



ACTION TO BE TAKEN BY A MEMBER OF STAFF WHO IS THE VICTIM OF THREATENING BEHAVIOUR, VERBAL ABUSE, PHYSICAL ASSAULT OR INJURY

**THREATENING BEHAVIOUR
VERBAL ABUSE**

PHYSICAL ASSAULT

All incidents of threatening behaviour, verbal abuse, physical assault or injury, must be reported to (N)EAC and/or your Supervisor/Line Manager/Duty Officer as soon as possible

YES

Have you sustained an injury?

Seek Medical attention immediately

NO

You will be stood down for an initial recovery period
You will be contacted by your Line Manager or Duty Officer

You have the right to refuse to convey or treat any patient(s) who offer verbal abuse, are aggressive or threaten violence

Document fully on PRF

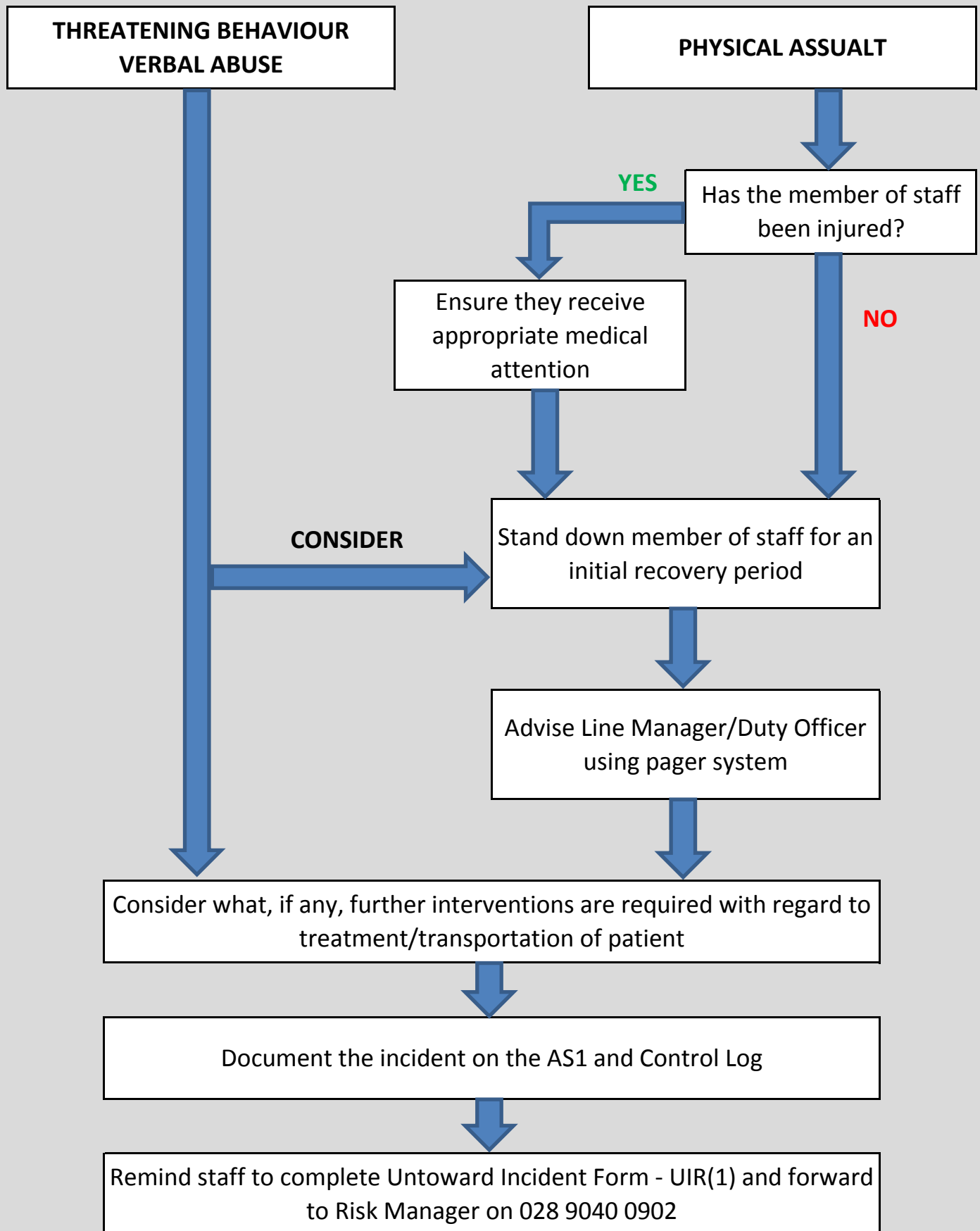
All incidents of physical assault should be reported to PSNI who will allocate an incident number. NIAS should be advised of the PSNI actions/response/outcomes

Complete Untoward Incident Form - UIR(1) and forward to Risk Manager on 028 9040 0902

NB If C&R techniques have been used, this must be recorded on the UIR(1)



ACTION TO BE TAKEN BY (N)EAC WHEN A MEMBER OF STAFF REPORTS THAT THEY HAVE BEEN THE VICTIM OF THREATENING BEHAVIOUR, VERBAL ABUSE, PHYSICAL ASSAULT OR INJURY





ACTION CARD 3

ACTION TO BE TAKEN BY LINE MANAGER/DUTY OFFICER WHEN A MEMBER OF STAFF REPORTS THAT THEY HAVE BEEN THE VICTIM OF THREATENING BEHAVIOUR, VERBAL ABUSE, PHYSICAL ASSAULT OR INJURY

THREATENING BEHAVIOUR VERBAL ABUSE

(Where the crew has been stood down as a result)

PHYSICAL ASSAULT

YES

Has the member of staff been injured?

NO

Ensure they have received appropriate medical attention

Speak with the crew

Telephoning the crew is the minimum response expected

Offer/consider attending in person

*discuss extending the stand down period to assist recovery
provide carecall contact details*

*offer OH/physio referral
consider any additional welfare needs*

Ensure incident has been reported to the PSNI
Obtain a crime reference number
Ensure UIR(1) has been completed
Inform Area Manager and Media & Comms Manager

Compile a report to include
✓ UIR(1) ✓ photographs of any injuries or damage to property
✓ UIR(2)
✓ UIR(3) - if taken
Forward report to Risk Manager

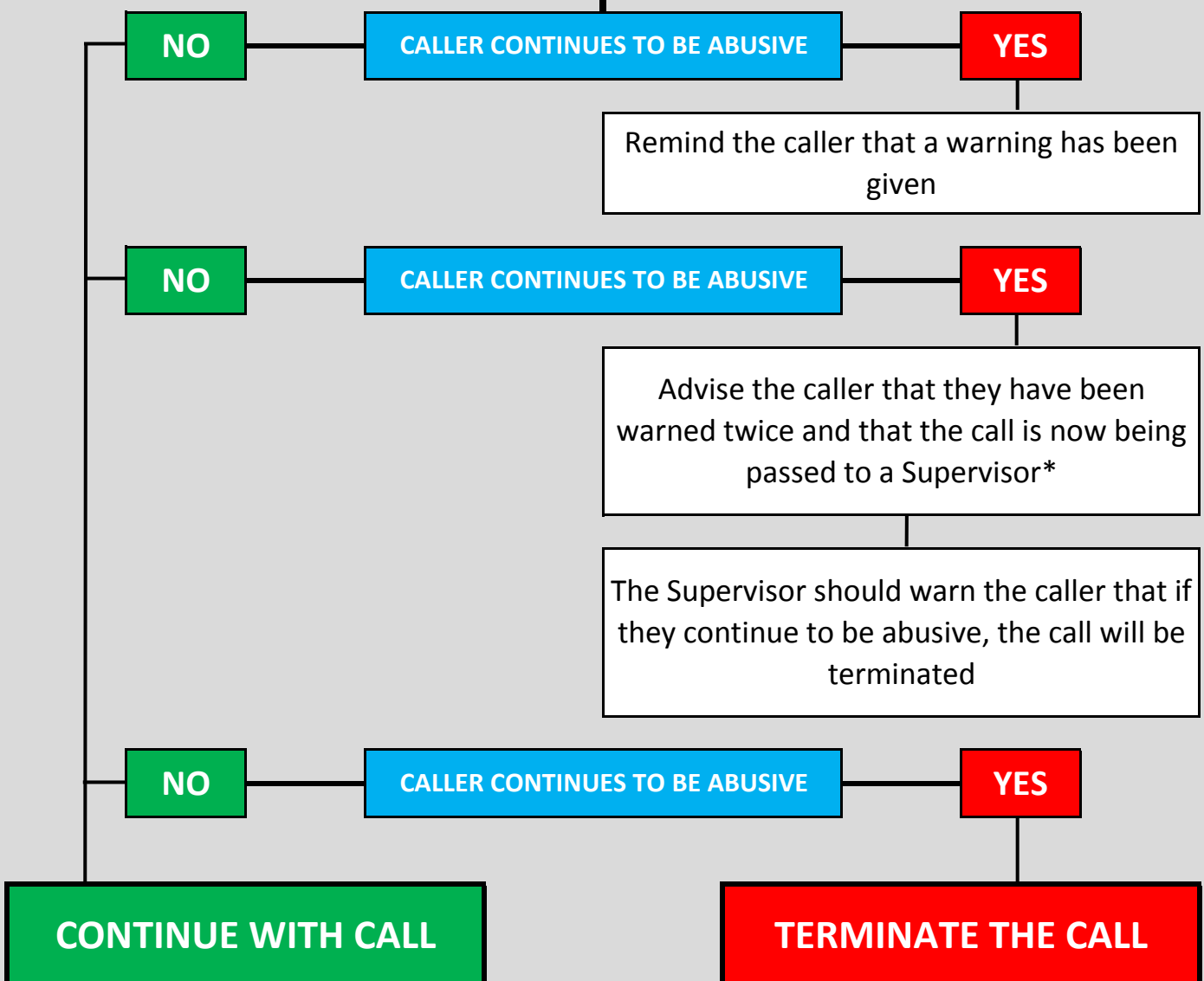
Liaise with PSNI regarding follow up action
Arrange for stand down time to facilitate PSNI statement
Monitor absence and advise Risk Manager if RIDDOR
Ensure Trust is made aware of outcome from PSNI



ACTION TO BE TAKEN ON RECEIPT OF AN ABUSIVE/THREATENING NON EMERGENCY TELEPHONE CALL

Advise the caller that you consider their language to be abusive, obscene and/or threatening

Warn the caller that the call may be terminated if they continue to use abusive, obscene or threatening language



NOTES

All incidents of this nature must be reported as an abusive/hostile call using the UIR forms
The PSNI must be notified if threats to kill, harm or cause damage are received

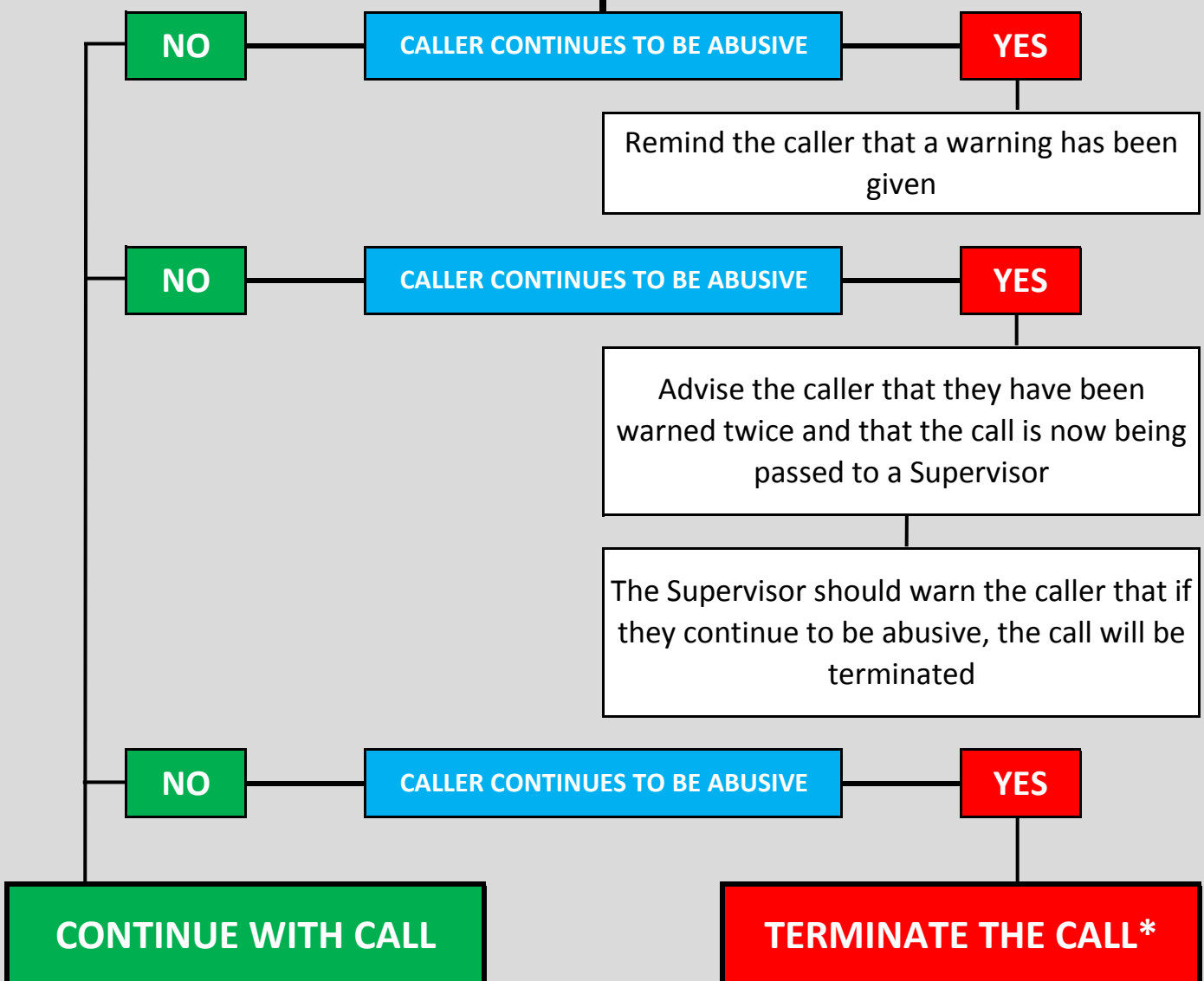
* Where the recipient of the call is a lone worker, or a Supervisor is not readily available, the staff member may terminate the call as per the above procedure



ACTION TO BE TAKEN ON RECEIPT OF AN ABUSIVE/THREATENING EMERGENCY (999) TELEPHONE CALL

Advise the caller that you consider their language to be abusive, obscene and/or threatening

Warn the caller that the call may be terminated if they continue to use abusive, obscene or threatening language



NOTES

All incidents of this nature must be reported as an abusive/hostile call using the UIR forms
The PSNI must be notified if threats to kill, harm or cause damage are received

* Please refer to information on the reverse of this card



When an EMD receives an abusive 999 call, the following must be completed before the call can be considered for termination

- address and telephone number verification
- dispatch code applied
- appropriate dispatch life support advice delivered

In the event that these details cannot be obtained, the EMD should pass the caller directly to the DCM

Important Exceptions

The following protocol situations should not be considered for call termination

- any call requiring **PAI advice**
- a 1st party caller having an allergic reaction which is worsening or a 2nd party caller when the patient is unstable and **not alert** with **difficulty speaking between breaths**
- ongoing **scene safety** issues handled through Case Exit X7, 7a, 7b, 8 and 9
- an **actively fitting** patient
- a 1st party caller who is **violent** or **suicidal** assessed through Protocol 23 or 25
- an **unconscious** patient as the result of **trauma** monitored through Case Exit X3
- any call with **uncontrolled serious haemorrhage**

In the event that the caller is persistently abusive throughout the DLS advice, the EMD should notify the DCM/AO2 and follow their instructions on a case-by-case basis

The DCM/AO2 will issue a third and final warning to the caller. If the abusive behaviour persists, the caller will be advised that the call is being terminated