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Farnham Dene Medical Practice

Dealing with Unreasonable, Violent and Abusive Patients Policy

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1 Introduction

1.1 Policy statement

The purpose of this document is to provide guidance to staff at this organisation about how to manage unreasonable, violent and abusive patients in the workplace in line with extant legislation. This organisation has a zero-tolerance policy towards violent, threatening or abusive behaviour towards staff, patients or visitors.

The Health and Safety Executive (HSE) advises that healthcare workers are four times more likely to experience violence at work than those in other vocations and provides guidance in its webpage titled Violence in health and social care. Therefore, effective risk assessment and incident reporting is essential to support the organisation in the appropriate management of offenders, thereby reducing risk to staff, visitors and service users.

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

responsibility to ensure that all staff have undertaken the necessary training to be able to respond appropriately.

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

1.2 Status

In accordance with the Equality Act 2010, we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

2 Identifying challenging behaviour

2.1 Unreasonable behaviour

There are many reasons why a patient's behaviour may become unreasonable, including substance misuse, should they be scared, anxious or distressed, or if they are frustrated, unwell or in pain. As a result of this, staff may experience patients who are either demanding, unwilling to listen and/or uncooperative.

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

It should be noted that unreasonable behaviour may be directed at patients and visitors in addition to staff. A standardised approach is to be adopted to manage any episode of poor behaviour.

2.2 Inappropriate behaviour

Inappropriate behaviour is defined as being unacceptable if:

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

Inappropriate behaviour does not have to be face-to-face and may take other forms including written, telephone or e-mail communications or through social media.

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

Any person, be they staff, visitor or service user, who encounters unreasonable behaviour will be fully supported by the partners and management team with a standardised approach being taken.

2.3 Violent or abusive behaviour

This organisation has zero tolerance towards such behaviour and is committed to reducing the risk to staff and other patients resulting from such behaviour. The HSE provides a definition of violence in the workplace in its guidance titled How employers can protect workers from violence and aggression at work.

While for staff, the Assaults on Emergency Workers (Offences) Act 2018 details the legalisation that supports those who work in general practice, Section 3 (1) (j) (ii) defines an emergency worker. Should violent or abusive behaviour be directed towards a patient or visitor, then ordinarily further action will be taken, including reporting the incident to the police if appropriate.

2.4 Classifications

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

3 Managing unreasonable and inappropriate behaviour

3.1 NICE guidance

All staff are to adhere to NICE Clinical Guidance 138 which explains that patients value healthcare professionals acknowledging their individuality and, by tailoring healthcare services for each patient, this can enhance continuity of care and build positive relationships, thereby reducing the risk of unreasonable and/or inappropriate behaviour.

3.2 Process to manage unreasonable and inappropriate behaviour

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

4 Managing violent, abusive or threatening behaviour

4.1 Prevention

NHS England's Violence prevention and reduction standard (version 2) provides detailed guidance on actions that can be taken to support managing unreasonable and inappropriate behaviour. This organisation will aim to implement any recommendations to promote a safe and secure working environment for employees.

This organisation will also adhere to the guidance detailed in the BMA's Preventing and reducing violence towards staff as well as the HSE's workplace violence guidance.

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

DO	DO NOT
Recognise your own feelings	Meet anger with anger
Use calming body language	Raise your voice, point or stare

Be prepared to apologise if necessary	Attempt or appear to lecture them
Assert yourself appropriately	Threaten any intervention unless you are prepared to act upon it
Allow people to explain themselves	Make people feel trapped or concerned

4.2 Process to manage violent, abusive or threatening behaviour

The organisation does not expect any staff member, patient or visitor to tolerate any form of behaviour that could be considered violent, abusive or threatening or that becomes so frequent it makes it more difficult for the organisation to undertake its work. Action will be taken to manage this type of behaviour whenever it occurs, including inappropriate behaviour on social media.

Should the episode of behaviour be significant, this may warrant an immediate application to remove the patient from the practice list. The BMA document titled Removing patients from your practice list should also be consulted.

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

Should an incident merit a warning, then the process at Annex C is to be followed.

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

5 Raising the alarm

5.1 Use and activation of an alarm

Panic alarms are used to inform staff that assistance is required in situations of aggressive behaviour. During induction, all staff are given an overview of the panic alarms available at this organisation and how they work.

Furthermore, staff will be advised during their induction of the alarm(s) to be used for a clinical emergency and actions taken should they feel threatened by a situation involving:

- Verbal or physical disruption
- Verbal aggression
- Physical aggression or the threat of physical violence or mental distress
- Physical violence
- The receipt of a bomb threat or coming across a suspicious package.
- Any consideration of terrorist activity

More information is available in the practice Panic Alarms Policy & Procedure.

5.2 Response procedure

Staff members should respond to an alarm as quickly as possible. Ideally, two people should attend the site of the activation together and, where a third person is available, they should

stand at a distance, such as further down the corridor, ready to dial 999 for the police, advising them of the alarm activation.

The specific nature of the incident will determine if:

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

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

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

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

5.3 Police assistance

The police should be called in instances when physical assault is likely or when weapons or drugs have been identified.

The Practice Manager is required to notify the CQC of any incident that is reported to or investigated by the police as detailed within CQC's GP mythbuster 21: Statutory notifications to CQC.

5.4 Bomb threats and suspicious packages

In the event of a bomb threat or a suspected package, the procedure detailed at Annex C is to be followed. Staff should follow the evacuation process laid out in the Panic Alarms Policy & Procedure.

5.5 Dynamic lockdown procedure

Should there be an immediate threat to the building and its occupants, staff should follow the evacuation process laid out in the Panic Alarms Policy & Procedure.

5.6 Deactivation instructions

All staff at this organisation are given training during induction and periodic refresher training on how to deactivate panic alarms and intruder alarms. Should staff be uncertain, they are to liaise with their line manager in the first instance and refer to the practice Panic Alarms Policy & Procedure.

6 Removal of the patient

6.1 Guidance

It is acknowledged that organisations are permitted to remove patients in appropriate circumstances as detailed within the GMC's Ending your professional relationship with a patient and the BMA's Removing patients from your practice list guidance.

However, removal should never be based on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical conditions.

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

7 Reporting of incidents

7.1 Internal reporting

All incidents are to be reported to the Practice Manager at the earliest opportunity. They will ensure that the member of staff completes an Incident Form (located on shared drive) outlining details of the incident for the PM to review and decide on follow up actions.

7.2 Clinical record

A factual entry is to be made in the patient's healthcare record detailing exactly what occurred; the record should include timings, the build-up to the incident and details of staff members and witnesses present. Further information can be found at Annex C.

8 Effects on staff and patients

8.1 Supporting the team

Any staff member who has been subjected to inappropriate behaviour will be supported. Staff who experience incidents of violence, aggression or assault may experience subsequent after-effects that may require support from the team or external resources.

A respect our staff poster detailing that violent, threatening or abusive behaviour will not be tolerated is shown in both practice reception areas.

8.2 Supporting patients

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

External support may also be required.

Annex A – Legislation and further reading

The following legislation supports this policy:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Assaults on Emergency Workers (Offences) Act 2018
- Safety Representatives and Safety Committees Regulations 1977
- Health and Safety (Consultation with Employees) Regulations 1996

Further reading can be sought from:

BMA	Preventing and reducing violence towards staff At the sharp end: handling patient violence On the receiving end: violence aimed at doctors
GMC	Ending the professional relationship with a patient
HSE	Violence and aggression at work Violence at work
LGBTQ+	For managing inclusive behaviour visit Stonewall Gender Identity Toolkit for General Practice
MDU	Dealing with challenging patients
NHS E	Violence prevention and safety

Annex B – Classifications

Unreasonable and inappropriate behaviour

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

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

Violent or abusive behaviour

- Any incident in which “an employee is abused, threatened or assaulted in circumstances relating to their work” (HSE 1996)
- The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- The use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment
- Behaviour that is hostile, destructive and/or violent

Assault

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

Annex C – Process to manage unreasonable behaviour

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

- **Discuss**

  When interactions become challenging, staff are advised to warn the patient that their behaviour is causing an issue and ask them to stop. Examples if this include a receptionist informing a patient that they will end the phone call if the patient continues to shout or swear at them. During and after the event staff are encouraged to discuss these more difficult consultations/conversations with their line manager, seeking guidance when applicable and assurance that they have handled the situation in the most appropriate manner.

- **Record keeping**

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

  MPS states in its guidance titled From the advice line: documenting aggressive behaviour that if a patient's behaviour is likely to be relevant to their health, then it should be documented factually within the medical record. However, if incidents arise outside the context of a consultation, say in reception, or when telephoning, it should be considered as to whether the behaviour should be documented in the medical records or not.

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

  Staff are also required to complete an incident form outlining exactly what happened, along with details of any witnesses. It should be noted that any information about a patient stored outside the records would still be required to be disclosed on request by the patient under data protection legislation, so any reports should be factual and accurate.

- **Speaking to the patient**

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

  A recommended approach to help in such scenarios is to verbalise the difficulty, such as: *"We both have very different views about how your symptoms should be investigated and that is causing some difficulty between us. Do you agree?"*

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

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

Alternatively, the Practice Manager may decide it is more appropriate to speak to the patient to discuss their behaviour and issue a verbal warning.

- **First Written Warning**

  Should the patient's behaviour remain unreasonable despite a verbal warning having been given, the Practice Manager will write to the patient depending on the circumstances of the unreasonable behaviour. The letter will advise the patient that their behaviour is unacceptable and that future circumstances of this kind will not be tolerated.

- **Final Warning and Behaviour Agreement**

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

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

- **Removal from the organisation**

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

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

  The patient will be asked to register at another organisation as detailed in the organisation's Removal of Patients Policy. Further guidance can be sought within GMC's ethical guidance titled Ending your professional relationship with a patient.

Annex D – Available actions to remove a patient

Actions available to the organisation

a. Warnings

- For unacceptable, threatening or abusive behaviour, the patient will be warned that the organisation is considering removing them from its list
- The letter should be used which advises that, should there be any further incidents of inappropriate behaviour, they will be removed and requested to register elsewhere
- Records of all warnings should be retained and, if a warning has been given in the preceding 12 months, there are grounds for requesting removal
- Should a patient not be cooperating with treatment then a further letter will be sent
- When behaviour is an issue, this organisation will do all that it can to ensure that this is rectified. In these instances, a behaviour agreement can be raised.

b. Removal

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

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

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

- Write to the patient explaining why they are to be removed from the organisation list

- Record the decision, attaching the letter(s) to the patient's healthcare record

- Determine the most appropriate arrangements for continuing the patient's care and facilitate the timely transfer of the patient's healthcare record

Actions by PCSE (8-day removal)

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

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

To request an 8-day removal, PCSE is to be informed via the Patients Removals Form as detailed upon its Patients removal webpage Patients removal webpage or the Removal Request Paper Form can be sent to pcse.patientremovals@nhs.net.

Actions by PCSE (immediate removal)

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

To request immediate removal of a patient and for further instructions, refer to the PCSE guidance on its Patient Removals webpage.

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