The management of challenging behaviour, violence and aggression
(including verbal threats to staff and offensive weapons)

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<tr>
<th>Lead executive</th>
<th>Director of Nursing Therapies Patient Partnership</th>
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<td>Safety and Security Lead</td>
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<th>Type of document</th>
<th>Policy</th>
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<td>Target audience</td>
<td>All CWP staff</td>
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<tr>
<td>Document purpose</td>
<td>This policy covers all staff and persons within the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and others who are acting on behalf of the Trust in relation to all incidents of violence and aggression.</td>
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<tr>
<th>Approving meeting</th>
<th>Patient Safety and Effectiveness Sub Committee</th>
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<td>Implementation date</td>
<td>28-Oct-15 followed by an annual compliance review</td>
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CWP documents to be read in conjunction with

- HR6 Mandatory Employee Learning (MEL) policy
- GR1 Incident reporting and management policy
- GR33 Lone worker policy
- CP10 Safeguarding adults policy
- CP40 Safeguarding children’s policy
- MP10 Rapid tranquilisation policy
- CP25 Therapeutic observation for in-patients
- CP38 Seclusion policy
- CP5 Clinical risk assessment monitoring policy
- HR19 Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and inquests

Document change history

| What is different? | Changes made to reflect Police actions regarding inpatient incidents. Discussions held with Police and service leads; 3.25 Reporting of incidents to the Police 3.26 Non urgent reportable Police incidents where attendance is required 3.27 Service users and informal Police interview 3.28 Service user formal Police interview and removal from inpatient area 3.29 Victim of assault is a service user 3.30 Photographic evidence New wording to reflect NFF standards 7/10/15 New section 4 Acceptable Behaviour Agreements 7/10/15 3.11 New wording to reflect zero prone aspiration 7/10/13 3.13 New wording to support staff education programme |
| Appendices / electronic forms | New Appendices – 7,8,9,10 7/10/13 New Appendices – 10, 11, 12, 13 |
| What is the impact of change? | Low |
| Training requirements | Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D) |
Financial resource implications | No

External references
2. BILD Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training (2014)
5. Management of Imminent Violence Guidelines 2002 - Royal College of Psychiatrists
6. Restraint revisited - rights, risk and responsibility, 2004 - Royal College of Nursing
7. Restraining, holding and containing children and young people, 2002 - Royal College of Nursing
8. NICE Clinical Practice Guidelines for the Short-term Management of Disturbed/Violent Behaviour in Adult Psychiatric In-patient Settings and Accident and Emergency Settings, March 2005 -
9. Mental Health Act ‘Code of Practice, 1983 (revised 2008) - Mental Health Act
10. Code of Professional Conduct, 2002 - Nursing and Midwifery Council
11. Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-patient Settings, 2004 - National Institute for Mental Health in England
12. Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Difficulties and Autistic Spectrum Disorder, 2002 - Department of Health
14. The Mental Capacity Act 2005 (Revised 2009)

Equality Impact Assessment (EIA) - Initial assessment

<table>
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<tr>
<th>Does this document affect one group less or more favourably than another on the basis of:</th>
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<th>Comments</th>
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<td>- Sexual orientation including lesbian, gay and bisexual people</td>
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<td>- Age</td>
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<td>- Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
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Is there any evidence that some groups are affected differently? | No |

If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? |

Is the impact of the document likely to be negative? | No |
| - If so can the impact be avoided? | N/A |
| - What alternatives are there to achieving the document without the impact? | N/A |
| - Can we reduce the impact by taking different action? | N/A |

Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required? | Yes |
What is the level of impact? | Low |
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Flowchart 2 – Acceptable Behaviour Agreements

Stage 1
Initial Warning Letter

- Non-physical violent or aggressive incident occurs

Clinical Staff Issue Verbal Warning and Recorded into Service Users Electronic Records

Violent or Aggressive Incident Continues

Clinical Lead Investigates a Reported Incident & Assesses the Risk of Violence to Staff

Stage 1

Decision to Issue Stage 1 Acceptable Behaviour Agreement

Senior Clinical Lead Amends CareNotes with Incident Details

Stage 2
Final Warning Letter

Verbal violent or aggressive incident continues

Responsible Clinician/Consultant Discusses Incident at Next Care Team Meeting

- Agrees Date for Review of ABA Letter
- Records all in the individuals electronic records

Stage 2

Responsible Clinician/Consultant Discusses Incident at Next Care Team Meeting

- Agrees Date for Review of ABA Letter
- Records all in the individuals electronic records

Stage 3
Restriction of Access to Health Services

Verbal violent or aggressive incident continues

Clinical Lead Informs Responsible Clinician/Consultant at Earliest Opportunity & Ensures Incident is Reported to the Police with a View to Seeking Prosecution

Stage 3

Medical

Clinical

CWP Execs

Stage 3

Withdrawal or Restriction of Health Services

Director of Nursing or CEO to Send Stage 3 Letter Outlining Agreed Plan and Details of How to Appeal

Stage 3

STAGE 1
INITIAL WARNING LETTER

NON-PHYSICAL VIOLENT OR AGGRESSIVE INCIDENT OCCURS

STAGE 2
FINAL WARNING LETTER

VERBAL VIOLENT OR AGGRESSIVE INCIDENT CONTINUES

STAGE 3
RESTRICTION OF ACCESS TO HEALTH SERVICES

VERBAL VIOLENT OR AGGRESSIVE INCIDENT CONTINUES

RESPONSIBLE CLINICIAN/CONSULTANT ARRANGES MEETING WITH SERVICE USER AND/OR NEAREST RELATIVE TO DISCUSS INCIDENT AND AGREED ACTION TO PROMOTE SAFETY OF ALL

RESPONSIBLE CLINICIAN/CONSULTANT ISSUES FIRST ABA LETTER TO SERVICE USER OR INDIVIDUAL

- RECORDS INTO ELECTRONIC RECORDS
- NOTIFIES RESPONSIBLE CLINICIAN/CONSULTANT

RESPONSIBLE CLINICIAN/CONSULTANT DISCUSSES INCIDENT AT NEXT CARE TEAM MEETING

- AGREES DATE FOR REVIEW OF ABA LETTER
- RECORDS ALL IN THE INDIVIDUALS ELECTRONIC RECORDS

CSU General Manager or Deputy;

- ISSUES FINAL WARNING LETTER
- MEETS WITH SERVICE USER AND/OR INDIVIDUAL TO DISCUSS INCIDENT
- AGREES REVIEW DATE WITH SERVICE USER AND/OR INDIVIDUAL

RESPONSIBLE CLINICIAN/CONSULTANT - DISCUSSES INCIDENT AT NEXT CARE TEAM MEETING:

- AGREES DATE FOR REVIEW OF ABA LETTER
- RECORDS ALL IN THE INDIVIDUALS ELECTRONIC RECORDS

MEDICAL

CLINICAL

CWP EXECS

WITHDRAWAL OR RESTRICTION OF HEALTH SERVICES?
DOR OF NURSING OR CEO TO SIGN AND SEND STAGE 3 LETTER OUTLINING AGREED PLAN AND DETAILS OF HOW TO APPEAL

RESPONSIBLE CLINICIAN/CONSULTANT ARRANGES MDT/HEALTH PROFESSIONALS MEETING (GP/POlice/LSMS) TO DISCUSS ASSOCIATED RISKS AND ISSUES RELATED TO RESTRICTION OF ACCESS TO HEALTH SERVICES & AGREE PLAN

CLINICAL LEAD INFORMS RESPONSIBLE CLINICIAN/CONSULTANT AT NEXT CARE TEAM MEETING

CLINICAL LEAD INFORMS RESPONSIBLE CLINICIAN/CONSULTANT AT EARLIEST OPPORTUNITY & ENSURES INCIDENT IS REPORTED TO THE POLICE WITH A VIEW TO SEEKING PROSECUTION

MEDICAL

CLINICAL

CWP EXECS
Challenging Behaviour statement of intent

**Definition:** ‘Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive’ [Emerson, 1995]

1. All service users will be supported to exercise their human rights (which are the same as everyone else’s) to be healthy, full and valued members of their community with respect for their culture, ethnic origin, religion, age, gender, sexuality and disability.

2. All service users who are at risk of presenting behavioural challenges will have their needs assessed and identified at the earliest possible opportunity, leading to the development of an agreed co-ordinated behavioural support plan which will be continually monitored and reviewed throughout their care episode by the service user and the care team.

3. All behavioural support plans will be individualised and developed on the basis of a detailed understanding of the service users support needs which will include their communication needs. These plans will be individually-tailored, flexible, and responsive to changes in individual circumstances and delivered in the most appropriate local environment.

4. Service users will be supported by clinical services that will create or provide appropriate environments for their individual recovery.

5. A person centred approach will be taken that enables positive risk taking to ensure that all service users have access to family, social life and leisure.

6. Service users will not intentionally be hurt, damaged or humiliated in any way by interventions or actions. All privacy and dignity needs will be prioritised at all times by staff.

7. Throughout any incident of challenging behaviour service users will be supported to have a good quality of life by staff who hold the right values, attitudes, training and experience.

8. All services will seek to reduce the use of physical intervention, seclusion and promote appropriate use of medication for each service user through use of appropriate de-escalation, active listening and ensuring that service users are proactively involved in the planning, implementing and monitoring of all care/support provided.

9. All restrictive interventions used to manage challenging behaviour will be for the shortest time possible, be the least restrictive intervention, proportionate to the risk posed and in the service users best interest.

10. Post incident all service users will be offered support and feedback by their care team to better understand individual incident analysis through active involvement in the incident review process.
1. Introduction

This policy is intended to cover all staff and service users and members of the public and others in relation to the management of challenging behaviour incidents. This can be defined as “protecting people and property, so that the highest standard of clinical care can be given to service users”. CWP will not tolerate acts of violence against its service users or members of staff and will ensure that systems are in place to review and report such incidents in accordance with the legal and professional law. The policy reflects the national guidance from the NHS Protect who has the remit of encompassing all policy and operational responsibility for the management of security within the NHS (Statutory Instrument 3039/2002). This document complies with NHSLA Risk Management Standard 4, Criterion 2; Violence and Aggression.

Within this policy the term challenging behaviour is intended to refer to a spectrum of behaviours which may be involved within incidents such as violence and aggression which can occur within any of its inpatient and/or community settings. Also within this policy the term Care Plan also refers to a set of documented planned interventions which include Behavioural Support Plans used in Learning Disabilities and Treatment Plans.

The policy sets out a framework of good practice, recognising the need to ensure that all legal, ethical and professional issues have been considered when managing incidents of challenging behaviour. Where challenging behaviour is identified as arising from clinical factors the full involvement of the service user or nearest relative/advocate must occur in the clinical decision making process. The aim is to support staff and service users to promote safer environments and ensuring effective responses in potential or actual difficult situations through agreed pathways. This policy also ensures compliance with the regulatory standards for all staff when using interventions which may be deemed as restrictive and ensures all interventions are in the best interests of the service user and use least restrictive principles and proportionate to the risk posed.

This policy was developed with guidance from the British Institute of Learning Difficulties (BILD) Positive Behavioural Support Interventions which refers to a set of approaches which are recognised as the most appropriate when supporting people with intellectual disabilities who present with challenging behaviour.

2. Definitions

**Aggression** - Any behaviour that is perceived by the victim as being deliberately harmful or damaging either psychologically or physically [Health and Safety Executive 1999]

**Challenging Behaviour** - Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive’ [Emerson, 1995]

**Common Assault** - Is committed by a person who causes another person to apprehend the immediate use of unlawful violence, [Criminal Justice Act 1988].

**De-escalation** - A set of non-physical interventions intended to reduce a person’s heightened state of arousal and also reduce the risk of harm to self, others and the environment

**Offensive Weapons** -‘Offensive weapon’ means any article made or adapted for use for causing injury to the person, or intended by the person having it with him for use such as by him or by some other person’. [Prevention of Crime Act 1953]

**Physical Violence** - ‘The intentional application of force against the person of another without legal justification resulting in physical injury or personal discomfort’ [NHS Protect 2011]
Prone position - A body position in which one lies flat with the chest down and back up

Restraint – states ‘Physical restraint refers to any direct physical contact where the intention is to prevent, restrict, or subdue movement of the body (or part of the body) of another person’ [MHA Code of Practice 2015]

Section of the Mental Capacity Act [2005] 6[4] of the Act states that someone is using restraint if they; use force – or threaten to use force – to make someone do something that they are resisting, or to restrict a person’s freedom of movement, whether they are resisting or not

Verbal Assault - The use of inappropriate words or behaviour, causing distress and / or constituting to harassment' [NHS Security Management Service 2007]

3. Procedure for managing challenging behaviour

Challenging behaviour is seen as being very emotionally demanding for both service users and staff and adopting the correct practice can benefit everyone concerned to enhance safe environments and promote recovery. This is with the emphasis on understanding and managing the environment around a service user to promote personal choice and control with full inclusion as a valued team member in the decision making process. To achieve these objectives this policy sets out a framework of interventions which can be implemented based on using the least restrictive actions, proportionate to the risk posed, promoting autonomy and responsibility at the earliest opportunity.

It is important to note that these interventions are designed as a guide to support clinical decision making, not to replace it. If the service user’s clinical needs do not fit with the guidance, then that service users’ needs must come first. In all cases the judgment of the Multi-Disciplinary Team (MDT) supporting the client to realise their potential will always take priority.

3.1 How the organisation monitors incidents of challenging behaviour

In line with the requirements and guidance of MHA Code of Practice the Trust information is aggregated and presented within the Trust Learning from Experience (LfE) report which is received by the Board and Quality Committee, three times per year. In addition the Trust also monitors adherence with identified key standards of this policy as part of its Inpatient Safety Metric programme which is undertaken every two months and reported to the Board as part of Quality reporting.

3.2 How the organisation carries out risk assessments for the prevention and management of challenging behaviour

All service users must be assessed for the risk of behaviour(s) which may result in an injury to themselves or others on admission; or on referral to services (including community) and following any episode of change to previously identified risk. The risk assessment tools approved for use are contained in the CP5 Clinical risk assessment policy.

Staff must be alert to risks that may not be immediately apparent, such as self-neglect. Assessments should take account of the person’s history of such behaviours, their history of experiencing personal trauma, their presenting mental and physical state and their current social circumstances. While previous history is an important factor in assessing current risk, staff should not assume that a previous history of behavioural disturbance means that a person will necessarily behave in the same way in the future.

Assessments of behavioural presentation are important in understanding an individual's needs. These should take account of the individual’s social and physical environment and the broader context against which behavioural disturbance occur.

There may be times where an individual feels angry for reasons not associated with their mental disorder and this may be expressed as behavioural disturbance.
Assessments should seek to understand behaviour in its broader context and not presume it to be a manifestation of a mental disorder.

Assessments should consider the views of patients and their families, carers and advocates about why an individual might be behaving in a particular way, including any historical accounts of behaviour and possible reasons for that behaviour. This is particularly important because they can provide useful insights regarding individual responses to behavioural that have been tried in the past.

The results of the assessment should guide the development and implementation of effective, personalised and enduring systems of support that meet an individual’s needs, promote recovery and enhance quality of life outcomes for the individual and others who care and support them.

All completed risk assessments will be retained in the service users care records and the summarised view of risk updated, monitored and followed up by the responsible clinical team at care meetings and/or locally by the nursing team following an incident or any change in the risk.

3.3 What is a the Care Programme Approach [CPA]
The CPA is an overarching system for coordinating the care of people with mental disorders. It requires close engagement with service users and their carers and includes arrangements for assessing, planning and reviewing care. Central to Care Programme Approach [CPA] is the CPA care plan which aims to ensure a transparent, accountable and coordinated approach to meeting wide ranging physical, psychological, emotional and social needs which are associated with a person’s mental disorder.

3.4 How the organisation uses the framework of the challenging behaviour pathway
The challenging behaviour pathway is a clinical framework to guide and support staff to provide safe and effective care. Following the risk assessment process and/or incident of challenging behaviour an individualised care plan will be formulated which will highlight the clinical problem and actions required to minimise the risk.

3.5 How Care Plans, that includes support for behaviour that challenges/behavioural support plan, are assessed, developed, reviewed including transfer or discharge of the service user (see appendix 1)
Care Plans must take account of disabilities, a service users level of cognitive functioning, the impact of age in terms of physiological and emotional maturity, the service users ethnicity, culture, religion or belief, gender, gender identity and sexual identity. They must also take into account and maximise the service users privacy and dignity.

- The Care Plan will detail specific needs associated with the behaviour of concern, co-developed jointly by the care coordinator / named nurse and the service user and where practicable with significant others e.g. IMHA, nearest relative.
- The Care Plan must reflect the promotion of autonomy and individual choice with the emphasis being on what the service user wants and how that can be provided in ways that do not cause harm to the service user or others within legal and ethical frameworks.
- This will promote quality of life for the service user by allowing them to do what they would like to do in a non-adversarial and safe manner.
- The MDT will review the detailed Care Plan, agree the actions and interventions which are to be implemented and will monitor progress/behaviour on a weekly basis.

The following four strategic headings must be incorporated into all Care Plans (refer to point 3.4)

The following key areas must be considered and used by staff in the development of Care Plans.
i. Assessments
- Needs, strengths and aspirations of the service user?
- What does the service user actually want and how can that be safely achieved?
- What is the behaviour?
- Frequency/Intensity/Duration?
- Impact of the behaviour?
- Impact on the environment?
- Advanced statement/preferred options?
- Historic information/Collaborative information?
- Agreed assessment used to monitor e.g. ABC charts, Observation levels, incident logs?
- Assessment of capacity to consent to care?

ii. Development of Care Plan [includes support for behaviour that challenges/behavioural support plan]
Care plans must provide guidance on how staff and carers should respond if behavioural disturbance arise which will include tertiary strategies both physical and non-physical interventions. These individualised care plans, must be available and kept up to date, and include the following elements;

- **Primary preventative strategies** - aim to enhance a patient’s quality of life and meet their unique needs, thereby reducing the likelihood of behavioural disturbances.
  - Environmental needs/setting
  - Communication styles/words and phrases
  - Distraction techniques/use of favourite activities
  - Preferred persons
  - What is the jointly agreed goal/outcome

- **Secondary preventative strategies** - focus on recognition of early signs [including description of triggers and warning/danger signs] of impending behavioural disturbance and how to respond to them in order to encourage the patient to be calm (including on de-escalation),
  - What is the agreed intervention used to deliver goal/outcome
  - Communication styles/words and phrases
  - Distraction techniques/use of favourite activities
  - Names of those involved i.e. Consultees and;

- **Tertiary strategies** guide the responses of staff and carers when there is a behavioural disturbance.
  - Communication styles/words and phrases
  - Use of level 2, 3 or 4 therapeutic holding [no prone position or seclusion]
  - Appropriate environment

iii. Review
- Minimum weekly by MDT or following an incident
- What interventions worked
- What needs to be changed
- Impact on service user staff if reactive management techniques used
- Following learning has risk assessment been updated or reviewed
- Agreed post incident support
- Incorporate all learning back into Care Plan

iv. Service user transfer/discharge
Following the decision to transfer the service user to another care provider or to discharge them the named nurse/care coordinator must;
- Review existing Care Plan
- Outcomes documented
- Incorporated into community care plan documentation.
3.6 Involvement of Service users and their families

Service users and their families should be as fully involved as possible in developing and reviewing Care Plans. Service users eligible for support from an independent mental health advocate [IMHA] must be reminded that an IMHA can support them in presenting their views and discussing their Care Plan. The preparation of the Care Plan also provides an important opportunity to record the wishes and preferences of families and carers and the involvement they may wish to have in the management of behavioural disturbances. Family members may wish to be notified if the patient is becoming anxious and to contribute to efforts to de-escalate the situation by speaking to the individual on the phone. People must consent to the involvement of families or advocates if they have capacity to give or refuse such consent.

3.7 Incident management framework (see appendix 2)

Each incident of challenging behaviour involving a service user must be managed in accordance with a recognised framework and will include choosing an intervention or strategy which would be:

- In the best interest of the service user;
- The least restrictive;
- Proportionate to the risk posed.

Where a service user is involved in multiple (more than two) restraints within a 24 hour period or difficulties occur e.g. prone position and/or injuries arising following an incident of restraint of a service user there must be a review by a senior staff e.g. Matron, nominated deputy or Clinical Service Manager within 24 hours of the last incident occurring. All outcomes must be recorded into the service users electronic care records.

3.8 Safe Physical Restraint Care Bundle Checklist (see appendix 3)

Following any incident of challenging behaviour staff must refer to the Safe Physical Restraint Care Bundle Checklist and use it to formulate post incident actions. This form is to be completed by a staff member and then copied and pasted into documents section within the service user electronic care record as evidence of completion.

3.9 Environmental review

Minimising the risks to service users and staff must always be an important part of any planned intervention. A review of a service users physical and mental care environment must be undertaken as part of the risk management process and development of a Care Plan. Changes to a service user’s environment may involve a change in behaviour and as such all changes should be kept to a minimum to promote stability. The environmental review will also include staffing levels and staff competencies and skills which will be integral to the successful implementation of any agreed goals as well as the physical environment where the care is given.

3.10 Restrictive physical intervention principles (see appendix 4)

CWP no longer advocates the teaching of flexed wrist restraint or the placing a person in the prone position as a planned intervention. Unless there are cogent safety reasons for doing so, there must be no planned or intentional restraint of a person in a prone position (whereby they are forcibly laid on their front) on any surface which includes seclusion environments.

Physical restraint refers to any direct physical contact where the intention is to prevent, restrict, or subdue movement of the body (or part of the body) of another person. In accordance with Education CWP all clinical inpatient staff must attend training in the types of holds which could be used in the management of challenging behaviour within clinical areas. This includes the how to monitor of a person’s physical observations and life support training.

Restrictive interventions are deliberate acts on the part of other person(s) that restrict a patient’s movement, liberty and/or freedom to act independently in order to;
• take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and
• end or reduce significantly the danger to the patient or others.

Restrictive interventions must not be used to punish or for the sole intention of inflicting pain, suffering or humiliation. Where a person restricts a patient’s movement, or uses (or threatens to use) force then that must;
• be used for no longer than necessary to prevent harm to the person or to others
• be a proportionate response to that harm, and
• be the least restrictive option.

**Physical intervention essential key points**
All restraint positions can compromise a service user’s ability to breath and must be avoided whenever possible. The least restrictive option must always be used and the service user supported and reassured throughout each episode. This is particularly important where any service user has known underlying physical problems arising due to their mental health / learning disability.

- All physical impairments and/or underlying conditions must be incorporated into all Care Plans and all appropriate staff made aware.
- During any physical intervention where any physical injury and/or impairment in breathing occurs a service user must be moved to a safer position as a matter of urgency and emergency medical assistance sought [999] and/or duty doctor informed.

Service users must not be deliberately restrained in a way that impacts on their airway, breathing or circulation. The mouth and/or nose must never be covered and there must be no pressure to the neck region, rib cage and/or abdomen. Consideration must also include the seated position due to pressure on the persons diaphragm. Full account must be taken of the individual’s age, physical and emotional maturity, health status, cognitive functioning and any disability or sensory impairment, which may confer additional risks to the individual’s health, safety and wellbeing in the face of exposure to physical restraint.

**During each incident**
Throughout any period of physical restraint:
- a member of staff will be responsible for monitoring the individual’s airway and physical condition to minimise the potential of harm or injury.
- Physical observations, including vital clinical indicators such as pulse, respiration and complexion (with special attention for pallor/discoloration), must be conducted and where recorded onto CWP MEWS form [see CP35 Physical Health policy & SOP3]
- emergency resuscitation devices must be readily available in the area where restraint is taking place, and;
- a member of staff must take the lead in caring for other service users and moving them away from the area of disturbance.
- A member of staff will ensure that the service user is part of the decision making process and kept fully informed of all possible options.
- A member of staff will promote autonomy and reestablishment of self-control with the service user at the earliest opportunity.

**Post incident**
Where physical restraint has been used, staff should record the decision and the reasons for it, including details about how the intervention was implemented and the service users response. If an individual is not detained under the Act, but physical restraint of any form is necessary, consideration should be given to whether the criteria in sections 5 and 6 of the Mental Capacity Act apply (restraint to be used in respect of people aged 16 and over who lack capacity) and/or whether detention under the Act is appropriate.
Post incident staff must:
• Refer to the Safe Physical Restraint Care Bundle Checklist (see appendix 3)
• Conduct a post incident review with the service user and record into Carenotes
• Review and record the incident details into the service users Carenotes.
• Any actions taken to support service user injury this must be fully recorded into incident description and Carenotes i.e. MEWS, GCS blood glucose and first aid
• Develop or review a care plan to address any further risk behaviour
• Review and update existing risk assessment document i.e. CARSO
• Review the Care Plan which is to be agreed by the MDT team and carer / family
• Ensure a medical review is carried out by a doctor at the earliest opportunity
• Continue to support the service user through the feedback of events process including review of physical and mental health needs
• Record the full incident details on the Datix reporting system [refer to 3.13]

If the service user has sustained physical or psychological harm as a result of an incident by another service user then a referral must be made to the Safeguarding team as described in the CP10 Safeguarding children’s policy and CP40 Safeguarding adult’s policy.

3.11 Physical intervention essential key points (see appendix 4)
All restraint techniques implemented by staff are based on least restrictive principles using a graduated technique approach where possible. This includes the use of four levels of techniques, each based on the risks present during any incident;
• **Level one** refers to verbal guiding techniques aimed at redirecting a service users away from potential area of risk
• **Level two** refers to non-restrictive guiding techniques [minimum one staff member], using physical contact i.e. elbow/shoulder or wrist [wrap over technique] aimed at not taking control but allowing the service user to retain autonomy in a safe manner.
• **Level three** uses non-flexed limb holds i.e. bar over holds [minimum of two staff only], when the service user is standing, kneeling or seated position.
• **Level four** [minimum of two staff only], which includes prone [must not be planned] or supine body positioning. All incidents of level 4 interventions must be managed as a medical priority due to risk to service users physical health If incident involves prone or supine restraint staff must as a matter of urgency, once control is gained, either take hands off or assist the service user to a standing or seated position. All prone incidents must be reviewed by the clinical team and outcome fully documented into the service users electronic care record.

3.12 Monitoring of physical observations (see CP35 Physical Health policy and SOP3 procedure)
Following when rapid tranquilisation has been administered, the following physical observations must be monitored (refer to rapid tranquillisation policy for further guidance);
• Pulse, blood pressure, temperature, oxygen saturation (AVPU) and respiratory rate should be monitored and recorded throughout the procedure on the physical observation chart every 15 minutes for the first hour, and then every 30 minutes until the patient is mobile.
• All staff must be aware of the need to report all physical observation findings to the nurse in charge and duty doctor as soon after they are taken. This is to detect early identification of any abnormal physiological parameters which can be acted upon appropriately in accordance with Physical Observation assessment and the management of altered levels of consciousness [including MEWS, AVPU, GCS.
• Ensure all physical observations are recorded onto Datix, Physical Observation sheets and care records

3.13 Post incident Datix reporting
To ensure accurate reporting data when reporting any incident which has resulted in the transfer of a service user to another ward i.e. seclusion, the receiving ward must complete the Datix incident form.
When completing the Datix form all staff must complete all sections and ensure that they have inputted the correct information, which may include seeking clarification from other staff present. When reporting the incident onto the Datix system staff must fully complete;

- Incident description using ABC details [before, during and after]
- Prone incident details i.e. service user in prone prior to incident, service user fell/put themselves on floor or team placed service user in prone position
- Include only the highest level of physical intervention technique i.e. 3 or 4
- Service user injuries details i.e. how, where and when and staff post incident actions taken.
- Include the findings of any physical observations taken i.e. MEWS, oxygen saturation levels or blood glucose levels into the 'incident details.
- Post incident service user support details i.e. what was done
- Complete Care Bundle Checklist, copy and paste into Documents section on Carenotes

The line manager when reviewing the Datix incident must ensure that all fields are completed prior to signing off the form.

3.14 Restrictive interventions and pregnant service users

Any situation which requires staff to implement restrictive interventions on a pregnant woman must only be used where there are significant risks to the individual or to others which cannot me managed in any other least restrictive way.

- Restrictive interventions in response to the management of challenging behaviour which involve prone position must never be used with a pregnant woman.
- Any incident involving a prone i.e. unplanned transfer to floor the staff must promote safe practices and remove all physical contact.
- All restrictive interventions used must be in compliance with a care plan which sets out the risks and interventions to keep the person safe.
- Staff must be mindful of restrictive interventions and potential problems caused by the seated position due to pressure on the abdomen area.

Discussions must be held with the pregnant individual regarding the planning of any restrictive action which could be used to keep them safe. This discussion must involve the least restrictive options and also post incident support. The following recommendations must be considered;

- Proactive use of holding i.e. level 3 on pregnant women in the seated position
- Discussion and advice must be sought from maternity services regarding any restrictive intervention being considered.
- Staff must be mindful of the actual restraint position utilised, which should be reflected in an awareness of the use of the supine position (face upwards). This should always be of priority in the third trimester of pregnancy.
- Level 4 restrictive techniques must not be part of any care plan
- A medical review must be arranged as soon as practicably possible; this may involve referral to maternity services
- Nursing staff must carry out all physical observations and record in compliance with CP35 and SOP3  i.e. MEWS, blood glucose.

3.15 Physical interventions flowchart (see appendix 5)

All incidents in which staff use physical interventions must be treated as an emergency and involve specific numbers of trained staff to ensure a service users safety.

3.16 Post incident support

The neurological impact from trauma related type incidents can severely impact all those who have been directly or indirectly involved. It is acknowledged that post incident support can assist in the
recovery process for those who may have been affected and also minimise future incidents of challenging behaviour.

All service users who have been involved in any incident whether physical interventions have been used on them or not must be offered support and feedback in accordance with this policy. All support given or offered must be recorded into the service users electronic care records. Datix incident form and discussed at the MDT meetings with the care team. Where a service user has a Care Plan in place this must also be reviewed with them. If a service user is assessed as not having capacity the nearest relative, IMCA/IMHA should be contacted and made aware of the incident.

Most staff that are involved in an incident of challenging behaviour will not require any formal or ongoing support. However any staff member who either indicates or is injured through an incident must be supported by their line manager or nominated deputy. For further advice regarding supporting staff post incident please access CWP policy for supporting staff involved in traumatic events at work including incidents, complaints claims and inquests.

3.17 Observations of service users post incident
Following an incident where physical interventions have been implemented staff must conduct a review of the observation levels of the service user and implement the following:
- Physical Interventions / Restraint [level 3 or 4 holding only] – level 2 observations (minimum) for 24 hours;
- Rapid Tranquillisation – level 3 observations (minimum) for 1 hour. During this initial hour physical observations must be recorded using the physical observation chart, every 10 minutes.
- After this hour if the service user is not fully mobile, physical observations must continue to be recorded every 30 minutes. After the first hour the service user must be placed on level 2 observations (minimum) for 23 hours.

Staff can access further guidance on the use of rapid tranquillisation and the by referring to MP10 Rapid tranquillisation policy.

3.18 Seclusion and Segregation
Seclusion refers to the supervised confinement and isolation of a patient, away from other service users, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others. If a service user is confined in any way that meets the definition above, even if they have agreed to or requested such confinement, they have been secluded and the use of any local or alternative terms (such as ‘therapeutic isolation’) or the conditions of the immediate environment do not change the fact that the patient has been secluded. It is essential that they are afforded the procedural safeguards of the Code.

Long-term segregation refers to a situation where, in order to reduce a sustained risk of harm posed by the service user to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis. (see CP38 Seclusion and Segregation policy for further guidance).

3.19 Mechanical restraint
Mechanical restraint must only be used after thorough consultation with the services users care team and in compliance with the Mental Health Act and Mental Capacity Act legislation. Under no circumstances should any restraint take the form of tying (whether by means of tape or by using a part of the patient’s garments) to some part of a building or to its fixtures or fittings.
3.20 Equality and diversity
All staff must be sensitive to the service user’s individual spiritual, religious and cultural needs and these must be fully considered by staff when working with service users, their families and carers where physical interventions maybe used. The involvement of the service user and their families in the formulation of behavioural support plans will help minimise any misunderstanding and promote a culture of inclusion where everyone counts and where equality is integral to quality.

3.21 Arrangements for ensuring the safety of lone workers (refer to GR33 Lone Worker policy for further guidance)
An Identified Lone Worker (ILW) is defined as - ‘a wide variety of staff that work, either regularly or only occasionally on their own and without access to immediate support from managers or other colleagues’, (Health and Safety at Work Act 1974).

3.22 Student nurses
Student nurses must not be included in any planned incident which involves physical interventions. Student nurses must also not be involved in situations that involve risk above their competency level. All student nurses must be allocated a personal attack alarm on commencement of shift and comply with CWP policy regarding safe practice and reporting procedure.

3.23 Personal Protection Equipment (PPE)
If staff have been allocated Personal Protection Equipment (PPE), i.e. unit mobile phone, pager, personal attack alarm, they must ensure they carry it with them whilst on duty and know how to operate it. The safe keeping of all PPE is the responsibility of the staff member to whom it has been allocated and must be handed back at the end of any agreed period.

All faults noted with PPE must be reported and replaced before commencing or continuing their duty. All staff must carry an up to date CWP identification badge, which must be visible during any visit. Following a risk assessment and only where acceptable levels of risk maybe present a personal attack alarm might be allocated to community nurses. The purchasing of any PPE will be the responsibility of the line manager or budget holder. For further information please refer to the GR33 Lone Worker policy.

3.24 Safeguarding incidents
Implement safeguarding adult’s policy and safeguarding children’s policy if:
• An incident involves service user to service user challenging behaviour (verbal or physical);
• An incident of restraint may have caused harm, for example bruising;
• Staff suspect that there has been intentional or unintentional patient abuse, i.e. physical, sexual, psychological or financial or the result of neglect;
• Any harm to a service user, either temporarily or over a period of time.
• A service users nearest relative/advocate raises a complaint regarding abuse following a physical intervention technique that was used by staff

For service users under the age of 16 years where the restraint has resulted in seclusion of the service user, safeguarding team should be contacted for advice only at the earliest opportunity. Refer to the CP38 Seclusion and Segregation policy for further guidance.

3.25 Threats / verbal assault (see appendix 6)
Any incident which involves threatening words or behaviour which causes distress or alarm may constitute a non-physical assault and staff must take appropriate action to support the staff or service user. Each incident must be recorded onto the Datix incident reporting system, detailing accurately the words and behaviour expressed and all persons involved.

All threats made to a staff or service user must be taken seriously and actions taken that safeguard all concerned. As part of the support process following an incident of threatening behaviour the victim
(staff or service user) may involve reporting of the incident to the Police. Any reporting of incidents to the Police must be recorded onto Datix and if appropriate the service users care records.

3.26 Challenging behaviour and non-service user perpetrators
All staff have a duty of care and a responsibility to ensure safe environments and practice using recognised theories or accredited interventions which are reasonable, proportionate and necessary. The safety of service users and other members of staff must remain the highest priority. Any non-service user incident which involves words or behaviour which deemed a reportable Datix incident must also be reported to the police. Where the risk involves harm to others staff must only use physical interventions where the risk is unavoidable, immediate and as a last resort.

3.27 Reporting of incidents to the Police (see appendix 7)
Due to the nature of CWP care services not all incidents of assault are reportable to the Police. The decision to report an incident which has occurred either within CWP premises or within the community to the Police must only be where there are clear reasons for doing so and be taken in accordance with this policy. The timely reporting of all alleged incidents to the police must be undertaken in all instances using the emergency or non-emergency number.

When it is deemed/believed that service users behaviour has resulted due to lack of capacity, arising from clinical factors or without the intent to harm the injured staff must consult with the service users Care Team to seek advice and to agree an appropriate course of clinical action. This would also be immediately following an incident where staff are unable make an objective opinion regarding a service users capacity and can request an immediate team meeting to discuss the incident details and appropriateness of reporting the matter to the Police.

Police emergencies - These are situations where control cannot be managed safely and/or there is significant risk of harm to person or persons, this could include incidents both inside and outside of the clinical areas. These incidents are emergencies and will require a rapid police attendance.

Police non-emergency - These are non-urgent clinical situations where a Police response is required and may involve attendance to the clinical areas e.g. missing service user, non-clinical assault incidents, theft incidents (significant loss), damage to property, threats to cause damage / to harm to another, to obtain Police Incident Number (PIN)
Police must be contacted via:
- 101 (Non-emergency only);
- 999 (Emergency only).

3.28 Non urgent reportable Police incidents where attendance is required
Following any incident involving physical assault, damage to property, real threat of harm where it is deemed/believed that the aggressor has capacity, intended to cause harm and/or it is part of an agreed management plan the following procedure must happen;
- The Nurse in Charge must ask the Police to attend the clinical area and also complete the Police Staff Incident Report (see appendix 8)
- Prior to the Police arrival staff must review the service users risk assessment tool and management plan which will be used by the Police as part of any their investigation.
- Following a decision to investigate the Police will request further clinical information from the service users Consultant/RC
- On attendance to the clinical areas the Police must be given the completed Police Incident Report and assisted with all information pertinent to the incident.

3.29 Service users and informal Police interview
If attendance by the Police is for the purpose of interviewing a service user within the inpatient areas the nurse in charge or bleep holder must immediately:
- Notify the Consultant/Responsible Clinician of Police request to interview service user.
- Ensure an appropriate room is made available.
• Notify the nearest relative/carer where indicated by the service user
• Where the service user agrees to an interview and wishes to have a non-clinical representative and/or legal representative staff can make arrangements for them to attend.
• Where the service user refuses to be interviewed the Police will advise the service user and staff of the next possible actions.

3.30 Service user formal Police interview and removal from inpatient area
If attendance by the Police is to carry out a warrant for arrest or formally conduct an interview (under caution) with a service user, which may include removal from the inpatient area, this must normally only be undertaken following consultation and agreement with the Consultant/Responsible Clinician. (Where the Police decide to formally interview under caution within the ward area this will only be arranged in advance in consultation with the appropriate clinical leads.)
Where the Police want to remove a service user to a Police station without consultation with the Consultant / Responsible Clinician the nurse in charge or bleep holder must immediately;

• Notify the Consultant/Responsible Clinician or nominated deputy
• Notify the nearest relative/carer where indicated by the service user
• Notify the second tier on call manager.
• Ensure that the Police aware of the service users known risks and medicine regime and a record made by the nurse in charge to reflect this within the service users care records.

3.31 Victim of assault is a service user
Where service users are a victim of assault and they wish to report the incident to the police they must be supported by staff and incidents recorded as per trust policy. This may involve the nurse in charge with the service users consent contacting the Police to report the incident.

Where the victim of assault does not have capacity the Consultant / Responsible Clinician, IMHA and / or nearest relative must be contacted and made aware of the incident. Where a service user is unwilling to report the matter to the Police, the Care Team must be involved to discuss possible best interest actions which may be applicable as a responsible care provider. All incidents which are deemed reportable to the police must be reported by the nurse in charge or care coordinator. Where it is alleged that the aggressor and victim are both formal service users on the same ward then appropriate steps should be taken to safeguard the victim and other service users, to prevent further occurrence of assaults.

3.32 Photographic evidence
Where there is physical injury and/or damage to property photographs should be taken to support incidents which have been reported to Police. Where the injury is of physical nature permission should be sought from the victim prior to any photograph being taken. All photographic images must be stored securely, only on CWP hardware/computers and by a senior manager.

3.33 Offensive weapons (see appendix 9).
An offensive weapon is any article made or adapted for use to cause injury to the person, or intended to cause harm to others. If staff suspect or know that a service user or visitor is in possession of an offensive weapon they must take appropriate action. The Police must only be asked to attend inpatient areas as a last resort where there is a significant risk of harm which would result in an injury and the incident cannot safely be managed by CWP resources.

4. Acceptable Behaviour Agreements
The development of procedure clinical measures which include warning letters and withdrawal of treatment all aim to help reduce the number of violent incidents across the organisation. It is intended that the Acceptable Behaviour Agreements [ABA’s] will apply to all staff groups working across CWP health services and specifically to incidents which contain;

- Physical or non-physical assaults
- Intentional or unintentional acts of violence and aggression
- Acts committed by a service user or an associate
- Incidents involving a dangerous animal.

4.1. Definitions

Acceptable Behaviour Agreements (ABA); the issuing of warning letters and also in exceptional instances the withholding of treatment where there continues to be a threat to CWP staff. NHS Protect. (2012).

Non-physical assault: ‘The use of inappropriate words or behaviour causing distress and/or constituting harassment.’ NHS Protect. (2012).

Physical assault: ‘The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.’ NHS Protect

Unacceptable or inappropriate behavior: any incident where a staff member feels, harassed, abused, threatened, bullied (not by a colleague), insulted in circumstances relating to their work or whilst they are at work. The Health and Safety Executive (HSE).

Violence refers to ‘Any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks. The Health and Safety Executive (HSE).

4.2. Procedure

When an incident occurs and is reported through CWP reporting systems there must be an appropriate level of escalating action by the senior clinician/line manager or consultant. Local action may involve the issuing of verbal warnings also issuing of Acceptable Behaviour Agreements (ABA’s). An ABA will normally be applied where the individual causing concern to CWP staff member is a service user, however equally this can be applied where the individual is a service users associate (e.g. friend, relative or guardian). Incidents of assault which involve clinical and non-clinical elements will equally be assessed for the implementation of a marker or ABA letter;

4.3 Factors to consider (refer to Appendix 10)

All clinical services have approved documentation for the assessment of risk and these tools must be referred to as part of the review process. There are specific risk factors that will be considered, this will include the following:
- nature of the incident (i.e. physical or non-physical)
- degree of violence used or threatened by the individual
- injuries sustained by the victim (including psychological)
- the level of risk of violence that the individual poses
- the medical condition and medication of the individual at the time of the incident.
- whether an urgent response is required to alert staff
- impact on staff and others who were victims of or witnessed the incident
- impact on the provision of services
- history of any previous incidents and/or the likelihood that the incident will be repeated
- any time delay since the incident occurred
- the individual has an appointment scheduled in the near future
- whether staff are due to visit a location where the individual may be present
- whether the individual is a frequent or daily attendee (e.g. to a clinic or out-patients) or an in-patient
- whether staff may come into contact with the individual while working alone
- whether the incident, while perhaps not serious itself, is part of an escalating pattern of behaviour
- The use of a weapon in the incident
a) Reporting and investigating
It must be emphasised that the decision to issue an ABA letter will be based on a specific incident which has been reported through CWP Datix reporting systems.

b) Decision-making process (refer to appendix 10)
The decision to implement any formal process post incident will remain with the clinical services e.g. senior clinician/line manager. CWP Local Security Management Specialist (LSMS) will support the clinical services with the decision making process.

c) No decision reached on post action required
Post incident in circumstances where a decision for action cannot be agreed between clinicians the LSMS must be contacted for advice. In these circumstances the LSMS will have the overriding decision whether to implement or not any action.

4.4 Verbal Warnings Stage 1
To demonstrate a reasonable approach to incidents all post incident verbal warnings must be undertaken in a timely and appropriate manner with all the persons involved and recorded into the service users electronic record. A service user has the right to be formally represented by an Advocate, family member or by CWP PALS, Complaints and Incidents. To ensure the safety of all persons the environment and support systems available must be considered by staff preparing to communicate to the offending persons.

a) Where a service user, relative or visitor is violent or abusive, a member of staff must explain to the service user what is and is not acceptable behaviour and he/she should outline what the possible consequences of any further repetition of unacceptable behaviour could be. A suitable member of staff should always witness this explanation.

b) Verbal warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They are not a method of appeasing a difficult service user, relative or visitors in an attempt to modify their behaviour or to punish them, but instead to determine the cause of the behaviour so that the problem can be addressed or the risk of it reoccurring minimised.

c) It is important that all service users, relatives and visitors are dealt with in a demonstrable fair and objective manner. Every attempt should be made to de-escalate a situation that could potentially become abusive. Where de-escalation fails, the service user, relative or visitor should be warned of the consequences of future unacceptable behaviours. The incident should also be reported and recorded on the Datix incident reporting system.

d) Where it is has been agreed and deemed appropriate to approach a service user, relative or visitor in respect of their behaviour, this should, where practicable, be done informally, privately and at a time when all parties concerned are composed.

The main aim of the Verbal Warning process is twofold:

- To ascertain the reason of the behaviour displayed as a means of preventing further incidents or reducing the risk of them reoccurring; and
- Ensure that the service user, relative or visitor is aware of the consequences of his/her further unacceptable behaviour.

e) Verbal Warnings will not always be appropriate and should be only attempted when it is safe to do so with the relevant and appropriate staff present and if necessary this could involve the police where this has been previously agreed with them.

f) A meeting should be arranged and conducted in a fair and objective manner. A formal record should be made and maintained within the service users electronic records.
g) Where the process has no effect and unacceptable behaviour continues, alternative action must be considered and acted upon.

4.5 Acceptable Behaviour Agreements Stage 2 (see appendix 11)

CWP will adopt a range of measures depending on the severity of the non-physical assault which may assist in the management of unacceptable behaviour by seeking to reduce the risks and demonstrate acceptable standards of behaviour. The ABA’s will only apply to persons who it is deemed have the capacity to understand the processes involved.

A service user may need to involve an Advocate, Relative or CWP PALS to assist with the communication process where there are clinical identified needs.

a) Acceptable Behaviour Agreements (ABA) will be considered for individuals, service users, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. An ABA will be a written agreement between the parties aimed at addressing and preventing the recurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into serious behaviour.

b) All health professionals involved in the care of the individual must be involved in the process to address any inappropriate behaviour with an ABA. Where it is considered safe to do so, the perpetrator should then be invited to attend a meeting where the agreement is made. It is important that the perpetrator is involved into this process as it may encourage him or her to recognise the impact of their behaviour, take responsibility for his/her actions and improve his/her behaviours.

c) The terms of the ABA should be outlined formally in a written document for the perpetrator. A copy of the document should be signed and dated by both the perpetrator and the senior clinician. The terms of the agreement must be written in a manner that can be easily understood by the individual concerned.

If he/she signs the agreement and there is evidence that their unacceptable behaviour has ceased, then it would be appropriate to acknowledge this in writing to the perpetrator and thereby, encouraging good communication as well as encouraging continued good behaviour.

d) The meeting should be planned and organised appropriately in order to avoid intimidation. Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors could be excluded prior to the meeting.

e) It is important that ABA’s are not linked to any criminal proceedings and it is important that that great care is taken to ensure that the meeting is not misinterpreted as such. All interviews and formal discussions regarding criminal proceedings must only be carried out by the authorised persons e.g. police, where the rights of the alleged perpetrator are fully addressed. If a risk of violence is identified, consideration must be given to conducting this interview within a safer environment.

f) In circumstances where the service user or person concerned has not reached the age of 16, then they must be accompanied by their parent/s, guardian or appropriate adult to whom all correspondence must be issued.

g) Senior clinical leads/line managers are responsible for organizing the ABA meeting should meet prior to the meeting to consider:

- The desired outcome; and
- Appropriate conditions of the behavioral agreement

During the meeting the following issues must be covered:

- Reason for agreement;
- Explanation as to why the identified behavior is unacceptable;
- Clear explanations of continued unacceptable behavior; and
- Details of the mechanism for seeking a review e.g. via Trust complaints procedure.

Where a service user, relative or visitor fails to attend the meeting without good reason or notification, reasonable attempts must be made to contact them.

g) The use of ABA’s would not be appropriate in the following circumstances:
- Following discussion with the service user’s key worker, Consultant/Responsible Clinician, or the Trust’s LSMS and having consulted with all relevant staff has reached the conclusion that the incident was clinically induced, such as mental disorder, and;
- where an ABA could adversely affect the service user’s well being or recovery.
- However, the presence of a mental disorder should not preclude appropriate action from being taken, and it is important to note that the incident must still be recorded in accordance with Trust policy; and;
- Other than in exceptional circumstances, for anyone under the age of 16 (an ABA with the child’s parent/s or guardian/s may however be appropriate).

4.6 Monitoring of Acceptable Behavior Agreement

Monitoring is essential if the ABA is to be effective. The senior clinical lead/line manager within the care team is responsible for ensuring that any further unacceptable behavior is recorded and appropriate action can be escalated should that become necessary.

Where service user, relative or visitor fails to comply with the terms outlined in the ABA, consideration must be given to alternative procedural, civil or criminal action.

4.7 Written Final Warning Stage 3 (see appendix 12)

As a last resort, a final written explanation of potential exclusion from the premises and the withholding of treatment must be considered if unacceptable behaviour persists.

This letter, will only be sent by a CWP Executive Director, to notify the service user if there is a repetition of his/her unacceptable behaviour, then this warning letter will remain in his /her electronic record for a period of one year from the date that this letter has been issued and will be taken into consideration with one or more of the following actions:
- The withdrawal of NHS Care and Treatment, subject to clinical agreement from the service users Consultant/Responsible Clinician.
- The matter must be reported to the police with a view that the Trust will seek a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported by the LSMS to the NHS Protect Legal Protection Unit with a view that the Trust will seek criminal or civil proceedings or other appropriate sanctions. Any legal costs incurred will be sought from perpetrator.
- Consideration will be given to obtain a civil injunction in the appropriate terms. Any legal costs incurred will be sought from perpetrator.
- In exceptional circumstances, the Final Warning Letter should be sent by recorded delivery.
- The service users General Practitioner (where identified) should be notified in writing by the service users Consultant or Responsible Clinician.

4.8 Withdrawal of treatment Stage 4 (see appendix 13)

- Only in exceptional circumstances will CWP make the decision to withdraw treatment and will only be made when all other options have been explored and where the risk of not doing so will impact on CWP staff by putting them at risk.
- All professionals (including GP,Police/Social Care Services) involved in the service users care must be involved in making contingency plans to address any emergency situation where the service user may need to access clinical services.
- A review date of the decision to withdraw treatment must be agreed by the Consultant or Responsible Clinician and documented within the service users electronic record.
- The service user involved must be a letter by the Consultant or Responsible Clinician giving notification of any agreed review date and/or any changes to the withdrawal of treatment conditions.
- CWP LSMS will notify NHS Protect and the Police of any withdrawal details

4.9 Restriction of access to CWP premises
- Only in exceptional circumstances will CWP make the decision to enforce restrictions of access to CWP premises and will only be made when all other options have been explored and where the risk of not doing so will impact on CWP staff by putting them at risk.
- The restriction letter will detail the **only environments** where care can be accessed without risk to CWP staff. All other CWP premises will be excluded from access.
- All professionals (including GP, Police/Social Care Services, LSMS) involved in the service users care must be involved in making contingency plans to address any emergency situation where the service user may need to access clinical services.
- A review date of the decision to restrict access to CWP premises must be agreed by the Consultant or Responsible Clinician and documented within the service users electronic record.
- The service user involved must be a letter by the Consultant or Responsible Clinician giving notification of any agreed review date and/or any changes to the withdrawal of treatment conditions.
- CWP LSMS will notify NHS Protect and the Police of any restriction details

5. How the organisation trains staff, in line with the training needs analysis
All staff must complete the training as outlined within Education CWP Mandated framework
Appendix 1 - Challenging behaviour pathway for the development of care plans.

- **Assessment for plans**
  - What is the behaviour?
  - Frequency / Intensity / Duration?
  - Impact of behaviour?
  - Impact of environment?
  - Needs, strengths and risks of service user
    - Advanced statement?
  - Historic Information?
    - Corroboration Information?
  - Agreed assessment tools to monitor
    - Eg, ABC charts, observations, incident logs?
  - Assessment of capacity to consent to care
    - provided?
  - Incorporate into risk assessment

- **Development of a care plan**
  - **Strategies**
    - 1. Primary
    - 2. Secondary
    - 3. Tertiary
  - What is goal / outcome?
  - What is intervention to deliver goal / outcome?
  - What is reactive / crisis management strategies to be used?
  - Sharing plan with service user / carer / advocate / IMHA / IMCA?
  - Incorporate into care plan include names of consultees

- **Review of a care plan**
  - Minimum of weekly
  - After an incident
  - What interventions worked?
  - What needs to change?
  - Impact on service user and staff of reactive management (if used)?
  - Review of risk assessment and update to reflect change of risk status?
  - Incorporate learning into a Care plan

- **Service user transfer / discharge**
  - Behavioural support plan reviewed?
  - Outcomes documented?
  - Incorporate into community care plan discharge summary documentation

---

**Engagement of service users at every step**

**Inform / Engage all relevant professionals / carers**

**Best interest, Least restrictive, Necessary, Reasonable, Proportionate, Shortest time possible**

**Actions to be completed**

**Processes to be followed and documented**

**Underlying Principles**

* use care bundle
Appendix 2 – Reactive Management for an incident of challenging behaviour

What reactive incident management strategies to be used?

Under what conditions will strategies be used?

What will be purpose / outcome of reactive strategies?

Reactive strategies?
1. Primary
2. Secondary
3. Tertiary

1. Service user choice?

Environmental needs?

Care plan strategy?

Preferred named nurse?

Carer/Relative/IMHA wishes?

2. Triggers and warning signs

Use of observation policy?

Use of PRN medication

Use of communication/language?

Use of diversion / De-escalation techniques

Use of non-verbal strategies

Verbal and non-verbal strategies

3. Passive/therapeutic holds
   i.e. Wrap over, bar over, flexed wrist

Use of communication/language?

Flexed wrist holds

Use of PRN medication

Seclusion*

Best interest, Last resort, Least restrictive, Necessary, Reasonable, Proportionate, Shortest time possible

Actions to be completed

Processes to be followed and documented

Underlying Principles

* use care bundle
Appendix 3 – Safe physical restraint care bundle checklist (for all incidents)

This form is intended as an aide memoir must be completed, copied and pasted into recorded in the service user electronic care records as a record of completion.

<table>
<thead>
<tr>
<th>Service users name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS No</td>
<td>Date of incident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A detailed description of the incident has been placed in service users care records, with the title “Risk Event”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There has been a physical examination of the patient, and a Doctor consulted if any injuries have been identified recorded in service users care records. An electronic copy of “gingerbread chart” (if needed) has been completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If evidence of service user injury – follow safeguarding procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A post incident discussion has been completed with the service user if able? (If the service user does not wish to engage in the discussion document this in service users electronic care records and write in diary for it to be done the next day).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In hours inform Ward manager, out of office hours inform 1st tier on call / bleep holder to advise of use of physical restraint and outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matron or nominated deputy to be notified of use of restraint to ensure external scrutiny of care and treatment including use of physical restraint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The service users care co-ordinator, social worker and advocate are informed of the use of restraint and this is recorded in service users electronic care records.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATIX is completed with the full details of the use of physical restraint, staff names, times, witness forms are completed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following a Rapid Tranquillisation incident the service user’s physical observations have been recorded i.e. MEWS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The service user asked if they want their family / carers to be advised of the incident.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact the family / carer and document in service users care records. That you have done this, if patient agrees to information sharing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the service user does not want family to be informed, ensure this is documented in service users care records.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nurse in charge has undertaken reflective review with the staff team involved in the incident and recorded this in service users electronic care records.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post incident service user management plan, risk assessment tool and Careplan reviewed developed?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Due to nature of incident (injury, duration, and multiple restraints) consider the escalation for review outside of the ward team e.g. Modern Matron, Safeguarding?

(Please describe action taken)
Appendix 4 – Primary Secondary and Tertiary strategies

Primary preventative strategies
Behavioural disturbance can be minimised by promoting a supportive and therapeutic culture within the care environment. Unless an individual is subject to specific justifiable restrictions (e.g. for security reasons), primary preventative strategies should typically include the following, depending on the individual’s assessed needs:

A: The care environment:
- providing predictable access to preferred items and activities
- avoiding excessive levels of environmental stimulation
- organising environments to provide for different needs, for example, quiet rooms, recreation rooms, single-sex areas and access to open spaces and fresh air
- giving each patient a defined personal space and a safe place to keep their possessions
- ensuring an appropriate number and mix of staff to meet the needs of the service user population
- ensuring that reasonable adjustments can be made to the care environment to support people whose needs are not routinely catered for, for example, sensory impairments, and
- avoiding demands associated with compliance with service-based routines and adherence to ‘blanket rules’

B: Engaging with individuals and their families:
- ensuring that individuals are able to meet visitors safely in private and convivial environments, as well as to maintain private communication by telephone, post and electronic media, respecting the wishes of service users and their visitors
- engaging individuals, supporting them to make choices about their care and treatment and keeping them fully informed, and communicating in a manner that ensures the individual can understand what is happening and why
- involving individuals in the identification of their own trigger factors and early warning signs of behavioural disturbance and in how staff should respond to them
- engaging individuals in all aspects of care and support planning
- ensuring that meetings to discuss an individual’s care occur in a format, location and at a time of day that promotes engagement of service users, families, carers and advocates
- with the individual’s consent (if they have the capacity to give or refuse such consent), involving their nearest relative, family, carers, advocates and others who know them and their preferences in all aspects of care and treatment planning, and
- promptly informing patients, families, carers and advocates of any significant developments in relation to the individual’s care and treatment, wherever practicable and subject to the patient’s wishes and confidentiality issues.

C: Care and support:
- opportunity for individuals to be involved in decisions about an activity and therapy programme that is relevant to their identified needs, including evening and weekend activities
- delivering individualised patient-centered care which takes account of each person’s unique circumstances, their background, priorities, aspirations and preferences
- supporting individuals to develop or learn new skills and abilities by which to better meet their own needs
- developing a therapeutic relationship between each patient and care workers, including a named key worker or nurse identified as the patient’s primary contact at the service
- providing training for staff in the management of behavioural disturbance, including alternatives to restrictive interventions, desirable staff attitudes and values, and training in the implementation of models of care including Care Plans
- ensuring that individuals’ complaints procedures are accessible and available and that concerns are dealt with quickly and fairly
• ensuring that physical and mental health needs are holistically assessed and that the person is supported to access the appropriate treatments, and
• developing alternative coping strategies in response to known predictors of behavioural disturbance.

People who are identified as being at risk of presenting with behavioural disturbance should be given the opportunity to have their wishes and feelings recorded in an advance statement, if they have the capacity to do so.

Whilst some psychological treatments or programmes may impose restrictions on normal day-to-day activities (eg restricting access to favoured activities or incentives so that they are available only as incentives or behavioural reinforcers), such restrictions should not be imposed across the service, or be used to punish or humiliate. This means that service providers should avoid blanket restrictions that apply to all patients; interventions should always be individualised, and subject to discussion and review by the whole clinical team. The individual's consent to the intervention should always be sought where the individual has capacity to consent or refuse the intervention, even if a refusal may be overridden (e.g. because it is part of the compulsory treatment the individual may be given under the Act).

Restrictions associated with such programmes should be reasonable and proportionate to the risks associated with the behaviour being addressed and consistent with the guiding principles of the Code (and the Mental Capacity Act (MCA), where it applies). Access to leave, food and drink, fresh air, shelter, warmth, a comfortable environment, exercise, confidentiality or reasonable privacy should never be restricted or used as a ‘reward’ or ‘privilege’ dependant on ‘desired’ behaviours.

Psychological treatments with the goal of behavioural change should only be used under the direct supervision of a suitably trained and competent professional, and should be monitored regularly for impact.

Services must encourage service users to avoid staying in their bedrooms for prolonged periods during the daytime. Therapeutic interventions and a range of engaging activities should be available and people should not be locked out of their bedrooms in an attempt to restrict their freedom of movement.

**Secondary preventative strategies**
De-escalation is a secondary preventative strategy. It involves the gradual resolution of a potentially violent or aggressive situation where an individual begins to show signs of agitation and/or arousal that may indicate an impending episode of behavioural disturbance.

De-escalation strategies promote relaxation, e.g. through the use of verbal and physical expressions of empathy and alliance. They should be tailored to individual needs and should typically involve establishing rapport and the need for mutual co-operation, demonstrating compassion, negotiating realistic options, asking open questions, demonstrating concern and attentiveness, using empathic and non-judgemental listening, distracting, redirecting the individual into alternate pleasurable activities, removing sources of excessive environmental stimulation and being sensitive to non-verbal communication.

Staff should liaise with individuals and those who know them well, and take into account clinical assessments, to identify individualised de-escalation approaches which should be recorded as secondary preventative strategies in the individual’s positive behaviour support plan (or equivalent). In some instances it may be feasible for families to contribute to de-escalation approaches, e.g. by speaking to their relative on the telephone.

Staff should ensure that they do not exacerbate behavioural disturbance, e.g. by dismissing genuine concerns or failing to act as agreed in response to requests, or through the individual experiencing unreasonable or repeated delays in having their needs met.
Where such failures are unavoidable, every effort should be made to explain the circumstances of the failure to the individual and to involve them in any plans to redress the failure.

**Tertiary preventative strategies**

Tertiary strategies guide the responses of staff and carers when there is a behavioural disturbance. Responses should be individualised and wide ranging, if appropriate, including continued attempts to de-escalate the situation, summoning assistance, removing sources of environmental stress or removing potential targets for aggression from the area. Where it can reasonably be predicted on the basis of risk assessment, that the use of restrictive interventions may be a necessary and proportionate response to behavioural disturbance, there should be clear instruction on their pre-planned use. Instructions should ensure that any proposed restrictive interventions are used in such a way as to minimise distress and risk of harm to the service user.

**Physical intervention essential key points**

Physical restraint refers to any direct physical contact where the intention is to prevent, restrict, or subdue movement of the body (or part of the body) of another person. In accordance with Education CWP all clinical inpatient staff must attend training in the types of holds which could be used in the management of challenging behaviour within clinical areas. This includes the how to monitor of a person’s physical observations and life support training.

All restraint positions can compromise a service user’s ability to breathe and must be avoided whenever possible. The least restrictive option must always be used and the service user supported and reassured throughout each episode. This is particularly important where any service user has known underlying physical problems arising due to their mental health / learning disability.

- All physical impairments and/or underlying conditions must be incorporated into service users electronic record and all appropriate staff made aware.
- During any physical intervention where any physical injury and/or impairment in breathing occurs a service user must be moved to a safer position as a matter of urgency and emergency medical assistance sought [999] and/or duty doctor informed.

CWP no longer advocates the teaching of placing a person in the prone position or the use of flexed wrist techniques. Unless there are cogent safety reasons for doing so, there must be no planned or intentional restraint of a person in a prone position (whereby they are forcibly laid on their front) on any surface, including seclusion incidents.

**Service users must not be deliberately restrained in a way that impacts on their airway, breathing or circulation.** The mouth and/or nose must never be covered and there must be no pressure to the neck region, rib cage and/or abdomen. Priority consideration must also include the seated position due to pressure on the person's diaphragm.

Full account should be taken of the individual’s age, physical and emotional maturity, health status, cognitive functioning and any disability or sensory impairment, which may confer additional risks to the individual’s health, safety and wellbeing in the face of exposure to physical restraint. Throughout any period of physical restraint:

- a member of staff will be responsible for monitoring the individual's airway and physical condition to minimise the potential of harm or injury. Observations, including vital clinical indicators such as pulse, respiration and complexion (with special attention for pallor/discooloration), must be conducted and recorded onto CWP MEWS form
- emergency resuscitation devices must be readily available in the area where restraint is taking place, and;
- a member of staff must take the lead in caring for other patients and moving them away from the area of disturbance.
Where physical restraint has been used, staff should record the decision and the reasons for it, including details about how the intervention was implemented and the patient’s response. If an individual is not detained under the Act, but physical restraint of any form is necessary, consideration should be given to whether the criteria in sections 5 and 6 of the MCA apply (restraint to be used in respect of people aged 16 and over who lack capacity) and/or whether detention under the Act is appropriate.
Appendix 5 – Physical interventions flowchart

Options
Hands off & observe safely
Assist to stand
Assist to sit

SERVICE USER BODY POSITION

SUPINE/PRONE
[Lying on front or back]
[LEVEL 4 Techniques]

STANDING/SITTING
[LEVEL 3 Techniques]

MINIMUM 3 STAFF
- HEAD X1
- ARM X2

MINIMUM 2 STAFF

TEAM LEAD MONITORS SERVICE USER AIRWAYS AND PHYSICAL OBSERVATIONS

MONITOR FOR PHYSICAL INJURIES

CONTINUE TO ASSESS RISK POSED

YES
CONTINUED RISK TO SELF OR OTHERS?

IMMEDIATE REVIEW ENVIRONMENT RISK
TRANSFER TO NON-PRONE POSITION?
REMOVE HOLDS?
TRANSFER TO SAFER ENVIRONMENT?

NO

MEDICATION REVIEW
WITH DUTY DOCTOR

RETURN AUTONOMY
REMOVE PHYSICAL HOLDS

POST INCIDENT
[REFER TO SAFE RESTRAINT CARE BUNDLES CHECK LIST]
COMPLETE DATIX
CONDUCT INCIDENT REVIEW WITH SERVICE USER
NOTIFY DUTY DOCTOR
INFORM IMCA/IMHA NEAREST RELATIVE [ONLY IF INDICATED]
INPUT ON ELECTRONIC CARE RECORDS
REVIEW MANAGEMENT PLAN AND/OR DEVELOP CARE PLAN FOR MDT REVIEW
REVIEW EXISTING RISK ASSESSMENT TOOL
REVIEW OBSERVATION LEVELS

REFER TO AGREED CARE PLAN

ONE STAFF MEMBER TO LEAD, COMMUNICATE, REASSURE AND ASSESS RISK TO SERVICE USER AND TEAM

BEST INTEREST, NECESSARY, LEAST RESTRICTIVE, REASONABLE, PROPORTIONATE, LEAST TIME POSSIBLE

ACTIONS TO BE COMPLETED
PROCESS TO BE FOLLOWED AND IMPLEMENTED
UNDERLYING PRINCIPLES
Appendix 6 - Threats / verbal assault flowchart

THREATS/VERBAL ASSAULTS INVOLVING A SERVICE USER

ENGAGE SAFELY INITIATE DE-ESCALATION TECHNIQUES

RISK ASSESS IMMINENT OR REAL THREAT TO SELF OR OTHERS

NO

CONTINUE TO DEESCALATE/ VERBALLY REASSURE FROM SAFE DISTANCE

ENGAGE AND AGREE PLAN GOING FORWARD

REPORT TO LINE MANAGER COMPLETE DATIX INCIDENT FORM MAKE RECORD IN ELECTRONIC CARE RECORD REVIEW EXISTING RISK ASSESSMENT REVIEW/DEVELOP CARE PLAN?

NO

CONTINUED THREAT/RISK POSED?

YES

ENGAGE AND AGREE PLAN GOING FORWARD

CAN SITUATION BE MANAGED SAFELY?

INFORM POLICE OF EMERGENCY INCIDENT (999)

NO

YES

SAFETY OF ALL REMAINS A PRIORITY, REASONABLE, PROPORTIONATE AND BEST INTERESTS APPLY

ACTIONS TO BE COMPLETED

PROCESS TO BE FOLLOWED AND IMPLEMENTED

UNDERLYING PRINCIPLES
Appendix 7 – Reporting of assault incidents to the Police

INCIDENT OF SERVICE USER ASSAULT ON OTHERS
SERVICE USERS OR STAFF

- COMPLETE DATIX
- REVIEW OR DEVELOP MANAGEMENT PLAN
- DETAIL WITHIN CARE NOTES
- REVIEW RISK TOOL
- REVIEW OBSERVATION LEVEL
- OBTAIN WITNESS STATEMENTS
- NOTIFY LINE MANAGER

AT EARLIEST OPPORTUNITY DISCUSS INCIDENT WITH CARE TEAM LEAD

NO

VICTIM WISHES TO REPORT TO THE POLICE?

YES

REQUESTING POLICE ATTENDANCE?
FOR ASSAULT, THREATS TO HARM, DAMAGE TO PROPERTY

NO

CARE TEAM AGREE TO NOTIFY POLICE AND REQUEST ACTION

NO

OBTAIN POLICE INCIDENT NUMBER AND INSERT ONTO DATIX FORM AND SERVICE USER ELECTRONIC CARE RECORDS

YES

LEAD NURSE AGREES TIME AND DATE FOR POLICE ATTENDANCE

NURSE IN CHARGE COMPLETE POLICE INCIDENT MEDICAL INFORMATION FORM
(Appendix 8)

POLICE REQUEST CONSULTANT/RC CLINICAL INFORMATION
(Appendix 9)

RESPONSIBLE CLINICIAN/CONSULTANT COMPLETES POLICE INCIDENT MEDICAL INFORMATION FORM
(Appendix10)

UPDATE CARE NOTES

GIVE RESPONDING POLICE OFFICER COMPLETED POLICE INCIDENT INFORMATION FORM

ALL ACTIONS MUST BE IN COMPLIANCE WITH THE LAW REFLECT AGREED CLINICAL PLANS

UNDERLYING PRINCIPLES
PROCESS TO FOLLOWED AND IMPLEMENTED
ACTIONS TO BE COMPLETED
Appendix 8 - Clinical staff incident report (capacity report)

Inpatient referred to the Police guidelines

In order to support the police and CPS with the criminal investigation and prosecution process, it is important that information relating to capacity (particularly when the individual is receiving inpatient treatment) is shared at the earliest opportunity.

Any inpatient referred to the police following an incident/possible offence requires confirmation from clinical services that the individual has the capacity to cooperate with the criminal justice process.

The completed document will:

- Provide the police/CPS with confirmation that the individual (were appropriate) is suitable for interview, detention and prosecution.
- Provide advice to the police regarding the individual's capability to understand what is happening.
- Support the police with the application of Police and Criminal Evidence (PACE) guidelines.
- Support the individual by communicating accurate information re their particular needs and vulnerabilities.
- Support the use of fixed penalty notices and cautions as outcomes.

The document will not:

- Replace the need for witness statements and reports should the matter proceed to court.
- Be a substitute for a full clinical opinion, which may still be requested by the CPS if the prosecution goes forward.

* Please inform your local CJL team of any referrals or arrests, so that arrangements can be made to follow up through the criminal justice process.
# POLICE CALLED TO IN-PATIENT UNIT – CLINICAL REPORT – Strictly Confidential

## SERVICE USER DETAILS

<table>
<thead>
<tr>
<th>Name :</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.O.B:</td>
<td></td>
</tr>
<tr>
<td>Datix incident no:</td>
<td></td>
</tr>
</tbody>
</table>

Detained under the MHA (1983)? *(Please tick)*  
☐ Yes – Section: ( )  
☐ No

### Date, Time & Location of Incident:

### Witness/victim name, contact details and availability for next 3 weeks:

### Description of Incident:

### Datix Number :

### Police Niche Number:

### Name and Contact Number of Consultant:

## SERVICE USERS MENTAL STATE: Please use your professional judgement and opinion to answer the questions below related to the service user above.

**Are you aware of any issues related to the service user’s mental health that would mean they would not be able to understand his/her actions?**  
*Comment:*

**Is the service user currently fit to be arrested and detained for questions?**  
*Comment: (please add any additional requirements/considerations for detention/ interview)*

**Would you consider the service user is capable of understanding the legal process of a prosecution, if necessary with support (i.e. understand actions of offence; able to instruct a Solicitor)?**  
*Comment:*

**From a clinical perspective, what reasons can be provided for consideration by CPS for progressing this prosecution (e.g Public Protection, Inform future risk management, legal sanction, address violent behaviour)**  
*Comment:*

### Signed:    Role/Designation:    Date:

This form should be handed to the police when they attend to start the investigation.  
A copy should remain in the notes; Please send a copy to local CJLT to enable follow up.
Appendix 9 – Offensive weapons protocol

The safety of others is a priority and must not be put at risk

All actions taken must be reflect safety and best interests of all concerned

Actions to be completed

Process to be followed and implemented

Underlying principles
Appendix 10 - Examples of the types of incident that may warrant a marker

It is not possible to list every category of incident which may warrant sending a ABA to a person. 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.

NHS Protect uses two definitions to establish a nationally consistent reporting standard for the NHS. Staff should be familiar with these definitions so that they know what types of incidents should be reported to CWP LSMS. The following definitions and categories are applicable when considering whether to send an ABA and each category should include appropriate handling information. Note: These lists are not exhaustive.

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

<table>
<thead>
<tr>
<th>Type of categorised physical assault</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical assault (no physical injury suffered) *Spitting &amp; verbal threats</td>
</tr>
<tr>
<td>Physical assault (physical injury sustained)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of categorised non-physical assault</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offensive or obscene language, verbal abuse and swearing2</td>
</tr>
<tr>
<td>Brandishing weapons, or objects which could be used as weapons</td>
</tr>
<tr>
<td>Attempted assaults</td>
</tr>
<tr>
<td>Offensive gestures</td>
</tr>
<tr>
<td>Threats</td>
</tr>
<tr>
<td>Intimidation</td>
</tr>
<tr>
<td>Harassment or stalking</td>
</tr>
<tr>
<td>Damage to buildings, equipment or vehicles which causes fear for personal safety</td>
</tr>
<tr>
<td>Offensive language or behaviour related to a person’s race, gender, nationality, religion, disability, age or sexual orientation</td>
</tr>
<tr>
<td>Inappropriate sexual language or behaviour</td>
</tr>
</tbody>
</table>

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).

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

* 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 sending a ABA should be considered where swear words are used aggressively.
Appendix 11 – Acceptable Behaviour Agreement Stage 2

Dear

Acceptable Behaviour Agreement between <insert name of patient, visitor or member of the public> and <insert name of Trust>

I am writing to you concerning an incident that occurred on <insert date> at <insert location and Trust name>.

It is alleged that you <insert name> used / threatened unlawful violence / acted in an anti-social manner to a member of NHS staff / whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust 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 or abuse. This was made clear to you in my previous correspondence of <insert date> to you. We have attempted to contact you <insert details> to invite you to a meeting to discuss the matter and agree an acceptable conduct when attending these premises. However, we have not had a response from you.

I would urge you to consider your behaviour when attending the <location> in the future and comply with the following conditions:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action: (to be adjusted as appropriate):

- The matter will be reported to the Police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service

- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this Trust supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you should find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours faithfully,

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed

Dated
Appendix 12 – Acceptable Behaviour Agreement - Stage 3

Dear

FINAL WARNING

I am writing to you concerning an incident that occurred on <insert date> at <insert location and Trust>.

It is alleged that you <insert name> used / threatened unlawful violence / acted in an anti-social manner to a member of NHS staff / whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust 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 or abuse. This has been made clear to you in <insert details of previous correspondence/ meetings>. A copy of this Trust’s policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what this trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue and will be taken into consideration with one or more of the following actions:

(to be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the Police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this Trust supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this Trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients.

An exclusion from NHS premises would mean that you would not receive care at this trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours faithfully.

Signed by Chief Executive

Date
Appendix 13 – Acceptable Behaviour Agreement - Stage 4

Dear

Withholding of Treatment/restriction of access to CWP environments

I am writing to you concerning an incident that occurred on <insert date> at <insert location and Trust>.

It is alleged that you <insert name> used / threatened unlawful violence / acted in an anti-social manner to a member of NHS staff / whilst on NHS premises (delete as applicable)

Behaviour such as this is unacceptable and will not be tolerated. This Trust 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 or abuse. A copy of CWP policy is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> where this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from the Trust premises. The period of this exclusion is <insert number of weeks / months> and comes into effect from the date of this letter.

As part of this exclusion notice you are not to attend the Trust premises at any time except:

- in a medical emergency; or
- where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken (to be adjusted as appropriate):

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the Police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Protect Legal Protection Unit with a view to this Trust supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>. In considering withholding treatment this Trust considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and Consultant. Details have also been shared with the Police to keep them informed of CWP risk management planning.

Yours faithfully,

Signed by Director Nursing / Chief Executive

Date: