



**Aneurin Bevan University Health Board**

# **Emergency Department Violence and Aggression Markers Protocol and Procedure**

## **(V & A Markers)**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## 1 Introduction and Purpose

This document has been developed to manage the risk posed to staff, patients, carers, relatives and the public within the Health Boards Emergency Departments (EDs) due to violent and aggressive (V & A) behaviour by patients or their associates. For the purposes of this document violence and aggression is not limited to physical violence but includes all forms such as, verbal abuse.

It supports the Health Board's requirement to ensure that staff are not unduly placed at risk whilst undertaking their job, to flag potential risk, to share this risk with relevant professional colleagues and feedback to perpetrators the action taken as a consequence of their behaviour in an attempt to promote appropriate future conduct.

It outlines the process to apply a V & A marker against an individual within the ED electronic patient record system (Symphony) and applies a formal review and monitoring process around these markers.

It is important to state that the marker is not a mechanism for attributing blame; it is a process for alerting staff to the possibility of violence, whether such actions are deliberate or take place as a result of a medical condition or as a response to treatment or medication.

It has been produced in line with the NHS guidance Procedures for Placing a Risk of Violence Marker on Electronic and Paper Records (April 2010) and relevant ABUHB policies.

## 2 Aims of the V & A marker

The aim of V & A marker is to help in reducing the number of V & A incidents by alerting staff to individuals who pose or could pose a risk of violence and enable them to reduce this risk. The marker can assist this by serving as an early warning for NHS staff of a particular individual or situation that represents a risk to them, their colleagues, patients or others.

The protocol should be read in conjunction with associated Health Board Policies, such as, the Health & Safety Policy, Policy and Procedure for the management and prevention of violence to staff, Guidance for Protecting NHS Staff from Violence and Aggression, and the Lone Worker Policy.

### **3 Process for an immediate threat**

If there is an immediate threat of violence or aggression, staff should follow local procedures to contact the internal security service and/or the police.

The member of staff or their senior should generate an incident report on Datix as soon as possible after the incident.

Whilst it is desirable to have as much information as possible to inform a decision regarding a marker, it may be necessary to make an immediate decision based on discussions with the appropriate members of staff if it appears that there is a serious or imminent risk to staff. Furthermore, in some instances, a detailed investigation may not be required for the purposes of the marker if the information provided on the incident report form is sufficient.

### **4 Initiating the V & A Marker Process**

This process will be initiated when any member of NHS staff, patients, or the public, including contractors and volunteers, have been subject to violence or aggression whilst in the Emergency department.

Staff must complete an incident form giving a suitable detailed account of the incident. This must include contact details (telephone number and/or email address) as further information may be sought from the person submitting the incident to ensure a fair and informed decision about marking is reached.

Following submission a review of the incident will be undertaken by a designated Incident Handler as per the normal investigative procedures and actioned where appropriate. This may involve reporting the matter to the police and or the Violence and Aggression (V & A) Case Manager and the High Impact Service User (HISU) Case Manager according to the wishes of the affected individual and the seriousness of the incident.

Following investigation the Incident Handler or reviewer may consider that the perpetrator should have a V & A marker. This person must record this within the communication section of Datix and copied to the Datix Review Panel.

Concerns regarding potential service users who pose a significant risk to staff may be raised at the V & A Panel by both the V & A Case Manager and the HISU Case manager.

## **5 Decision Making Panel (the “Panel”)**

A Panel of staff will be constituted to discuss requests for a V & A marker and to monitor and review existing markers.

The panel will consist of the Directorate Management Team (DMT); Clinical Director or delegated deputy; Directorate Manager; Senior Nurse; Assistant Directorate Manager, V & A Case Manager or Representative and HISU Case manager.

The Clinical Director or the delegated deputy will chair the panel.

Three people must be present and this must include two members from the DMT to be quorum and to make decisions. Panel members can send a suitable representative in their absence. A “virtual” panel can be constituted using electronic means e.g. email or video or audio conferencing.

Additional meetings may be held where the time limitations mean that all requests cannot be reviewed in one sitting.

The Panel will be held bi-monthly.

It is important to stress that, in relation to decisions on marking records, the role of the panel is not to establish whether the act was intentional or based on an underlying clinical condition, treatment or care, but to assist staff in managing future risks.

A decision will be reached by group consensus. If there are differing opinions a vote will be called and decision in favour of the majority will be declared. On occasions where there is no emerging majority, the Chairperson of the Panel will have the casting vote to ensure an outcome is reached.

If the individual is considered vulnerable, e.g. if they have a mental health condition or learning disability, a history of alcohol or other drug dependency, or a serious underlying clinical condition, then advice from an appropriate senior health professional responsible for the individual’s care will be sought.

If a decision is made to mark a record, this should not prevent or replace any legal action being taken against the individual.

## **6 Considerations before placing a marker**

Consideration must be given to individuals who are not competent to take responsibility for their actions because of either their illness or disability or because in the clinical judgement of relevant clinicians they do not have mental capacity.

Based on the incident and behaviour of the patient and their associate(s) a decision needs to be made whether the marker is placed on one or all of the records i.e. just the patient, just the associate or on both. Where it is deemed appropriate that a marker should be on the patient record even though the V & A was perpetrated by an associate then it should be made clear that the marker applies to the associate.

The decision making process will consider the following risk factors:

- The nature of incident (physical/non-physical)
- The degree of violence used or threatened by the individual
- The level of risk of future violence that the individual poses
- Impact on staff and others who were victims of or witnesses the incident
- Impact on the provision of services
- Likelihood that the incident will be repeated
- Any time delay since the incident occurred
- The incident, while not serious itself, is part of an escalating pattern of behaviour
- The medical condition and medication of the individual at the time of the incident.

For the purposes of the review process, the incident should be categorised as physical or non-physical assault using NHS definitions. See Appendix 1.

## **7 Placing a Marker on the Patient Record**

When the Panel has decided to place a V & A marker against an individual then a visible marker will be placed on the relevant section of the ED information system; this will be visible when staff access the details of the patient. The marker will be placed on the ED information system by the Symphony IT Officer under the direction of the Clinical Director.

The following information will be included, where appropriate and available, to enable staff to manage the risks that are posed:

- the reason for the marker
- a brief classification of the type of incident e.g. physical or non-physical assault

- security warnings, specific areas of risk or trigger factors
- essential guidance on how to deal with the individual
- date the marker is effective from
- the review date
- whether the individual has been notified
- essential and relevant handling information advice to staff about who to contact for further advice or guidance This should include a relevant contact for staff who work off-site or out of hours.

## **8 Time Limits and Review Period**

All requests for marking will be assessed within 31 days of its request to the panel.

When a marker is first placed on the records, the relevant dates, including when the incident occurred, when the marker is effective from and a review date should be recorded.

Best practice requires that markers are periodically reviewed, to ensure they are up to date and remain relevant. Records should not be marked for longer than necessary and markers should be removed when there is no longer a risk.

The review period of existing markers will be determined at the time of Panel decision. The minimum period will be 3 months and this will not exceed 12 months from the time of the decision.

As part of the decision-making process, those reviewing the marker should consider the original decision on which the marker is based. Upon review if the decision is made to retain the marker on the record, a further date for review should be set. The same considerations will apply to notification of an individual of any decision to retain the marker.

When a decision is taken that the individual's behavior gives no further cause for concern then marker should be removed, and the individual should be notified of the removal of the marker as soon as possible.

There may be individuals that have such a serious history of violence and aggression that the marker may need to remain on their record for longer than 12 months (possibly indefinitely). This marker will however continue to be reviewed every 12 months in accordance with this protocol.

## 9 Responsibilities

The ED Clinical Director will have overall responsibility for the management of preventing violence and aggression within the ED Directorate. The ED Directorate Management Team will monitor, manage and support staff that have been subject to violent and aggressive behaviour.

All staff have responsibilities to act professionally at all times, be able to identify and take appropriate action to minimise risks to patients, other employees and themselves.

## 10 Notifying the Individual

In the majority of instances, the individual will be informed in writing as soon as possible following a decision to mark their records.

The Clinical Director or nominated person will send a notification letter to the individual outlining the reasons for the marker. The letter should clearly explain:

- the nature of the incident
- that their records will show a marker
- the reasons why the marker is being placed on their records
- who the information may be shared with and for what purpose
- when the marker will be reviewed for removal
- the process for complaints
- relevant contact details.

Where the incident is committed by an associate of the patient, a letter will be sent to *both* the patient and the associate, if the associate's identity and whereabouts is known. The patient's letter will inform them of the decision that has been made; the associate's letter will include all the relevant information included as above. Care must be taken not to disclose any confidential medical information when notifying associates.

Advice about how to complain should also be included in the notification letter.

There may be instances when it is inappropriate to notify the individual such as where:

- Informing the individual may provoke a violent reaction and put staff at further risk.
- Notification of a marker may adversely affect an individual's health. In this instance, the senior clinician responsible for the



individual's care must review the case and make the decision that notification is not appropriate for clinical reasons.

A detailed record must be kept of any decision not to notify an individual and the reasons for this course of action.

Any decision, not to notify an individual should be reviewed by a panel outlining the reasons not to notify. If the decision is based on health grounds, the evidence should include a written statement from a senior clinician explaining the reasons why notification may adversely affect an individual's health.

## **11 Informing the Victim (Staff)**

It is important to notify the victim of the outcome of the panel's decision, so that a pro-security culture is encouraged and embedded. If a decision is made not to place a marker against the perpetrator, the reasons for this need to be explained to the victim. The Clinical Director or nominated person will be responsible for informing the victim of the outcome.

Where the victim is a staff member then this ought to be undertaken by a meeting followed up by written letter or in exceptional circumstances by letter only. Should the member of staff have concern about the decision made, they can formally communicate this to their manager or the Panel.

## **12 Informing the Victim (Patient or Public)**

Where the victim is a member of the public or a patient then the victim will be contacted by letter to explain any outcome. It will not be necessary to inform the victim that the perpetrator has a V & A marker placed against them.

Should an individual have concern about the decision made, they can submit a written complaint, which will be dealt with as part of the Health Board's normal complaints process.

## **13 Sharing V & A Marker Information**

The marker and associated additional information (such as warnings, handling advice, etc) should be available to all internal clinical and non-clinical NHS staff who, because they may have face-to-face contact with a particular individual, may be subject to an increased risk of violence and/or aggression. This is in line with current health and safety guidance.

Sharing this information with external partners organisations, including contractors delivering NHS care, is permissible where the risk justifies it.

The Panel will advise the Violence and Aggression Security Manager of a list of patients that:

- 1) have had a new marker placed against their ED record
- 2) have been reviewed and continue to have a marker placed against their ED record
- 3) have been reviewed and the marker has been removed.

This will facilitate a decision to add relevant markers to other services data systems, computerised or paper, a marker for these patients so that the wider professional staff can be alerted of the risk.

The undertaking to share the risk to partner organisations, such as Welsh Ambulance, Social Workers and pharmacies will be made in accordance with the Information Sharing Policy.

## 14 References

Health and safety at work guidelines (1999)

[www.opsi.gov.uk/Si/si1999/19993242.htm](http://www.opsi.gov.uk/Si/si1999/19993242.htm)

Health and safety at work act (1974)

[www.hse.gov.uk/legislation/hswa.htm](http://www.hse.gov.uk/legislation/hswa.htm)

Procedures for placing a risk of violence marker on electronic and paper records (April 2010).

<http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Procedures.pdf>

The Guide to data protection, Information Commissioner's Office (2009)

[http://www.ico.gov.uk/for\\_organisations/data\\_protection/the\\_guide.aspx](http://www.ico.gov.uk/for_organisations/data_protection/the_guide.aspx)

*This protocol has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this protocol are available from the protocol owner.*

## **15 Appendices**

### **Appendix 1 Examples of the type of incident that may warrant a marker**

### **Appendix 2 Marker notification letter template**

### **Appendix 3 Record of Patient Marker Meeting**

## Appendix 1

### Examples of the type of incident that may warrant a V & A marker

Whilst not possible to list every category of incident which may warrant marking on a person's records, examples have been collated below.

Not only will the nature of the incident have to be considered but also the effect the incident has on all of those involved (staff, patients, relatives and visitors) and the likelihood of a further incident taking place.

There are two types of V & A – physical and non-physical

**Physical assault** is defined as: *'The intentional application of force against the person of another, without lawful justification, resulting in physical injury or personal discomfort'.*

There are 2 types of categorised physical assault:

- 1) No physical injury suffered\*
- 2) Physical injury sustained

*\*Spitting is included in the definition of a physical assault, in circumstances where the spittle hits the individual.*

**Non-physical assault** is defined as: *'The use of inappropriate words or behaviour causing distress and/or constituting harassment'.*

There are several types of categorised non-physical assault:

- 1) Offensive or obscene language, verbal abuse and swearing\*
- 2) Brandishing weapons, or objects which could be used as weapons
- 3) Attempted assaults
- 4) Offensive gestures
- 5) Threats
- 6) Intimidation
- 7) Harassment or stalking
- 8) Damage to buildings, equipment or vehicles which causes fear for personal safety
- 9) Offensive language or behaviour related to a person's race, gender, nationality, religion, disability, age or sexual orientation
- 10) Inappropriate sexual language or behaviour.

\*The use of swear words may warrant a marker depending on the circumstances in which they are used. For some individuals, swear

words may be used in everyday speech, however a marker should be considered where swear words are used aggressively.

N.B. Some of the above examples of non-physical assault can be carried out by phone, letter or electronic means (e.g. e-mail, fax and text).

## Appendix 2 – Marker Notification letter template



Name and Address

Dear

### **Notification of risk of violence marker being placed on an NHS record**

I am writing to you on behalf of Aneurin Bevan Health Board in connection with an incident in which you were involved where your behaviour was deemed to be unacceptable.

The Health Board in its requirement to protect NHS staff from abusive and violent behaviour takes seriously the use of abusive, threatening and violent conduct towards its staff, and will take legal action against anyone that displays this behaviour. It is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence, threats or abuse. The NHS Constitution makes it clear that just as the NHS has a responsibility to NHS service users, so service users have a responsibility to treat staff with respect and in an appropriate way.

On (date & time) insert summary of behaviour complained effect on staff/services and any police/court action if known).

Behaviour such as this is unacceptable and will not be tolerated. All employers have a legal obligation to inform staff of any potential risks to their health and safety. One of the ways this is done is by marking the records of individuals who have in the past behaved in a violent, threatening or abusive manner and therefore may pose a risk of similar behaviour in the future. Such a marker may also be placed to warn of risks from those associated with service users (e.g. relatives and friends).

The A&E violent marker panel have carefully considered the reports of the behaviour referred to above and have decided that a risk of violence marker will be placed on your records. This information may be shared with other NHS bodies and other providers we jointly provide services such as ambulance trusts, social services, GP's and NHS pharmacies for the purpose of their health and safety.

This decision will be reviewed in (insert time period) months' time and if your behaviour gives no further cause for concern this risk marker will be removed from your records. Any other provider we have shared this information with will be advised of our decision.

If you do not agree with the decision to place a marker on your record, and wish to submit a complaint in relation to this matter, this should be submitted in writing to:

The Chief Executive

Yours sincerely

Chair of V&A Panel

**Appendix 3 – V & A Panel meeting record**

Date of Panel
Panel Members
Patient Name, address & CRN
Associate details (if relevant)
Date of Incident
DATIX reference
Incident details
Does case warrant a violent marker warning? Yes    No
Reason for decision
Will patient/associate be informed? Yes    No
If no, reason why not
Date letter sent (if applicable)
Date marker will be reviewed (max 12 months)
Date marker placed on Symphony