Policy for the Management & Reduction of Violence, Aggression, Restrictive Interventions and Physical Restraint

June 2019

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Approved by	Corporate Management Team
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Replaces Previous Versions	1) Policy on the Management of Violence and Aggression, 2013 2) Restraint Policy, 2014

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1. Policy Statement

1.1 NHS Greater Glasgow and Clyde (NHSGGC) recognises it has a duty of care and responsibility to reduce risk. We acknowledge that all employees, patients and the other parties outlined in section 4 are exposed to the risk of violence and aggression (V&A). We also acknowledge that some employees face the risk of having to use Restrictive Interventions, including Physical Restraint to manage V&A incidents and/or deliver care & treatment. We acknowledge that all parties outlined in section 4 can be at risk of physical, mental and emotional harm as a result of being exposed to both V&A incidents and the use of Restrictive Interventions, including Physical Restraint. We aim to manage & reduce these risks to their lowest practicable levels.

1.2 NHSGGC adopts a human rights, public health, approach to reducing the risk of V&A and the incidence, prevalence & risks of Restrictive Interventions, including Physical Restraint. This approach is supported the standards and guidance of the World Health Organisation (WHO), the Scottish Patient Safety Programme, the Scottish Public Health Network, the Scottish Social Services Council and the Mental Welfare Commission for Scotland.

1.3 NHSGGC want all employees, patients and other parties outlined in section 4 to expect that the V&A risk is reduced to its lowest practicable level.

1.4 NHSGGC want employees, patients and other parties outlined in section 4 to expect that the use & risks of Restrictive Interventions, including Physical Restraint are reduced to their lowest practicable levels.

1.5 NHSGGC assert that the use of Restrictive Interventions, including Physical Restraint must only be used when necessary, when other primary or secondary measures have failed (or are likely to fail), to prevent a higher level of harm from occurring, or in the event of an unforeseen emergency. They must always be carried out in accordance with the law.

1.6 Fully implementing this policy into the culture and working practices of NHSGGC, will promote the development of more meaningful, respectful and positive relationships. It will lead to the risk of V&A and the risks of Restrictive Interventions, including Physical Restraint being reduced to their lowest practicable levels. It will also lead to a reduced need for the use Restrictive Interventions, including Physical Restraint and an increase in the use of positive, non-physical interventions. Finally it will lead to the development of a culture of respect & support for all employees, patients and the other parties outlined in section 4.

1.7 This policy has been developed in accordance with legislative and professional guidance documents as outlined in section 5.

2. Key Messages

2.1 NHSGGC takes the health, safety and wellbeing of all parties outlined in section 4 seriously. The risk of V&A should be accurately identified across all NHSGGC services and measures put in place to reduce it to the lowest reasonably practicable level.

2.2 NHSGGC promotes a culture of risk assessment/management, early intervention to prevent the escalation of harmful behaviours, collaboration, compassion, de-escalation and the development of positive, respectful relationships.

2.3 NHSGGC promotes post-incident, de-briefing and investigation, to enable a culture of reflection, learning and support.

2.4 NHSGGC promotes a public health approach to managing and reducing the risk of V&A. This means that NHSGGC will facilitate a process whereby:

- The causes and nature of the V&A risk can be better identified and understood within NHSGGC
- Effective preventative interventions can be developed and implemented at a local service level and across the health-board.

2.5 NHSGGC policy is that all incidents (including near misses) are appropriately reported at a local level and on DATIX.

2.7 NHSGGC will always seek to address all incidents involving any person(s) who have abused, threatened or assaulted a NHSGGC employee in circumstances relating to their work. NHSGGC will also seek to address all incidents involving any person(s) who have abused, threatened or assaulted any NHSGGC patients, visitors, carers, students or contractors. This could include the option to pursue prosecution against an alleged assailant (Please see section 19).

2.8 NHSGGC takes the health, safety & well-being of its patients & visitors seriously. NHSGGC asserts that where Restrictive Interventions, including Physical Restraint are used they are only done so to ensure the health, safety and well-being of patients, visitors and employees & to minimise the risk of a greater level of harm from occurring.

2.9 Where a NHSGGC service has identified a need to use Restrictive Interventions which may include Physical Restraint, they must also implement strategies to reduce their use risks to their lowest practicable levels and to promote the use of positive, non-physical interventions designed to promote respectful relationships.

2.10 NHSGGC's position is that Physical Restraint should only be used when other primary or secondary de-escalation measures have failed (or are likely to fail), to prevent a greater level of harm from occurring or in the event of an unforeseen emergency, where no other option, or other form of Restrictive Intervention, is possible. They must always be carried out in accordance with the law.

2.11 In service areas, where the need to use Physical Restraint has been clearly identified all employees must be appropriately trained. They must be familiar with the risk factors associated with the use of physical restraint. They must also be aware of and prepared for prompt action in an emergency ensuring the availability for urgent medical attention.

2.12 Whenever Physical Restraint has been applied, the employees undertaking the intervention, must be continuously aware of the individual's specific physical needs, vulnerabilities and risks. This MUST include ensuring that the individual's vital signs,

airway, breathing and circulation are all monitored and maintained both during and after incidents of Physical Restraint (Please see section 12.6).

2.13 Whenever Physical Restraint has been applied all of those involved, including the individual, should expect to receive support both during and after the incident to ensure that their psychological and emotional health is monitored, maintained and promoted.

2.14 The face down, prone restraint is the most restrictive form of Physical Restraint used in NHSGGC. Its use and risks should be reduced to the lowest level practicable (Please see section 16.6).

2.15 NHSGGC states that whenever an employee(s) have had to use force, either for self-defence, or to use Physical Restraint that they are able to account for their actions and evidence that it was; lawful, necessary, reasonable and proportionate.

2.16 NHSGGC is committed to ensuring a culture of support is embedded into all its services. This is to help ensure that any individual(s) outlined in section 4, who are adversely affected by incidents of V&A or the use of Restrictive Interventions, including Physical Restraint are appropriately supported and that their well-being is promoted.

3. NHSGGC Essential Principles, Core Values and Specific Measures

3.1 This policy has been designed in accordance with the NHS Scotland Values and other Essential Principles.

3.2 The NHS Scotland Values are:

- Care & Compassion
- Dignity & Respect
- Quality & Teamwork
- Openness, Honesty & Responsibility

3.3 NHSGGC advocates that the following Essential Principles are fully implemented into the culture and working practices of all areas. These are:

Professionalism, Effective Leadership and Teamwork	The presence of a competent, skilled, informed and proactive workforce
Compassion & Empathy	An authentic concern for the well-being others
Honesty & Trustworthiness	The ability to be relied upon to be truthful
Reflection	A thoughtful process seeking to make sense of behaviours actions, events and situations that occur in the workplace
Early Intervention, Prevention & De-escalation	A range of skills, strategies and environments designed to provide support at an early stage, reduce risk and reduce the need for tertiary measures and promote positive, respectful relationships.

Trauma Informed	A workforce that is aware of psychological trauma, its impact & prevalence within society.
Least Restrictive Alternative	A process where employees will only use the least Restrictive Intervention that is available to them at the time, to help them manage and contain risk
Reciprocity	A process whereby NHSGGC will work to ensure that the rights, safety and well-being of its employees, patients, visitors are protected as far as is reasonably practicable

3.4 NHSGGC promotes the following Specific Measures as essential in reducing the risk of V&A, Restrictive Interventions & Physical Restraint:

- Accurate risk identification & assessment
- Risk management and reduction strategies
- Restrictive Intervention and Physical Restraint reduction strategies
- Developing respectful working relationships and promoting positive behaviours
- Development of reflective and compassionate care and/or service delivery
- Development of collaborative, person-centred, compassionate, care planning
- Improved culture of reporting, recording,
- Improved culture of de-briefing and learning
- Appropriate levels training & education based upon training needs analysis

3.5 Embedding the Core Values, Essential Principles & Specific Measures into the culture and working practices of NHSGGC will help to:

- Facilitate positive relationships between employees and those who both use and are connected with our services
- Facilitate the uptake of appropriate levels of training in V&A, Restrictive Interventions and Physical Restraint within the health-board
- Enable the risk of V&A and the risks/use of Restrictive Interventions, including Physical Restraint to be appropriately identified, understood, managed & reduced
- Promote positive working environments
- Promote a culture of early identification, intervention, compassion, understanding de-escalation and support
- Ensure that all types of Restrictive Interventions, including Physical Restraint are only used as a last resort, to prevent a higher level of harm from occurring, or in the event of an unforeseen emergency and only when it is also lawfully and ethically justifiable

4. Scope of Policy

4.1 This policy, in accordance with the NHSGGC Health and Safety Policy, applies to the following groups:

- All employees of NHSGGC
- All patients of NHSGGC
- All independent contractors, including GPs, GDPs and their staff, working on behalf of NHSGGC
- All students, trainees, temporary and agency staff and volunteers.
- All employees of other organisations working in NHSGGC premises
- Any contractors or suppliers whose actions may affect the employees or patients / clients of NHSGGC

4.2 This policy applies to all situations where the risk of V&A and/or the use of Restrictive Interventions, including Physical Restraint may present itself. This includes situations where a member of one of the above groups is exposed to these risks because of their association with NHSGGC.

4.3 NHSGGC has a legal duty to ensure that its employees receive training that is appropriate to their role and the risks they face in their place of work. This duty does not extend to the other parties outlined in section 4.1. (Please see sections 13 &14)

4.4 NHSGGC works in partnership with other non-NHS agencies and organisations. Whilst NHSGGC does not have a legal duty to provide training to these parties, at times it may be appropriate to deliver training to external parties. This would not take place where the external organisation can already access suitable & sufficient training. For example, Glasgow City & Clyde Valley Local Authorities who can access their own Promoting Positive Behaviours training model. Any and all decisions to provide training to Non-NHS services must be based upon resource availability & the training need. They must also be approved via relevant NHSGGC management structures. The external organisation would retain managerial responsibility for the implementation of governance standards needs to monitor the risks, training additional control measures that are implemented into their work-place.

5. Policy Aims

5.1 To meet the general commitment to the health and safety of staff as described in the NHSGGC Health and Safety Policy (Link).

5.2 To state that V&A is one of the main risks that NHSGGC employees are exposed to & to increase awareness of the contributory factors that can cause it to emerge.

5.3 To promote a culture across NHGGC of positive, respectful relationships

5.4 To assist in reducing the physical, emotional and psychological risks and effects of V&A and Restrictive Interventions, including Physical Restraint to their lowest practicable levels. This includes promoting positive non-physical interventions where possible.

5.5 To ensure appropriate levels of training are achieved & maintained across all NHSGGC services

5.6 To assert NHSGGC's position that the use of Restrictive Interventions, including Physical Restraint should only be used as a last resort, to prevent a greater level of harm occurring or in the event of an unforeseen emergency.

5.7 To promote consistent high standards of service delivery across all of NHSGGC

5.8 To promote consistent high levels of compassionate & empathetic care, effective care planning and reciprocal relationship building in clinical settings

5.9 To promote a culture of effective leadership, teamwork, communication and support within NHSGGC.

5.10 To promote the development effective risk assessments and service specific preventative (primary), interpersonal (secondary) and emergency (tertiary) risk management/reduction strategies.

5.11 To provide access to information on the legal & ethical issues surrounding V&A, Restrictive Interventions & Physical Restraint. (Please refer to sections 11 & 12)

5.12 To comply with the following legislation and legal frameworks (Link):

- Health and Safety at Work Act 1974
- NHS Reform (Scotland) Act 2004
- Emergency Workers (Scotland) Act 2007
- Criminal Procedures (Scotland) Act 1995
- Manual Handling Operation Regulations 1992
- Scot's/Common Law
- Age of Legal Capacity (Scotland) Act 1991
- Professional & Ethical Duty of Care
- Human Rights Act 1998
- Equality Act 2010
- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment)(Scotland) 2003
- Management of Health and Safety at Work Regulations 2002
- Children's (Scotland) Act 1995
- Adult Support & Protection (Scotland) Act 2007
- Patients' Rights (Scotland) Act 2011

6. Roles & Responsibilities

6.1 The NHSGGC Health and Safety Strategy identifies key performance indicators for the health board, which includes V&A.

6.2 The Health and Safety Policy outlines the key responsibilities and duties for all NHSGGC employees.

6.3 The responsibilities of NHSGGC employees in managing the risk of V&A are the same as those stated in the Health & Safety Policy (Link)

6.4 The roles and responsibilities, outlined in the Health and Safety Policy, should be applied in the same manner for Restrictive interventions, including Physical Restraint.

6.5 This policy re-enforces the NHSGGC Health & Safety Policy and asserts that;

- All NHSGGC employees have a general duty of care to themselves and their colleagues. All NHSGGC employees are required to take reasonable care of themselves and their colleagues.
- All NHSGGC employees should consider it their duty to learn from incidents and disseminate new knowledge and understanding to their colleagues.

7. Strategy for Implementation

7.1 To establish an organisational structure allowing communication between all levels of staff and Violence and Aggression Reduction personnel (See Diagram 1)

7.2 To outline the values, principles, measures and working practices that NHSGGC promote to enable services and employees to reduce risk

7.3 To establish an operational risk reduction model that outlines primary, secondary and tertiary measures

7.4 Define areas of responsibility regarding V&A, Restrictive Interventions & Physical Restraint for all members of staff, in line with the NHSGGC Health and Safety Policy.

7.5 Establish procedures to identify appropriate human resource, environmental and equipment needs as highlighted from the risk assessment process

7.6 To deliver appropriate levels of training, advice and consultancy

7.7 Establish a mechanism to monitor the effectiveness of this policy

8. Risk Reduction Model

8.1 To reduce the risks of V&A and Restrictive Interventions, including Physical Restraint, NHSGGC uses the World Health Organisation's public health model of risk reduction (see Diagram 2):

Primary measures – these are preventative strategies that are designed to remove or reduce risk, before it emerges. This can include policies, risk assessments and person-centred care plans.

Secondary measures – these are interpersonal skills that employees can use to de-escalate incidents and promote positive outcomes/relationships.

Tertiary measures – these are emergency support measures that staff may need to use manage or contain incidents. Restrictive Interventions, including Physical Restraint are examples of tertiary measures.

Diagram 1

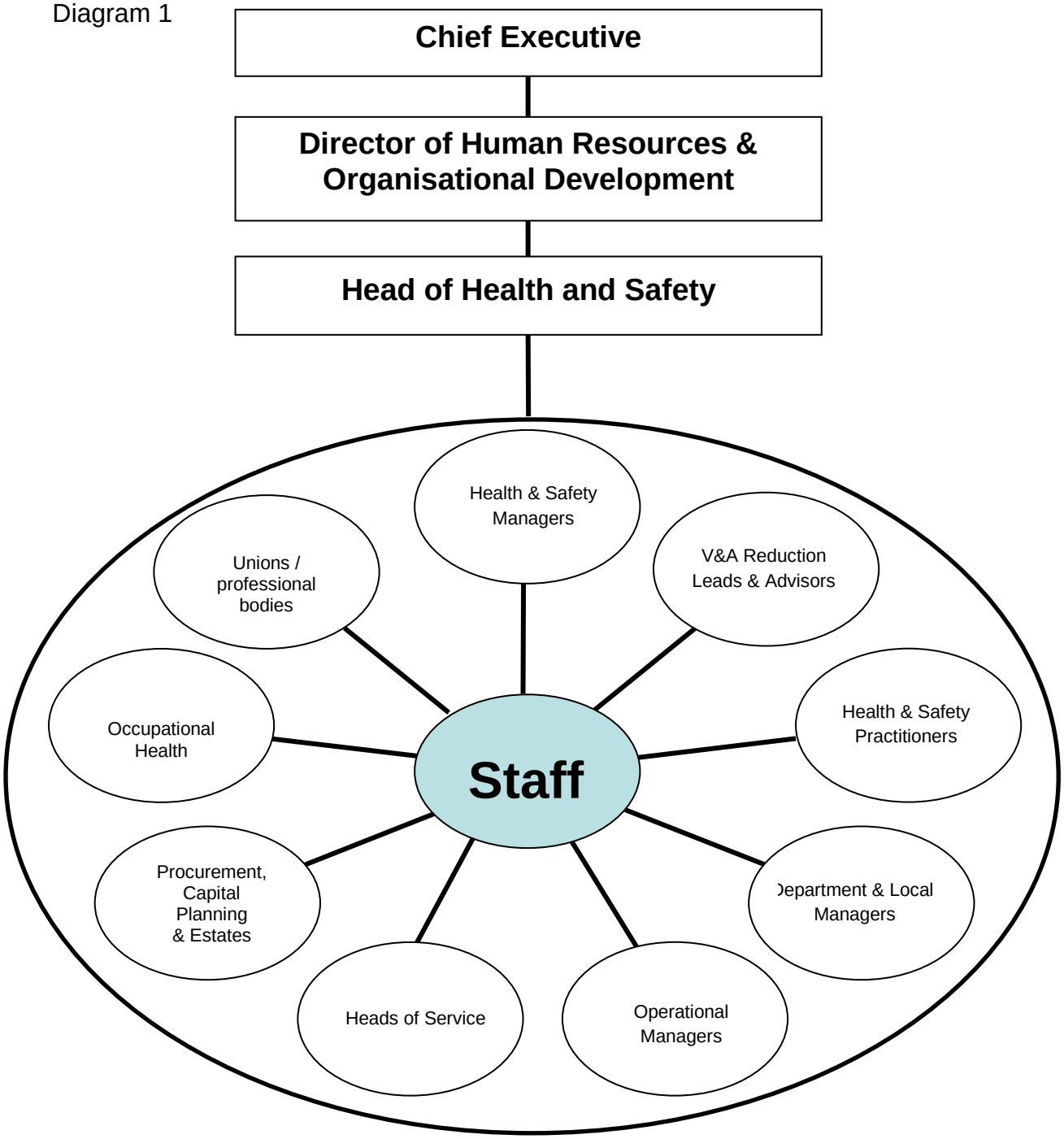
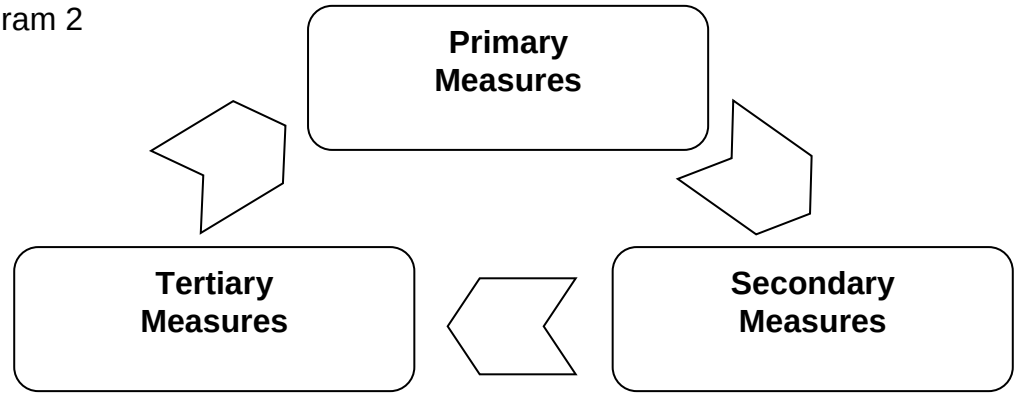


Diagram 2



8.2 Implementation of robust Primary and Secondary measures that are based upon the NHSGGC Core Values, Essential Principles and Specific Measures will greatly reduce risk and the need to use Tertiary measures such as Restrictive Interventions, including Physical Restraint.

9. Definitions of V&A, Restrictive Interventions & Physical Restraint

9.1 NHSGGC's definition of V&A is:

"Any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work" (*Health & Safety Executive 2013*). This can include verbal abuse or threats as well as physical attacks with an explicit or implicit challenge to their safety, well-being or health.

9.2 NHSGGC's definition of Restrictive Interventions is:

Restrictive interventions are taking place when the planned or unplanned, deliberate or unintentional actions of care staff prevent a person from doing what he or she wishes to do and as a result places limits on his or her freedom of movement. *(Mental Welfare Commission for Scotland 2013)*

9.3 NHSGGC acknowledges that there are various types of Restrictive Interventions which include:

1) *Psychological or Interpersonal Control* – This can include verbal prompts, persuasion or commands that are used to contain, manage and modify the individual's behaviour. This type of Restrictive Intervention is often seen as the most desirable

2) *Mechanical* – The most common form in healthcare involves the use of bedrails or lap belts to help staff keep patients, who are at a high risk of Falls, as safe as possible. These types of Restrictive Interventions are designed to help manage the Falls risk and therefore, should never be considered to help manage the V&A risk (Link)

3) *Pharmacological/Chemical* – This involves the use of medication purely for the short-term symptomatic relief of acute behavioural disturbances. They should only to be used when safe, effective appropriate & lawful to do so and should never be seen as a 'stand-alone' treatment.

4) *Technological Surveillance* – For example, the use of CCTV and alarmed doors to monitor people's location. This type of intervention may occur in public areas, and is done so to help ensure the safety and well-being of all the groups of people outlined in section 2.1

9.4 NHSGGC acknowledges that a Restrictive Intervention of major significance is Physical Restraint.

The term 'physical restraint' has traditionally been used within healthcare and is used by NHSGGC. Other terms such as restrictive physical interventions and safer holding are also used. However, these terms mean the same as the term 'Physical Restraint'.

9.5 NHSGGC's definition of Physical Restraint is:
'the actual or threatened laying of hands on a person to stop them from either embarking on some movement or activity, or following it through' *(Mental Welfare Commission for Scotland 2013)*

This definition should be read alongside the broader definition of Restrictive Interventions as outlined above in section 9.3

9.6 NHSGGC acknowledges that the use of any Restrictive Intervention may not always be in response to an incident of V&A. However, there is always a requirement for services to be able to justify the need for, and use of, the Restrictive Intervention, irrespective of its nature.

10. Risk Identification, Assessment and Reduction

10.1 NHSGGC is committed to supporting its employees to be able to effectively identify, assess and reduce the risks of V&A within their workplace

10.2 NHSGGC is committed to supporting its employees to be able to effectively identify, assess the need for and reduce the use of Restrictive Interventions, including Physical Restraint within their workplace.

10.3 Managers can access the Health & Safety Violence and Aggression Risk Assessment & Training Needs Analysis resources here (Link).

11. Reducing Risk & Promoting Positive Relationships

11.1 NHSGGC is aware that many carers, visitors and patients may have been (or are being) exposed to factors that can make them vulnerable, cause them distress and put them at risk of developing complex needs. This can increase the risk of V&A behaviours emerging. These factors can include, but are not limited to the following (Link):

- Environmental/Circumstantial
- Related to Physical Health Issues
- Emotional
- Discrimination & Inequality
- Interpersonal/Relational
- Related to Mental Health Issues
- Related to Psychological Trauma
- Societal

11.2 NHSGGC employees are required to protect and promote the rights of their patients as legislated by the following (Link):

- Human Rights Act 1998
- Adults With Incapacity (Scotland) Act 2000
- Children's Act (Scotland) 1995
- Adult Support & Protection (Scotland) Act 2007
- Equality Act 2010
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Patients' Rights Act (Scotland) 2011

11.3 NHSGGC employees are required to have an understanding of the items outlined in section 11.1 that is relevant to their role. This includes understanding the impact they can have upon the V&A risk and what strategies can be used minimise their effects.

11.4 The Core Values, Essential Principles and Specific Measures should be fully implemented into the culture and working practices of all NHSGGC services. This will help develop more positive relationships and reduce the risk of V&A

11.5 Within clinical areas NHSGGC advocates that authentic, reciprocal, person-centred, compassionate care and care-planning will significantly reduce the risk of V&A and improve relations with patients, visitors, relatives and carers. NHSGGC is committed to ensuring that person-centred, compassionate care is fully delivered by all relevant services to all patients and visitors.

11.6 In non-clinical services, it is still expected that employees have an understanding of the factors that may increase the risk of V&A and implement appropriate control measures

11.7 All NHSGGC employees are expected to conduct themselves in a professional manner which displays consideration, understanding, empathy and compassion towards all patients, carers, visitors and colleagues

12. Reducing the need for and the risks of Restrictive Interventions & Physical Restraint

12.1 The Core Values, Essential Principles and Specific Measures embedded within the culture and working practices of all NHSGGC services will reduce the use and risks of Restrictive Interventions, including Physical Restraint. They will also help to promote positive behaviours and relationships

12.2 Certain services will have a clear and foreseeable risk of having to use Restrictive Interventions, including Physical Restraint. However, the use of any Restrictive Intervention is seen as a Tertiary measure and so their use should be consistent with the Least Restrictive Alternative principle. Physical Restraint should only be used when other primary or secondary de-escalation measures have failed (or are likely to fail), to prevent a greater level of harm from occurring or in the event of an unforeseen emergency, where no other option, or other form of Restrictive Intervention, is possible. They must always be carried out in accordance with the law.

12.3 Restrictive Interventions, including Physical Restraint may constitute a deprivation of the right to liberty as legislated by the Human Rights Act 1998 (Link). Therefore, the following factors must be considered and accounted for

- What actions, measures and practices are in place to ensure that patients' rights, by law are being protected?
- What other primary or secondary measures could be taken to avoid the use of the Restrictive Intervention?
- Does the harm that the Restrictive Intervention seeks to prevent, outweigh the harm it may cause?

- Is the Restrictive Intervention absolutely necessary?
- Does the Restrictive Intervention constitute a deprivation of liberty? If so, is it lawfully justified?
- Is the proposed Restrictive Intervention the least restrictive option?

12.4 NHSGGC acknowledges that employees exposed to a higher risk of V&A and who work with individuals who have more complex needs, may be required to use Physical Restraint in order to deliver care and treatment or manage incidents.

12.5 If it has been assessed that there is a foreseeable need for the use of Physical Restraint, this must be documented. A V&A risk assessment should be completed and held within the H&S Management Manual, this will include the likelihood of restraint within the ward / department. Where a person specific assessment is required this would be kept within the patient's care & treatment plan. Details of Primary & Secondary measures that will minimise the need for Physical Restraint and promote positive relationships must also be documented within the risk assessment and care / treatment plan.

12.6 It is essential that employees who may be required to use Physical Restraint are fully aware of, and are compliant with, the following:

- The rights of the person and the responsibility to protect them as far as is practicable
- Alternative strategies and management approaches to Physical Restraint
- The need for the employees to be appropriately trained in the safe use of Physical Restraint
- Being able to provide clear leadership, communication and teamwork during incidents that involve Physical Restraint
- The specific physical, emotional and psychological risks associated with Physical Restraint and be able to monitor and manage them appropriately.
- Ensuring that the Physical Restraint does not interfere with the individual's airway, breathing or circulation. This includes being able to check that the individual's airway and breathing are not compromised, both during and after the intervention.
- Being able to monitor the individual's vital signs both during and after the intervention
- Ensuring that the Physical Restraint does not interfere with the individual's ability to communicate
- That the individual's head and neck are protected both during and after the intervention if needed
- Being able to access emergency equipment (including defibrillators), both during and after the intervention, if needed
- Being able to access staff trained to respond to medical emergencies/or be able to access the emergency services, both during and after the intervention, if needed.

- Being able to evidence that any use of Physical Restraint was necessary, reasonable and proportionate and the least restrictive option available
- Work towards returning control and autonomy back to the individual and considering alternatives to managing the situation and reducing the risks
- The need to report incidents involving Physical Restraint through local communications channels and via Datix
- The need to document all incidents of Physical Restraint within the patient's individual care and treatment plan
- The requirement for post-incident support and de-brief for patients, staff and other parties who have witnessed or been involved in incidents involving Physical Restraint

13. Training & Education

13.1 NHSGGC has a duty to provide training to its employees regarding the V&A risk and Restrictive Interventions, including Physical Restraint

13.2 To meet this requirement, external management of aggression training models have been used to develop NHSGGC trainers / advisors and specific NHSGGC management of aggression services. The two key training models that are used within NHSGGC are MAYBO and the General Services Association (GSA):

1) The MAYBO model is used by the Health & Safety Violence Reduction Service This is used within the Corporate & Acute Divisions and the Health & Social Care Partnerships (HSCP)

   (NB - Within HSCP areas, the Maybo model is only used for NHSGGC employees unless they work for the; the Mental Health, Learning Disabilities, Addictions, Homelessness and Forensic Services. The Maybo model is not used in any Local Authority in Glasgow City or Clyde Valley as they access their own Promoting Positive Behaviours training model).

2) The GSA model is used by the Violence Reduction Service (Mental Health). This is used to deliver training to NHSGGC employees from the HSCP's Mental Health, Learning Disabilities, Addictions, Homelessness and Forensic Services.

Crisis & Aggression, Limitation & Management (CALM) and Prevention are also used within sections of NHSGGC's Children's Mental Health Services.

13.3 NHSGGC has ensured that each of the management of aggression services that operate within the health board address the following as a part of their course delivery:

- The Law in relation to; workplace violence & aggression, human rights and the use of force for self-defence and physical restraint
- Risk assessment and reduction strategies
- Identification of triggers and escalating factors

- The impact of; communication and diversity issues, medical and psychiatric conditions and psychological trauma
- The need to develop positive, respectful relationships
- Alternatives to the use of restrictive interventions/physical restraint e.g. positive, non-physical interventions
- Associated ethical, moral and human rights issues
- Employee rights & responsibilities regarding the use of force for self-defence & physical restraint
- The need for post incident support
- The need for post incident reporting, recording and learning

14. Mandatory Training Requirements for Staff

14.1 NHSGGC has a legal responsibility to provide training to all its employees. V&A training in the reduction and management of V&A is mandatory for all NHSGGC employees. The level of mandatory training is defined by area, risk assessment and training needs analysis (TNA).

14.2 The following framework, whilst not exhaustive, is designed to help highlight what level of mandatory training is needed for different areas. However, this framework is not deigned to replace the need for individual NHSGGC service's own TNA. Local managers are still expected to carry out a TNA for their own area. It is anticipated that the framework below will, generally, mirror the results of the services highlighted within. However, it is acknowledged that there may be some variance from service to service. Where needed, local managers should contact their respective management of aggression service, for further advice.

Level of Risk	Known work areas	Level of Mandatory Training Required
Statutory / Mandatory training for all NHSGGC employees		
This level of risk is defined by the acknowledgment that Violence and Aggression is a risk that is applicable across the whole of NHSGGC and is mandatory for **all** employees For areas that have a negligible V&A risk, this level of training may be all that is required	**All areas within NHSGGC**	**e-learning module:** GGC: Reducing Risks of V&A

Level of Risk	Known work areas	Level of Mandatory Training Required
Lower		
This is level of risk is defined by: • Lower risk of encountering V&A on a face to face level and of being required to get to safety / get others to safety. • Overall lower levels of complex needs, co-morbidities and contributory factors associated with patient population • Lower frequency & level of harm (or potential thereof) associated with V&A incidents • No requirement to use physical restraint	• Renal • Outpatient Departments • Surgical • Health Visitors • Porters / Domestics working in clinical areas • Elderly care (non-dementia)	**All training, as outlined in previous section:** NHSGGC Reducing Risks of V&A **Additional e-learning modules:** Additional NHSGGC e-learning modules that are applicable to the specific area
Higher		
This level of risk is defined via a variety of factors including: • Overall higher levels of complex needs, contributory factors & co-morbid issues within patient population • Higher frequency & level of harm (or potential thereof) associated with V&A incidents • Higher risk of facing V&A on a face to face level and are required to get themselves/other to a place of safety • Higher risk of employees requiring to use physical restraint to deliver treatment or to manage emergencies	• Forensic In-patient Services • Accident & Emergency (Child and Adult) • Learning Disability units • Mental Health wards • Community Mental Health Services • Acute Receiving / Medical Units • Addiction Services • Gastroenterology • Neurology • Dementia	**All training as outlined in previous section:** NHSGGC Reducing Risks of V&A Other relevant e-learning material **Classroom based training courses:** Include physical skills training in: • Assault avoidance • Physical disengagement • Physical restraint **NB** Some lone working services may require training that does not include physical restraint skills

15. The Use of Force

15.1 Whilst NHSGGC advocates the development and implementation of robust Primary and Secondary measures will promote greatly reduce risk, it is also acknowledged that employees may have to use a variety of Tertiary measures to reactively manage incidents.

15.2 Common Law in Scotland states that any and all individuals may be justified in using force for the purposes of: self-defence/protection, defence/protection of another, defence of property or prevention of a crime. However, in order for the level of force used to be considered lawful, the individual(s) **must** be able to demonstrate that their actions were; **Necessary, Reasonable & Proportionate** to the situation. NHSGGC asserts that the Use of Force in this context is a Tertiary measure.

15.3 The Adult's With Incapacity (Scotland) Act 2000, The Mental Health (Care & Treatment) (Scotland) Act 2003 and the Children's Act (Scotland) 1995, can each give certain powers to specific NHSGGC employees. This gives them the authority to ensure essential care and treatment, potentially without the patient's consent. NHSGGC accepts that where primary or secondary de-escalation measures have failed (or are likely to fail), to prevent a higher level of harm from occurring or in the event of unforeseen emergencies, these employees may have to use physical restraint in order to carry out their duty of care. However, the law still imposes the requirement that relevant employees are able to demonstrate that the Use of Force involved was **Necessary, Reasonable & Proportionate.** Where needed, staff should seek advice from their respective V&A reduction service.

15.4 Based upon training needs analysis, NHSGGC provides physical skills training to relevant employees focusing on assault avoidance, de-escalation, self-defence/protection and disengagement. These skills are designed to enable staff to cope with an aggressive and / or physically threatening incident, in line with the requirements of the law. This training also emphasises that these skills are Tertiary measures.

15.5 Based upon training needs analysis, NHSGGC also provides training to relevant employees in the use of physical restraint. This is to enable them to be to do so in a safe, appropriate and lawful manner, which is consistent with the Least Restrictive Alternative principle. It reinforces the key message that Physical Restraint is a Tertiary measure, should only be used as a last resort, to prevent a higher level of harm from occurring, or in the event of an unforeseen emergency. It also re-enforces the message, that any force used must Necessary, Reasonable & Proportionate

15.6 NHSGGC acknowledges that training in a controlled environment, cannot fully account for what may occur within a 'real life', dynamic situation. NHSGGC, therefore, accepts this premise and acknowledges that employees may have to use a level of force in a 'real life', dynamic situation that they did not use in a training environment.

15.7 NHSGGC is committed to providing relevant support to employees who have had to use force to defend themselves and / or others, provided that staff can demonstrate

that the level of force used was necessary, reasonable, proportionate and only used to defend / protect themselves or another from imminent harm.

16. Specific Risks

16.1 Incidents of Threats with Weapons

NHSGGC does not expect any employee to attempt to disarm any individual(s) who may be making threats with a weapon. Staff should do what is practicable to keep the situation / environment calm, contained and as safe as possible. Evacuation to an area of safety should be prioritised. Where required, staff must call the police via 999.

It is a criminal offence to carry an offensive weapon (including any article made or adapted for use as a weapon or intended for such use). If staff are aware of an individual carrying a weapon on NHSGGC property they should alert an appropriate manager and contact the police via 999 for immediate support when necessary.

NHSGGC will always seek to prosecute individuals who are found to be carrying offensive weapons on their premises

16.2 Incidents of Ongoing, Unwanted Attention & Stalking Behaviours

Stalking is a pattern of coercive behaviours that serves to exercise control and power on another person. These behaviours are cumulative and may vary in frequency, intensity and duration.

Incidents in which NHSGGC employees are being subjected to unwanted attention or stalking behaviours are to be managed via the NHSGGC Stalking Policy (Link)

16.3 Incidents of Staff on Staff Violence & Aggression

Incidents involving staff on staff V&A fall under the remit of this policy. However, they must also be managed via the Dignity at Work and Disciplinary Policies (Link)

Where any employee has been subjected to V&A from another NHSGGC employee, they always retain the right to contact the police if they choose to do so and must be supported in this process.

16.4 Incidents Involving V&A Towards Adults at Risk or Children

In any incident where an adult at risk or a child has been the target of V&A then staff should take measures to ensure that relevant Adult Support & Protection or Child Protection services should be contacted as soon as possible (Link).

16.5 Incidents of V&A in a Lone Working Context

Incidents of V&A can occur within a lone working context. To enable services, units and departments with staff who engage in lone working activities to reduce this risk as much as is reasonably practicable, the NHSGGC Lone Working Policy should be read alongside with this one (Link)

16.6 Use of the Prone, Face Down Restraint

The Prone, Face Down Restraint is the most restrictive type of Physical Restraint that is used within NHSGGC. Where it has been assessed that there is a need for this type of Physical Restraint in an area, all relevant employees must be trained in how to use it safely and appropriately. As with any type of Physical Restraint the physical and

emotional risks must be continuously assessed and managed. This includes for need to end the restraint and to provide required medical attention.

All relevant employees must be aware of the risks, involved in using the prone restraint, for example positional asphyxia, as well the individual's specific physical, emotional and psychological needs/vulnerabilities. Staff must be continuously aware of the need for immediate action to be taken in the event of a medical emergency. This includes for need for medical attention/support to be immediately available.

During an incident involving the Prone, Face Down Restraint, the person's head, neck, chest, back and abdomen should be continuously protected, kept free from physical pressure and closely monitored. Employees must ensure that the person is able to have uninhibited and free breathing at all times. The person must also receive regular use of physical health/observations checks, by an appropriately trained employee(s) as soon as possible, to ensure that all vital signs are, and remain stable.

The employee taking the lead role must ensure that all communication is kept clear and appropriate and is properly received & understood by all parties.

The person should be moved to a less restrictive position and control/autonomy returned to them at the earliest and safest opportunity. The decision to do this must be based upon the Least Restrictive Alternative principle, the individual needs of the person and the risks that all parties are exposed to.

Following an incident where the Prone, Face Down, Restraint has been used, the person should, again, receive physical health/observations checks, by an appropriately trained employee(s) as soon as possible to ensure that all vital signs are, and remain, stable.

NHSGGC provides training in the Prone, Face Down, and Restraint that teaches relevant employees how to use it safely and appropriately. The training also explores how to use alternative management strategies to reduce the need for it to be used.

Where there is an assessed and foreseeable need for the use of the Prone, Face Down Restraint an individualised assessment, care plan and risk management plan must be developed. Where appropriate, these should also be discussed with the patient and their next of kin/named person. The plans must include details of relevant primary and secondary measures, designed to reduce the need for it and to maintain positive, respectful relationships. They must also include information on how to reduce and manage the physical risks associated with it.

17. Adapting, Altering & Withdrawing Care in Response to Ongoing Aggressive and Violent Behaviours

17.1 NHSGGC will always strive to provide the highest quality service and care possible to all patients and visitors. However, NHSGGC acknowledges that all employees have the right to remove themselves from situations that are unsafe to manage, or where they are being subject to abuse, harassment, aggression and / or violence.

17.2 NHSGGC accept that in certain cases where staff are exposed to ongoing threats, abuse, harassment, aggression or violence they may need to consider adapting or altering care as a response. Any decision to do so should be recorded and reported through appropriate management structures and DATIX.

17.3 In extreme circumstances, and as a last resort, it may be necessary to withdraw care and treatment on a longer term basis if the risks to staff increase & cannot be safely reduced or managed. Employees, patients, relatives & visitors must be fully aware of the expectations of all parties during the delivery of care and the potential outcomes if these expectations are not met. In any and all cases where this occurs staff must ensure that it is recorded reported and approved through appropriate management structures and DATIX. NHSGGC considers any decision to withdraw care and treatment to be a Tertiary measure and should only be used in extreme circumstances (Link)

18. Role of Security Staff for Emergency Situations

18.1 In emergencies, security staff may be called upon by other members of staff to assist in managing incidents of violence and aggression. They can be contacted via 2222

18.2 There are only security staff based on two sites within NHSGGC; Glasgow Royal Infirmary and Queen Elizabeth University Hospitals. Most NHSGGC sites do not have security staff present. Relevant managers should make appropriate plans to manage any key risks and communicate these with their employees

18.3 NHSGGC acknowledges that security staff have a wide range of responsibilities and as such cannot always be available to assist in managing aggressive incidents. In those areas where security staff are present, it is expected that local services develop management strategies that include, but do not solely rely on, the use of security staff

18.4 Where security staff have been called to a clinical area, it is the clinical staff that retain responsibility for the patient's safety and wellbeing. Security staff are never expected to take over clinical responsibility for the patient and, therefore, should not be left alone to manage these incidents. It is never acceptable for security staff to be left alone to observe and supervise patients and at least one member of clinical staff should remain present during these incidents.

18.5 All members of security staff at the QEUH and GRI sites will receive management of aggression and physical restraint training via the MAYBO training system.

19. Police Involvement

19.1 NHSGGC acknowledge that in certain circumstances, it may not be possible, safe or appropriate for clinical or security staff to manage aggressive / violent situations. Staff should feel empowered to contact the police via 999 whenever they feel that this level of support is required.

19.2 NHSGGC asserts that they will always seek to address all incidents involving any person(s) who have abused, threatened or assaulted any of the persons as outlined in section 4. This could include the option to seek prosecution.

19.3 NHSGGC also acknowledge that employees retain the individual right to choose whether or not to pursue legal action against an alleged assailant, irrespective of the circumstances, and assert that all individual decisions must be respected.

19.4 NHSGGC will provide support to members of staff who are proceeding with legal action against a person(s) who has been threatening, abusive or assaultive towards them. (Link)

20. Reporting, Recording and Monitoring of Incidents

20.1 NHSGGC promotes and encourages staff to report and record all incidents of violence and aggression (including verbal abuse & near misses) both through local channels and via DATIX. This is to ensure that the overall risk is being appropriately monitored and reviewed. It is also to ensure that a culture of investigation, learning and teamwork is promoted within the organisation. (Link)

20.2 NHSGGC also asserts that whenever a physical restraint has taken place that this is reported and recorded through relevant local channels and DATIX

20.3 NHSGGC Health & Safety department will report all relevant RIDDOR incidents to the Health and Safety Executive (HSE)

20.4 The respective management of aggression service operating within NHSGGC will review all Violence & Aggression related DATIX incidents and offer relevant areas advice and support as required.

20.5 The Violence & Aggression Reduction Group will meet quarterly to review the overall organisational risk, review policy and devise management strategies for use across the organisation. The Violence and Aggression Reduction Group will report to and liaise on a regular basis with the Health & Safety Forum, and will outline key issues, trends and recommendations.

21. Post-Incident Considerations

21.1 NHSGGC acknowledges that incidents of V&A can be physically, emotionally and psychologically distressing for all parties (including witnesses) involved. NHSGGC promote that appropriate emotionally supportive post-incident measures are put in place to minimise any potential distress.

21.2 NHSGGC also acknowledges the need to conduct post incident reviews, that are designed to examine the incident in terms of what caused it and what can be done to minimise the risk of it occurring again. This type of review will be conducted by relevant departmental managers / personnel and should include consideration of adult and child protection issues and whether a Significant Clinical Incident review is required (Link).

22. Policy Audit, Monitoring and Review

22.1 The audit and monitoring of this policy will be carried out in line with the NHSGGC Health and Safety Policy (Link)

22.2 This policy will be reviewed every 3 years in line with the wider Health & Safety Policy and Strategy.

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