



## Guidance- HS02 PROTECTING EMPLOYEES FROM VIOLENCE AND AGGRESSION

|   |   |  |  |  |  |
|---|---|--|--|--|--|
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*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document*

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# **1. Definitions**

## **1.1 Violent & Aggressive Incidents**

Violent & Aggressive incidents can include:

“Any incidents where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenge to their safety, well-being or health. This can incorporate some behaviours identified in harassment and bullying, for example verbal violence. (All Wales Violence & Aggression Training Passport & Information Scheme 2004).

## **1.2 Unacceptable behaviour**

The following are examples of behaviours that are not acceptable on NHS premises or locations where service users receive treatment, this list is not exhaustive:

- Antisocial behaviour which can cause harassment alarm & distress
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory remarks regarding: Age; Disability; Gender (including Gender Re-assignment); Race; Ethnicity; Nationality; Religion (including belief and non-Belief) and Sexual Orientation.
- Wilful/reckless damage to the organisations property
- Violence, or threats of violence

## **1.3 Obligatory Response to Violence in Healthcare (ORV)**

Refers to the NHS Anti Violence Collaborative “Obligatory Response to Violence in Healthcare” launched on 21/11/2019.

### **1.4 Adult**

A person aged over 18.

### **1.5 Child and Young Person**

A person aged under 16.

N.B. those aged between 16 and 18 can be normally classed as a person with capacity (i.e. an adult) unless there are circumstances that leads staff to consider otherwise.

### **1.6 Health & Safety Department**

Refers to BCUHB’s Corporate Health & Safety Team of which the Violence & Aggression Case Management service is included.

### **1.7 Alert**

The communication of a patient’s past behaviour both within BCUHB and to any other relevant agency is fundamental in minimizing the risk of violence. A ‘marker’ could be placed on a service users medical records to alert staff to the potential risk of violence and

aggression. The Data Protection Act 1998 regulates the holding and processing of personal data, which is held either on computer or in a manual form.

A BCUHB wide alert system is currently being developed; further advice & information will be contained within a procedure document pertaining to such a system. (It is envisaged that Health & Safety Department will have exclusive access to placing alerts on electronic systems.)

## **1.8 BCUHB**

Refers to Betsi Cadwaladr University Local Health Board.

## **2. Introduction**

The NHS has a legal obligation to identify the risk of violence and aggression and develop appropriate prevention strategies. This can lead to dilemmas for clinicians and managers in meeting their obligations to patient care. The fear of violence can seriously affect morale and the ability to retain and recruit staff.

## **3. Scope**

The scope of this document relates to all members of the public, service users, students, contractors, volunteers & including employees, those on honorary contracts and those working for other employers/organisations but on BCUHB's behalf.

## **4. Aim**

The aim of this document is to provide mechanisms for dealing with the varying levels of violence and aggression and to make staff aware of the potential for violence & aggression and learning from staff's previous experiences.

This document is introduced in the context of ensuring that all employees are able to provide care to service users within a safe environment and must be applied effectively in all situations.

## **5. BCUHB - Statement**

BCUHB believes that all employees, service users and visitors have the right to engage in their duties/care free from any harm, caused by others, who use violence or aggression

BCUHB will seek to support the maximum lawful penalties against any person(s) subjecting their employee(s), service users or visitors to harm from violence or aggression or false allegations following consultation with the employee(s) involved, or their representative.

BCUHB may also impose sanctions/alternative arrangements upon individuals in order to reduce potential violent or aggressive incidents so that the safety of employees, service users and visitors is maintained.

BCUHB Staff will be expected to co-operate with police/CPS in the provision of evidence collection and adhere to national & local agreements for partnership working.

## 6. Responsibilities

### 6.1 Chief Executive

The responsibility for the organisational arrangements for health and safety within the BCUHB rests with the Chief Executive and is set out within the BCUHB Health and Safety Policy. This responsibility is delegated to the identified Board Director/V&A Champion, together with Line Managers.

### 6.2 Board Director

Operational strategic responsibility for violence and aggression issues is led by the Executive Director of Workforce & Organisational Development.

### 6.3 Area Directors/Secondary Care Directors/ Divisional Directors and Line Managers

Their responsibilities are to:

- Actively promote the reporting of all incidents of violence and aggression and to provide feedback of reported incidents to the individual(s) involved.
- Review and investigate reported incidents of violence & aggression within their sphere of responsibility and refer serious incidents to the Health & Safety Department including those incidents in which police are engaged in conducting a criminal investigation where BCUHB staff are victims of violence/aggression. **Completion of Datix report is not be considered as a means of informing Health & Safety department.**
- Ensure that risk assessments required under the Management of Health and Safety at Work Regulations (1999) take account of the risk of violence to staff, they will prioritise the defects in the system which require addressing, determine any associated costs, report their findings as necessary to the Director with responsibility for operational violence & aggression issues and take action as necessary to meet the requirements in order to eliminate all defects in the system. Where possible risk assessments should be undertaken in a collaborative manner with BCUHB staff and union safety representatives. **BCUHB has a “Violence & Aggression Workplace Risk Assessment Electronic Form” available for use on the intranet and it is expected that each workplace will have completed such an assessment, reviewed annually.**
- Ensure that where the risk of violence to staff is assessed as significant, or liable to arise because of the work activity and where that risk cannot be avoided, that local procedures and safe systems of work are devised and followed in order to reduce that risk and are made easily assessable to staff.
- Where risk assessments/action plans identify a staff-training requirement in order to reduce the risk to an acceptable level, then suitable training will be provided by BCUHB.
- Ensure that managers are aware of the need to offer support and referral to

counselling via Occupational Health and Well Being, post incident.

- Comply with request from BCUHB Health & Safety department to complete investigations using Root Cause Analysis

## **6.4 Employees**

Their responsibilities are to:

- Comply with all statutory legislation and associated Policies/Procedures/Guidance.
- Attend all training as identified by managers.
- Communicate any risks they identify with their managers immediately.
- Report incidents in an accurate and timely manner, using the correct procedure.
- Assist in investigations by providing accurate information when requested.
- Consider self-referral to Occupational Health and Wellbeing for support in aiding recovery post incident.

## **6.5 Health & Safety Department**

Will make arrangements in order that the following occurs;

- Ongoing liaison with the BCUHB staff victim/s and their manager offering practical support within a Violence & Aggression Case management service framework. This service is only offered in relation to workplace violence/aggression events. Any incidents in which BCUHB staff are thought to be the alleged offender will be managed by Workforce Employment/Human Resources teams with support/advice offered from relevant Health & Safety personnel.
- When relevant, meeting with the perpetrator to outline lack of tolerance for their behaviour following appropriate risk planning/assessment.
- To ensure collaborative working via the Obligatory Responses to Violence in Healthcare with Police in Wales and NHS (Wales).
- Act as Single point of Contact for Police/CPS and BCUHB staff victims.
- Assist managers with investigation of incidents of violence/ aggression in which BCUHB staff are adversely affected.

## **6.6 Estates Department**

The Estates Department, when planning or refurbishing properties, as well as at the design stage of new buildings will consult departmental managers and relevant specialists including Health & Safety department at the earliest stage to encompass all control measures to protect staff.

## **7. Principle Legislation and Guidance**

This Guidance acknowledges and supports:

- Health & Safety at Work Act 1974 and the requirements of the Management of Health & Safety at Work Regulations 1999.
- All Wales NHS Violence and Aggression Training Passport and Information Scheme 2004,
- Betsi Cadwaladr University Health Board's Health & Safety Procedures.
- Mental Capacity Act (2005) and DoLS guidelines.
- Human Rights Act 1998
- Equality Act 2010
- Data Protection Act 1998
- Obligatory Response to Violence in Healthcare-NHS Anti-violence collaborative 2019

## **7.1 Reasonable Force**

A person may use such force as is reasonable in the circumstances for the purposes of:

- self-defence; or
- defence of another; or
- defence of property; or
- prevention of crime; or
- lawful arrest

The law on self-defence arises both under the common law defence of self-defence and the defences provided by the Criminal Law Act 1967 and Criminal Justice and Immigration Act 2008

All BCUHB employees will be expected to adhere with the relevant legislation and any locally approved written control documents and procedures with regards to the use of reasonable force. The use of reasonable force should only be considered when all other techniques have been exhausted or the immediate nature of the situation requires an emergency response such as self-defence/defence of others.

Any reasonable force applied should only be used if necessary and for the minimum time required and should be proportionate to the circumstances.

## **8. Police Assistance/Reporting.**

Should staff be of the opinion that the assistance of the police is required as there is an immediate threat to safety, they should dial "999" then if possible call for assistance from Security and/or any available staff who could respond appropriately.

If staff believe that a non-emergency incident requires police advice/ investigation then this should be reported to police using the 101 system.

Should BCUHB staff make a formal complaint to police regarding an incident of violence and aggression then in order to progress the case effectively it is generally understood that patient information will be required to assist with this police investigation in the prevention and detection of crime.

BCUHB has through the Chief Executive's Offices entered into the NHS Anti Violence Collaborative Obligatory Responses to Violence in Healthcare agreement between Police,

the Crown Prosecution service and NHS Wales with the aim to “make victims central to this agreement”.

The Obligatory Responses to Violence in Healthcare full document can be accessed via, NHS Wales Shared Services Website,

<http://www.nwssp.wales.nhs.uk/nhs-wales-anti-violence-collaborative>

**All incidents reported to police where there are staff victims, MUST be brought to the attention of the Health & Safety Department as soon as possible in order that a Case Management approach may be implemented.**

Those incidents involving patients who are being treated for mental health illness or who have a learning disability when an alleged assault upon BCUHB staff has occurred **and** police have been requested to formally investigate, BCUHB staff **MUST** complete the Obligatory Responses to Violence Form G(i) in order for the related Case Management process to take place.

A copy of Form G (i) is contained within appendix 1.

This may lead to further information being sought from the person responsible for the patient’s care. If so, this will be requested by police using Obligatory Responses to Violence agreement as an element of the Case Management process and it is fully expected that BCUHB clinical staff will honour the agreement by supplying such information in a timely manner.

A flowchart showing the Obligatory Responses to Violence in Healthcare process for alleged perpetrators of violence/abuse mental health/learning disabilities is contained within appendix 2.

Should staff victim/s be of the opinion that the event does not warrant police investigation this must be recorded within the Datix report.

## **9. Sanctions**

Any action taken in response to violent or abusive behaviour should be carefully planned. It should take into account the clinical needs of the service users, the right of all service users to be treated in a safe and caring environment and the duty towards employees.

Actions implemented should be relevant and proportionate to the circumstances and agreed within a multi-disciplinary context.

Any sanctions imposed **MUST** be documented in the relevant Datix report.

Any sanctions **MUST** be actioned within a reasonable timescale-usually with 4 weeks of the event or first knowledge of need for sanctions.

### **9.1 Sanctions for Visitors who Display Unacceptable Behaviour**

The term 'visitor' includes any member of the general public but not a service user, member of BCUHB staff on duty or other persons employed by contract or service level agreement.

Visitors who display any unacceptable behaviour should be asked to stop by management/staff present at time of incident with due regard to personal safety and witnesses.

Continued unacceptable behaviour will result in the individual being asked to leave the premises by a senior member of staff. Such action will need to be undertaken with minimal risk and should not be attempted without appropriate support. Depending on the location and circumstances, this can involve the Police or security staff (where available) and a Datix report **MUST** be generated. Any request to leave and the visitor's response **MUST** be documented within the Datix report.

The site/department manager may consider restricting their visiting only to specific times or to suspend any visits, or if necessary under escort from security or other appropriate staff. The site/departmental manager, Health & Safety Department will be informed of any such potential restrictions in order to agree arrangements. Any restrictions **MUST** be documented within the Datix report.

The visitor must be informed in writing (if practicable e.g. address known) of any restriction/s placed upon them by the site/department manager and the proposed date for review (not exceeding 3 months from date of letter). A copy of this letter **MUST** be documented within the Datix report. Outcome of the review **MUST** be documented within the Datix report. If address unknown letter to be given to visitor if practicable with due regard to personal safety and witnesses. (See example letter Appendix 3)

The visitor may request a review of the restrictions by the appropriate service management team. The visitor will be informed of any decision and this will be documented within the Datix report. The review will be carried out within 7 working days of receipt of request by the visitor and conducted by all managers involved in original agreement. Written response to visitor will be supplied by the site/department manager.

The restrictions imposed on a visitor do not prevent them from attending BCUHB premises for their own treatment.

BCUHB Managers will liaise with Health & Safety department when formal police action is undertaken in relation to offences perpetrated against BCUHB staff or property.

## **9.2 Sanctions for those Visitors with Parental/Carers Responsibility**

Those persons with parental/carers responsibility will be treated in the same way as other visitors (see 9.1) with the exception that they will not be asked to leave the premises or suspend visiting, if this means that there is no other person who has parental/carers responsibility available.

If the incident has involved the police and the person is removed by the police, then child protection procedures/adult safeguarding procedures should be implemented.

## **9.3 Sanctions for those Visitors who are a Child or Young Person**

If not present at the time of the incident, the parent/carer/person/agency with parental responsibility must be informed at the earliest opportunity.

If child/young person appears to the BCUHB staff in contact with the child/young person/s to be acting in manner that causes concerns for their welfare then child safeguarding procedures should be implemented and consider immediate contact with police/social services.

#### **9.4 Sanctions for Incidents occurring at Non-BCUHB Premises**

All service user home visits should be supported by an appropriate risk assessment prior to attendance, if practicable and with due regard to BCUHB Lone Working Guidance.

If the attending BCUHB employee believes that their immediate personal safety is at risk then police should be contacted via 999 systems.

Incidents that occur in non-BCUHB premises (such as service users own home) can result in the BCUHB care provider/clinician suspending the procedure/visit and withdrawing to a safer area. This incident will then be reported immediately to the BCUHB care provider/clinician's line manager a datix report **MUST** be generated.

#### **9.5 Sanctions for Service Users**

##### Sanctions for adult service users aged 18+

Any sanctions imposed must be documented and agreed by the service users Multi-Disciplinary Team/Clinical Team taking into account any associated clinical factors.

##### Sanctions for MH/LDS service users

Service users not detained under the Mental Health Act 2007 may usually be treated as any other adult. Sanctions options can be consistent with those for adult service users (aged 18+). Those adults detained under sections of Mental Health Act will require careful planning so as ensure the sanctions are compatible with the Act.

Any sanctions imposed must be documented and agreed by the service users Multi-Disciplinary Team/Clinical Team taking into account any associated clinical factors.

##### Sanctions for Child/young person service users

Any sanctions imposed must be documented and agreed by the service users Multi-Disciplinary Team/Clinical Team taking into account any associated clinical and child protection concerns.

Any sanctions to be imposed on child/young person must involve those person/s/agencies with parental control.

The following sanction options are not intended to be followed in a sequential order - the incident/s will dictate the considered response;

- The unacceptable behaviour (or continued unacceptable behaviour) may result in;

- The manager or departmental head verbally communicating to the service user that his/her behaviour is unacceptable and ask the person to refrain from such behaviour. (If the patient has left the area before the manager has addressed the unacceptable behaviour a letter can be sent to the service user.)
- The manager or departmental head issuing of a letter explaining of the consequences of such behaviour. (Health & Safety Department must be informed).
- Police being contacted for advice/support and/or for investigation to ascertain if offences have been disclosed. (Health & Safety Department must be informed).
- Alternative Treatment Options (e.g. alternative location, changes in appointment time, suspension of future appointments, staffing numbers etc.) can be considered. Alternative Treatment Options should be documented and communicated to the service user and all staff involved. (Health & Safety Department must be informed)
- Legal advice/proceedings with a view to restrict service users from accessing non-emergency services may be considered necessary. (Health & Safety Department must be informed.)

As excluding service users from clinical care has legal and ethical implications, it is important that the service user's clinical team meet and come to an agreed documented approach which will endeavour to continue to care/treat the service user and minimise the residual risk of further incidents of violence and aggression.

Alternative Treatment Options are varied but can include such actions as, alternative location for treatment, changes in appointment times/days, suspension of future appointments, alternative staff providing services, staffing numbers, security/police involvement etc.

## 10. Process for Implementing Alternative Treatment Options

Following an incident or if clinical teams are receipt of reliable information that puts BCUHB staff at risk of Violence/Aggression **it is the responsibility of the clinical team to:**

- Assemble relevant professionals to discuss the risks and potential Alternative Treatment Options.
- Ensure that the Health & Safety Department is made aware of the intention to implement Alternative Treatment Options **prior** to any meeting or decisions made.
- Ensure Alternative Treatment Options are documented and communicated to the service user including any restrictions upon location attendance. (See example letter appendix 4).Should the Clinical Team believe that the patient/service user may experience difficulty understanding the written Alternative Treatment Options then an alternative text/alternative method of conveying the content will be undertaken by the clinical team and this will be documented within the Datix reporting system.
- Ensure Alternative Treatment Options are documented and communicated to all staff involved using established risk assessment/action plan procedures, medical/nursing notes and updating of the Datix report as appropriate.

- Ensure that the proposed Alternative Treatment Options are practical.
- Ensure that any “handover” of care to another BCUHB department is effectively communicated and documented within Datix incident report.
- Communicate with the service users GP as required e.g. if Alternative Treatment Options agreed have an impact on the GP Service.

If the individual who has Alternative Treatment Options imposed presents at any Emergency Department within BCUHB, for emergency treatment, that individual will be treated as required. Where possible, they should then be discharged immediately. However, they will be admitted if the medical condition of the patient is, in the clinical judgement of their lead clinician, so serious that admission is unavoidable. The need for security staff attendance will be assessed by an appropriate member of staff making representations to the Clinical Service Manager/Hospital Management Team.

## **11. Excluding Patients from BCUHB Premises & Services**

Excluding a patient from BCUHB premises/services usually requires that alternative treatment be provided by the NHS, due to the geographical nature of BCUHB this may mean that it is not practical to suggest that a patient be treated by a neighbouring NHS establishment.

Should a patient be considered a high risk of causing violence to BCUHB staff, then legal advice will be sought to examine if exclusion can be legally endorsed.

Should the possibility of legal proceedings be considered then the Health & Safety Department must be informed to explore with the service provider and BCUHB’s legal department what options are available and this will be communicated to the Chief Executive’s Office. Alternative Treatment Options will be arranged with clinicians as required until such time that legal options have been explored.

## **12. Training**

Training provided will incorporate the guidelines within the All Wales Violence and Aggression Passport Scheme 2004 and will also incorporate Security awareness procedures within BCUHB.

No member of staff shall be appointed to manage higher risk service users without being given suitable training in conjunction with the Risk Assessment Process.

Localised policies/procedure/guidelines also apply e.g. Mental Health/Learning Disabilities Services, Emergency Departments., Minor Injury Units., Lone Workers etc.

### **13. Operational Systems to Protect Staff at Work/Local Protocols & Procedures**

Each area that has identified that there is a risk of violence should have a clearly understood operational procedure agreed with the staff which may include,

- Minimum levels of staffing
- Who should do what, when and how in the event of a potentially violent situation
- Traceability of staff (diary tracking, lone worker alert systems)
- Risk assessment advice that can be found within BCUHB intranet pages.

### **14. Post Incident Support**

Following incidents all staff involved should be given the opportunity to discuss the incidents in a supportive environment, usually from line managers and peers. All datix reported incidents must be investigated by local line managers with feedback supplied to those BCUHB staff involved. Debriefing following incidents may occur in many forms from informal "hot debrief" local discussion immediately post-incident to more formal documented meeting/s sometime after the event. The purpose of de-briefing will be to assess if any further support for those involved is required and to assist with any "lessons learnt".

In some circumstances, it may be appropriate for the individual concerned to utilise the occupational health and wellbeing service. It is not intended to substitute support that should be available to all staff from their line managers.

BCUHB will provide support and assistance for staff in the event of criminal/civil proceedings against the perpetrator via the Health & Safety Department.

### **15. Monitoring**

Management within each service/department will monitor all incidents that occur involving violence to staff, service users and visitors. They will ensure that the appropriate report form is completed so that sufficient information is provided which will help to minimise or prevent such occurrences again. Where they consider additional advice is required they will discuss this with the Health & Safety Department, Clinicians and others as required.

An identified person within the divisions/service providers will monitor all hazard and safety information bulletins issued by the NHS and Department of Health to ensure that any lessons which can be learned from incidents or accidents which have occurred in other parts of the country are made known to all relevant staff employed by BCUHB.

Management within each division/service will conduct/update at least every two years, or following an incident, a risk assessment of the procedures adopted to prevent violence to staff. They will consider the type of violence and number of incidents occurring, involving BCUHB staff, and the remedial action taken and report their findings to the relevant group. They will draw up a list of defects in the system found and then prioritise them by

determining any costs involved; develop an action plan; implement a remedial programme to eliminate these defects.

Managers will ensure that only trained competent persons will be allowed to work /manage areas of the BCUHB where violence is likely to occur. They will ensure that training is provided to all identified staff and refreshed at intervals as specified by the training providers or identified by risk assessment.



**Appendix 1 - Form G (i)**

**Information forms for suspects with mental disorder and/or learning disability who have allegedly caused harm to BCUHB staff and police involvement is required.  
For completion by Registered Professional (e.g. Staff Nurse/Doctor) - Confidential when complete.**

|                                  |  |                  |  |
|----------------------------------|--|------------------|--|
| NHS incident reference no/Datix: |  | Alleged offence: |  |
|----------------------------------|--|------------------|--|

|  |                |
|--|----------------|
| Victim name(s)<br>(Separate sheet attached YES/NO) | 1.<br>2.<br>3. |
|--|----------------|

|   |     |                                |
|---|-----|--------------------------------|
| Does victims/s consent to contact from V&A Case Manager | √   | If yes insert contact details. |
|   | YES | 1.<br>2.<br>3.                 |
|   | NO  |                                |

|           |      |      |           |
|-----------|------|------|-----------|
| Incident: | Date | Time | Location. |
|-----------|------|------|-----------|

|  |       |              |  |
|--|-------|--------------|--|
| <b>Healthcare Professional completing this form.</b> | Name: | Designation: | Contact details:<br>Tel:<br><br>Email: |
|--|-------|--------------|--|

|                                      |                         |                           |  |
|--------------------------------------|-------------------------|---------------------------|--|
| <b>SERVICE USER DETAILS</b>          | Name:                   | Address if not in-patient |  |
|                                      | Date of birth:          |                           |  |
| Detained under MHA 1983? DoLS or MCA | Yes/No<br>Section _____ | Service user no:          |  |



**Strictly Confidential – incident medical report**

This form is for use by the Police/CPS in making initial investigation/prosecution decisions and is not intended to replace the need for witness statements and reports should the matter proceed to court. This completed form has the potential to be disclosed to a court.

**SERVICE USER’S MENTAL STATE:** please use your professional judgement and opinion to answer the questions below related to the service user above.

|   |  |   |  |     |    |
|---|--|---|--|-----|----|
| <p>Would you consider the service user at the time of the alleged offence was capable of understanding his/her actions?</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right; padding: 2px;">Please tick <input checked="" type="checkbox"/></td> </tr> <tr> <td style="width: 50%; padding: 2px;">Yes</td> <td style="width: 50%; padding: 2px;">No</td> </tr> </table> | Please tick <input checked="" type="checkbox"/> |  | Yes | No |
| Please tick <input checked="" type="checkbox"/>   |  |   |  |     |    |
| Yes   | No   |   |  |     |    |
| <p>Comment:</p>   |  |   |  |     |    |
| <p>Would you consider the service user at the time of the alleged offence was capable of controlling his/her actions?</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right; padding: 2px;">Please tick <input checked="" type="checkbox"/></td> </tr> <tr> <td style="width: 50%; padding: 2px;">Yes</td> <td style="width: 50%; padding: 2px;">No</td> </tr> </table> | Please tick <input checked="" type="checkbox"/> |  | Yes | No |
| Please tick <input checked="" type="checkbox"/>   |  |   |  |     |    |
| Yes   | No   |   |  |     |    |
| <p>Comment:</p>   |  |   |  |     |    |
| <p>Would you consider the service user is capable of understanding the legal process if a prosecution is sought?</p>        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right; padding: 2px;">Please tick <input checked="" type="checkbox"/></td> </tr> <tr> <td style="width: 50%; padding: 2px;">Yes</td> <td style="width: 50%; padding: 2px;">No</td> </tr> </table> | Please tick <input checked="" type="checkbox"/> |  | Yes | No |
| Please tick <input checked="" type="checkbox"/>   |  |   |  |     |    |
| Yes   | No   |   |  |     |    |
| <p>Comment:</p>   |  |   |  |     |    |

Signed:

Print name:

Job title:

Date:

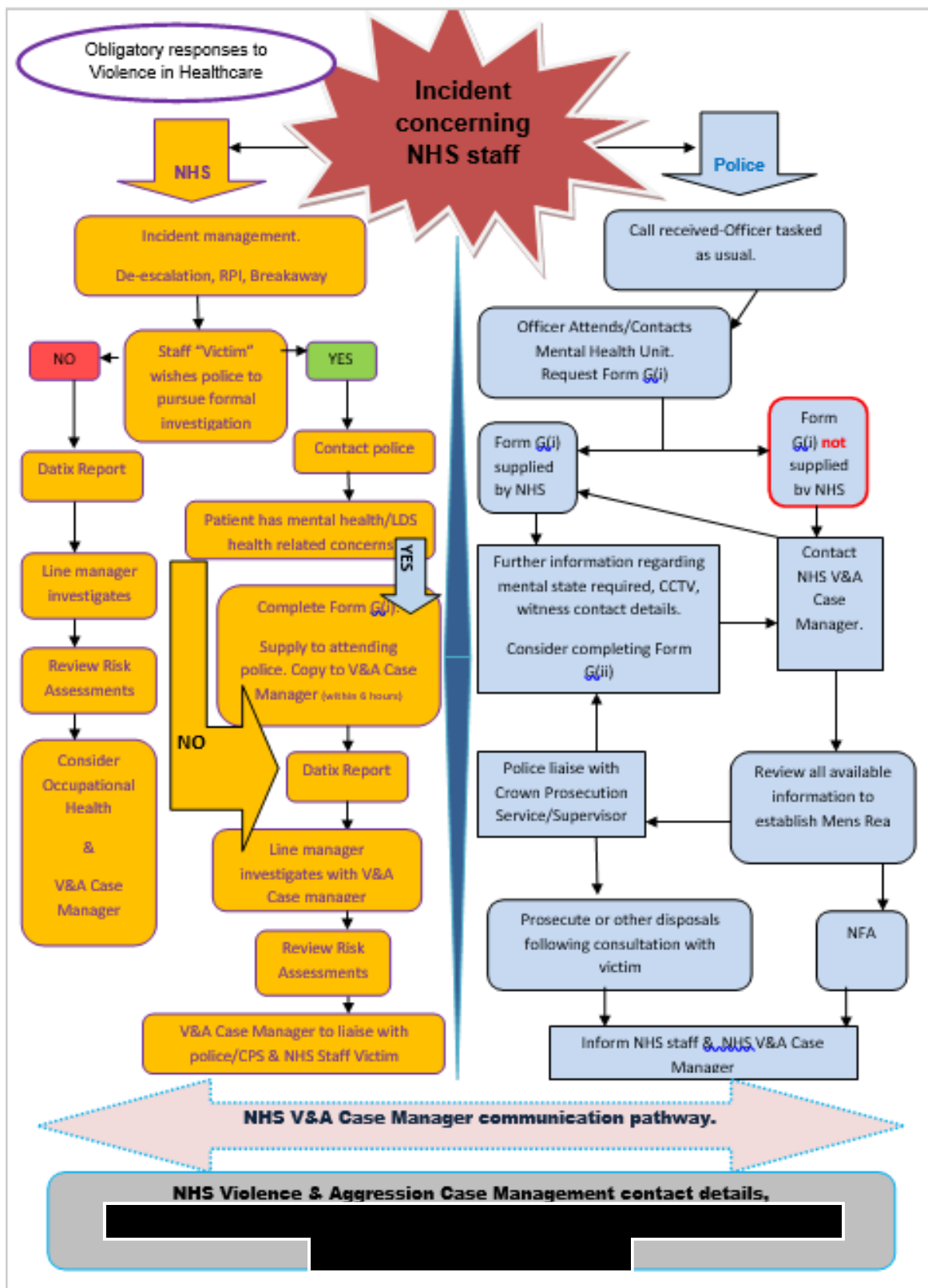
| <b>Attending Police Officer Details</b> |                 |
|---|-----------------|
| Name:                                   | Collar Number : |
| Police Event/Reference Number:          |                 |

**Please ensure that this form is handed to the Police when they attend and that a copy is passed to the V&A Case Management within 6 hours of event. A copy should be placed in patient notes.**

| BCUHB Violence & Aggression Case Manager Details                               |   |  |
|--|---|--|
| <p>Mobile</p> <p style="background-color: black; color: black;">[REDACTED]</p> | <p>Desk</p> <p style="text-align: center;"><b>03000852746</b></p> | <p>E mail</p> <p style="background-color: black; color: black;">[REDACTED]</p> |



### Appendix 2 - Responses to Violence & Aggression in BCUHB Flowchart





### Appendix 3 - Example Letter to Visitor

Date: .....

VISITOR NAME .....

VISITOR ADDRESS .....

.....

Dear .....

I am writing to inform that following your unacceptable behaviour on (*insert date*) at (*insert venue*), in order to protect the clinical environment for other service users and members of staff, it has been necessary to instigate the following visitor restrictions listed below;

*Please specify the restrictions.*

- E.g. - Restricted times and/or restricted duration of visits*
- Escorted visits by identified staff*
- Restricted areas with the building in which visitor can attend*

These restrictions will be valid for a period until..... (Insert date).

These restrictions do not prevent you from attending at any BCUHB premises to attend for your own treatment/care.

Should you wish for these restrictions to be reviewed before the date above please write to (person who signs letter) giving details why you feel these restrictions should be reviewed.

Please note: Any visitor behaving in an unlawful manner will be reported to the police and the BCUHB will seek the application of the maximum penalties available in law. BCUHB will seek to prosecute all perpetrators of crime on or against the organisations staff, property or assets.

Signed/name.....

Job title.....

Correspondence address.....



### Appendix 4 - Example Letter Alternative Treatment Options

Date: .....



PATIENT'S NAME .....

PATIENT'S ADDRESS .....

.....

HOSPITAL/PATIENT NUMBER .....

Dear .....

I am writing to inform that following your unacceptable behaviour on *(insert date)* at *(insert venue)* you are now subject to the Alternative Treatment Options listed below;

- 1.
- 2.
- 3.
- 4.

You will be permitted to attend at Emergency Departments/Minor Injury Units in the event of requiring emergency treatment.

You have no reason and are not permitted to attend at any other Betsi Cadwaladr University Health Board premises unless you have an appointment for treatment/care relating to yourself.

You have the right to challenge the decision via the established concerns procedure by writing to the above/below address. (Concerns leaflet attached for information)

Should you return to any Betsi Cadwaladr University Health Board premises (with the exception of premises detailed within this correspondence) you will be asked to leave, the police may be called.

This Alternative Treatment Option will be reviewed on *(insert date - maximum 1 year)*.

Your General Practitioner has also been informed of this decision in order that alternative arrangements can be made. (delete as appropriate)

Yours sincerely,

*Signature/name*.....

*Job title*.....