**ISSA MEDICAL**

**Main Site: Issa @ Deepdale**

**Branch Site: Issa @ Fulwood**

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**DEALING WITH UNREASONABLE,**

**VIOLENT & AGGRESSIVE PATIENTS POLICY**

# 1 Introduction

## Policy statement

The purpose of this document is to provide guidance to staff at Issa Medical on how to manage unreasonable, violent and abusive patients in the workplace in line with extant legislation. This organisation has a zero-tolerance policy towards violent, threatening or abusive behaviour towards staff, patients or visitors. At no time will such behaviour be tolerated and it will be managed appropriately and consistently.

While violence and threatening behaviour is often easy to label, abuse may take on many forms. For this policy, abuse can be towards any service user, visitor or staff member and includes (but is not limited to) sexism, racism, homophobia, biphobia, transphobia and ageism, or harassment or abuse based on disability, marriage or civil partnership, pregnancy or maternity, religion or belief.

This document will illustrate the organisation’s commitment to the safety of staff, contractors and patients while explaining the requirement for staff to undertake training and report incidents effectively to ensure that appropriate action is taken against offenders. It is policy for this organisation to press charges against any person who damages or steals organisation property or assaults any member of staff, visitor or patient.

It is the responsibility of all staff to ensure that they recognise, respond to and take the necessary action when dealing with any patient who is behaving in a violent, threatening or abusive manner towards colleagues, contractors or patients. It remains a management responsibility to ensure that all staff have undertaken the necessary training to be able to respond appropriately.

The [HSE advises](http://www.hse.gov.uk/healthservices/violence/further-guidance.htm) that healthcare workers are four times more likely to experience violence at work than in other vocations. Therefore, effective risk assessment and incident reporting is essential to support the organisation in the appropriate management of offenders, thereby reducing risk to staff, visitors and service users.

Legislation to support this subject and further reading can be sought from Annex A.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. Furthermore, this document applies to all employees of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

# Identifying Challenging Behaviour

## Unreasonable behaviour

There are many reasons why a patient’s behaviour may become unreasonable, including:

* Substance misuse
* If they are scared, anxious or distressed
* If they are frustrated, unwell or in pain

All staff at Issa Medical may experience patients who are:

* Demanding
* Unwilling to listen
* Uncooperative

There are several factors associated with difficult and challenging interactions with patients, such as a lack of resources, waiting times and interruptions during consultations. For these reasons, the ‘demanding’ or ‘difficult’ patient can potentially consume a large amount of the clinician’s and manager’s time.

In order for the practice to maintain good relations with their patients Issa Medical asks all new patients to read and sign a behaviour agreement as part of the registration process.

## Inappropriate behaviour

Inappropriate behaviour is defined as being unacceptable if:

* It is unwanted by the recipient
* It has the purpose or effect of violating the recipient’s dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment

Inappropriate behaviour does not have to be face-to-face and may take other forms including written, telephone or e-mail communications or through social media. This is covered in the Intranet & Social Media Acceptable Use Policy.

What constitutes inappropriate or unreasonable behaviour could be viewed as a subjective matter. Therefore, to ensure objectivity and prior to any further actions being taken, incidents of inappropriate behaviour will be discussed with a member of the senior management team.

Any person, be they staff, visitor or service user, who encounters unreasonable behaviour will be fully supported by senior management.

## Violent or abusive behaviour

It is acknowledged that a small minority of patients may become abusive or violent towards staff at Issa Medical, making it difficult for the healthcare team to provide services.

This organisation has a zero tolerance towards such behaviour and is committed to reducing the risk to staff and other patients resulting from such behaviour. This is further detailed within the NHS E document titled [Our plan for improving access for patients and supporting general practice](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf).

**2.4** CLASSIFICATIONS

Further details to support classifications of inappropriate, violent, abusive and assault can be found at Annex B.

# Managing unreasonable and inappropriate behaviour

## Prevention

A patient’s values, beliefs and circumstances all influence their expectations of their needs for, and their use of, services. Staff at this organisation recognise that external factors may influence a patient’s behaviour.

[NICE Clinical Guidance 138](https://www.nice.org.uk/guidance/cg138/chapter/1-guidance) recommends that an individualised approach to providing care is required to improve the patient’s experience and to reduce the risk of the doctor/patient relationship breaking down.

Clinicians should be reminded that patients may request a second opinion from another clinician, and clinicians must advise the patient how they can arrange this.

**3.2** PROCESS TO MANAGE UNREASONABLE AND INAPPROPRIATE BEHAVIOUR

The stepped approach to managing challenging behaviour can be found at Annex C.

**4 Managing violent, abusive or threatening behaviour**

**4.1** PREVENTION

Since 2020, all NHS-funded services under the NHS Standard Contract must declare twice a year that they meet the [Violence prevention and reduction standards](https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf).

While aimed at our colleagues in secondary care, it is considered that as these standards are to meet best practice, this organisation will aim to implement any recommendations, where practicable, to support a safe and secure working environment for employees.

The BMA document, [Preventing and reducing violence towards staff](https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/creating-a-healthy-workplace/preventing-and-reducing-violence-towards-staff), suggests actions that employers may consider taking to reduce the risk of violence and protect their staff. Therefore, this organisation will commit to the following:

* Develop a risk assessment that will detail objectives and requirements with the aim of reducing incidents of violence
* Review and update the risk assessment annually
* Communicate the strategy to all staff including a review on how to report incidents
* Assess and complete actions in a timely manner
* Ensure any lessons learned are considered by the organisation and changes made to this policy as indicated

In addition, the clinician may consider:

* Having a chaperone present throughout the consultation
* Arranging the surgery to ensure they are seated closest to the door
* Ensuring other staff are aware of a potential issue and are prepared to respond accordingly

While the above BMA link details the actions needed for staff members, support will also be given for visitors and service users following any act of violence.

Do’s and don’ts when confronted by violence:

|  |  |
| --- | --- |
| **DO** | **DO NOT** |
| Recognise your own feelings | Meet anger with anger |
| Use calming body language | Raise your voice, point or stare |
| Be prepared to apologise if necessary  | Attempt or appear to lecture them |
| Assert yourself appropriately | Threaten any intervention unless you are prepared to act upon it |
| Allow people to explain themselves | Make people feel trapped or concerned |

## 4.2 PROCESS TO MANAGE VIOLENT, ABUSIVE OR THREATENING BEHAVIOUR

The organisation does not expect any staff member, patient or visitor to tolerate any form of behaviour that could be considered violent, abusive or threatening or that becomes so frequent it makes it more difficult for the organisation to undertake its work.

The organisation will take action to manage this type of behaviour whenever it occurs, including inappropriate behaviour on social media.

Should the episode of behaviour be so great then an immediate application to remove the patient from the practice list will be submitted. The BMA document titled [Removing patients from your practice list](https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-patients-from-your-practice-list) should also be consulted.

It should be noted that the same standards of zero tolerance also apply should patients who demonstrate violence towards other patients or visitors.

Should an incident warrant a warning, then the process at Annex C can be followed.

Guidance on the removal of a patient process is at Annex D.

**5 Raising the alarm**

**5.1 TYPES OF ALARM**

The organisation has an on-screen alarm button on EMIS which enables staff to respond should the alarm be pressed.

The existence of such alarms enables a member of staff to initiate a supportive response from within the organisation when they perceive themselves to be under threat or are experiencing aggressive behaviour.

All staff who work during periods of low manning within the building can consult Issa Medical’s Lone Working Policy.

Should staff at any point feel threatened or sense that the situation may lead to an incident, they are to activate the alarm.

**5.2 USE AND ACTIVATION OF THE ALARMS**

The alarm button on EMIS can be used for emergency clinical situations but also to inform staff that assistance is required in situations of aggressive behaviour. During induction, all staff are given an overview of the panic alarms and how they work.

The alarm button should be used when an employee feels threatened by a situation involving:

* Verbal or physical disruption
* Verbal aggression
* Physical aggression or the threat of physical violence or mental distress
* Physical violence
* The receipt of a bomb threat or coming across a suspicious package.
* Should there be any consideration of terrorist activity. In this situation, the Dynamic Lock Down Procedure is to be initiated (please see below).

Should staff at any point feel threatened or sense that the situation may lead to an incident, they are to activate the alarm.

##  RESPONSE PROCEDURE

Upon activation of the alarm:

* All available staff should respond immediately
* Staff will go to the incident location, proceeding with caution
* The first member of staff is to knock and then enter the room
* The second is to remain in the doorway, ready to summon additional support if necessary

The specific nature of the incident will determine if:

* Additional staff are required for support
* The police are required to attend and take any subsequent action
* The situation can be resolved by the clinician with support from a staff member

Staff should always try to minimise the risk of harm to themselves and others.

In the first instance, a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not, in any circumstances, escalate or mirror the patient’s behaviour.

Should the person not stop their behaviour, then a nominated member of staff should be asked to attend and an overview of the situation should be calmly detailed, preferably within hearing of the perpetrator. Should the person be acting in an unlawful manner, causes damage or assaults another person, then the police should be called immediately.

Should it prove necessary to remove the person from the organisation then the police should be asked to attend. Staff should never attempt to manhandle the person from the premises.

**5.4 POLICE ASSISTANCE**

The police should be called in instances where physical assault is likely or where weapons or drugs have been identified. It is the responsibility of the police to deal with patients who act in such a manner.

The Practice Manager is required to notify the CQC of an incident that is reported to or investigated by the police as detailed within [CQC GP Mythbuster 21: Statutory notifications to CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-21-statutory-notifications-cqc).

**5.5 BOMB THREAT AND SUSPICIOUS PACKAGE**

In the event of a bomb threat or a suspected package and the information relates to a patient area, then the message is to be calmly discussed and subsequent evacuation procedures are to be commenced.

##  Dynamic lockdown procedure

A lockdown is a procedure used when there is an immediate threat to the building and its occupants.

Should there be any hint or if a credible warning or evidence of any ongoing terrorist activity, then staff must comply with the Stay Safe principles outlined below.

Stay Safe principles are:

**Run**

* Escape if you can
* Consider the safest options
* If there is a safe route then RUN
* Can you get there without exposing yourself to greater danger?
* Insist others leave with you
* Leave belongings behind

 **Hide**

* If you cannot RUN then HIDE
* Find cover from gunfire
* If you can see the attacker(s), they may be able to see you
* Cover from view does not mean you are safe, bullets go through glass, brick, wood and metal
* Find cover from gunfire, e.g., substantial brickwork/heavy reinforced walls
* Be aware of your exits
* Try not to get trapped
* Be quiet, silence your phone
* Lock/barricade yourself in
* Move away from the door

**Tell**

* Call 999 – what do the police need to know?
* Location – where are the suspects?
* Direction – where did you last see the suspects?
* Descriptions – describe the attacker(s), numbers, features, clothing, weapons etc.
* Further information – casualties, types of injury, building information, entrances, exits, hostages etc.
* Stop other people from entering the building if it is safe to do so

**5.7 DEACTIVATION INSTRUCTIONS**

|  |  |  |
| --- | --- | --- |
| **Alarm types** | **Descriptions/locations** | **Deactivation instructions** |
| Static – intruder system | Staff entrance Main foyer entrance (at both sites) | Press fob against the alarm |
| EMIS screen software (button) | All screens when logged on | Alarm is deactivated once assistance has been acknowledged |

# Removal of the Patient

##

## 6.1 GUIDANCE

While it is acknowledged that organisations are permitted to remove patients in appropriate circumstances as detailed within GMC guidance titled [Ending your professional relationship with a patient](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/ending-your-professional-relationship-with-a-patient/ending-your-professional-relationship-with-a-patient) and BMA guidance titled [Removing patient from your practice list](https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-patients-from-your-practice-list), removal should never be based on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical conditions.

Actions available to the organisation can be sought at Annex D.

**7 Reporting of incidents**

**7.1 INTERNAL REPORTING**

All incidents are to be reported to the Practice Manager and SEA leads at the earliest opportunity. They will ensure that any subsequent reporting action is taken while supporting staff in the completion of the significant event report.

**7.2 CLINICAL RECORD**

A factual entry is to be made in the patient’s healthcare record detailing exactly what occurred; the record should include timings, the build-up to the incident and details of staff members and witnesses present.

Further information can be sought at Annex C.

**7.3 SIGNIFICANT EVENTS**

In addition to recording the information in the patient’s healthcare record, the staff member dealing with the patient is to complete a significant event form on TeamNet.

Further advice on significant events including understanding and acting on any lessons that should be learnt following any incident can be found in the Significant Event Protocol and the Incident & Reporting Policy.

**8 Risk assessment**

**8.1 REQUIREMENT**

While it is acknowledged that a risk assessment alone will not reduce the occurrence of work-related violence, the subsequent actions following the assessment should do so. The findings of the risk assessment(s) will inform the procedures needed to enhance safety within the organisation.

The following constitute foreseeable risks although it should be noted that this list is not exhaustive:

* Known or suspected abusive, aggressive or violent patients
* Patients suffering from stress and/or mental illnesses
* Patients for who services may be withdrawn or withheld
* Patients with a criminal history

The HSE provide both [Risk assessment for work-related violent document](https://www.hse.gov.uk/violence/employer/assessing-the-risks.htm) and a [guidance document](http://www.hse.gov.uk/pubns/indg69.pdf) to support the management in dealing with violence within the workplace.

The template for conducting a risk assessment and a copy of the practice’s recent risk assessment can be found in Annex E.

**9 Effects on staff and patients**

**9.1 SUPPORTING THE TEAM**

While much of the abuse and episodes of violence are directed towards front of house colleagues, any staff member who has been subjected to such behaviour will be supported. The situation will be acted upon swiftly, including removing patients from the list where indicated.

Staff who experience incidents of violence, aggression or assault may experience subsequent after-effects which may require support from the team or external resources.

**9.2 DEBRIEFING THE TEAM**

[Debriefing](https://litfl.com/clinical-debriefing/) refers to learning conversations that occur soon after an event and involve those who took part. This is also known as ‘hot debriefing’ or ‘proximal debriefing’.

The aims of debriefing are to:

* Discuss how, why and what occurred
* Promote learning and reflection for individuals and teams
* Identify opportunities for improvements in workflows, processes and systems
* Identify any key points and lessons learnt
* Ensure that the health and wellbeing of staff members are not adversely affected

The management team will support all staff members following any incident, no matter how minor it may seem. Both positive and negative points should be considered that can support organisation-level training in the support of any future events.

**9.3 SUPPORTING PATIENTS**

Should any patient be subjected to violent, abusive or aggressive behaviour then, as for staff members, they may need support, and this may be from a clinical or non-clinical member of the team. It is likely that the minimum would be to have a debrief about the incident although in many cases the police would need to be involved.

External support may also be required.

**Annex A – Legislation and further reading**

The following legislation supports this policy:

* [Health and Safety at Work Act 1974](https://www.hse.gov.uk/legislation/hswa.htm)
* [Management of Health and Safety at Work Regulations 1999](http://www.legislation.gov.uk/uksi/1999/3242/contents/made)
* [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations](http://www.hse.gov.uk/riddor/index.htm)

[2013 (RIDDOR)](http://www.hse.gov.uk/riddor/index.htm)

* [Safety Representatives and Safety Committees Regulations 1977](https://www.hse.gov.uk/pubns/priced/l146.pdf)
* [Health and Safety (Consultation with Employees) Regulations 1996](https://www.hse.gov.uk/pubns/books/l146.htm)

Further reading can be sought from:

|  |  |
| --- | --- |
| BMA | [Preventing and reducing violence towards staff](https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/creating-a-healthy-workplace/preventing-and-reducing-violence-towards-staff)[At the sharp end: handling patient violence](https://www.bma.org.uk/news-and-opinion/at-the-sharp-end-handling-patient-violence)[On the receiving end: violence aimed at doctors](https://www.bma.org.uk/news-and-opinion/on-the-receiving-end-violence-aimed-at-doctors) |
| GMC | [Ending the professional relationship with a patient](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/ending-your-professional-relationship-with-a-patient/ending-your-professional-relationship-with-a-patient) |
| HSE  | [Violence and aggression at work](https://www.hse.gov.uk/violence/employer/the-law.htm)[Violence at work](https://www.hse.gov.uk/pubns/indg69.pdf) |
| LGBTQ+ | For managing inclusive behaviour visit [Stonewall](https://www.stonewall.org.uk/)Gender Identity Toolkit can be found on TeamNet  |
| MDU | [Dealing with challenging patients](https://www.themdu.com/guidance-and-advice/guides/guide-to-dealing-with-challenging-patients) |
| NHS E | [Violence prevention and safety](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/) |
| NICE | [Safeguarding NHS staff from violent and aggressive patients](https://www.nice.org.uk/news/article/safeguarding-nhs-staff-from-violent-and-aggressive-patients) |

**Annex B – Classifications**

**Unreasonable and inappropriate behaviour**

Some examples of inappropriate behaviour that is deemed to be unreasonable includes, but are not limited to the following:

* Aggressive or abusive behaviour, such as shouting or personal insults, in person or via social media
* Discrimination or harassment when related to a protected characteristic under the Equality Act 2010
* Unwanted physical contact
* Spreading malicious rumours or gossip or insulting someone
* Stalking
* Offensive comments/jokes or body language
* Persistent and unreasonable criticism
* Unreasonable demands and impossible requests
* Coercion, such as pressure to subscribe to a particular political or religious belief

**Violent or abusive behaviour**

* Any incident in which “an employee is abused, threatened or assaulted in circumstances relating to their work” ([HSE 1996](https://www.hse.gov.uk/pubns/indg69.pdf))

* The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
* The use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment
* Behaviour that is hostile, destructive and/or violent

**Assault**

* Physical assault is the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
* Non-physical assault is deemed to be the use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment

**Annex C – Process to manage poor behaviour**

The following process is to be taken to support poor behaviour at this organisation:

* **Discuss**

When interactions become challenging, staff are advised to discuss these more difficult consultations/conversations with their peer groups, seeking guidance when applicable and assurance that they have handled the situation in the most appropriate manner.

* **Record keeping**

To support any decisions made on behalf of the organisation, members of staff who experience patients who are challenging and make unreasonable demands must record the events as accurately as possible.

Any record should be strictly factual.

The [Medical Protection Society](https://www.medicalprotection.org/uk/articles/from-the-advice-line-documenting-aggressive-behaviour) states in its guidance that if a patient’s behaviour is likely to be relevant to their health, then it should be documented factually within the medical record. However, if incidents arise outside the context of a consultation, say in reception, or when telephoning, it should be considered as to whether the behaviour should be documented in the medical records or not.

There can be circumstances in which it would be more appropriate to record any incidents with a patient in a separate folder. Any information about a patient stored outside the records would still be required to be disclosed on request by the patient under data protection legislation.

Any entry made in the patient’s healthcare record should detail exactly what happened, including timings, the build-up to the incident and those staff members present. Care should be taken not to record opinions or perceptions that may prejudice others in the event of the patient seeking to register elsewhere for any reason.

* **Speaking to the patient**

In the first instance, and to maintain an effective relationship with the patient, it is recommended that the patient be spoken to by the clinician who is treating them. The clinician can provide reassurance to the patient about their condition and address any concerns.

A recommended approach to help in such scenarios is to verbalise the difficulty, such as:

*“We both have very different views about how your symptoms should be investigated and that is causing some difficulty between us. Do you agree?”*

Verbalising such difficulties may enhance the level of trust between the clinician and the patient, enabling feasible options for care and treatment to be discussed.

Clinicians will not be forced into giving a diagnosis or treatment if they are uncertain. This should be explained to the patient while also explaining that it is in his or her interest that the most appropriate solution be found and that it can take time to confirm a diagnosis.

* **Writing to the patient**

Should the patient’s behaviour remain unreasonable despite the above actions having been taken, the matter will be referred to the Practice Manager who will then write to the patient.

* **Behaviour agreement**

If a patient continues to act in an unreasonable manner despite being issued a letter about their behaviour, the organisation may establish a *‘behaviour agreement’* that allows boundaries to be detailed and agreed to.

This agreement should be retained in the patient’s healthcare record and reference will be made to the agreement should the patient’s behaviour deteriorate once again.

* **Removal from the organisation**

Should the patient be non-compliant as per the behaviour agreement in a manner that contravenes the agreement then consideration should be given to removing the patient from the organisation list.

This final stage should never be taken lightly and will be agreed by the management team. The patient will be advised that the doctor/patient relationship has deteriorated to such a degree that there is no longer any trust between the parties and the relationship is not viable.

The patient will be asked to register at another organisation. Further guidance can be sought within the [GMC’s](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/ending-your-professional-relationship-with-a-patient/ending-your-professional-relationship-with-a-patient) ethical guidance for doctors on ending the professional relationship with a patient.

**Annex D – Available actions to remove a patient**

**Actions available to the organisation**

1. **Warnings**
* For unacceptable, threatening or abusive behaviour, the patient will be warned that the organisation is considering removing them from its list
* A letter will be sent which advises that, should there be any further incidents of inappropriate behaviour, they will be removed and requested to register elsewhere
* Records of all warnings should be retained and, if a warning has been given in the preceding 12 months, there are grounds for requesting removal
* When behaviour is an issue, this organisation will do all that it can to ensure that this is rectified. In these instances, a behaviour agreement can be raised.
1. **Removal**

Prior to seeking formal approval to remove a patient from the organisation list, the following is to be adhered to:

* Judgement is to be exercised in determining whether a patient’s violent behaviour is a result of their medical condition. When doubt exists, further guidance should be sought from the Local Medical Committee and/or medico-defence representatives
* There must always be a justifiable reason(s) for seeking approval to remove the patient from the organisation list
* For instances when there is deemed to be a breakdown of doctor-patient relationship or should there be any repeat of the inappropriate behaviour within a 12-month period since the previous warning, then the patient can be removed. The process to is detailed below:
* Should a patient be violent, e.g., when the police are involved, then in these cases the patient will be removed immediately. It should be noted that if the removal is on the grounds of violence or threatened violence, the police must always be informed, and a police incident number obtained.
* If it is for a clinical reason as to why the patient’s behaviour was deemed inappropriate, consider changing the patient’s GP internally

When removal has been found to be justified, the organisation will:

* Write to the patient explaining why they are to be removed from the organisation list (only if this is deemed appropriate).
* Record the decision, attaching the letter(s) to the patient’s healthcare record
* Determine the most appropriate arrangements for continuing the patient’s care and facilitate the timely transfer of the patient’s healthcare record

**Actions by PCSE (8-day removal)**

Should there be a requirement to remove the patient following their unreasonable behaviour and a warning has already been provided to them in the preceding 12-months period, then PCSE will remove patients eight days after they receive the request.

However, if patients require treatment at intervals of less than seven days, the organisation is obliged to provide such treatments until the condition of the patient improves. In such instances, removal will occur on the eighth day after treatment ceases or until the patient is accepted by another organisation.

To request an 8-day removal, PCSE are to be informed via the [Patients Removal Form](https://pcse.england.nhs.uk/contact-us/) as detailed upon their [Patients removal webpage](https://pcse.england.nhs.uk/help/patient-registrations/patient-removals) or the [paper form](https://pcse.england.nhs.uk/sites/default/files/2023-10/new-patient-removal-request-form_vfinal-1.docx) can be sent to pcse.patientremovals@nhs.net.

**Actions by PCSE (immediate removal)**

In instances when patients are violent, abusive, threatening or have displayed signs of generally unacceptable behaviour, or where there are concerns for staff and other patients’ safety, the police are to be notified. The organisation can have the patient immediately removed within 24 hours once they have notified PCSE by either telephone or email.

To request immediate removal of a patient and for further instructions, refer to the [PCSE guidance](https://pcse.england.nhs.uk/help/patient-registrations/patient-removals/?keyword=How+do+I+request+the+removal+of+a+patient+(violent%2c+immediate+or+within+8+days)+from+our+practice%3f).

The organisation must ensure that the reason(s) for removal is recorded in the patient’s healthcare record, along with any supporting documentation such as previous warnings or information leading up to the removal of the patient.

**Annex E – Risk Assessment and Control Form**

**Risk Assessment and Control Form**

Brief task description: Interacting with violent or aggressive patients

Organisation name: Issa Medical

Date completed: 06/03/2024

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General risk description****(Hazard/ consequence)** | **Hazard rating** | **Likelihood****(including relevant people, environmental and data factors as well as existing control measures)** | **Likelihood rating** | **Risk rating** | **Additional control measures required**  | **To be implemented By who?****By when?** | **Residual risk** ***(Risk - after all additional controls are implemented)*** |
| Clinical and non-clinical staff interact with patients daily, were a person to be aggressive/violent due to illness, mental health issues or a known history of violence and/or aggression, it may result in an assault, causing moderate harm to a staff member(s) or service user(s).  | 3 | Patients with a history of violence and aggression have alerts on the system or alerts regarding previous warning letters sent. For this patient cohort, chaperones may be invited into the consultation When dealing with this patient cohort, clinicians ensure they are aware of where the alarm is located on EMISDetails of the alarm are listed in the Dealing with Unreasonable, Violent and Abusive Patients Policy There have been no reported physical assaults on staff in the last 12 monthsStaff are professional when dealing with the public/patients and are trained in de-escalation techniques Zero tolerance information is available on the organisation website | 3 | 9 | Ensure periodic training to staff is given regarding dealing with violent and abusive patientsDebrief process establishedPosters are placed in public areas and on the organisation website advising that we have a zero-tolerance approach to abusive and violent behaviourRobust process in managing the different types of poor behaviour | Ops ManagerMarch and April PETSOps ManagerDiscuss in March & April PETSOps ManagerBy end of the monthOps Manager March & AprilPETS |  |

**General Administration**

|  |  |  |
| --- | --- | --- |
| **Risk assessor’s name:**   | **Contribution to risk assessment by:**   | **Manager approval** |
| **Stephanie Nixon** | **Ann-Marie Donaldson Nixon** | Ann-Marie Donaldson Nixon |
| **Risk assessor’s job role:**  | **Contributor’s job role:** | **Date of approval** |
| **Stephanie Nixon** | **Deputy Practice Manager** | 06.03.2024 |

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| **This document was reviewed/updated by:**  | **Job role:** | **On date:**  | **Next planned review due:** |
| Ann-Marie Donaldson Nixon | Practice Manager | 06.03.2024 | 30.04.2024 |

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| **Risk Review Profile** | **Recommended risk assessment and risk controls review periodicity** ***Guidance Note****: The principle of review is that the more significant the risk level, the more often it must be reviewed.***Always review if an incident has occurred:** |
|  | If the risk is 15 – 25 (Very high) Review at least every 1 – 3 months |
|  | If the risk is 8 – 12 (High) Review at least every 6 – 12 months |
|  | If the risk is 4 – 6 (Moderate) Review at least every 12 – 18 months |
|  | If the risk is 1 – 3 (Low) Review at least every 18 – 24 months |