Management of Aggression and Violence

**Training Needs Analysis**

|  |  |  |  |
| --- | --- | --- | --- |
| Ward/Department |  | Location/Hospital |  |
| Directorate |  | Manager |  |
| No of staff requiring training |  | Date |  |

**Circle the score in each section which most appropriately suits your area.**

|  |  |
| --- | --- |
| **Section A: Incident Types**Indicate the most frequent type of incident in your area | **Score** |
| No history of physical or verbal violence | 0 |
| Inappropriate foul language, telephone abuse, wilful damage to property, grabbing with no intention to cause harm | 1 |
| Continuous unacceptable behaviour | 2 |
| Grabbing/scratching, inappropriate sexual suggestions, intimidation | 3 |
| Punched, Kicked-Victimisation by visitors/patients – Inappropriate sexual physical behaviour  | 4 |
| Struck by weapon intentionally, Threat with/use of weapon, Physical Assault sustained  | 5 |
| Provide details of the type of incidents that occur most often and give approximate frequency: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |  |

|  |  |
| --- | --- |
| Section B: The Work AreaIndicate the nature/frequency of patient/visitor contact | **Score** |
| No patient or visitor contact  | 0 |
| Contact by telephone only | 1 |
| Indirect/restricted contact e.g.domestic, admin support | 2 |
| Direct patient/visitor contact (low risk) e.g. Reception, AHP areas | 3 |
| Direct patient/visitor contact (medium risk) e.g. Community working, DOME | 4 |
| Direct patient/visitor contact e.g. (high risk) Receiving departments.  | 5 |
| Describe the patient group and key tasks and activities (include any of the following if relevant)alcohol, drugs, lone working, mental health, learning disability, head injury, delivering unwelcome news):……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |  |

|  |  |
| --- | --- |
| Section C: HistoryIndicate the frequency of aggression and/or physical violence | **Score** |
| No violence or aggression has ever occurred in my area | 0 |
| There has been verbal aggression in my area but not in the last year | 1 |
| There has been verbal aggression in my area in the last year | 2 |
| There has been physical violence in my area but not in the last year | 3 |
| There has been physical violence in my area in the last year | 4 |
| There has been frequent violence in my area in the last year | 5 |
| Provide details of the type of incidents that occur most often and give approximate frequency:………………………………………………………………………………………………..………………………………………………………………………………………………..……………………………………………………………………………………………….. |  |

|  |  |
| --- | --- |
| Section D: ExpectationIndicate the level of intervention/response expected of staff | **Score** |
| Summon assistance only | 1 |
| De-escalation techniques only | 2 |
| De-escalation and breakaway/distraction  | 3 |
| De-escalation, breakaway/assault avoidance/resues/guiding | 4 |
| De-escalation, breakaway/assault avoidance/escorting/holding/restraint | 5 |
| Provide details of the responses most frequently used by staff:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |  |
|  |  |
| **Total Score** | **Total** |
| Sum of sections A, B, C and D |  |

The total score should place you/your staff in one of the following categories:

Induction Score 0 - 3

Low Risk Score 4 – 8

Medium Risk Score 9 -13

High Risk Score 14 - 17

Very High Risk Score 18 - 20

This may indicate which level of training your staff may require for further assistance please contact Management of Aggression Co -coordinator

|  |  |
| --- | --- |
| **Points** | Level of Training |
| 0 - 3 Points | Induction / e-module |
| 4 - 8 Points | Half Day Conflict Management |
| 9 - 13 Points | One Day Conflict Management |
| 14 - 17 Points | One Day Conflict Management/physical intervention training |
| 18 - 20 Points | One or Two Day Holding Training +One Day Conflict Management/physical intervention training |

**Staff Training Needs**

|  |  |
| --- | --- |
| **Total Number off staff** |  |
| Induction / e-module |  |
| Half Day Conflict Management |  |
| One Day Conflict Management |  |
| One Day Conflict Management /physical intervention |  |
| One Day Holding Training + One Day Conflict Management /physical intervention |  |

**Indicate existing number of staff trained**

|  |  |
| --- | --- |
| **Total Number off staff** |  |
| Induction / e-module |  |
| Half Day Conflict Management |  |
| One Day Conflict Management |  |
| One Day Conflict Management /physical intervention |  |
| One Day Holding Training + One Day Conflict Management /physical intervention |  |
| **Total Number trained** |  |

|  |  |
| --- | --- |
| **Number of staff requiring training** |  |

Training calendar is available on HR Connect within Health and Safety which can be accessed via Working with us> HR connect.

If you require further guidance in completing this form or would like advice on any other issue related to violence or aggression please call 0141 278 2700 and choose extension 4 where either your call will be redirected, or your details taken and passed to the Violence reduction team

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