**Example policy: The management of violent and abusive patients**

*This policy is a sample and intended to be filled in by a practice towards the end of the document you will see sections marked with \*\*\* which require names to be inserted.*

The Practice supports the NHS policy of Zero Tolerance which defines violence as: "Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health".

The policy aims to create a balance between the need to protect staff properly and the need to provide healthcare.

The Practice will seek to ensure that it takes all measures to prevent:

* Physical or verbal abuse of its employees, including racial and sexual harassment
* Physical assault on employees by patients and other members of staff

The practice will remove the patient from its list by following the local procedure, i.e. providing a written explanation to the patient, informing PCSE via the reporting form for “Removal of Patients from GP list”.

**Principles**

* The decision will always be based on a clinical assessment and the advice of the senior clinician or clinician involved in the patient's care.
* The decision will be as a last resort and strategi.es for managing violent or abusive behaviour must be in place and implemented.
* The instigation should involve the partners. The advice should be given to the Practice Manager, who will issue a formal warning letter to the individual explaining the reasons why this action is being taken.
* The decision to remove a patient from the practice list should be given 28 days’ removal notice. Immediate removal should be taken for violent/disruptive behaviour towards staff or the premises when an incident has been reported to the police.
* Staff will also need to feel protected from violent and abusive relatives/friends when visiting the patient's home and must leave the premises immediately if they feel at risk.

**Expected standards of behaviour**

The following examples are classed as unacceptable behaviour which, dependent on the degree of severity, will not be tolerated:

* Violence (towards a member of staff, another patient/client or visitor);
* Theft;
* Threats or threatening behaviour;
* Wilful damage to personal or Trust property;
* Offensive sexual gestures or behaviours;
* Derogatory remarks, including racial, sexual remarks;
* Threatening or abusive language involving swearing, shouting or offensive remarks;
* Abusing alcohol or drugs on practice premises (other than where this has been identified as part of the patient’s medical psychological condition requiring treatment);
* Illegal behaviour, such as drug dealing, on practice premises;
* Inappropriate requests that make staff feel uncomfortable or jeopardizes their personal safety (e.g. requests for particular members of staff to visit alone;
* Malicious allegations relating to members of staff, other patients/clients, or their relatives.

**Dealing with violence in the waiting room**

The essential points when dealing with violence or if you feel physical threatened in the waiting room are to:

* Dial 999 to call the police;
* Use the emergency panic alarm button;
* Work as a team;
* Do not put other patients, yourself or your colleagues in danger;
* Evacuate other patients from the waiting room, where possible.

**If an incidence occurs**

* When an incident occurs, the staff member may need to withdraw immediately and inform their immediate manager.
* If safe to do so, the manager or partner will explain to the patient that his/her behaviour is unacceptable and explain the standards which must be observed in future.
* Record any incidents on a Significant Event Form and take any remedial action to ensure similar incidents are prevented in future.
* If a violent episode and the police have been called, consider immediate removal of the patient from the registered list.
* If the behaviour did not reach the threshold for immediate removal but continues, the responsible manager or clinician will give an informal warning about the possible consequences of any repetition.
* Failure to desist will result in the application of the local procedure, which will include a written explanation of removing the patient from the list.
* If the patient gives, and maintains, a commitment not to repeat their unacceptable behaviour s/he can expect the following:
	+ that their clinical care will not be affected in any way;
	+ that a copy of their agreement not to repeat the behaviour in question will be placed on their file and a copy kept in confidence.

**Actions following an incident**

Fill in a significant event form.

* Undertake SEA with the partners, managers and staff concerned.
* Decide on action (i.e. 1st and 2nd, written warning; 3rd, removal from the practice list).
* In EMIS on the patient’s notes add an entry that an incident occurred and a SEA has been completed. No other in-depth information should be added as all the information will be in the SEA report and filled in the appropriate filing system.
* If removing from the list, fill in form “Removal of Patients from GP List”, email to: pcse.patientremovals@nhs.netor contact 0300 142 884.
* Written explanation of removal to be sent to the patient.
* If incidence is reported to the police or being investigated by the police then the practice is required, under regulation 18 (notification of other incidents) to report to CQC. There is a [dedicated notification form](https://www.cqc.org.uk/guidance-regulation/providers/notifications/police-involvement-incident-notification-form) to report such incidents.

**When filling in the CQC form**

\*\*\*Insert Name of the Registered Person\*\*\*. At the Practice, this is Dr \*\*Insert Name of nominated individual\*\*; they are responsible for notifying the CQC of an occurrence of this type of incident.

Where the Registered Person is unavailable, for any reason, \*\*\*Insert Name\*\*\* will be responsible for reporting this type of incident to the CQC.

**Notifying the CQC of serious injury to a person who uses the Service**

Practice is required to report to the CQC any injuries that lead to or are likely to lead to permanent damage or damage that lasts, or is likely to last, more than 28 days. Follow the guidance for filling in the CQC reporting form as above.