



Northern Ireland Ambulance Service  
Health and Social Care Trust



# **NORTHERN IRELAND AMBULANCE SERVICE**

## **MANAGEMENT OF AGGRESSION PROCEDURES & GUIDANCE**

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## **1.0 Introduction**

1.1 This procedure aims to:

- State the Trust's commitment towards staff, who, in the performance of their duties, are the victim of an attack or whose property is damaged as a result of an assault
- Set out how the Trust will deal with circumstances where staff may be at risk of aggression from patients, clients, members of the public or from other persons
- Outline the preventative measures which can be taken to reduce potentially aggressive situations and what should happen if they occur.

## **2.0 Aims and Objectives**

2.1 The aim of this document is to outline safe working practices for the management of aggression and to highlight that the personal safety of staff and those who use NIAS services is of paramount importance to the Trust

2.2 The objective is to highlight the importance of the correct and proper procedures to be followed in the management of aggression and in so doing, reduce the risks that NIAS recognise that staff may face as they undertake their duties. The Trust recognises its legal and moral responsibility to reduce risks to staff and service users to the lowest level practicable

## **3.0 PROCEDURE FOR THE MANAGEMENT OF VIOLENCE AND AGGRESSION**

3.1 The Trust has a generic risk assessment in place (Appendix F) which identifies the risks and the management action taken to implement effective control measures. Specific risks will be assessed in accordance with the Trust's Risk Management Strategy

3.2 Every incident attended by ambulance staff is different and must therefore be subject to a dynamic risk assessment. In an emergency operational setting there will be two phases to this. Firstly, by the call taker within the (N)EAC and secondly, by the staff attending the incident

3.3 (N)EAC procedures will ensure that

- Call takers will assess the likely risk of aggression and violence from each call and communicate this to operational staff and, where appropriate, the PSNI
  - Lone workers/First Responders will not, in accordance with operational procedures, be mobilised to potentially violent incidents (see Lone Worker Policy)
  - Dispatchers will alert operational staff attending incidents where individuals who are present who historically have a history of aggression towards NIAS staff
- 3.4 An up-to-date register will be maintained in accordance with the requirements of Data Protection Legislation of known aggressive and violent patients, to ensure that information is available to operational staff prior to attendance at an incident
- 3.5 Operational staff must, in conjunction with information provided in advance of their arrival on scene, undertake an ongoing dynamic risk assessment whilst in attendance at or adjacent to the incident. If there is potential for violence or aggression, operational staff may withdraw to a safe position, informing (N)EAC and requesting further assistance as appropriate
- 3.6 A common sense approach must be adopted in all cases, with a balance being struck between the need for personal safety and the duty of care towards the patient. For example, in the case of an assault where it is known that the assailant has left the scene, the level of risk to NIAS staff is low and therefore delaying assessment/treatment of the patient may be considered unreasonable
- 3.7 New staff will be issued with the 'Management of Aggression Policy' during their basic Training

#### **4.0 PROCEDURES TO MINIMISE THE RISK OF VIOLENCE AND AGGRESSION**

- 4.1 These procedures are designed to minimise the risk of violence to staff. Failure to comply with the procedures could compromise the safety of yourself or your colleague(s)
- 4.2 In conjunction with a dynamic risk assessment, the following guidance must be adhered to:

- Staff must not enter a known hostile, violent or dangerous environment e.g. fight still in progress, unless supported by the PSNI
- The threat of violence must never be underestimated nor should it be responded to aggressively as this will increase the risk of confrontation
- where a potentially dangerous animal is present at the incident location, staff should request that the animal is restrained. Staff must ensure that whatever method is used to restrain the animal, it is sufficient to ensure that the animal does not interfere with or compromise their or the patient's safety
- staff should avoid confrontation and do all that is reasonably practicable to defuse a potentially aggressive or violent situation
- staff should not attempt to deal with a dangerous or aggressive patient or member of the public, but inform (N)EAC of the situation, withdraw to a safe position and seek assistance

4.3 All staff have the right to refuse to convey or treat any patient(s) who offer verbal abuse, are aggressive or threaten violence. In such circumstances staff should:

- Withdraw to a safe distance
- If en-route to hospital, stop the vehicle where and as soon it is safe to do so and offer the patient/relative the option of exiting the vehicle
- Inform (N)EAC who will advise the PSNI
- Document all information on the PRF
- Remember that the patient has the right to refuse treatment

4.4 Operational staff must carry their hand portable radio at all times when on operational deployment

## **5.0 PROCEDURES IN THE EVENT OF VIOLENCE AND AGGRESSION (ACTION CARDS 1-3)**

5.1 All employees who have been subjected to any form of threatening behaviour, verbal abuse, physical assault or injury, must advise (N)EAC and/or their Supervisor/Line Manager/Duty Officer as soon as possible

5.2 The (N)EAC, Supervisor/Line Manager/Duty Officer will ensure that

- The individual(s) receive appropriate medical attention if necessary
- If an initial recovery period is required, then the individual(s) should be stood down
- A Manager is made available to provide emotional support for the individual(s) and to initiate appropriate action to minimise the impact of the incident
- Where the incident is deemed serious and occurs outside of normal working hours, the Senior On Call Officer must be informed
- The incident is reported using the Trusts Untoward Incident Report Form (UIR1) as soon as possible and certainly within 24 hours. This is a legal requirement under the Reporting of Injuries, Diseases and Dangerous Occurrences (Northern Ireland) Regulations 1997
- An initial investigation is undertaken by the Line Manager/Duty Officer and all relevant documentation completed, including UIR(2) and UIR(3)
- All paperwork should be forwarded to the Risk Manager at the earliest opportunity

5.3 The initial investigation report should confirm that the individual(s) have

- Been offered an occupational health referral
- Been provided with Carecall contact details

The report should indicate if these offers of support have been accepted or declined

- 5.4 Referral to occupational health should include copies of all relevant documents relating to the violent or aggressive behaviour. Occupational Health will monitor the individual(s) in order to minimise the risk of Post Traumatic Stress Disorder (PTSD)
- 5.5 A quarterly report summarising the number of incidents of aggression and verbal abuse should be compiled by the Risk Manager and presented to the Zero Tolerance Working Group
- 5.6 These reporting and investigatory arrangements do not detract from the legal responsibilities placed upon the Trust to formally investigate and report on individual incidents where injury has occurred. Line managers/Station Officers or a nominee of the Director of Operations must investigate every incident that occurs within their area of responsibility. However, serious or highly significant incidents must involve the Risk Manager, Director of Operations or his representative and if appropriate a C&R Instructor

## **6.0 INCIDENTS INVOLVING WEAPONS**

- 6.1 In the event of an ambulance being requested to attend an incident which involves firearms or weapons such as knives, staff will be dispatched to a designated rendezvous point with the PSNI and an ambulance duty Officer
- 6.2 The Trust has assessed the option of providing protective vests to staff but this was deemed unnecessary
- 6.3 In the event of a member of staff being threatened with a weapon or firearm, they must withdraw immediately from the situation and request PSNI assistance

## **7.0 ABUSIVE/THREATENING TELEPHONE CALLS**

- 7.1 The Communications Act 2003 makes it an offence to make a grossly offensive telephone call or calls that are of an indecent or menacing character. An abusive telephone call may be classed as a non physical assault. That is 'the use of words or behaviour causing distress and/or constituting harassment'

7.2 The Trust acknowledges that all staff operating telephones, having applied the correct procedures, have the right to terminate calls where abusive, obscene or threatening language is directed against them

7.3 The procedure to be adopted by staff receiving abusive non emergency telephone calls is (Action Card 4)

- Advise the caller that you consider their language to be abusive, obscene and/or threatening
- Warn the caller that the call will be terminated if they continue to use abusive, obscene or threatening language
- If the behaviour persists, remind the caller that the warning has been given
- if, despite the two warnings the behaviour persists, remind the caller that two warnings have been given and that the caller will now be passed to a Supervisor or Manager
- The Supervisor or Manager will give a third warning to the caller to stop using abusive, obscene or threatening language. If the caller fails to do so, then the Supervisor/Manager will advise the caller that the call is being terminated
- The incident 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 anonymously or otherwise, whether at home or in the workplace
- Where the recipient of a call is a lone worker, or a Supervisor/Manager is not readily available, the staff member may terminate the call as per above procedures. The lone worker must inform his/her Supervisor/manager or other responsible person at the earliest opportunity and complete a UIR(1)

7.4 The procedure to be adopted by staff receiving abusive emergency (999) telephone calls is (Action Card 5)

- The following details must be completed before the call can be considered for termination
  - o Address and telephone number verification
  - o Dispatch code applied
  - o Appropriate dispatch life support advice delivered



- In the event the caller is abusive to the point where these details cannot be obtained the EMD should follow the warning procedure below and advise the caller they will be passed directly to the Duty Control Manager/AO2
- Once the essential details as above have been obtained and the EMD believes the caller to be abusive as opposed to being simply distressed by the circumstances of the emergency, they should
- Advise the caller that they consider the callers language to be abusive, obscene or threatening
- Warn the caller that the call will be terminated if they continue to use abusive, obscene or threatening language
- If the behaviour persists remind the caller that the warning has been given
- If despite the two warnings the behaviour persists advise the caller they will now be passed to a Supervisor or Manager
- Put the caller on HOLD
- Pass to DCM / Control Officer
- Enter relevant notes in call
- All calls to be tagged as abusive caller

## 7.5 Important Exceptions

In line with the Urgent Disconnection Procedure, the following protocol situations should NOT be considered for call termination

- Any call requiring PAI advice
- A 1<sup>st</sup> party caller having an allergic reaction which is worsening or a 2<sup>nd</sup> 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 1<sup>st</sup> 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 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 or AO2, (if the DCM is unavailable), will issue a third warning to the caller. If the abusive behaviour persists the caller will be advised the call is being terminated.

High level circumstances should be captured within the notes for calls that have been managed through this procedure.

## **8.0 HOME/SITE/WORKPLACE VISIT**

- 8.1 Managers/Supervisors undertaking home/site/workplace visits must adhere to the following procedures as far as is reasonably practicable
- 8.2 Inform a colleague or Manager of where they are going, who is to be visited and their anticipated return time
- 8.3 Acquaint themselves with as much relevant information concerning the person as possible before making the visit. This will include making enquiries to establish if there has been any incidents of violence or aggression previously
- 8.4 If an employee feels at risk of aggression/violence, they should discuss the concerns with their Line Manager who will decide if special arrangements are necessary. Such arrangements may include sending additional members of staff or requesting police to be present
- 8.5 When visiting and unoccupied/isolated building, staff must telephone their base location at the earliest opportunity before entering the building and again at the earliest opportunity after leaving

## **9.0 POST INCIDENT SUPPORT**

- 9.1 The Trust wishes to promote a culture of support that permeates the total organization
- 9.2 If a member of staff is the victim of aggression he/she can expect support immediately after the incident, to include if required
- Medical care
  - Emotional support from Line Manager/Duty Officer
  - Opportunity to go off duty if required for a time to recover
  - Contact relatives
  - Transport arrangements home
  - Debrief of the member of staff to obtain all details relating to the incident
  - Ongoing managerial contact in a supportive manner
  - Longer term support (Occupational Health, Carecall counselling service)
  - Support with Police contact e.g. downtime to provide statements, etc.
  - Support with follow up legal proceedings, court attendances etc

## **10.0 POST INCIDENT REVIEW**

- 10.1 The Trust will review each report on an aggressive incident to
- Learn from the experience
  - Obtain information to prevent/reduce the likelihood of further incidents
  - To improve services/resources
  - To promote learning and communicate this to all staff
- 10.2 The review of each incident of aggression will be undertaken by the Line Manager/Station Officer responsible for the member of staff and findings communicated to the Area Manager/Head of Department, Risk Manager and the relevant Director. For those assessed as serious incidents of aggression the Officer reviewing the incident may be assisted in the review by the Risk Manager, C&R Training staff and the relevant Director or his/her representative
- 10.3 If during the incident the staff member employed any of the 'Breakaway techniques, taught during Care & Responsibility Training, then a suitably qualified C&R Instructor must be involved in the Post incident review and conduct a formal debrief of the staff member

- 10.4 NIAS will ensure, as far as practicably possible, that lessons are learned and conclusions drawn from each and every experience

## **11.0 RETURNING TO WORK**

- 11.1 Every effort will be made to provide support to staff in returning to work following an incident. This will include;

- Advice from Occupational Health
- Advice from the Human Resources Department
- Include a supportive Return to Work interview with line manager
- Implementation of any organisational learning as soon as possible
- The provision of any required training in management of aggression
- Communication of outcome of investigation

## **12.0 TRAINING**

- 12.1 The Trust recognises that training (formal and informal) is the most effective means of preparing personnel for dealing appropriately with violent or aggressive incidents. In this respect the Trust will ensure that staff periodically receive formal training appropriate to their role and that clear information and guidance is issued to staff. Staff should be provided with information during basic training modules, and instruction on the principles and practice of dealing with aggressive situations, and they will receive refresher training every 24 months. They will have the opportunity to develop their knowledge and skills in a patient centred approach to managing aggression through the Care & Responsibility course. Staff will be supported in their responsibilities by Health and Safety Representatives, the Training Department and senior/line managers

- 12.2 Training will be provided in the most suitable way possible recognising the constraints of providing a 24hour emergency service. Specific training on how to avoid or deal with potentially aggressive situations will also take place through the Care & Responsibility model i.e.;
- during basic training for all Operational staff

- during initial training (induction) for all staff who may come into contact with the public as a requirement of their duties and
  - On 2 yearly refresher training for all operational staff.
- 12.3 It will include theoretical information and appropriate practical elements, including:
- Causes of aggression
  - Identifying potentially aggressive situations.
  - Skills in dealing with members of the public and appropriate preventative measures. (Communication skills — de-escalation strategies)
  - Breakaway techniques.
  - Reporting aggressive incidents.
  - Trust policy on Managing Aggression at Work.
- 12.4 The types of training provided will be reviewed in the light of experience, changing circumstances, or as a result of risk assessments. In addition clear guidance in support of training is included in this policy under 'Managing Aggression at Work Guidelines'
- 12.5 Scene Safety Awareness is reinforced throughout training and must be practised by staff when attending all calls whether emergency or non-emergency
- 12.6 Care & Responsibility training (C&R) will be provided to all operational staff and also administration staff if deemed appropriate by their relevant Director. Refresher training for staff will take place, as a minimum, every 24 months.
- 12.7 The 'Breakaway Techniques' module is delivered to staff to help them breakaway from an aggressive or potentially aggressive or violent situation. Staff are not trained to use the techniques for punishment, or to allow essential medical treatment through the use of constraint intervention
- 12.8 C&R Training promotes the use of 'natural limb movement' and is considered to be a safe and therapeutic technique which protects staff and those who use the services of NIAS
- 12.9 Since staff have a responsibility for the health and safety of themselves and others, they must give assistance in managing aggression where and when necessary. This does not mean all staff will become involved directly with the physical restraint of a service user, but that they may be able to provide other supporting assistance in meeting the needs of the situation

12.10 In compliance with Section 75 of the Northern Ireland Act 1998, this policy has been drawn up, with the underpinning principle, that this course of action should not adversely impact any of the 9 equality groups set out in Section 75 of the above Act

### **13.0 LEGAL ACTION**

13.1 Section 54 of The Justice Act (Northern Ireland) 2016 details the 'Offence of Assaulting Ambulance Workers and states

- (1) A person commits an offence if he or she assaults –
  - (a) An ambulance worker in the execution of the ambulance worker's duty
  - (b) A person who is assisting an ambulance worker in the execution of that ambulance worker's duty
- (2) 'Ambulance Worker' means a person who provides ambulance services (including air ambulance services) under arrangements made by or at the request of –
  - (a) The Northern Ireland Ambulance Service HSC Trust
- (3) A person guilty of an offence under sub section (1) shall be liable –
  - (a) On summary conviction to imprisonment for a term not exceeding 6 months or to a fine not exceeding the statutory minimum, or to both, or
  - (b) On conviction on indictment, to imprisonment for a term not exceeding 2 years or to a fine, or both

13.2 Where an assault has taken place against a member of staff and the Police have been called but are not themselves prepared to prosecute, it is for the victim of the assault to decide whether or not to take action

13.3 After considering all of the circumstances, a member of staff may wish to take further action. In these circumstances they are advised to seek the advice of their Trades Union or to seek legal advice

- 13.4 Staff should note that it is very unusual for a negligence claim or other civil action to be brought against a member of staff personally, as opposed to being brought against the Trust
- 13.5 For civil claims brought against a member of staff, the Trust accepts the principle that its staff are indemnified against actions brought against them for breach of professional duty by neglect, error or omission committed in good faith whilst carrying out their duties . In such circumstances, the member of staff should immediately notify their line manager

#### **14.0 PREVENTATIVE MEASURES**

- 14.1 Personal and organisational preventative measures should be considered to reduce the risk of aggression as set out in Appendices A to D
- 14.2 These measures (controls) should be considered to mitigate effects in the event of aggression occurring or following risk assessments which indicate the potential for aggression to occur. They should be linked directly to the risk assessment.

#### **15.0 DAMAGE TO PERSONAL PROPERTY**

- 15.1 NIAS does not carry insurance covering loss or damage to personal possessions even if it is linked to an aggressive incident. Staff remain responsible for their personal possessions and are advised not to bring valuables to work
- 15.2 With the exception of an individual's personal spectacles and watches, if the personal property of a member of staff is brought to work and is damaged, no redress will be available, although the member of staff may wish to seek the advice of their Trade Union or a solicitor in relation to recovery of costs from the aggressor

#### **16.0 REVIEW**

- 16.1 These procedures together with the associated guidance, which should be read alongside the policy, will be reviewed bi-annually or when informed risk assessment following an aggressive or violent incident occurs which suggests a need for review.