**Name of Policy:** Violence at Work Policy

**Effective From:** 18/08/2011

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This policy supersedes all previous issues.
## Version Control

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Violence at work policy

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1. Introduction

The Counter Fraud and Security Management Service (CFSMS) was launched in April 2003 with a remit encompassing the 'policy and operational responsibility for the management of security in the NHS' The NHS Security Management Service (SMS) is part of the Counter Fraud and Security Management Service (CFSMS) and has responsibility for those aspects of NHS security management work that previously fell to various parts of Department of Health (DH) and the NHS or were not actually addressed.

SMS has responsibility for all policy and operational matters related to the management of security delivery within the NHS. It will raise standards of security work in a comprehensive, inclusive and professional manner to ensure real, permanent improvements are made: 'To provide the best protection for its patients, staff, professionals and property' The aim of the SMS is a simple one - to protect the NHS so that it can better protect the public's health.

2. Scope of policy

Violence as covered by this policy is work related violence to staff, violence to patients and visitors and self harm by patients.

3. Aim of policy

The aim of this policy is to provide a safe working environment for staff and patients by providing a framework for the reduction of risks associated with violence and aggression.

4. Duties - roles and responsibilities

Employers have a general duty under section 2 of the Health and Safety at Work etc Act 1974 to ensure; so far as is reasonably practicable, the Health, Safety and welfare of their employees at work. Persons in control of non-domestic premises also have a duty under section 4 of the Act towards people who are not their employees but use their premises.

The Trust attaches the greatest importance to the health, safety and welfare of its employees at work, its patients and visitors and pays particular attention to the establishment of a safe system of work in connection with violence. This is in accordance with the management of health and safety at work regulations in regard to other subordinate regulations and guidance set out in HSAC document “Violence and Aggression to staff in the health service guidance on assessment and management” and the NHS Executive’s jointly produced document “Safer Working in the Community”. This policy should be read in conjunction with the Trust's Health and Safety Policy and Security Policy.
The Trust’s arrangements for managing bullying and harassment are set out in the Personnel Policy on Prevention of Harassment and Bullying in the Workplace.

**Trust responsibilities**

The Trust fully supports the Counter Fraud & Security Management Service (CFSMS) ‘Safe & Secure campaign which promises to ‘To provide the best protection for it’s patients, staff, professionals & property’ and will support staff in situations where abuse of any kind occurs. Staff will be fully supported in the prosecution of individuals who perpetrate acts of violence & aggression against staff.

The Trust recognises its responsibility to comply with the guidance given by the Counter Fraud and Security Management Service and the Management of Health and Safety at Work Regulations 1992.

The Trust will ensue that adequate and suitable risk assessments are carried out under the management of Health and Safety at Work Regulations 1992, so enabling the most appropriate means of reducing the risk of violence & aggression.

The Trust will ensure that employees are provided with adequate health and safety training, information and instruction including access to the Trust Violence & Aggression Training programme.

The Trust Board has agreed that they should pursue prosecution in all appropriate cases and that this policy should be made known to the public.

The Trust Board policy statement is as follows:-

‘GATESHEAD HEALTH NHS FOUNDATION TRUST Is committed to the well being and safety of Patients and Staff by promoting and fostering a pro security culture.

We would ask that you treat other patients and our staff with the same courtesy and consideration that YOU would expect to receive.

Should a member of staff be assaulted or verbally abused Gateshead Health NHS Foundation Trust will support them fully in any subsequent prosecution that they may wish to bring’.

The procedure for prosecution is set out in Appendix A.

**Managers responsibilities**

It will be the duty of managers to ensure that:-

- Suitable and sufficient assessments of violence at work are undertaken and safe systems at work are implemented.

- In particular managers should consider:-

- The consultation of workplace design including public access, reception, waiting areas, lighting, noise, provision of information prevention of boredom
and anxiety and furnishing etc. as potential weapons. In accordance with Tackling Violence at Work documentation.

- Risks associated with patients who may post a risk to staff, for example some patients with mental health conditions, or patients who lack capacity.
- Risks associated with patients who may self harm.
- Risks associated with home visits. A manager’s checklist is shown in Appendix B.
- Staff working alone in premises.
- Communications and accounting for staff.
- They ensure that they provide/arrange post trauma support.
- Employees receive adequate health and safety training and are given information and, where appropriate, written instruction in line with the Trust’s violence at work policy. Levels of violence and aggression training are shown in the trust’s Training Needs Analysis.
- A record of training is kept on the department.
- Incidents are reported in accordance with Trust procedures.
- Specialist advice is available from the Security Team.
  - Nurse Practitioner, Prevention & Management of Violence & Aggression, Ext 2342, Bleep 2576;
  - Local Security Management Specialist (LSMS) Ext 2677.
  - CBM (Trust Police Officer) Ext 2501 Bleep #6500 845546.

Trust arrangements for managing violence at work are encompassed in directorates/department health and safety policies/procedures.

**Security Management Director**

As the accountable officer to the Trust Board the Director of Operations is responsible to the Chief Executive for managing violence at work. His duties include ensuring;

That appropriate arrangements are in place throughout the Trust to manage violence at work and ensure so far as is reasonably practicable the safety of staff, patients and visitors.

The Trust works towards developing good working relationships with local police and prosecution service in pursuing cases of violence against staff.

Support for staff through the process of prosecution.
The Trust develops working relationships and systems with the local police and other agencies with a view to providing and receiving information regarding violent and potentially violent patients.

Work in conjunction with, support and liaise with the Trusts Local Security Management Specialist.

**Occupational Health Department**

The Occupational Health Department will be responsible for providing post incident counselling to staff.

If the victim is a patient or visitor immediate support will be provided by the clinical staff employed in the area of the assault/ incident.

**Employees responsibility**

It will be the duty of every employee to ensure that:-

They take reasonable care of themselves and others who may be affected by their activities. General advice in preventing a violent situation is given in Appendix C and staff home visiting check list is given in Appendix D. See also OP48 “Lone Worker Policy”

- Such instructions and training are undertaken as deemed necessary.
- They report incidents of violence in accordance with Trust procedures.
- They follow Trust/Directorate/Department policies/procedures and not knowingly place themselves in situations of undue risk.
- Staff who carry out home visits should ensure that they comply with the procedure for accounting for Staff Undertaking Home Visits. See RM48 Lone working Policy.
- After a violent incident they consider the use of the Trust counselling service in the Occupational Health Department.

5. **Definitions**

The definitions of work related violence adopted in this policy are those advanced by the Concordat between Health & Safety Executive (HSE) & the Counter Fraud and Security Management Service (CFSMS) (March 2005).

- **Physical Assault** – “The Intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” - Directions to NHS Bodies (November 2003)

- **Non-Physical Assault** – “The use of inappropriate words or behaviour causing distress and/or constituting harassment” - Directions to NHS Bodies (November 2003)
• **HSC/E Definition** – “Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment

*Reasonable Force – Home Office approved definition*

In law you are allowed to use reasonable force to defend yourself, defend others, protect your property or make a citizens arrest.

6. **Arrangements for managing the risks associated with the prevention and management of violence and aggression**

6.1 **Use of Reasonable Force and Criminal Law Act**

6.1.1 *Reasonable Force – Home Office approved definition*

In law you are allowed to use reasonable force to defend yourself, defend others, protect your property or make a citizens arrest.

6.1.2 *Criminal Law Act 1967*

Under section 3(1) of the Criminal Law Act (1967) “*a person may use such force as is reasonable in the circumstances in the prevention of crime, or in affecting or assisting the lawful arrest of offenders or suspected offenders or persons unlawfully at large*”

This provision enables staff to use reasonable force in an attempt to prevent a patient from committing an assault or any other criminal offence (Dimond 1998)

6.1.3 *Use of physical force for self defence*

Should an employee suddenly be faced with a situation of imminent threat they are entitled to use such force as is ‘*reasonably necessary*’ in the circumstances. Again, any force used must be proportionate to the crime being committed. In a self defence situation the aim of using force should be to create a window of opportunity for escape for ourselves and/or our colleagues.

However, if there is any risk of foreseeable violence that could result in the need to use physical force for the purpose of self defence - and such risk is related to our work - then all attempts must be made by employer and employee by pro active means (such as safe working practices, physical security measures, and staff and management training) to reduce or eliminate such situations from arising that may result in the need for staff to resort to such activities.

There are several factors defining reasonable force which include:

- Gravity of potential crime
- Are alternative non-violent means available?
- Have alternative means been attempted first?
• Relative strength of parties involved.

To convict a person of using unreasonable force, the court must be satisfied that no reasonable person in a similar position would have considered the action of such use of force justified.

6.2. Requirement to undertake appropriate risk assessments.

6.2.1 Risk Strategy

Annually, managers should carry out appropriate risk assessments for their areas of responsibility in respect of the prevention and management of violence and aggression. Reference should be made to the Trusts Risk Management Strategy with specific guidance on the process and documentation in the Risk Assessment Guidance section.

A risk assessment is simply a careful examination of what, in the workplace, could cause harm to people, so that employers and managers can weigh up whether enough precautions have been taken to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

6.2.2 Reactive assessment

Reactive risk assessments are those which are carried out post event. Generally these may be after a violence at work incident has occurred or following an observation into an identified weakness in current practice(s).

6.2.3 Proactive assessment

Proactive risk assessments should be carried out in order to address any foreseeable weaknesses, examples may include the introduction of new buildings, new services or a significant change in use of an area.

Where the Trust is in receipt of intelligence which might lead to a Violence at Work incident a risk assessment should be undertaken to evaluate and address any risks identified.

6.3 Serious untoward incidents

In the event of a serious untoward incident the Trusts Serious untoward incident policy will be followed.

7. Training

The Trust Prevention & Management of Violence and Aggression Nurse Practitioner provides training programmes for staff in accordance with a risk assessment of their area of work/responsibility.
The Trust’s Training Needs Analysis details the training programmes for violence and aggression.

8. Equality and diversity

The Disability Discrimination Act (2005) places a duty on all public authorities, when carrying out their functions, to have due regard to the need to promote equality and outlaw unlawful discrimination against disabled people. The Act also requires us to take steps to take account of a disabled persons' disability, even where that involves treating disabled persons more favourably than others. The Trust recognises this public duty, and staff at all levels of the organisation are required to consider whether reasonable adjustments need to be made in order to respond to the diverse needs of patients with mental health conditions, profound learning disabilities, or who lack capacity in some way.

The Trust also recognises the gender and race equality duty, and it encourages all members of staff to provide details of any disability, gender or racially motivated abuse when they report incidents. This in turn enables the analysis of violent and aggressive incidents to be monitored and reported (see monitoring compliance with the policy section).

Further details about harassment is contained in PP17a Prevention of Harassment & Bullying in the Workplace, PP17b Dealing with Harassment and Bullying in the Workplace, and RM 67 Supporting Staff policy.

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9. Monitoring compliance with the policy

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<td>3. CQC - Violence against Staff (VAS) figures VAS</td>
<td>Statistics submitted to NHS SMS</td>
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10. Consultation and review

This policy has been reviewed by the Operational Services Manager and Risk Facilitator in line with OP27 Policy for the development, management and authorisation of policies and procedures.

11. Implementation of policy

This policy will be implemented in accordance with OP27 Policy for the development, management and authorisation of policies and procedures.

12. References

- Concordat between Health & Safety Executive (HSE) & the Counter Fraud and Security Management Service (CFSMS) (March 2005).
- Health and Safety at Work etc Act 1974
- HSAC document “Violence and Aggression to staff in the health service guidance on assessment and management” and the NHS Executive’s jointly produced document “Safer Working in the Community
- Directions to NHS Bodies (November 2003)
- Criminal Law Act 1967
- CFSMS ‘Not Alone’ – A Guide for the Better Protection of Lone Workers in the NHS

13. Associated documentation (policies)

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<td>RM02</td>
<td>Health and Safety Policy</td>
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<tr>
<td>RM04</td>
<td>Incident/near miss reporting and investigation policy (includes Serious untoward incidents)</td>
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<td>RM11</td>
<td>Security policy</td>
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<td>Harassment &amp; Bullying</td>
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APPENDIX A

PROCEDURE FOR PROSECUTION OF PERSONS ASSAULTING A MEMBER OF STAFF

The member of staff assaulted must report the offence to the Police and make a statement to the Police or the Trusts Local Security Management Specialist if they wish a prosecution to be pursued. This should be done with the support of their line manager who will contact the Trust’s Litigation Manager if legal representation needs to be organised. When giving the statement staff have two options on how they wish to be kept informed of subsequent proceedings:

a) The member of staff can allow the normal course of events to be followed, in which case they would be kept informed of proceedings by the Police Authority. The Trust would not be involved, in any legal capacity, in pursuing the prosecution; nor would the Police allow any access by the Trust to information regarding the assault for fear of compromising the prosecution case.

b) The member of staff can advise the police officer taking the statement that he/she wishes the Trust to act on their behalf in the matter. A nominated officer, normally the Trust’s Solicitors would then maintain communications with the police in order to be kept fully informed of developments regarding the assault.

c) The Local Security Management Specialist will liaise with the CFSMS Legal Protection Unit (LPU) as appropriate for each individual case.
GATESHEAD HEALTH NHS FOUNDATION TRUST

VIOLENCE AND AGGRESSION MANAGERS HOME VISITING CHECKLIST

*Also refer to policy OP 48 Lone Worker Policy*

Managers whose staff undertake home visits should ensure that;

1) That their staff **are:**

- fully trained to the appropriate level in control and restraint and aware that restraint should never be used in the home. Staff are allowed to use reasonable force to defend themselves in such circumstances as set out in section 4 employees responsibility and 6.1 reasonable force
- fully trained in strategies for the prevention of violence and aware of attitudes, traits or mannerisms which can annoy clients etc.
- briefed about / have experience in the area where they work.
- given all available information about the client from all relevant agencies.

2) That their staff **do:**

- preview cases and assess the risks prior to visits.
- if in doubt, arrange either an accompanied visit or to meet in an appropriate clinical area.
- abandon a visit / terminate an interview if they have concerns over their personal safety.
- leave an itinerary and/or make plans to keep in contact with a colleague or contact point.
- have the means to make contact, out of hours if required
- have access to personal attack alarms.
- have access to procedure for accounting for staff undertaking home visits.
- ensure staff follow departmental reporting procedures
- appreciate their own responsibilities for their own health and safety.
- understand the provisions for their support provided by the trust.
- report incidents.
- contact police in appropriate situations.
- contact interagency exchange of information.

Managers and Lone Workers should refer to CFSMS ‘Not Alone’ – A Guide for the Better Protection of Lone Workers in the NHS which can be found at [http://www.cfsms.nhs.uk/pub/sms/documents.html](http://www.cfsms.nhs.uk/pub/sms/documents.html)
GUIDANCE ON THE PREVENTION OF A VIOLENT SITUATION

1. Staff awareness
Be aware that violence is the most likely to occur when there is a blockage to effective communications. There are many causes, some common causes are;
- dealing with angry or emotional patients, friends, other visitors, and indeed other members of staff;
- dealing with drunk, drugged or mentally disturbed visitors or patients;
- trouble makers arrive, often youths in groups causing a disturbance, perhaps acting as a decoy to cover another criminal activity;
- interrupting a thief in the course of his activities.

2. Body language - the signs
Look at body language and watch out for signs stress and anger, e.g.:
- person avoiding eye contact, or glaring at you
- signs of physical tension, e.g. tensing muscles, fingers or eyelids twitching, sweating increase in rate or breathing crying nervousness fidgeting;
- reluctance to accept conciliatory messages ( verbal and physical);
- change of pitch or tone of voice;
- use of insults, threats or obscenities;
- adopting a hostile or aggressive stance, e.g. being poised to move quickly, pacing about moving towards an object which could be used as a weapon, withdrawing a weapon;
- be wary of anyone who displays any of the above things who keeps their hands in their pockets and fidgets. They may have concealed weapons.

3. Prevention of violence
How to manage difficult/ potentially violent individuals;
- assess the risk to yourself and others
- always remain calm and polite
- do not invade personal body space, touch, turn your back.
- do not challenge verbal hostility as this may lead to an escalation in aggression and never show anger, fear or frustration.
- Never enter a room alone with a patient showing signs of potential violence.
- Use the Calming process as the first stage of de-escalation in accordance with V&A training.
- When dealing with a difficult individual know what systems are in place for summoning help, remove items which could be used as weapons, note where the nearest exit is ensure you have open access to it and try and position a desk or similar between yourself and the individual, do not sit down (this would leave you open to attack also any attempt to stand up could be misinterpreted as an attack).

If there is any increase in agitated behaviour disengage and leave the immediate vicinity.

- If necessary summon assistance of trained staff and the police if appropriate. Be aware that the use of untrained and un-briefed colleagues could escalate a violent situation.
• Do not negotiate with the aggressor unless a trained 3 staff team are about to intervene.
• staff should not enter an area with an aggressor unless for the purpose of restraint and only as a 3 man team. The use of staff or security guards who are not trained to adapted level 3 of C&R is not appropriate.
• The member of staff in charge of an incident need not be the most senior. It should be the best trained and most experienced C&R trained staff member and if possible one who has had dealings with the aggressor.
• A medical condition should not be the only reason for an aggressive patient to remain on a ward or department; the risk to patients, staff and visitors should be a priority.
• C&R trained staff should risk assess the situation and make the decision whether or not a patient should be excluded.

4. Advice on restraint
When restraining individuals the risk of personal injury to patients, staff & visitors should be minimised;

• Restraint can only be used in non - life threatening situations and by staff acting under the bounds of Common Law,
• Violent situations should be dealt with by either a 3 staff team trained to adapted level 3 C&R or the police and not staff or security guards not trained to adapted level 3.

5. Brandishing a weapon
Action to be taken if an individual is brandishing a weapon:
• phone the police immediately,
• clear the immediate area, discreetly if possible, of patients, other members of the public and staff,
• do not approach the individual or antagonise them, on no account attempt to disarm them when the police arrive, brief them of the situation and provide what assistance they require.

6. Abusive telephone calls
Managing abuse on the telephone
• hear the person out and do not interrupt. Wait until they are ready to listen;
• if someone is being abusive, tell them clearly that you want to help but you will not accept bad language or those threats;
• if the call is too distressing for you to continue, say “please wait a moment” and call immediately for assistance from your manager;
• if there is no-one to pass the call on to and the abuse continues; explain (politely and calmly) that you will not be able to help the person if the abuse continues. Suggest to the individual that they would be welcome to ring back when they can speak more calmly, and that you remain keen to help them.

Should the abuse continue, advise the caller that you are terminating the conversation and replace the receiver;

• if the call is internal, please contact the Director of Operations who will arrange for the call to be traced using the hospital telephone call logger
• report the incident as soon as possible and complete an incident form
7. Prevention of musculoskeletal problems arising out of violent incidents

Trust's responsibility.

The Trust will make every effort to ensure that staff are encouraged to consider all aspects of their own safety when applying this policy. Musculoskeletal risks arise from all work practice and largely can be controlled, however in the event of a violent incident the priority given to management of the musculoskeletal risk may be lowered by the individual involved.

7.1 Managers responsibility.

Managers must consider the risk to the individual member of staff from the physical nature of a violent event.

7.2 Employees responsibility.

Employees must consider the impact on themselves from the postures they adopt whilst participating in either the training or a controlling station. Training refers to “Use of reasonable force” the very fact that force is required means that there will be muscle effort sustained for the duration of the event or that there may be several episodes of great force applied during the activity. Employees are at risk from subsequent routine activities related to handling or other tasks involving potentially awkward postures.
STAFF ACTION FOLLOWING A VIOLENT INCIDENT

Action to be taken after a violent incident, including violence against property:

- complete an incident report from as soon as possible after the event whilst the details are still fresh.
- Violence & Aggression incident reports are required to be seen by Director of Operations within 72 hrs of the incident.
- talk with a senior member of staff about the incident. This will allow you to share some of the fear and distress you will have experienced whilst allowing the senior member of staff to establish whether you are fit to carry on with your duties or should be allowed a break.

NB When police have been involved this should be conducted after any police interview and statement has been undertaken, in order to protect evidence.

A copy of any statement given to the police should be retained by the member of staff

- consideration should be given by the Service Manager or Head of Department to holding a group debriefing to allow staff;
  a) the opportunity to talk openly;
  b) to express their feelings;
  c) to think constructively about the support they want from family, friends and colleagues;
  d) consider the use of the Trust’s counselling service in the Occupational Health Department.
  e) following Risk Assessment of incident, a report should be submitted to Local Security Management Specialist.