Policy and Procedure for the Care of Individuals who are Violent or Abusive

Policy No: RM32
Version: 6.0

Name of Policy: Policy and Procedure for the Care of Individuals who are Violent or Abusive

Effective From: 24/10/2013

Date Ratified: 12/09/2013
Ratified: Health and Safety Committee
Review Date: 01/09/2015
Sponsor: Director of Estates and Facilities
Expiry Date: 11/09/2016
Withdrawn Date:

This policy supersedes all previous issues.
## Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Release</th>
<th>Author/Reviewer</th>
<th>Ratified by/Authorised by</th>
<th>Date</th>
<th>Changes (Please identify page no.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Apr 2002</td>
<td>Trust Board</td>
<td></td>
<td>27/02/2002</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Oct 2004</td>
<td>Trust Board</td>
<td></td>
<td>22/09/2004</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Aug 2006</td>
<td>Trust Board</td>
<td></td>
<td>26/07/2006</td>
<td></td>
</tr>
<tr>
<td>4.0</td>
<td>Aug 2008</td>
<td>PQRS Committee</td>
<td></td>
<td>11/07/2008</td>
<td></td>
</tr>
<tr>
<td>5.0</td>
<td>12/08/2011</td>
<td>A Colwell</td>
<td>H&amp;S Committee</td>
<td>12/07/2011</td>
<td>Policy and procedure details changes in the process for warnings, yellow and red cards. Details provision of safe environment to provide care for individuals who are violent and aggressive. Clarifying information sharing protocols</td>
</tr>
<tr>
<td>6.0</td>
<td>24/10/2013</td>
<td>A Colwell</td>
<td>H&amp;S Committee</td>
<td>12/09/2013</td>
<td>Insertion of decision flowchart Change in management and director titles</td>
</tr>
</tbody>
</table>
Contents

Section                                                                                           Page
1. Introduction .................................................................................................................................. 4
2. Scope of policy .............................................................................................................................. 4
3. Aim of policy .................................................................................................................................. 5
4. Roles and responsibilities ............................................................................................................ 5
5. Definitions ..................................................................................................................................... 7
6. Application of this policy and associated procedures ................................................................. 7
   6.1 Standards and Procedures ......................................................................................................... 8
   6.2 Patient flagging systems and risk management plans ............................................................. 9
   6.3 Use of force in Control and Restraint (security personnel only) ............................................. 10
   6.4 Removal of visitors. ................................................................................................................ 10
7. Training .......................................................................................................................................... 11
8. Equality and diversity .................................................................................................................... 12
9. Monitoring compliance with the policy ........................................................................................ 12
10. Consultation and review ............................................................................................................... 12
11. Implementation of policy ............................................................................................................ 13
12. References .................................................................................................................................... 13
13. Associated documentation (policies) .......................................................................................... 13

Appendices
Appendix A Standards of Behaviour ................................................................................................. 14
Appendix B Formal Procedure to De-escalate Violence Aggression ................................................ 15
Appendix C Formal Procedure to be used in the event of failure to achieve de-escalation of Violent/Aggressive Behaviour ........................................................................................................ 16
Appendix D Application for implementation of the Procedure for Care of Individuals who have been Violent or Abusive .................................................. 17
Appendix E Confirmation of Procedure for Care of Individuals who have been Violent or Abusive – Letter to GP ........................................................ 18
Appendix F Letter to Individual (Yellow Card) ................................................................................. 19
Appendix G Letter to Individual (Red Card) ..................................................................................... 20
Appendix H Red/ Yellow Card decision flow chart ......................................................................... 22
Policy and Procedure for the Care of Individuals who are Violent or Abusive

1. **Introduction**

Gateshead Health NHS Foundation Trust has a duty to provide a safe and secure environment for patients and visitors. As an employer, it also has a duty to provide a safe working environment for staff and this includes circumstances where patients and visitors may become violent or abusive. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors. This protection will also be afforded to voluntary staff, contracted staff e.g. security, and those working for other organisations but on Trust premises.

2. **Scope of policy**

The purpose of this policy and any corresponding procedures is to provide staff with effective arrangements, which will in the first instance, seek to de-escalate any unacceptable violent/nuisance and disturbance behaviour (appendix A) and thereby reduce the risk of injury to all concerned. In the second instance should de-escalation prove unsuccessful, the arrangements should be made for a safe environment to be created enabling staff to safely provide treatment to violent and abusive patients. The provision of a safe environment may require the presence of the police and/or security during the delivery of treatment. In the case of visitors they should be requested to leave the premises.

This policy will not apply to those patients who in the judgement of the relevant health professional are not competent to take responsibility for their actions, for example:

- An individual who becomes abusive as a result of illness or injury.
- Patients who are mentally ill where violence and aggression may be a feature of their illness
- Patients who in the expert judgement of a relevant health professional require urgent treatment.
- People with Learning Difficulties where violence and aggression feature in their communication
- Other than in exceptional circumstances any patient under the age of 18.

The intention of the policy is also to ensure that should a patient or individual not respond to de-escalation measures, any subsequent treatment will only be delivered once a safe environment has been created for the situation. Activation of such arrangements for any subsequent treatment could be initiated by the use of patient flagging systems.

The use of individual flagging systems (See section 6.2) is extended to include those individuals who may not have been aggressive towards Gateshead Health NHS Foundation Trust Staff, but have been made known to the Trust from other internal/external sources and are assessed to present a significant risk of violent and abusive behaviour, making it necessary to activate proportionate safety arrangements (safe environment) to protect staff other patients and visitors.
This policy recognises that should it become necessary to have a police/security attendance during the delivery of treatment this could breach patient confidentiality this is, however, seen as minor in relation to the risk that any particular violent patient should pose to staff. It should be noted that the right to confidentiality is not absolute and can be overridden in certain circumstances, e.g. where it is in the public interest to do so and also where the organisation has a duty under other legislation. For example, legally, the Trust has a duty to take appropriate steps to keep the working environment safe for staff, patients and visitors.

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 and verbal abuse.

4. **Roles and responsibilities**

**Board of Directors**

The Board of Directors is responsible for ensuring that there is a robust system of Corporate Governance within the organisation. This includes having a systematic process for the development, authorisation and management of policies.

**The Chief Executive**

The Chief Executive is ultimately responsible for implementing the requirements of this Policy.

**Security Management Director (SMD)**

The Director of Operational Services is the nominated Security Management Director (SMD) and is directly responsible to the Chief Executive for leading work to tackle security and violence against staff.

**Divisional Director/Clinical Director**

Responsible for ensuring in collaboration with the Local Security Management Specialist that arrangements (risk management plan) are made for the establishment of any safe environment for any subsequent visits by any red card patient including the seeking approval for acquiring sanctions or any restrictions/limitations thought appropriate.

**Divisional Manager/ Head of Service**

Responsible for ensuring in collaboration with the Local Security Management Specialist:

- That all reported incidents of intentional violence and aggressions are investigated.
- For initiating the “Procedure for Care” with the issuing of, where appropriate, formal warnings and consulting with the Divisional Director and the Director of Operations with regard to Yellow/ Red card warnings.
- All victims of violence and aggression are given support as appropriate.

**Senior Manager**

The senior manager is defined as a Departmental Manager, Senior Nurse/Clinician on Duty, Duty Matron, and Night Coordinator
The senior manager is responsible for ensuring that:

- The patient/visitor is made aware that the procedure of care is being applied and ensuring that all appropriate documentation is completed such as DATIX. Appendix D may be issued, if deemed appropriate, to the assailant at time of incident.
- Responsible for ensuring that the approval of the Clinician in charge is obtained prior to any delay in treatment being initiated.
- Responsible for informing others as appropriate i.e. Security, Local Security Management Specialist, Clinical Director, Divisional Manager and Divisional Director. The Trust’s nominated Security Management Director (Director of Operational Services) is directly responsible to the Chief Executive for facilitating the application of this Policy.

Local Security Management Specialist (LSMS)
The Operational Services Manager is the Trust’s accredited Local Security Management Specialist and is directly responsible to the Security Management Director for:

- Advising on the provision of any safe environment to be used including that for follow-up visits by a red card patient (risk management plan) as well as implementation of a patient flagging alert arrangement and where appropriate an individual case management file.
- Providing support and guidance to Divisional Directors, Clinicians, Service Managers, Heads of Service, Senior Managers and all staff with regard to the application of this Policy.
- Supporting and advising the Complaints Department with reference to any queries or complaints arising from the application of this Policy.
- Tracking the progress of all incidents (including any Police action) as well as monitoring the effectiveness of any security arrangements.
- Liaison and cooperating with the police to ensure that any criminal matters are progressed to a satisfactory outcome.
- Acting as the liaison point for the Trust, the person assaulted and the police in taking any criminal or legal action forward.
- Undertaking investigations (such as evidence gathering including witness statements) in support of the police where requested, or independently where the police have not investigated and an investigation is required to justify a referral to the NHS Legal Protection Unit (LPU).
- Maintaining ongoing interface with the Security Management Director and NHS Protect.

Health Records Manager
The Health Records Manager is the Trust’s nominated Multi-Agency Public Protections Arrangements (MAPPA) link person and is responsible for ensuring that information regarding risk individuals who are subject to MAPPA risk management are brought to the attention of wards and departments which may be affected. Where appropriate the arrangements will be made in collaboration with the LSMS and Security team to implement a risk management plan for the protection of staff, patients, visitors or any identified vulnerable person(s). The Health Records Manager is responsible for appending the appropriate documentation and warning flags on patient record systems. (see Section 6.2).
The Prevention and Management of Violence and Aggression Nurse Practitioner (PMVANP)
The Prevention and Management of Violence and Aggression Nurse Practitioner is responsible for training staff in all levels of Violence and Aggression. In addition the PMVANP will review the monitoring forms completed after control and restraint has been carried out.

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) now known as NHS Protect.

- **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

- **NHS Protect** – previously known as NHS Counter Fraud and Security Management Service (NHS CFSMS)

6. Application of this policy and associated procedures.

This policy is to be applied in conjunction with the Trusts Security Policy and the Management of Violence to Staff Policy.

A “Procedure Of Care” has been developed to help apply this policy in a fair and safe manner and every effort should been made to ensure that any patient/visitor is made aware that their behaviour is unacceptable (appendix A) as well as what they can expect to happen should they continue with this unacceptable behaviour. A visitor displaying unacceptable behaviour can be asked to leave or be removed from site during any stage of this procedure (See section 7 for further information).

The procedure of care will be in the form of two main formal stages of alert i.e. “yellow card” and “red card” both of which are designed to ensure that the patient/visitor is in no doubt that the matter is being taken seriously by staff and the Trust.

The yellow card stage can be entered into when a patient/visitor continues to display unacceptable behaviour (appendix A), which they have been informally requested to improve upon. The application of this yellow card is intended to formally de-escalate any violent or aggressive situations to a level of safety.
The red card stage (patient) can be entered into should this de-escalation of violence or aggression not take place and/or the assailant either threatens to or intentionally physically assaults the victim, in which case treatment may be withheld (only with the permission of the Clinician in charge) until a safe working environment for staff can be created i.e. by the presence of the police/security. Please note that staff cannot withhold treatment or access to treatment for ANY patient where their condition is deemed life, limb and eye threatening.

If a patient who has a red card status in place needs to be redirected to a Minor Injury Unit (MIU) or other healthcare service, it is the duty of the nursing staff to telephone the MIU or other healthcare service they are being sent to, to inform staff of the patient details and their potential for violent aggressive behaviour.

In the event of the red card stage having to be initiated with regard to a visitor then the visitor will be requested to leave the hospital site and if necessary be removed from site/ arrested by the police (see Section 7).

In the event of the patient/visitor being under the age of 18 years of age the police will be notified in any situation involving restraint/apprehension.

6.1 Standards and Procedures

All patients and visitors are expected to behave in a manner which does not cause nuisance and disturbance behaviour or intimidate harass or cause distress to any of the Trusts employees or other patients/visitors. (appendix A)

At all times staff will seek to resolve issues of unacceptable behaviour by using their conflict resolution training and de-escalation skills to informally warn the patient/visitor that their behaviour is unacceptable. However, in the event of this proving unsuccessful the “Yellow card” first stage of alert can be entered into as given in Appendix B.

Should it be found that the patient/visitor refuses to de-escalate their behaviour to a level of acceptability and/or they threaten to or commit an act of intentional physical violence resulting in physical injury or personal discomfort then the “Red card” second stage of alert as given in Appendix C can be initiated.

All incidents of violent and abusive behaviour are to be reported via the Trust’s Single Incident Reporting system. A formal written notice of the incident using the appendix D (Yellow Card only) form can be given to the patient/visitor as the time of the incident unless the Senior Manager considers that this will escalate the situation. Where a formal written notice (appendix D) has been issued this must be recorded on DATIX and a copy sent to the directorate manager for further action as appropriate.

Having issued a Red card/Yellow card alert for any particular patient/visitor this then is to be followed up formally in writing to the patient/visitor and his/her GP using standard letter templates given in Appendices E to G. The Yellow and Red card letters must be signed off by the Director of Operations (SMD).
Having issued a Red card to a patient/visitor, steps may be taken to seek legal/criminal sanctions, where appropriate, which may include prosecution for any criminal offences such as: assault; public order offences; harassment; criminal damage; and nuisance & disturbance behaviour on NHS premises. The Trust will support staff/victims in reporting incidents to the police. In additional to prosecution the Trust may also seek to support the application for Anti-Social Behaviour Orders in conjunction with the Police, particularly if the patient/visitor is thought to present an ongoing risk of violence/aggression.

### 6.2 Patient flagging systems and risk management plans

**Patient Flag**

A risk flag will be placed on patient electronic records. This is intended to warn staff that the individual presents a risk of violence or aggressive behaviour. The flag in the alerts box may contain the words: Red Card; Yellow Card or Contact Security.

In cases where the patient or individual has not been issued with a Red or Yellow Card but it has been made known to the Trust (MAPPA, national or regional alerts including other agencies) that they may present a risk of violent or unacceptable behaviour an alert flag and risk management plan will be considered.

**Medical Records**

A paper copy of the Procedure for Care letters will be kept in the individual’s medical record file.

**Multi-Agency Public Protection Arrangements (MAPPA)**

MAPPA are the statutory arrangements for managing sexual and violent offenders. MAPPA is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. The Responsible Authority (RA) consisting of the Police, Prison and Probations Services are charged with ensuring that MAPPA is established in their area for the assessment and management of risk of all identified MAPPA offenders. The Trust has a duty under section 325(3) of the Criminal Justice Act (2003) to co-operate with the RA.

If a person under MAPPA is deemed a risk within the Trust then, under the above arrangements, a risk management plan will be implemented as appropriate co-ordinated through the Health Records Manager, the LSMS and the Information Governance Officer.

**Communication Process**

On admission to hospital services through Accident & Emergency and ward admissions the risk flag (Red/ Yellow Card and Contact Security) should identify and alert staff to a potential risk.
Staff should (Red Card and Contact Security flag only) withhold treatment, if safe to
do so, until a safe environment can be made. Security is to be contacted
immediately for advice on risk management plan, the duty senior manager and or
matron is also to be advised and consulted.

6.3 Use of force in Control and Restraint (security personnel only)

The use of force (control and restraint) must always be a last resort and carried out
by trained personnel only. It should only be considered in the following circumstances where:

- Action is necessary in self-defence or because there is an imminent risk of
  injury to any person;
- There is a developing risk of injury, or significant damage to property; and
- A person is behaving in a way that is compromising the provision of
  healthcare services

The degree of force must be proportionate to the circumstances and the
seriousness of the incident or the possible consequences that an intervention is
intended to prevent. The characteristics of the person against whom force is being
considered must also be taken into account, e.g. age, build, understanding, medical
conditions etc.

All circumstances where force (control and restraint) is used are to be reported on
DATIX and techniques used recorded on Control and Restraint Monitoring forms
which are to be submitted to the Prevention and Management of Violence and
Aggression Nurse Practitioner for review.

6.4 Removal of visitors.

The Criminal Justice and Immigration Act (CJIA) 2008

Sections 119-120 of the CJIA creates an offence (from November 2009) of causing a
Nuisance and Disturbance on NHS premises and a power, for authorised staff,
including police officers, to remove a person suspected of committing this offence.
Patients or those seeking medical advice will not be able to commit the offence or
be removed under the CJIA powers. Those individuals who have a reasonable
excuse for their behaviour (i.e. just received distressing news or as a result of a
mental impairment) or have a reasonable excuse (i.e. accompanying a child or
dependant or a carer for a vulnerable person) for refusing to leave will not be
eligible for removal or prosecution under the CJIA unless appropriate arrangements
can be made to care for the interests of the dependant.

Trespass and the removal of trespassers

Trespass is a civil offence, which is committed when a person enters or remains on
land or premises without permission or lawful authority. Members of the public
(patients and visitors) have an ‘implied licence’ to be in a location, open to the
general public, to enable them to access health services.
This ‘implied licence’ can be limited or revoked by the Trust for a number of reasons including situations where the:

- Premises are only open during business hours;
- Area is for the use of patients to certain clinics only.
- Member of public behaves in an anti-social, threatening or violent manner or in a way that disrupts the business of the Trust; or
- Member of public enters the Trust’s premises for a purpose which is in excess of their licence, e.g. not to access healthcare services, but to commit a criminal offence, stage a protest, etc.

The Trust has the lawful right to exclude any person from Trust premises at any time even if they were initially there lawfully. Failure to comply with a request to leave renders the person a trespasser.

**Removal**

If visitor’s behaviour is unacceptable, for example in breach of section 6.1 of this policy, they should be asked to desist from that behaviour and warned that failure to do so will mean that they will be asked to leave and can be physically removed if necessary.

If their behaviour continues or deteriorates they should be asked to leave immediately (the senior manager and/or Security personnel must be involved as this stage) if they satisfy all of the following: (reference the CJIA 2008):

- They cause, without reasonable excuse, a nuisance or disturbance to an NHS staff member in connection with their work; and
- They refuse, without reasonable excuse, to leave the Trust’s premises when asked to do so by a police constable or staff member; and
- They are not on the premises for the purpose of obtaining medical advice, treatment or care for themselves.

If they refuse to leave and it is believed that they have committed an offence of ‘Nuisance and Disturbance Behaviour against NHS Staff’ the police should be called to assist in their removal.

**Public Order**

It should be noted that upon a request for the Police to attend site the officer(s) may deem it more appropriate to consider the removal of the individual using existing public order legislation or common law powers which may include Breach of the Peace.

**7. Training**

Security staff will be trained to adhere to the guidance issued within this policy. Divisional Managers are to ensure that their staff have received sufficient awareness training in order
to satisfy the requirements of this policy. The Prevention and Management of Violence and Aggression Nurse Practitioner will be ensure that staff are made aware of this policy when undertaking staff training sessions.

8. **Equality and diversity**

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 and verbal abuse. The Trust is committed to ensuring that, as far 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 the grounds of any protected characteristic (Equality Act 2010).

For example, the Trust will not tolerate incidents where members of staff (including volunteers, agency workers, and contractors) experience abuse or violence linked to their race, religion, sex, or sexual orientation. Further information about standards of behaviour is contained in Appendix A.

*The Trust recognises that children who are not deemed to have sufficient capacity to be responsible for their actions will be managed by referral to an appropriate multidisciplinary care team.* [should this also be discussed under scope?]

In addition, members of staff are expected to implement reasonable adjustments when managing incidents perpetrated by a patient or visitor who, in the judgement of an appropriate clinical professional, does not have the mental capacity to take responsibility for their actions.

Such cases will **not** be subject to the Warning of Exclusion of Violent & Abusive Patients Procedure. Instead a management plan will be agreed with the patient’s multidisciplinary care team to support the patient and to provide a safe working environment for staff.

9. **Monitoring compliance with the policy**

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Report on number of Yellow and Red cards issued</td>
<td>Security Annual report</td>
</tr>
<tr>
<td>Control and restraint monitoring forms (CQC)</td>
<td>Issues of exception</td>
</tr>
</tbody>
</table>

10. **Consultation and review**

This policy has been reviewed by the Operational Services Manager, Deputy Director of Nursing, Health Records Manager, Information Governance Officer, Trust Police officer, Risk Team and the Equality and Diversity Officer 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

13. **Associated documentation (policies)**

- OP48 Lone Worker policy
- RM02 Health and Safety Policy
- RM04 Incident/near miss reporting and investigation policy (includes serious untoward incidents)
- RM11 Security policy
- RM67 Supporting staff involved in an incident, complaint or claim.
Appendix A Standards of Behaviour

All patients and visitors are expected to behave in a manner, which does not intimidate, harass or cause unnecessary distress to any of the Trust employees, other patients and visitors.

The following are examples of unacceptable (violent/nuisance & disturbance) behaviour:

- Excessive noise, e.g. loud or intrusive conversation or shouting.
- Threatening of abusive language involving excessive swearing or offensive remarks.
- Derogatory racial, sexual or homophobic remarks.
- Stalking
- Malicious allegations relating to members of staff, other patients or visitors.
- Offensive sexual gestures or behaviour.
- Alcohol, drug or substance abuse which leads to inappropriate, nuisance or disturbance behaviour. (However, all medically identified substance abuse problems will be treated appropriately)
- Wilful damage to Trust property including arson.
- Theft.
- Threatening or intimidating behaviour.
- Acts of physical or verbal violence and or harassment.
- Soliciting.
- Any act or reckless behaviour which causes the recipient to apprehend or fear physical violence. (Criminal Assault)
- The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort. (NHS definition of Physical violence)
- The use of inappropriate words or behaviour causing distress and/or constituting harassment. (NHS definition of Non-Physical violence)
- Failing to comply with any reasonable request to stop a particular activity which may be endangering other persons or property.
- Smoking in areas other than designated smoking shelters.
Appendix B Formal Procedure to De-escalate Violence Aggression

YELLOW CARD

Failure to comply with informal warning can result in hospital security being called, to support the senior manager, and the application of the Procedure for Care of Individuals who are Violent or Abusive. If a patient/visitor complies with the first stage of the ‘Procedure for Care’ he/she can expect the following:

a. That their clinical care and/or Lawful access to Gateshead Health NHS Foundation Trust sites will not be affected in any way.

b. That a copy of the ‘Confirmation of the Procedure for Care of Individuals who are Violent or Abusive’ will be filed in their patient notes. A record of instigation of the ‘Procedure for Care’ will be included as an alert within patient electronic records.

c. That a formal letter outlining the reasons for and any conditions relating to the “Procedure for Care” will be either given personally by the Trust Police Officer or posted to them. A copy of the correspondence will be sent to their GP (Patient).

d. That the Trust’s Security Team, Complaints Department and all relevant ward, department managers and other appropriate NHS Trusts/Bodies may be informed.

e. That Gateshead Health NHS Foundation Trust will fully investigate all valid concerns raised by the patient via the Hospital Complaints Department.

f. That the Procedure for Care will lapse after one year following no breaches of this procedure.

Any patient/visitor behaving unlawfully will be reported to the police and the Trust will support the application of the maximum penalties available in law. The Trust will actively seek and support the prosecution of all perpetrators of crime on or against Trust property, assets and staff.

Following the lapse of one year from the instigation of a first stage application of the ‘Procedure for Care’ providing no further breaches have been experienced, the Health Records Manager and the appropriate directorate manager in consultation with the LSMS, will initiate the removal of the yellow card flag from patient electronic records.
Continuation of violent/aggressive behaviour after formal warning (Yellow Card) and/or threatening to or committing of an act of intentional physical violence can result in issue of a RED CARD warning alert.

The senior manager, with the approval of the Clinician in Charge will warn the patient that their treatment (non life threatening) may be withheld until a safe environment can be established and that this could be in a different area and also in the presence of Police/Security.

Should the violent and aggressive behaviour continue the treatment will be withheld (only with the approval of the Clinician in Charge) until a safe environment has been established.

After the treatment has been provided, the Divisional Manager or Clinical Director will formally request that the Director of Operational Services (SMD) write to the patient and his/her GP to confirm that the procedure of care has had to be applied and that any subsequent re-visits may also have to be the subject of the establishment of a safe environment and other appropriate limitations/restrictions.

The senior manager will also bring the matter to the attention of the Clinical Director, Divisional Manager and Local Security Management Specialist who will decide what limitations/restrictions may be necessary to create a safe environment for subsequent visits for treatment by the patient. A record of the Red card alert will be placed in the patient’s medical records and as an alert in the patient electronic records.

The Health Records Manager in consultation with the appropriate Clinical Director, Divisional Manager, and Local Security Management Specialist will review the status of the Red card alert at least annually to determine the duration of the Red card alert. Those individuals who continue to abuse the service can have treatment withdrawn excluding life, limb or eye threatening treatment. This is to be documented as part of the individuals risk management plan. Following this review if it is agreed that the Red Card is to be removed this will be actioned by the Health Records Manager.
Appendix D Application for implementation of the Procedure for Care of Individuals who have been Violent or Abusive

BEHAVIOUR WARNING NOTICE

Gateshead Health NHS Foundation Trust

Date: ..................................................  Time: .............................................

Ward/Department: .............................................................................................................

Patient/Assailants full name: ..............................................................................................

Hospital No: ........................................ DOB: ......................................................

Home Address: ......................................................................................................................
..............................................................................................................................................

Brief Description of incident .................................................................................................
..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................

Dear Sir or Madam

Following your behaviour as mentioned above we are formally considering issuing you with a Yellow Card warning as per our “Policy and Procedure for Care of Individuals who are violent or abusive”. This is intended as a de-escalation policy and as long as your behaviour now follows acceptable standards of non-violent or non-abusive behaviour then your treatment and/or Lawful access to our sites and facilities will not be affected in any way.

This incident will be fully investigated by the Directorate Manager and we will inform you formally in writing if we decide to issue you with Yellow Card warning. I must advise you that if your behaviour continues to be unacceptable we will then consider initiating the second stage of our Procedure of Care.

Senior Manager on duty initiating this application .................................................................
Name ........................................................ Date: ......................................................
Designation ................................................ Time: ......................................................

A copy of this form has been issued to patient/visitor YES/NO

Please forward a copy of this application to the appropriate Directorate Manager for investigation and the Trusts Local Security Management Specialist. Please also ensure that an Incident Form (DATIX) has been completed.
Appendix E Confirmation of Procedure for Care of Individuals who have been Violent or Abusive – Letter to GP

Gateshead Health NHS Foundation Trust

GP’s Name and Address

Date:

Dear

Re: Patient name
    Patient address
    Patient date of birth
    Patient case number

The above named individual is currently an inpatient on XXXXXXX ward at Gateshead Health NHS Foundation Trust. OR

The above named individual is currently an outpatient attending the XXXXXXX department at Gateshead Health NHS Foundation Trust.

In order to protect the ward/department environment for other patients and members of staff, it has been necessary to instigate the ‘Procedure of Care of individuals who are Violent or Abusive’ for the above named patient (a Yellow/Red Card, see enclosed) on {DATE}.

If you have any queries, please do not hesitate to contact:

.......................................................... (name and telephone of patients consultant) or
.......................................................... (name and telephone of Divisional Director)

Yours sincerely

P Harding
Director of Estates and Facilities

Note: A copy of the ‘Procedure for Care of Individuals who are Violent or Abusive’ should be attached to this letter.
Appendix F Letter to Individual (Yellow Card)

Patient/Visitors Name
Patient/Visitors Address
Hospital Patient Number where applicable

{Date}

Dear {Patient/Visitors name}

This letter is to formally inform you that due to your unacceptable behaviour on {Date} at {location} you are now subject to the conditions outlined in the Procedure for Care of Individuals who are Violent or Abusive.

The first stage of this Procedure for Care has been applied to you (Yellow Card Warning). This Yellow Card warning is being issued to you following {brief description of incident details including attempt to in-formally deescalate inappropriate behaviour}. A copy of the ‘Procedure for Care Policy’ is attached for your information.

Should you on any occasion in the future, fail to comply with the expected standards of behaviour outlined in the Procedure for Care Policy, you will become subject to the next stage of the procedure (Red Card) which may also involve legal proceedings including an application for a ‘Anti-Social Behaviour Order’ as well as support for any appropriate criminal proceedings initiated by the police.

Full compliance with the expected standards of behaviour will ensure that your treatment or lawful access to our premises is not affected in any way and that after a period of 1 year the Yellow Card warning flag will be removed.

If you have any further concerns or queries with regard to this procedure please contact our Complaints Department in writing.

Yours sincerely

P Harding
Director of Estates and Facilities
Appendix G  Letter to Individual (Red Card)

PRIVATE & CONFIDENTIAL
Patient/Visitors Name
Patient/Visitors Address
Hospital Patient Number where applicable
{Date}

Dear {Patient/Visitors name}

This letter is to inform you that due to your unacceptable behaviour on {DATE} at {LOCATION}, during which members of staff were {DETAILS OF INCIDENT}, you are now subject to the conditions outlined in the Trust Policy for the ‘Care of Individuals who are Violent or Abusive’ Red Card stage. A copy of the ‘Procedure for Care Policy’ is attached for your information.

While I stress that access to appropriate emergency medical care is not being denied, I request your full compliance with the following conditions approved under the ‘Red Card’ section of the policy, the relevant details of which are as follows. (See also attached appendix C of the policy)

1. Your future attendance to Gateshead Health NHS Foundation Trust sites or premises should be for a genuine medical need only, which requires urgent treatment or assessment. Any other requirements for non-emergency care should be directed to your GP or other appropriate primary care facility.
2. Any attendance by yourself to the hospital (A&E, Outpatient appointment or In-patient stay) may be subject to the presence of hospital security staff or the police, who will remain in the room with you during any contact with hospital staff.
3. If you are attending the hospital for any pre-arranged appointment you must only attend at the agreed time, date and place.
4. During any attendance at the hospital you must advise staff that your are subject to a RED CARD warning.
5. Any further incidents will result in staff being withdrawn from contact with you until a safe working environment can be established.
6. During any lawful attendance at Gateshead Health NHS Foundation Trust sites or premises you are expected to behave in accordance with our standards of acceptable behaviour (section 6 and appendix A of the policy)
7. Continued abuse of this process may result in all treatment, excluding life, limb and eye threatening, being withdrawn.
Letter to Individual (Red Card) (continued)

Your GP will receive a copy of this letter.

If you have any further concerns of queries with regard to this procedure please contact the Complaints Department in writing at the above address.

Yours sincerely

P Harding
Director of Estates and Facilities
Appendix H Red/ Yellow Card decision flow chart

Standard of behaviour is unacceptable (refer to Appendix A)

Advise the patient or visitor that the behaviour is unacceptable

Individual has threatened to or committed an act of intentional physical violence

Has the standard of behaviour improved?

Yes

Continue to monitor behaviour

No

Initiate formal procedure to deescalate V&A (see Appendix B) “YELLOW CARD”

Ensure a Behaviour Warning Notice is applied for and completed (see Appendix D)

Has the standard of behaviour improved?

Yes

Initiate RED CARD Procedure (see Appendix C)

Actions:
1) Contact Security and arrange for a safe environment for treatment
2) Complete DATIX
3) Contact Manager/LSMS and arrange for a RED CARD notification to be sent to the individual and a copy of correspondence to the GP

Actions:
1) Hand a copy of the Behaviour Warning Notice to the individual OR
2) Contact the LSMS to arrange for the delivery of the Behaviour Warning Notice to the individuals home address by the Trust Police Officer and a copy of correspondence to the GP

No

Patient flagging and risk management plans
Medical Records to be notified to place a risk flag on patient electronic records. A paper copy of the procedure for care letters will be kept in the individuals medical record file