



NORTHERN IRELAND AMBULANCE SERVICE

MANAGEMENT OF AGGRESSION POLICY

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Version 1.0

Title:	Management of Aggression Policy		
Purpose of Policy:	To set out NIAS policy on the Management of Aggression. To promote safe practice, and protect and support staff.		
Directorate Responsible for Policy:	The Human Resources Directorate		
Name and Title of Authors:	John Wright, Area Manager Christine Wilkinson, Clinical Training Manager		
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Circulation List:

This Policy was circulated to the following groups for consultation.

- Staffside
- Executive Directors and Senior Managers

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

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1.0 Introduction

- 1.1 This policy sets out the Northern Ireland Ambulance Service Trust's (hereafter referred to as 'The Trust') plan for the management of aggression
- 1.2 This Policy gives guidance on minimising risk, investigating incidents and promoting a culture of continuous improvement
- 1.3 This Policy should be read in conjunction with the Trust's procedural arrangements for management of aggression.
- 1.4 This Policy has been developed in consultation with internal stakeholders.

2.0 Policy Statement

- 2.1 The Trust promotes a pro-active approach to the management of aggression
- 2.2 Due to the nature of ambulance work, there is a likelihood that employees of the Trust may, on occasions, encounter angry, hostile, verbally abusive or aggressive individuals who may be patients, relatives or members of the public. There may be a wide range of reasons for this type of behaviour, ranging from mental or medical illness through to criminal intent. Often, such behaviour will involve alcohol or drug abuse.
- 2.3 The Trust believes that all acts of aggression towards its employees and contractors are unacceptable regardless of the reasons or form they may take.
- 2.4 The Trust will take all reasonable steps to provide an environment that is safe and secure in order to protect the safety and security of its staff and to minimise the risk of aggression directed towards them

3.0 Scope of the Policy

- 3.1 This policy provides guidance on how the Trust will deal with circumstances where staff may be at risk of violence, aggression or harassment by individuals external to the Trust. Should a member of staff be subjected to any of these acts or bullying by a manager or another employee of the Trust, then reference should be made to the Trust's Working Well Together Policy
- 3.2 This policy should be read in conjunction with the procedure for managing aggression
- 3.3 This Policy must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of managing aggression and to compliance with health and safety, legal and other requirements

4.0 Definitions

- 4.1 Aggression is defined as; "any incidents where persons are abused, threatened or assaulted in circumstances relating to their work, involving an implicit or explicit challenge to their safety, wellbeing or health." *European commission DG-V1997*
- 4.2 Additionally the Trust will adopt the following explicit definitions of physical and non-physical abuse as defined by the NHS Security Management Agency:
- 4.2.1 Physical assault – *"the intentional application of force against the person of another, without lawful justification, resulting in physical injury or personal discomfort"*
- 4.2.2 Non-physical assault – *"the use of inappropriate words or behaviour causing distress and/or constituting harassment"*

4.3 The Health and Safety Executive (NI) define violence as

“Any incident, in which a person is abused, threatened, or assaulted in circumstances relating to their work”

4.4 For the purposes of Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, the term ‘accident’ has been extended to include:

“an act of non-consensual violence done to a person at work”

5.0 Legal Requirements

The Trust has a duty with regard to the management of work related incidents in line with UK and European Health & Safety legislation and by the common duty of care. The statutory duties to which the Trust is subject include the following:

5.1 *Health & Safety at Work (NI) Order 1978*

Employers have responsibilities under the Health & Safety at Work (NI) Order 1978 for ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work

Employers should have written policies setting out their arrangements for managing health and safety risks. These policies should be publicised and easily accessible to staff.

5.2 *The Management of Health and Safety at Work (Regulations) Northern Ireland 2006*

These regulations require the employer to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks

5.3 The Corporate Manslaughter and Corporate Homicide Act 2007

This came into force in April 2008 and creates a new offence under which an employer (rather than an individual) can be prosecuted and face an unlimited fine, particularly if an employer is in gross breach of health and safety standards and the duty of care owed to the deceased

5.4 Human Rights Act 1998

This places a requirement on a Public Authority to recognise an individual's Rights and Freedoms as contained within the Articles under Schedule 1 of the Act

6.0 Policy Objectives

6.1 The Trust will ensure that it has in place suitable and robust governance arrangements to support the management of aggression

6.2 The Zero Tolerance group will review, monitor and report on management of aggression issues and to fulfil the requirements of this Policy

6.3 To reduce the risks associated with aggression incidents, particularly the risks from physical abuse

6.4 To encourage staff, in line with the Trusts Policy for reporting incidents, to report incidents which have resulted in or which may give rise to an aggressive incident, to enable monitoring and to ensure procedures in place are functioning effectively. The Trust will support staff in providing information to the Police Service Northern Ireland (PSNI) when required

6.5 To establish the reporting of managing aggressive incidents annually to the Board

6.6 The Trust will seek independent assurance that an appropriate and effective system of managing aggressive risks is in place and that the necessary level of controls and monitoring are being implemented

7.0 Roles and Responsibilities

7.1 **The Chief Executive** is the Accountable Officer. S/he is responsible for providing the Trust Board with assurances that all possible measures have been taken to minimise the risk to staff, patients and the organisation from violence and aggression arising in the course of the Trust's business. S/he has overall responsibility for ensuring the objectives of this policy are met and resources are made available to implement the policy

7.2 **The Health & Safety Committee** is a statutory committee responsible for issues associated with health and safety, welfare and risk management. The committee will report to the Assurance Committee (Appendix 1 committee structure)

7.3 **The Zero Tolerance Sub Group** will monitor the effectiveness of all policies and procedures relating to the management of aggression. It will review all reported incidents of aggression and advise the Health & Safety Committee of identifiable trends and/or risks

7.4 **The Director Human Resources** is the designated Executive Director with lead responsibility for the management of aggression. S/he will report to the Trust's Assurance Committee and Trust Board on matters relating to management of aggression. The Director Human Resources will Chair the Trust's Health and Safety committee and through the sub group of Zero Tolerance it will address the requirements of this policy

7.5 **The Risk Manager** is responsible for collating and reporting data relevant to violent and aggressive incidents

7.6 **The Clinical Training Manager** is responsible for the provision of information, instruction, training and supervision with regard to this policy

7.7 **Heads of Department/Managers/Supervisors** are responsible for ensuring:

- That all staff under his/her responsibility are aware of and understand the Trust procedures for the management of violence and aggression and have received appropriate training
- That this policy and procedure is fully applied within their area of responsibility
- All reported incidents and risks are fully investigated and reported to

7.8 **Employees** have a responsibility to:

- ensure they act in accordance with relevant codes of conduct in order to minimise risks to themselves, colleagues or Trust property
- Remain polite but firm and professional at all times
- Apply the principles and procedures contained within this document
- Report all incidents of violence, abuse and harassment in accordance with the Trust's procedures
- Participate in training delivered by, or on behalf of the trust which will assist in the handling of violent incidents

8.0 Equality and Human Rights Considerations

8.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify

those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them

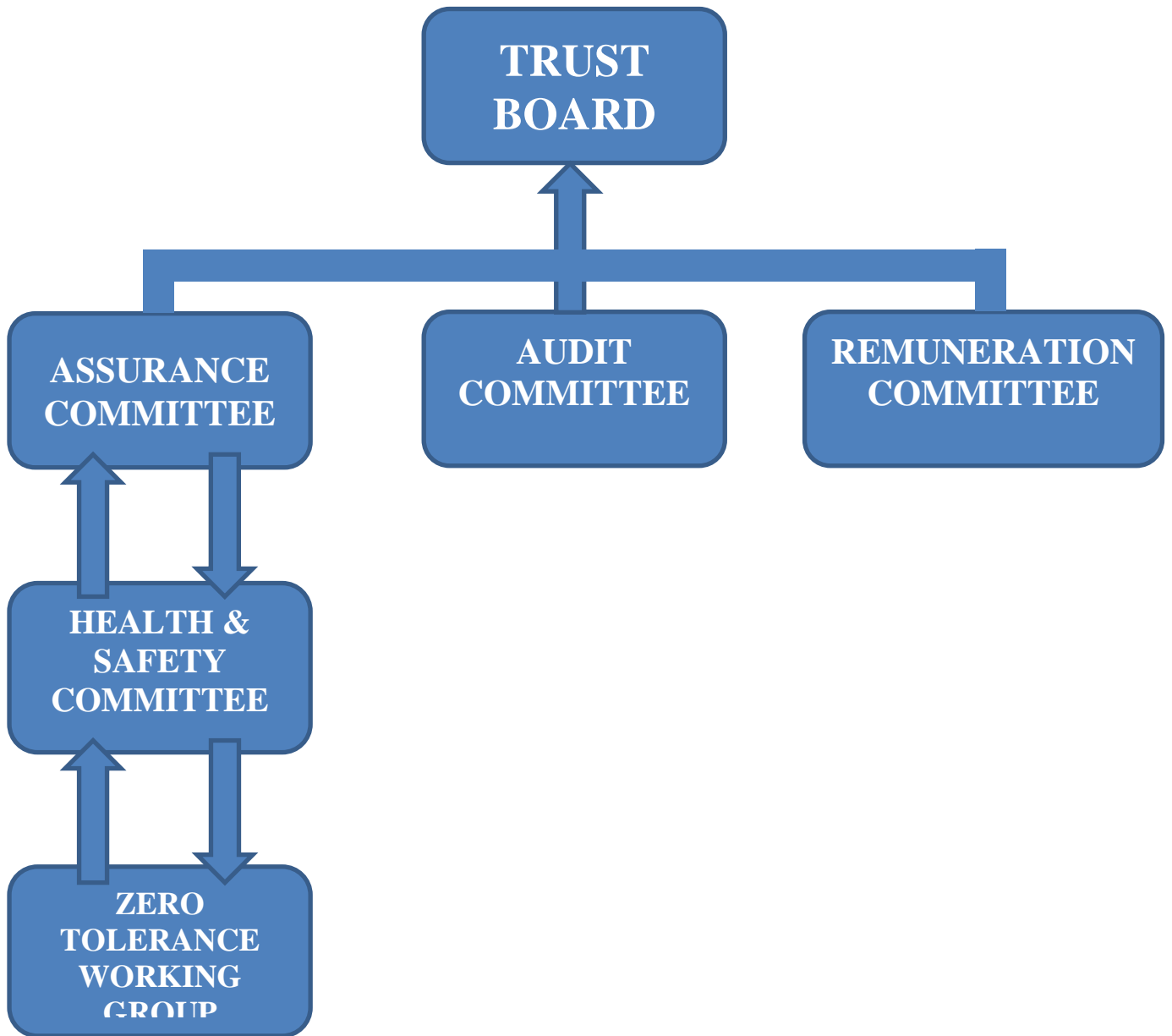
- 8.2 This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act
- 8.3 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form
- 8.4 Using the Equality Commission's screening criteria; no significant equality implications have been identified. This Policy will therefore not be subject to an equality impact assessment
- 8.5 This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force
- 8.6 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English

9.0 Policy Review

- 9.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation
- 9.2 This Policy will be reviewed by the Health and Safety Committee bi-annually, or earlier if changes to legislation, work practices or a significant incident require it. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

Appendices

APPENDIX A: COMMITTEE STRUCTURE



APPENDIX B: HOME/SITE/WORKPLACE VISIT

MANAGING POTENTIALLY AGGRESSIVE SITUATIONS WHILE CARRYING OUT A DOMICILIARY VISIT, NOT ASSOCIATED WITH DELIVERING AMBULANCE CARE e.g. Complaints Investigation

1.0 Preparation

- 1.1 Do you feel reasonably sure that the individual is generally non-aggressive?
- 1.2 Is a member of the household known to be potentially aggressive?
- 1.3 Will the individual be aggressive today because of some unusual circumstances?
- 1.4 Do you feel safe visiting the individual?

2.0 Precautions

- 2.1 Notify your colleague(s) where you are going. Always leave a name, address and telephone number so you can be contacted. Say how long you expect to be away and ring colleagues if you change your schedule
- 2.2 Even if you are not nervous about the visit, work out a checking system with your colleagues. For example, agree that if you have not telephoned in by a set time then your colleague(s) will take some specified action to ensure your safety
- 2.3 Be prepared to take a colleague with you on a visit
- 2.4 Be prepared to cut short a visit if you anticipate the situation may become difficult to control
- 2.5 If you would like to carry a personal alarm you can ask your Line Manager about obtaining one for you through the Trust
- 2.6 Invite the potentially aggressive client to the workplace

3.0 Conducting a Meeting

- 3.1 Leave the interview room door ajar
- 3.2 Consider having another person present

- 3.3 Arrange the furniture so that you have easy access to a door or other escape route
- 3.4 Arrange for a personal interruption by a colleague
- 3.5 Remove any heavy objects from the interview room
- 3.6 In meeting a client, be alert to:
 - Reasons for aggression
 - Non-verbal signs, for example, changes in mood, the challenge of eye-contact, angle and posture when sitting and standing
 - The use of language. Ask questions to regain control. Avoid provocation

APPENDIX C: REDUCING THE RISK OF AGGRESSION

1.0 Introduction

- 1.1 Staff and managers should be mindful of preventive measures to reduce the risk of aggression. Such measures include identifying areas of risk, reviewing systems of working, considering the layout of areas such as waiting rooms and offices which are open to public access, ensuring that appropriate training is taken up, understanding the causes of aggression and indicators for its potential etc.
- 1.2 Patient Care Service Staff who may have to deal with certain patients on a regular basis in particular should, where possible, gain a knowledge and understanding of the patients and circumstances which might lead to a potentially aggressive situation

2.0 Reasons for Aggression

- 2.1 Aggression can occur for a number of reasons which might include:
- Mental illness
 - Certain medical states e.g. hypoglycaemia, epilepsy, head injury, etc
 - Reaction to uniformed personnel/authority;
 - Environmental factors;
 - Alcohol, drug and/or solvent misuse;
 - Stress, frustration, feelings of inadequacy;
 - Effects of injury;
 - Anxiety and fear by relatives and/or friends; pain caused by staff in order to treat the patient; unsympathetic attitudes by ambulance crews at a time when re-assurance and sympathy are needed;
 - bias, discrimination or indifference on the part of the ambulance crews to the patient and/or relatives;

- Reluctance by individuals to receive treatment at hospital. In most circumstances staff do not have the right to treat or convey patients without their consent

3.0 Indicators of the Potential for Aggression

3.1 It is important for staff to recognise early warning signs from those patients etc., who might be potentially aggressive. Sometimes a threat can be made quite openly e.g. threatening language, pointing aggressively etc., but other action may be less obvious.

The patient may:

- be tense and agitated
- may reply to questions abruptly
- may increase voice pitch and volume
- may bring their fist into the palm of their hand or into a nearby object
- exhibit unusual or inconsistent behaviour e.g. the noisy person who becomes quiet and withdrawn
- invade your personal space
- Increase their activity e.g. pacing

The list is neither exclusive nor exhaustive.

4.0 Personal Precautions in Reducing Risk

4.1 For Operational Staff, risk can be minimised by the following:

- understanding the causes of aggression and indicators for its potential
- Keeping in close radio contact in potentially dangerous situations, including suspect and isolated geographical areas. All operational staff should carry their hand portable radio when leaving the vehicle. If confronted with a violent situation and assistance is thought necessary, you should alert the (N)EAC immediately and retreat from the scene. The (N)EAC should then seek assistance from the Police

- maximum illumination of the scene
- ensuring security of the vehicle when unattended
- asking visitors to stations to formally identify themselves and the purpose of the visit in the Station Log Book, or equivalent
- Securing vehicle equipment e.g. medical cylinders, rescue equipment and IV needles and Cannulae to prevent its use as a weapon
- Request assistance if you have doubts about your safety (see paragraph 9 of the Trust Guidelines).

4.2 For non-operational staff, careful consideration should be given to avoiding staff working alone, or if they do, arrangements should be made to secure the premises where such an option is agreed by the post-holder and their Line Manager

5.0 High Risk Workplaces

Staff should be aware of the types of locations which may give rise to an increased risk of violence or aggressive behaviour. The Trust will put in place specific risk assessments for such areas

5.1 Public Houses/Night Clubs

Calls to incidents at these locations will often be as a result of alcohol, drugs or other toxic substances and patients can be in a confused or potentially aggressive state. Relatives or friends may be hostile and aggressive as a direct result of stress or from the debilitating effects of alcohol or drugs.

Ambulance personnel should enter premises together, clearly indicating who they are. They should always wear a high visibility jacket/tabard and have a personal radio to call for assistance.

If a risk assessment by the crew suggests that it may be dangerous to enter, police assistance can be called and the crew should wait for their arrival before entering the premises. They should not remain immediately outside

the premises to avoid being confronted and pressurised to enter by the occupants.

Ambulance crews should remember that their dynamic Risk Assessment must be patient-centred.

5.2 Isolated locations

Personnel called to isolated locations, or to attend high rise flats, may be exposed to greater risks due to the isolation. Staff should not enter high rise flats separately if at all possible and must always carry a radio to summon assistance

5.3 Night Duty

Staff should take extra care during working hours of darkness, as there will be fewer people locally to assist with aggressive situations

5.4 Entering Domestic/Private Premises

Often, staff are called to incidents of an unknown nature to domestic or private premises. Staff should not enter these premises unaccompanied and should always enter as a crew. In the event of a forced entry needing to be made, Police assistance should always be summoned, though you should not await their arrival if immediate care is needed and you feel it safe to enter

APPENDIX D: MANAGING POTENTIALLY AGGRESSIVE SITUATIONS

1.0 Self Rescue Action

- ✓ try to be calm, confident, objective;
- ✓ answer questions firmly yet politely;
- ✓ do not be domineering; be non-critical; remain objective and do not over-react to the patient's emotions;
- ✓ your first approach should be to listen and to talk using jargon free language;
- ✓ take care not to appear threatening by voice projection, gesture or behaviour;
- ✓ avoid being drawn into heated debate.
- ✓ if the situation appears to be getting out of control you should consider withdrawal and summoning help;
- ✓ use relaxed tones;
- ✓ ask questions to gain control and clarify.
- ✓ do not assume, let the individual suggest the solutions; try not to touch a person who is arguing with you as this could constitute an assault in law or trigger a violent reaction (Appendix 'F');
- ✓ consider non verbal behaviour:
 - *communicate at a safe distance*
 - *stand sideways to reduce yourself as a target and allow extra mobility if it becomes necessary to retreat*
 - *maintain eye contact without staring*
 - *use open and fluid hand movements; show concern and understanding*
- ✓ ensure ambulance equipment is not accessible to aggressor

2.0 If you are threatened with assault or, during conversation, you believe there is potential for aggression, you should inform the (N)EAC immediately. Your line manager should also be informed as soon as practically possible (Action Card 1)

- 3.0 In protecting yourself from assault, any form of retaliation other than the minimum necessary for self defence could lead to legal action being taken against you. It could also affect any claims that you may make in the future (Appendix E)
- 4.0 Once an assault has started, you may intervene to the minimum necessary to give immediate protection to yourself, a colleague or patient
- 5.0 If someone is injured or there is serious damage to property, the Police should be informed. Crews should request that (N)EAC contact PSNI. Medical assistance should be sought as soon as possible
- 6.0 If possible, find independent witnesses and try to get their statements signed and dated as close to the time of the assault as possible
- 7.0 Record the incident on an "Untoward Incident" form (UIR1) providing as much detail as possible
- 8.0 If the Police have been called, do not interfere with the evidence unless there is a safety hazard. This includes damage to property or your vehicle
- 9.0 Ideally, objects used in the attack should be left as they are but this will depend on the circumstances
- 10.0 If you do have to remove evidence, label it clearly
- 11.0 If body fluid is spilt as a result of a wound, be aware of the procedures in the Trust's Infection Control Policy
- 12.0 Consider your emotional needs and whether you should contact the Trust's Counselling Service. (Carecall)

APPENDIX E: THE LAW AND ASSAULT

1.0 GENERAL

- 1.1 In law a member of staff may restrain a patient/client who may be a danger only with such force as deemed necessary and reasonable in the circumstance. "Reasonable" means that amount of force which is sufficient to stop the attacker or to prevent the staff member being injured
- 1.2 If a member of staff is assaulted and/or injured as a result of an aggressive incident they must inform the attending Police Officer whether or not they are willing to support a prosecution. All incidents reported to the police will be allocated a crime number which the member of staff should record on the UIR forms
- 1.3 To assist Police in acquiring facts which may help them in bringing a prosecution, staff should not interfere with the evidence unless it is a safety hazard or it is clearly impractical. If evidence has to be moved, it should be labelled clearly.

2.0 ASSAULTS

- 2.1 In law there are two types of assault
 - Serious Assault charges are usually brought where there is evidence of significant injury. In such cases the Police will always prosecute. Where ambulance crews are assaulted, there will be a requirement to provide a statement and unless an assailant pleads guilty, give evidence in a court of law
 - In cases of common assault there is not normally physical evidence of injury. Police are not able to bring a prosecution in such cases and the onus is on the specific ambulance personnel to initiate legal action

2.2 If assaulted, or found in a situation where you fear for your own safety, attempt to summon help via the (N)EAC. If you are unable to contact the (N)EAC, or whilst awaiting assistance you need to defend yourself, you may do so. However, you should always defend yourself using the minimum of force necessary

3.0 RETALIATION

3.1 In law, any retaliation could be considered an assault. When defending yourself from a violent person you should consider that

- A person in a state of excitement, or who is struggling violently, will have a rapid heart rate and be breathing rapidly. These changes in cardio-respiratory function reflect the persons need for increased oxygen. It is therefore dangerous to impede respiration in any way such as

X Sitting on a person's chest;

X Putting an arm around the throat from behind.

Remember!

The law only allows you to put up such a defence as to protect yourself.