN A NON-PHYSICAL ASSAULT HAS TAKEN PLACE

- where appropriate the police should be contacted, as soon as is practicable, by the person subject to the non-physical assault, their manager or relevant colleague.
- the seriousness of the incident should be taken into account in deciding whether the police should be involved, but where the incident is believed to fall into a racially or religiously aggravated matter, then the incident should always be reported to the police.
- the police should be given information about the assailant's clinical condition (if known), if this could be seen as a contributory factor leading to the non-physical assault taking place, however, the presence of a clinical condition should not necessarily preclude appropriate action being taken. This should be a matter for the police and/or the CCG.
- the nominated Director for the CCG must be contacted, as soon as practicable, by the person suffering the abuse, their manager or relevant colleague.

The nominated Director the CCG will:

- liaise, co-operate with and monitor cases of non-physical assault that have been referred to and are being handled by the police.
- where the matter has been reported to the police and the police have decided not to pursue the matter, consider whether the CCG should consider/initiate private prosecution and/or civil proceedings via the NHS Protection Unit or the CCG's Legal Service, where appropriate.
- ensure that details of the incident are recorded on the CCG's appropriate incident reporting system to comply with Health and Safety legislation.
- ensure that an acknowledgement of the report is sent to the injured party and ensure that any necessary support arrangements, such as counselling or occupational health are offered. The acknowledgement should state that the matter will be dealt with, that appropriate action will be taken and that the particular member of staff will be appraised of progress and outcome.
- ensure the person subject to the non-physical assault is informed of the outcome of any action taken.

## APPENDIX 3

### ADVICE/GUIDANCE FOR MANAGERS

This guide will not provide an answer to every situation, and your own experience will be a crucial factor along with following the Policy in deciding appropriate action. It will, however, hopefully increase awareness of the problem and provide practical advice.

#### Why Must I Take Action?

##### Legislation

- The Health and Safety at Work Etc. Act 1974 requires employers to take reasonable steps to ensure the health, safety and welfare of their employees while at work
- The Management of Health and Safety at Work Regulations 1999 specifically requires the assessment of risks to employees

##### *Efficiency*

The effects of violence can have serious operational costs and include: -

- Sickness absence
- Impaired performance
- De-motivation of other employees
- Negative effect on other customers/clients

##### Responsibility

- As a manager, you are the employer's representative and thereby charged with the execution of the employer's responsibilities within your area of control.

#### What Action Should I Take?

In considering what action to take never accept violence as "part of the job".

##### *Assess the Risk*

- Ensure a risk assessment has been carried out (include in General Risk Assessment)
- Consider the individual employee:
  - Perpetrators been reported to appropriate authorities i.e. police
  - Customer handling skills
  - Previous training/experience
  - Relationships with customers/clients
  - Previous incidents
- Monitor and analyse reported incidents

##### Reduce the Risk

In reducing the risk several factors need to be considered.

##### Employees

- Ensure that employees have been on the conflict management training and have access to a copy of this policy and the employee guidance at Appendix D.
- Consider training needs in the light of the level of risk faced.
- Be willing always to offer support and advice and sources of advice (Health and Safety Team, Local Security Management Specialist, Police) and ensure that you communicate this to employees.
- Never dismiss or ignore signs of apprehension.

- Ensure that employees are aware that they are advised to leave dangerous situations even when their task is not completed.
- Encourage staff to adopt a “Customer First” approach, but never put themselves at risk.
- Assist employees in developing action plans (not necessarily a written document but an understanding of what to do in particular situations).
- Ensure that employees are aware of their responsibilities in supporting colleagues.
- Watch out for signs of bullying/intimidation.

#### Working Methods

- Arrange appointment times to minimize risk:
  - morning meetings where alcohol abuse is a potential problem
  - avoid overlong delays by providing sufficient interval between appointments
- Minimize staff isolation in dangerous situations:
  - limit visits to those, which are unavoidable
  - arrange for employees to work in pairs in potentially dangerous situations
- Ensure staff use the lone worker system in operation at the CCG and abide by any risk assessments and local procedures.

#### Location

- Arrange interview areas to provide an easy escape route and ready support/back-up
- Eliminate potential weapons wherever possible (any loose/moveable object is a potential weapon)
- Ensure that any reception/waiting areas are designed to minimize frustration e.g.:
  - comfortable seating
  - soothing colours
  - magazines etc.
  - children’s amusements (quiet toys)
  - signs to explain/apologize for delays
- Ensure adequate lighting in and around buildings
- Restrict public access to necessary areas
- Provide door answering safeguards (e.g. viewers, chains, C.C.T.V.) where appropriate
- Utilise sources of advice e on environmental issues e.g. Local Security Management Specialist
- Consider alternative locations for the provision of care where necessary

#### What Should I Do If An Incident Occurs?

##### Immediately

- Ensure appropriate medical attention is given if required.
- In all cases the victim should be treated with sensitivity and offered support by managers and colleagues. Where particular anguish/trauma has been suffered, they should be advised of the availability of counselling from their General Practitioner or Occupational Health.
- Ensure that the victim is not blamed for contributing to the incident (self-blame is particularly common amongst victims of violence). Where you consider that the victim’s actions may have contributed, this should be dealt with as a training and development issue and not through criticism.
- Call for professional medical help, if necessary.
- Follow the procedure laid down on the policy and where necessary contact the police if an assault has taken place.

#### Follow Up

- At the earliest opportunity, ensure that a violence at work report form is completed (keep a copy or other record of the incident to assist in the identification of high risk situations).
- Ensure and check that the incident is investigated appropriately.
- In more serious cases, discuss with the individual whether he/she feels able to return to particular work situations and consider what, if any, support, advice or training might be beneficial.
- In cases of harassment at work (sexual, racial or other), Advisors are available to provide counselling for the victim. Refer to the Dignity at Work Policy for further information.

When an employee suffers actual physical injury, he/she might be entitled to compensation through the Criminal Injuries Compensation Board. The employee can apply for such compensation by writing to the C.I.C.B. at:

Blytheswood House  
200, West Regent Street  
Glasgow  
G2 4SW

## APPENDIX 4

### ADVICE/GUIDANCE FOR EMPLOYEES

Although this information cannot provide a precise answer to every situation, it should help to create a greater awareness of the problem as well as offering some practical advice.

#### ***Before the encounter***

##### **Assess the risk**

Look for factors which might indicate a high level of risk and require specific action. Some “high risk” indicators are listed below:–

##### **The Client (the potential assailant)**

- background unknown/authenticity unsure
- history of violence (the most important factor)
- history of alcohol/drug abuse
- previous threats (always take these seriously)
- perceived victimisation (feelings of having been let down during previous dealings)
- unrealistic expectations (likely to be severely disappointed by what you have to say)
- change/uncertainty
- high level of stress (e.g. the loss of a close family member, home, job etc.)

##### **You (the potential victim)**

- close ongoing relationship with the customer/client
- seen as the source of his/her frustration
- apprehension (this can increase the level of tension. Understanding the risk and taking steps to protect yourself can greatly reduce it)
- visits away from the work base
- male/female (both are vulnerable – women can be seen as easier targets - men more legitimate ones)
- Do not ignore your own signs of apprehension (instinct, intuition)

#### **Absence of these signs does NOT guarantee your safety**

##### **Take Action**

Take basic precautions and where the level of risk appears to be high, take specific preventative measures as identified in the risk assessment and use the lone worker system.

##### **Basic precautions**

- be sure that the customer/client is genuine before agreeing a visit
- when carrying out visits always leave a record of:

*Where* you're going - details – address etc

*Who* you're going to see

*Why* you're going (purpose of the visit)

*When* you expect to return

- If you don't intend to return to base, arrange to contact someone and use and update regularly the lone worker system.
- consider your escape route
- consider the level of risk and decide whether specific action is necessary

## **Specific preventative measures**

- discuss concerns with your manager
- request support/backup where necessary
- maintain contact on visits (by the lone worker system and phone)
- if risks are unacceptable, see the customer/client at work where support is more easily provided
- if meetings are likely to carry unacceptable risks, restrict/ control contact
- arrange morning meetings where there is a history of alcohol abuse.
- if a meeting takes place at work, ensure no loose objects can be used as weapons
- arrange seating to allow escape in cases of emergency

## ***During the encounter***

### **Assess the risk**

Look for signs of high risk and watch out for danger signals.

### **High Risk Indicators**

- any unexpected person
- effect of alcohol/drugs
- potential weapons (loose movable objects are potential weapons)
- frustration caused by circumstances immediately before the encounter e.g.
  - long delays
  - noisy/crowded waiting areas
  - re-direction from one place to another
- isolation - no colleagues nearby

### **Danger Signals (in the potential assailant)**

These signals can be equally relevant whether given in a quiet, calm tone or shouted in an angry manner –

#### **Appearance:**

- tearful
- sweating
- restless
- staring - eyeball to eyeball confrontation
- pale skin
- obvious facial muscle tension

#### **Posture:**

- bodily nearness
- towering/threatening stance
- clenched hands
- folded arms

#### **Speech:**

- changed in tone, volume or pitch
- use of insults, threats or sarcasm, in particular, use of de-personalising language (sexist/racist abuse and foul language)  
repetition of the same word or phrase

## **Victim Support & Counselling**

Support should be offered by your direct line manager. This can include signposting to counselling services and/or practical support such as help in seeking medical attention, contacting family or friends, providing an opportunity to discuss the incident and offering support during the investigation.

In cases where you have suffered particular anguish or trauma, your line manager may advise you to seek counselling from your General Practitioner, the Occupational Health service or an external counselling service.

## **Appendix 5**

### **REQUIREMENTS FOR REPORTING INCIDENTS**

All incidents, covered by the definition of violence, whether physical or non-physical, must be recorded the CCG's electronic reporting mechanism.

They must also be reported to the Police, where appropriate.

The legal requirement for reporting incidents falls under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

#### **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.**

There is a legal requirement under RIDDOR 1995 to report certain specified work-related incidents, either to the enforcing authority for the workplace or to a central HSE reporting centre.

The Social Security Regulations require that all incidents at work are recorded, regardless of their severity.

#### **Accident/Incident Reporting**

RIDDOR requires the specified responsible person, usually employers, to report certain defined work-related accidents or incidents to the enforcing authority. In summary, the accidents or incidents that are required to be reported include:

- all fatalities
- accidents resulting in any of the specified "major injuries"
- certain defined work-related diseases
- accidents resulting in employees being off work for more than three days
- certain dangerous occurrences such as building collapses, gas explosions, etc.

The accidents have to be reported by the quickest means, ie telephone, fax or e-mail and followed up on the approved reporting form (F2508) within 10 days.

#### **How to make a report:**

Reports can be made in a variety of ways:

- by telephone to 0845 300 9923 Monday — Friday 8.30am-5.00pm
- by fax to 0845 300 9924
- by e-mail to [riddor@natbrit.com](mailto:riddor@natbrit.com)
- by internet at [www.riddor.gov.uk](http://www.riddor.gov.uk)
- by post to:

Incident Contact Centre  
Caerphilly Business Park  
Caerphilly, CF83 3GG.

## **Reporting Death or Major Injury**

In the event of an accident arising out of a work activity which results in:

- the death or major injury to an employee or self-employed person on work premises;
- the death of a member of the public; or
- a member of the public being taken to hospital

then a report must be made to the appropriate enforcing authority by the quickest practicable means, usually by telephone or e-mail to the ICC.

Where the nature and severity of an injury is not immediately apparent, the report required shall be submitted as soon as the nature of the condition is confirmed.

Deaths to be reported include those where an employee dies within one year as a result of an accident at work, whether or not this was reported at the time of the original accident.

Major injuries are defined by reference to schedule 1 of the regulations to include:

- fractures other than fingers, thumbs and toes
- amputation (including surgical amputation following an accident)
- dislocation of shoulder, hip, knee or spine
- eye injury resulting in temporary or permanent loss of sight, by chemical or hot metal burn, or penetrating injury
- unconsciousness caused by electric shock, exposure to a hazardous substance, biological agent, or asphyxia
- any acute condition or illness resulting in loss of consciousness or requiring resuscitation or admission to hospital for more than 24 hours
- illness requiring medical treatment related to exposure to a hazardous substance.

## **Reporting Lost Time Injuries (over 3 day absence)**

In the event of an accident arising out of a work activity which results in the incapacity of an employee (or self-employed person working on the premises) for more than three consecutive days, then a report must be made, by one of the methods described above, within ten days.

Three consecutive days does NOT include the day of the accident, but includes:

- any day on which the person was unable to fulfil his/her normal work duties
- week-ends and days not normally worked when the injured person was incapacitated.

This includes any act of non-consensual physical violence done to a person at work.

For full information on RIDDOR 1995 consult the guidance notes and regulations.

Web link: [RIDDOR 95 Explained](#)

## Appendix 6

# Flow Chart for Action In The Event Of An Incident Concerning Violence/Aggression

