Primrose Surgery

Violent and Aggressive Patient Policy



 Introduction

The Practice has a zero tolerance policy of all violence and aggression. This policy is for the protection of all our staff, but also for the protection of other patients, their families, visitors, etc. In order to ensure that this zero tolerance approach is adhered to, it is essential to have robust policies and procedures in place. In General Practice, this will need to cover a variety of situations in which incidents could occur.

2.0 Aims and Objectives

The aims and objectives of this policy are as follows:

1. To ensure adequate processes are in place for the protection of staff and patients
2. To ensure staff are fully aware of their responsibilities when dealing with violent or aggressive patients
3. To ensure that staff are fully aware of their rights when they have to deal with such incidents

3.0 Aggressive Patient

What is an aggressive patient? This is a patient (or relative) who exhibits one or more of the following patterns of behaviour:

1. Verbally abusive, offensive or intimidating in their behaviour towards staff
2. Threatening physical violence
3. Making excessive demands and/or maintaining certain expectations and failing to accept that these are unreasonable (e.g. wanting an immediate appointment and becoming aggressive when this is not possible)
4. insisting that a member of staff is dismissed
5. insisting that treatment is carried out on demand
6. constantly requesting a different GP
7. demands to see a particular member of staff/clinician

4.0 Dealing with an Aggressive Patient

Patients can become aggressive for a variety of reasons, and it is always advisable to try to calm down the situation as early as possible, as this may prevent an incident.

4.1 An Aggressive Incident

If the patient does become aggressive, then the following process should be followed:

* If they continue with their aggressive behaviour, then tell them that they will not be dealt with until they calm down.
* Remain calm and clear and keep repeating that the behaviour is unacceptable. Insist that you are trying to help, but cannot do so until they calm down.
* In the interests of safety, it is best to stay accompanied by another member of staff. Staff should never isolate themselves with a potentially violent patient.
* Get a more senior member of staff to speak to the patient, again keeping calm and stressing that you are trying to help.
* Following the incident, the main points should be recorded on a significant events form
* All incidents of violent and aggressive behaviour should be reported to the Practice Manager

5.0 Violent or threatening Patients

Dealing with a violent or threatening patient requires a much more immediate response. As soon as a patient starts threatening or becomes violent, then immediate action must be taken, as follows:

* Lock the reception door
* If the aggressive behaviour continues and a panic alarm is available, then press this immediately
* Telephone the police. Once threats or violence occurs, it becomes a crime.
* If there are other patients in the vicinity, then there is a duty to protect them. If possible remove other patients in the vicinity to another part of the waiting area or another room away from the situation.
* Following an incident of violence, the practice should hold a significant event meeting to decide if the patient should be removed from the list.
* If the patient is to be removed from the list, then the practice should now follow the procedure for the removal of patients.

6.0 Removal of Patient from Practice List

When it becomes necessary to remove the patient from the practice list, for reasons of violent or aggressive behaviour, then a specific process should be followed. (See info 4 Policy on removing Patients from the Practice List).

Under schedule 6 of the NHS (GMS Contracts) Regulations (2004), PCSE would be required to remove a patient from the GP practice list if it is informed by the practice that the patient has committed an act of violence or threats against anyone present on the practice premises, or at any place where the services were provided to the patient, or that the patient has behaved in such a way that any person has feared for his/her safety.

It is essential in all cases that the incident has been reported to the police, prior to the application to the PCSE to remove the patient from the list.

7.0 Following an Incident

Every incident of violence or aggression should be recorded in a log specifically used for this purpose. This log should contain the following information:

* Patient ID (eg NHS number)
* Time and date of incident
* Nature of incident – particularly the trigger point (eg not able to get appointment)
* Perspective of staff member dealing with the incident,
* Names and statement of any witnesses
* Record of any actions taken

8.0 Staff Support

The member of staff who was subjected to the violence or aggression will need support, even though they may not recognise this fact immediately. The way this support is handled can often make the difference to the way the staff member is able to deal with what has happened, with minimal adverse effects.

The following process should take place as soon as possible after the incident:

* The Practice Manager should have a one-to-one discussion with the staff member, in private and as informally as possible (if the Practice Manager is the person affected, then a GP or Practice Nurse should do this)
* The staff member should be encouraged talk about the incident from their perspective, and encouraged to write it down (this is the best time to complete the incident log)
* Ask the staff member what support they feel they need to help them deal with the situation
* If the staff member feels they need counselling, then provide this as soon as possible, either within the practice if there is a trained counsellor, or by referral to the appropriate service
* If the person affected is not employed by the practice (e.g a Health Trainer) then inform their line manager immediately after the incident

10.0 Governance Arrangements

This policy has been approved by the Partners. The Practice Manager will be responsible for notifying all staff of the process, ensuring all staff has up to date copies of the document and that the staff are following the processes documented within.

How staff should deal with violent or aggressive patients.

Dealing with a violent or aggressive patient if the patient is in the waiting room/consulting room with a clinician requires a much more immediate response. As soon as a patient turns violent or verbally threatening, then the correct procedure should implement and immediate action must be taken, as follows:

* If in a consulting and if possible the Clinician should proceed to the door of the consulting room as request assistance from reception staff.
* If unable to get to the door, press the panic button immediately
* A member of staff must immediately respond to the clinic room to provide assistance and another member must wait near the door.
* Another member of staff should call security (if available) to aid the removal of the patient from the premises
* Telephone the police on 999.
* If there are other patients in the vicinity, then there is a duty to protect them. If possible remove other patients in the vicinity to another part of the waiting area or another room away from the situation.
* Following an incident of violence, the practice will hold a significant event meeting to decide if the patient should be removed from the list.
* If the patient is to be removed from the list, then the practice will follow the procedure for the removal of patients.
* Following the incident, the main points should be recorded on a significant events form
* All incidents of violent and aggressive behaviour should be reported to the Practice Manager

Under no circumstances should staff work outside their contract and put themselves in danger.

Removals from the list of patients who are violent

202. Where the Contractor wishes a patient to be removed from its list of patients with immediate effect on the grounds that:

 202.1. the patient has committed an act of violence against any of the persons specified in clause 203 or

behaved in such a way that any such person has feared for his safety; and

202.2. it has reported the incident to the police, the Contractor shall notify the PCSE in accordance with clause 204.

203. The persons referred to in clause 202 are:

203.1. if the Contract is with an individual medical practitioner, that individual;

203.2. if the Contract is with a partnership, a partner in that partnership;

203.3. if the Contract is with a company, a legal and beneficial owner of shares in that company;

203.4. a member of the Contractor’s staff;

203.5. a person employed or engaged by the Contractor to perform or assist in the performance of services under the Contract; or

203.6. any other person present on the *practice premises* or in the place where services were provided to the patient under the Contract.

204. Notification under clause 202 may be given by any means including telephone or fax but if not given in writing shall subsequently be confirmed in writing within seven days (and for this purpose a faxed notification is not a written one).

205. The PCSE shall acknowledge in writing receipt of a request from the Contractor under clause 202.

206. A removal requested in accordance with clause 202 shall take effect at the time the Contractor makes the telephone call to the PCSE, or sends or delivers the notification to the PCSE

207. Where, pursuant to clauses 202 to 206, the Contractor has notified the PCSE that it wishes to have a patient removed from its list of patients, it shall inform the patient concerned unless:

207.1. it is not reasonably practicable for it to do so; or

207.2. it has reasonable grounds for believing that to do so would be harmful to the physical or mental health of the patient or would put at risk the safety of one or more of the persons specified in clause 203.

208. Where the PCSE has removed a patient from the Contractor’s list of patients in accordance with clause 206 it shall give written notice of the removal to that patient.

209. Where a patient is removed from the Contractor’s list of patients in accordance with clauses 202 to 208, the Contractor shall record in the patient’s medical records that the patient has been removed under this paragraph and the circumstances leading to his removal.