



London Ambulance Service **NHS**
NHS Trust

**Procedure for the Maintenance of the High Risk Address Register,
Notification of High Risk Addresses and Verbal Abuse Reporting**

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DOCUMENT PROFILE and CONTROL.

Purpose of the document: To specify the actions to be taken by ambulance personnel who have been physically assaulted, intimidated or verbally abused in cases where an entry in the High Risk Address Register may be appropriate.

Sponsor Department: A&E Operations

Author/Reviewer: Head of Management Information. To be reviewed by February 2013.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
10/06/10	2.3	Head of Management Information	Reformatted renumbered. Added scope, responsibilities; Expanded definitions; Revised s6.5 – 6.10, 6.13, 6.15, 7.1, 7.3, 8.2 9.1- 9.3, 10.1. Added new LA277a
10/06/10	2.2	Head of Management Information	Amended introduction,
01/01/09	2.1	Head of Management Information	Amended s1.1, 1.4, 1.5, 1.8, 1.9, s.1.12, 1.14,.3.3, 4.1, 4.3.2
15/07/08	1.2	Records Manager	formatting
01/06/08	1.1	Management Information Manager	Major revision of document content

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
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EqIA completed on	By
13/10/09	Head of Management Information

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Staffside reviewed on	By
25/05/10	E. Brand, P.Hammell, I. Lee, G Edwards, P Hopkins

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	LAS Staff Safety Policy	
	LAS Health & Safety Procedures	
TP /012	LAS Data Protection Policy	
	LAS Incident Reporting Procedure	
	Data Protection Act (1998)	
	MPS/ LAS Protocols (Updated Sept 2004)	
	LAS Management of 'Frequent Callers' Policy	
	LAS Procedure for responding appropriately to 999 callers who may not need an ambulance	
	'Tackling violence against staff' (DH, March 2007) – [SMS/VASV2/03/07/02] http://www.cfsms.nhs.uk/doc/sms.general/Tackling_violence_against_staff_2007.pdf	
	The Stephen Lawrence Inquiry (the Macpherson report), the Stationary Office, 1999 http://www.archive.official-documents.co.uk/document/cm42/4262/sl-00.htm	
	Non-Physical Assault Explanatory Notes – (NHS SMS, November 2004) http://www.cfsms.nhs.uk/doc/sms.general/non.physical_assault.notes.pdf	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

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1. Introduction

It is the policy of the London Ambulance Service NHS Trust (LAS) to collate evidence in order to establish a record of address locations where past experience suggests that the personal safety of ambulance staff may be at risk. This evidence will provide a basis for entries on a High Risk Address Register, which will hold names and addresses of individuals who are reported to have physically assaulted or intimidated members of staff or verbally abused staff.

The LAS recognises that staff have the right to undertake their duties free from abuse and violence. The High Risk Address Register plays a necessary and vital role in the NHS campaign against violence towards staff. It must be used accordingly. The data received must relate to addresses which pose a real threat to LAS staff.

The LAS further recognises that abuse may arise from the demonstration of challenging behaviour. Challenging behaviour may stem from biological, genetic and clinical causes. It may be a sign of abuse, distress, anger, frustration, over-stimulation, discomfort or pain, or a response to a person's environment. A patient exhibiting challenging behaviour can be difficult to assess. In instances of verbal abuse, due consideration will be given to the reasons why these patients exhibit such behaviour before inclusion on the High Risk Register. In addition, serious consideration should be given as to whether it is appropriate to include the address on the register or whether it comprised rudeness falling short of verbal abuse. This consideration should bear in mind that inappropriate entries will "dilute" the importance / seriousness of the information held on the register where the address does not pose a real threat to staff.

It should also be noted that a letter will be sent to all entries on the register informing them of their inclusion, so the information must be factual and relevant to that address.

Abuse, violence or harassment which is aggravated by virtue of being based on grounds of race, religion or sexual orientation will be treated as hate crimes and should involve reporting of the incident to the police.

All information on the High Risk Address Register will be held in the strictest confidence and used for LAS purposes only (except where shared with other public authorities in order to protect LAS staff or provide appropriate care). The information may only be disclosed to LAS employees where such disclosure is necessary to protect the safety of operational staff or to comply with the requirement of the Data Protection Act 1998. For the purposes of the Data Protection Act 1998, the data controller is the Chief Executive of the London Ambulance Service NHS Trust.

2. Scope

This procedure specifies the actions to be taken by ambulance personnel who have been physically assaulted or intimidated or verbally abused in cases where an entry in the High Risk Address Register may be appropriate. This procedure also sets out a framework for consideration of alternative actions in managing challenging patients by promoting the devising of care management strategies.

3. Objectives

1. To capture relevant information from operational staff where experience suggests that there is an increased risk of physical assault or intimidation or verbal abuse, requiring the address to be added to the High Risk Address Register. This will contribute to the Trust's campaign to reduce violence towards LAS staff.
2. To ensure the safety and welfare of staff through effective use of the High Risk Address Register.
3. To enable mechanisms to promote and devise specific care management plans arising from the identified needs of patients.

4. Responsibilities

- 4.1 The **LAS Information Governance Group** has overall responsibility for monitoring compliance with this procedure
- 4.2 The **Head of Management Information** has overall responsibility for the administration of the High Risk Register, and for reporting compliance to managers and committees
- 4.3 **Operational Information and Archives staff** are responsible for the day to day administration of the High Risk Register
- 4.4 **The Medical Directorate** are responsible for providing guidance on Category 4 patients and for the subsequent liaison with those patients.
- 4.5 The **Local Security Management Specialist** is responsible for providing guidance on Category 3 patients and for the subsequent liaison with those patients
- 4.6 **The Head of Patient Experiences** is responsible for guidance and support for operational staff in developing frameworks for the development of care management strategies
- 4.7 **Operational / control staff** are responsible for compliance with the principles laid out in the procedure

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- 4.8 **Operational complex management** are responsible for compliance with the principles laid out in the procedure, in particular to ensure that information is accurate, timely and appropriate, and liaison with outside agencies
- 4.9 **Managers throughout the Trust** are responsible for ensuring that staff are aware of, and comply with, all relevant procedural documents.
- 4.10 **All members of staff** have a responsibility to read and be aware of the content of appropriate new and revised documentation at the earliest opportunity following issue or publication.

5. Definitions

Abuse on grounds of race, religion or sexual orientation is that which is perceived to be racist, based on religion or homophobic by the victim or any other person.

For the purposes of this policy verbal abuse is abusive comments which may or may not include profane words or phrases but which is more than mere rudeness.

For the purposes of this policy, 'intimidation' may be defined as verbal threats or physical behaviour with intent to inflict fear, injury, or damage, and to inhibit staff or others from acting in accordance with their professional responsibilities in providing emergency care or the provision of health and social care.

6. Procedure

- 6.1 LAS Staff submitting reports of physical abuse, intimidation and verbal abuse must do so using Abuse & High Risk Address Information Report Form LA277 (2010) - see Appendix 1. This form can be completed either as a web based application available through the Pulse or in a paper format. The web based process offers a faster service as it eliminates any delays in the internal mail or lost forms.
- 6.2 The Ambulance Operations Manager (AOM) or their nominated officer **must** review all reports submitted by operational staff and be satisfied that the information is factual and accurate. Only after careful consideration of all the facts (including further investigation where appropriate, which must be documented) will s/he make a final decision whether to approve the report for inclusion on the register or not. Should an incident occur out of a complex's catchment area, the Ambulance Operations Manager should liaise with the complex responsible for that area before submitting a LA277.

6.3 Reports must be factual and must declare any third party information (e.g. information received from a Police Officer that is not in the first hand knowledge of a member of LAS staff). The content of the data is the responsibility of the person providing it, e.g. operational staff. The public have a right under The Data Protection Act 1998 for data held about them to be accurate and to view any information about them held on a database. It is therefore an essential requirement that the details given are factual and accurate. Any misinformation could lead to a complaint to the Information Commissioner. In the case of third party information the AOM will be responsible for following up information with the relevant body to establish the facts.

6.4 Each LA277 should be allocated a category of 1, 2, 3 or 4 by the Ambulance Operations Manager. The categories are defined in the following way.

“1” is the most serious type of incident where a member of staff has actually been the subject of physical violence;

“2” is where there has been (a) a specific threat of use of a weapon or (b) where there has been verbal abuse with intimidation or (c) where there has been verbal abuse aggravated by being based on the grounds of race, religion or sexual orientation;

“3” is where a member of staff has been verbally abused;

“4” is where a medical condition was a major factor in the incident (see paragraphs 6.5 and 6.8)

This information will aid control room staff and alert them to the addresses where the most serious incidents have occurred.

6.5 The Ambulance Operations Manager (or nominated officer) must approve all additions, alterations and removals from the register. The Ambulance Operations Manager has the authority to decline to register any details. The Ambulance Operations Manager must consider and confirm why the information falls within category 1, 2, 3 or 4 and should inform the crew of their decision.

6.6 Category 1 and 2 entries will result in the police being requested to attend.

6.7 Category 3 entries on the register as a result of verbal abuse will not result in requesting the attendance of the police to the address.

6.8 Category 4 entries will not normally result in requesting the attendance of the police but this will be considered on a case by case basis by the AOM in conjunction with the Medical Director (or an officer nominated by him/her) and a relevant notation will be marked on the register where the AOM and Medical Director considers that police should be requested to attend. In taking this decision, the AOM and Medical Director will consider the likelihood of future violence or threat to LAS staff and any care plan which is being put in place. Where category 4 type violence or

abuse comes about as a direct result of a medical condition (e.g. epileptic fits, diabetes) action must be taken to achieve appropriate care management, in collaboration with other health and social care providers and liaison with the Patient Experiences Department and the Medical Directorate. If the incident results in an entry on the register then appropriate care management must always be agreed with other health and social care managers.

- 6.9 Many incidents of violence or abuse are as a result of mental health issues. Where a patient has a mental health issue this should be taken into account when deciding whether to record verbal abuse on the high risk register. As with other category 4 entries, the attendance of the police will not be automatically requested. As noted in paragraph 1.8, any decision will be taken on a case by case basis by the AOM in conjunction with the Medical Director (or her nominated officer). In cases involving mental health issues, action must be taken to achieve the appropriate care management, in collaboration with mental health and social care providers, taking into consideration the wide diversity of these cases.
- 6.10 Where category 4 entries are noted as not requiring attendance of the police, LAS staff will be informed of the category 4 entry and the care plan that has been put in place for that patient.
- 6.11 All completed and approved LA277s are to be sent to the Operational Information & Archives Department within 3 days of the incident. Web based completed forms will automatically be sent. Forms will be returned to AOMs for review where the procedure has not been adhered to.
- 6.12 Information about the registry entry and the purposes for which it is kept must be sent to all identifiable persons and / or addresses on the register to which post is deliverable in accordance with Appendix 3 (Category 1 and 2) or Appendix 4 (Category 3). Category 4 letters, where a medical condition was a major factor in the incident, will be personalised for each address. The letter will note that information may be shared with the MPS and other public authorities. In all cases the recipient is invited to contact the Patient Experiences Department if they consider that the address should not be on the register (see also 6.14). The recipient will also have the choice to pursue matters using the NHS complaints procedure or via application to the Information Commissioner. This notification will help to ensure we act in accordance with the Data Protection Act.
- 6.13 Operational Information & Archives will be responsible for posting out the notification letters for Category 1 and 2 addresses (Appendix 3) and maintaining a record accordingly. The Local Security Management Specialist will be responsible for posting out notification letters in relation to instances of category 3 verbal abuse (Appendix 4), and taking action in accordance with Security Management Services guidance (SMS/VASV2/03/07/02). The Medical Directorate will be responsible for writing to the Category 4 patients where the entry is as a result of violence or abuse as a direct result of a medical condition e.g. epileptic fits, diabetes, with the purpose of devising a specific care management

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plan to prevent further incidents. All addresses will also receive an LAS Equalities Monitoring Form. Operational Information & Archives will be responsible for inputting the details of all categories onto the Register and collating any equality data returned

- 6.14 The notification letters (Appendices 3 and 4) give notice that enquiries about inclusion on the register may be made to the Patient Experiences Department in the first instance. However, it remains the right of the person concerned to elect to make a formal complaint under the NHS complaints procedure. In this case the issue will fall under the responsibility of the Patient Experiences Department who will make any necessary enquiries towards resolving the matter, in liaison with the relevant AOM, and will notify Operational Information & Archives of the outcome.
- 6.15 It is anticipated that this procedure will have a direct correlation with the principles of care management outlined in Managing Frequent Callers Procedure (OP42). Ambulance Operations Managers may need to engage with other health and social care providers as regards issues affecting the possible inclusion of a patient on the High Risk Address Register and to ascertain if supplementary or alternative care management can be achieved, but this will need to be considered on a case by case basis.

7. **Audit and Control**

- 7.1 The LAS will take all reasonable steps to keep the High Risk Address Register current, but clearly circumstances may arise where this is not possible. The register must therefore be viewed as a guide only. The highlighting systems in Emergency Operations Centre (EOC) will alert the user to addresses where there are potential risks to operational staff and/or where there are agreed care management arrangements. Relevant information will then be passed to operational staff, including the name or description of the person concerned (if known). Particular care should be taken at addresses of multiple occupancy to ensure that other residents living at the address are not adversely affected by calls to the location.
- 7.2 To ensure the Trust complies with the requirements of the Data Protection Act 1998, the Ambulance Operations Manager (or nominated officer) **must** review records periodically, to confirm that the information is still relevant. The review will be undertaken every 12 months for Categories 1, 2 and 4 addresses. Category 3 addresses will automatically be removed after 12 months on the register unless there have been further instances of verbal abuse. Should we receive a further report of category 3 behavior during that time, consideration will be given to issuing an Acknowledgement of Responsibilities Agreement. The Local Security Management Specialist will be responsible for managing this process.

- 7.3 Ambulance Operations Managers will be notified 6 weeks before the review date that the record needs to be reviewed. Form LA277A (High Risk Register Review Form) will be sent to the AOM with details of the original incident and additional appropriate information eg patient report forms and call logs. Addresses must be reviewed regardless of the original reason why the address was put on the register. Details of other incidents that have taken place at the address will be provided. Records will be removed from the register unless the Ambulance Operations Manager gives a reason on LA277A why they should be retained. The AOM will inform the crew / staff side about the decision on each address reviewed. The Ambulance Operations Managers will develop local contact networks with Social Services, Primary Care, Mental Health and Acute Trusts, the Police and any other relevant agencies with advice / support from the Patient Experiences Department. The AOM may need to share information about the patient at each address that they need to review but this will be decided on a case by case basis, including consideration of how much data is shared. All reviews on Category 1 addresses must include contact with the Police.
- 7.4 If the record is to remain on the Register, then a letter will be sent to the address by the Operational Information & Archives department informing the occupier that the address remains on the register.
- 7.5 If details emerge during the course of an emergency call or during LAS attendance at an address which suggests the information held on the register is no longer relevant or needs updating as the scale of the risk has changed, the Operational Information and Archives department should be notified as soon as possible by Email or by the completion of a LA277. Information may also come from an Ambulance Operations Manager or from an external agency or person with knowledge of the address. The Operational Information and Archives department will act on the new intelligence to either update the entry or refer it to the AOM for immediate review.

8. Attendance at High Risk Addresses

- 8.1 As the LAS has a 'Duty of Care' to both patients and staff, clearly all requests to attend high risk addresses will require operational staff to attend and assess the situation. Staff should undertake a dynamic risk assessment and call for additional support if necessary.
- 8.2 Crew staff will be alerted to any potential high risk address, via a warning message to the MDT. This message will request crews to contact EOC for further details and additional information that control may have on the location and nature of the incident. Relevant information will then be passed to operational staff including the name or description of the person(s) concerned, if known.
- 8.3 Should persons at the high risk address pose a physical threat to operational staff, i.e., Category 1 or 2 and category 4 where the AOM and Medical Director has decided that the entry should result in

requesting police attendance, EOC will agree an RVP with the police and/or crew before operational staff enter the premises. The police will not be requested for Category 3 and other Category 4 entries. If appropriate a Duty Station Officer will be sent to assist operational staff. EOC staff may only 'pass-on' information that they believe to be relevant to crew safety or to enable agreed care management plans.

9. Data Sharing

9.1 General

9.1.1 Information shared with other public authorities will be shared, in accordance with the Data Protection Act, under a duty of confidentiality and will not be disclosed into the public domain.

9.1.2 Information will be shared where this is needed to protect LAS staff or provide appropriate care.

9.2 Metropolitan Police (MPS)

9.2.1 In order to assist in the deployment of personnel to incidents, the LAS and MPS may provide the other with crew/officer safety information relating to incidents which involve category 1 or category 2 type incidents. Where an incident has occurred which would fall within category 4, information may only be shared where the AOM and Medical Director (or her nominated officer) have decided that the entry should result in requesting the attendance of the police.

9.2.2 Crew/Officer safety information from the LAS must be supported by a statement from the LAS crew member (Form LA277) and verified by an AOM.

9.2.3 The information will be passed by the Operational Information & Archives Department to the responsible Support Officers of the Metropolitan Police Service (MPS) via Royal Mail post and placed on the MPS CAD system in the form of a two line special address comment with the detail held on the CAD HELP notepad. This information should not be disseminated to third parties by MPS without seeking the prior consent of LAS. The information should include a unique reference number (URN) which will be used as the reference point in all subsequent communications. Only that information which *directly* relates to safety and is necessary to protect the safety of LAS staff should be disclosed. Points to include:

Address;

Name(s) of person(s) concerned;

If name(s) are not known then description(s) should be given;

Brief details of the incident where relevant to future safety of LAS staff;

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Review or delete date

9.2.4 Where LAS information is discovered to be inaccurate this inaccuracy will be reported to MPS and they will correct the inaccuracy in their file. Where information has been removed by LAS from the High Risk Register, it will be removed by MPS from the CAD system.

The MPS will disclose to the LAS only that information that directly relates to crew or officer safety, that is, the address and type of violence involved and, if relevant, description(s) of person(s) involved. The information should include a URN which will be used as the reference point in all subsequent communications.

9.2.5 The information will be passed by the relevant Borough Operational Command Unit (BOCU) to the MPS support officers who will act as the liaison for the LAS and forward it on to the Operational Information & Archives Department by external mail. Information supplied by the MPS will indicate the appropriate protective marking.

9.2.6 The MPS have agreed to have adequate security measures in place for the sending and opening of the post and for the storing of information. Paper records of information supplied to the MPS will be retained as an audit trail for 7 years

9.3 Other external agencies / organisations

9.3.1 As part of the initial consideration of whether to put an address on the High Risk register or as part of the review process it may be appropriate to share information regarding individual addresses with outside agencies including the Metropolitan Police, Mental Health Trusts and Social Services. LAS can request information from other agencies.

9.3.2 LAS can disclose information where consent of the person on the register has been obtained. Where consent has not been obtained, LAS can disclose data to other public agencies where this is done under a duty of confidentiality and is necessary to protect LAS staff or provide appropriate care. The AOM must consider this on a case by case basis, taking advice from the Head of Patient Experiences in the case of doubt. Some examples illustrating appropriate disclosure are provided in Appendix 5.

9.3.3 Any receipt of information should inform decisions as to whether an address is appropriate for the register and whether further work should be undertaken in relation to a care plan for an individual. There may be occasions when multiple addresses may be shared with the relevant agencies.

10. Out of Office Hours

- 10.1 Outside office hours, the register can be updated by a senior manager in EOC. Operational staff will be sent a reminder to complete the LA277. If the LA277 has not been completed by operational staff within 10 days of notification, a reminder will be sent to the AOM. If an LA277 is not received by Operational Information within 10 days of the reminder the data will be deleted and notification of this deletion will be sent to the AOM. Only category 1 or 2 addresses should be flagged out of hours.

11. Access Control

- 11.1 Access control will be assigned to those staff nominated by the Head of Management Information.

Implementation Plan

IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document. Presentation and briefing to be given to each operational area and EOC. Individual briefings to be given to each complex
Training	Each complex will receive an over view of the new procedure and specific training in how to complete LA277s, examples of appropriate entries for the High Risk register and also training in how to conduct reviews.
Monitoring	A report showing the number of entries on the register and the level of complaints specifically related to inclusion on the High Risk Register will be submitted on a quarterly basis by Management Information to the Information Governance Data and Quality Assurance Group (IGDQAG). Outcomes and recommendation from IGDQAG may be further reported to Risk, Compliance and Assurance group (RCAG)

LONDON AMBULANCE SERVICE
ABUSE & HIGH RISK ADDRESS INFORMATION REPORT FORM

LA277 (2010)

Serious incidents / fatalities must be verbally reported immediately to the Safety and Risk Department or EOC

1	Origin of report	
Station/Department	<input style="width: 95%;" type="text"/>	To whom in the LAS was the incident reported? <input style="width: 150px;" type="text"/>

2	Details of the member of staff involved <i>(please cross or complete boxes as appropriate)</i>	
Name	<input style="width: 95%;" type="text"/>	Job Title <input style="width: 150px;" type="text"/>
DoB	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Length of Service: <input style="width: 50px;" type="text"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/>
Phone Number:	<input style="width: 100px;" type="text"/>	E-mail address: <input style="width: 150px;" type="text"/>
Do you consent to your Health and Safety representative having access to this report form? Yes <input type="checkbox"/> No <input type="checkbox"/>		

3	Type of incident <i>(please cross as appropriate)</i>	
Physical Abuse	<input type="checkbox"/>	Racial Abuse <input type="checkbox"/>
Verbal Abuse with Threat	<input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>
Anti-social Behaviour	<input type="checkbox"/>	Homophobic Abuse <input type="checkbox"/>
		Verbal Abuse <input type="checkbox"/>
		Attack by an animal <input type="checkbox"/>
		Other <input type="checkbox"/>

4	When and where did the incident occur? <i>(please attach a photocopy of the PRF to the pink copy of this form)</i>	
Date of incident	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Time of incident (24 hrs) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Call sign	<input style="width: 50px;" type="text"/>	CAD Ref <input style="width: 50px;" type="text"/>
Location of incident	<input style="width: 100%; height: 20px;" type="text"/>	
	PRF No.	<input style="width: 50px;" type="text"/>
Were you pre-warned this address was on the Risk Address register? Yes <input type="checkbox"/> No <input type="checkbox"/>		

5	The incident, how and what happened? <i>(please give factual details only, not opinions as to the likely cause, use a separate sheet if required)</i>	
<input style="width: 100%; height: 100%;" type="text"/>		
Was the incident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/> Did the police attend the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, record shoulder number / crime reference number <input style="width: 100px;" type="text"/> From which police station? <input style="width: 100px;" type="text"/>		
Note the police must be advised of all physical assaults where there is an application of force without justification, resulting in physical injury or personal discomfort (this include the throwing/spitting of liquids or objects, if contact is made)		

6	Cause of abuse (Please continue on a separate sheet if necessary) Recording the names of people who abuse staff assists with investigating incidents and helps with providing evidence when further incidents occur.	
Name(s) or description	M/F	Home address
<input style="width: 100%; height: 50px;" type="text"/>		
Influencing factors <i>(cross as appropriate)</i>		
Involvement in drugs	<input type="checkbox"/>	Head injury <input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Confused state <input type="checkbox"/>
Known psychiatric disorder	<input type="checkbox"/>	Medical condition <input type="checkbox"/>
		Delay <input type="checkbox"/>
		Road traffic incident <input type="checkbox"/>
		Was a weapon involved? <input type="checkbox"/>
		Other: please specify <input style="width: 100px;" type="text"/>

7	Names and addresses of any witnesses to this incident	
<input style="width: 100%; height: 100%;" type="text"/>		

8 Was any safety equipment / clothing in use? Stab vest Other If other, please specify

9 Identify the nature of injury / ill health / disease suffered (this includes distress, emotional shock etc.)
 (include details of any treatment received)

10 Crew signature Date

11 FOR COMPLETION BY INVESTIGATING MANAGER

The investigating manager should summarise the discussion with the staff involved highlighting any contributory factors and advice given. It is the responsibility of the investigating manager to authorise whether this address is added to the High Risk Address Register.

Name: Contact number:

Post Incident Risk Assessment / Incident Grade IMPACT X LIKELIHOOD = GRADING NO COLOUR

Confirm actions taken following the incident by crossing the appropriate boxes:

	Yes	No	Comments
Was this incident reported to the police?	<input type="checkbox"/>	<input type="checkbox"/>	
Were counselling, welfare and occupational health services offered?	<input type="checkbox"/>	<input type="checkbox"/>	
Was an investigation completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Was a training need identified?	<input type="checkbox"/>	<input type="checkbox"/>	

Please categorise the incident (choose one category only)

Category 1	Where a member of staff has actually been the subject of physical violence
Category 2	Where there has been a threat of weapons or verbal abuse with specific intimidation / threat
Category 3	Where a member of staff has been verbally abused
Category 4	Where a medical condition was a major factor in the incident

Following discussion with the member of staff the line manager should confirm whether this address should be added to the High Risk register

Yes No

Reasons

Note The police will be requested for category 1 and 2 addresses but not for category 3 addresses. The police will be requested for Category 4 addresses only with the agreement of the Medical Directorate

I agree / disagree with the decisions above about this incident _____ (Crew staff to sign)

Authorised by (Name & signature) Job title

Contact Tel Number Date completed Crew informed of decision

I agree / do not agree that this incident should be placed on the register AOM to countersign if they are not the authorising manager above _____

Specify anticipated absence from work

None Up to 1 day 1 to 3 days Over 3 days Over 10 days Over 6 weeks Not known at time of completion

REMINDER: If an employee is absent from work for a period greater than 3 days (not including the day of incident), there is a statutory requirement to notify the Health and Safety Executive.

An F2508 should be sent to the HSE, with a further copy forwarded to the Safety & Risk Department within 7 days of the incident. Serious incidents/fatalities must be verbally reported to the Safety & Risk Department.

REMINDER: This form holds personal and sensitive data. It must be stored securely and can be disposed of only as confidential waste.

**London Ambulance Service
High Risk Register Review Form**

LA277A

PLEASE NOTE THIS FORM MUST BE FULLY COMPLETED TO KEEP AN ADDRESS ON THE HIGH RISK REGISTER

Location to be reviewed	Station
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Comment on register

Date original LA277 completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of calls to location in past 12 months	<input type="text"/>
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Please detail below what actions have been undertaken to review the above address
(Please see summary of information overleaf from original LA277, PRFs and call logs)

Please indicate whether any of the following sources of information have been used in the review
Note all Category 1 addresses must be reviewed with input from the Police

Police	<input type="checkbox"/>	Patient's GP	<input type="checkbox"/>
Electoral Roll	<input type="checkbox"/>	Mental Health Trust	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Other (please specify	<input style="width: 250px;" type="text"/>

Please **remove / keep** this address from / on the High Risk register for the following reasons:
(Circle appropriate response)

If the address is to remain on the register please confirm the category of the address

Category 1	<input type="checkbox"/>	Where a member of staff has actually been the subject of physical violence
Category 2	<input type="checkbox"/>	Where there has been a threat of weapons or verbal abuse with specific intimidation / threat
Category 3	<input type="checkbox"/>	Where a member of staff has been verbally abused
Category 4	<input type="checkbox"/>	Where a medical condition was a major factor in the incident

Managers Name (printed):	Signed:
Job Title:	Date:

Management Information Use only

Summary of information from LA277, call logs and PRFs

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Other information / comments

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	Tick box
Deleted from High Risk Register	<input type="checkbox"/>
Renewed and updated on High Risk Register	<input type="checkbox"/>
Moved to another area of locality information (specify which one)	<input type="checkbox"/>

Date of change				Name of person making the change	
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Dear (*Name*) or Dear Sir/Madam

999 call at XXXX on XXXX

I am writing to inform you that, further to the incident referred to above involving *abusive/violent* behaviour towards members of our staff, this address and your details have been placed on a Special Register. The information about this incident will be taken into account in the event that we receive a further 999 request to attend the address.

Please note that the details of this incident have been passed to the Metropolitan Police, who may add it to their own records so they may support us in future visits to this address. The details of this information may also be shared with health professionals and other public authorities in order to protect LAS staff or provide appropriate care.

This does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require urgent medical attention, you should continue to call 999 and ask for the Ambulance Service. However you should note that the Metropolitan Police will be called to support the LAS attendance at this address and this may result in a delay attending your address.

The register entry will be reviewed in 12 months, to decide whether this address and your details should remain on the register. You will be informed at that time if the address is to remain on the register for a further 12 months.

If you feel that this address and your details should not be on our Register or you have any other questions, or wish to pursue a formal complaint under the NHS complaints procedure, please contact our Patient Experiences Department at St Andrews House, St Andrew's Way, Devons Road, London E3 3PA. Tel 020 3069 0240, email patientexperiences@lond-amb.nhs.uk

Further assistance is available from Independent Complaints Advocacy Service (ICAS), Tel: relevant area and number email pohwericas@pohwericas.net; website www.pohwer.net

Yours sincerely

Peter Bradley CBE
Chief Executive Officer

Dear Sir/Madam

999 call at

I am writing to inform you that, further to the incident referred to above, the attending ambulance staff have completed a Verbal Abuse Incident Form, which alleges that [you/other name] acted in an anti-social manner to the attending ambulance staff.

Whilst we accept that we only have one account of the incident and that there may be extenuating circumstances that promoted the incident, London Ambulance Service take the view that it is completely unacceptable that ambulance staff should be exposed to abuse at the hands of those they are trying to help. Such behaviour is unacceptable and will not be tolerated.

I would therefore ask you to consider your behaviour on any future occasion that you may have the need to request an emergency ambulance.

We will hold a record of this notification for a period of 12 months. Should we receive a further report of anti-social behaviour on [your/name] part during that time, consideration will be given to issuing an Acknowledgement of Responsibilities Agreement with [you/name]. This will set out conditions under which we will provide a service to [you/name].

This notice should be understood as a warning and does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require urgent medical attention, you should continue to call 999 and ask for the Ambulance Service.

If you feel that this notice is unwarranted or unfair or you have any other questions, or wish to pursue a formal complaint under the NHS complaints procedure, please contact our Patient Experiences Department at St Andrews House, St Andrew's Way, Devons Road, London E3 3PA. Tel 020 3069 0240, email patientexperiences@lond-amb.nhs.uk

Further assistance is available from Independent Complaints Advocacy Service (ICAS), Tel: relevant area and number email pohwericas@pohwericas.net; website www.pohwer.net

Yours faithfully
Peter Bradley CBE
Chief Executive Officer

Examples of scenarios in which data sharing would be acceptable are:

- The AOM has a routine meeting with the MPS to discuss high risk addresses in general.

The MPS already have the High Risk Register data so it is acceptable to provide a list of category 1 and 2 addresses (and addresses in category 4 which have been notified to the MPS).

- The AOM has a routine meeting with Social Services, a Mental Health Trust or another public authority to discuss high risk addresses in general.

It is acceptable to provide details of high risk addresses in categories 1, 2 or 4 where the discussion is such that it relates to protecting LAS staff or to providing appropriate care. The public authority must understand that the information is being provided to them in confidence.

- The AOM attends a meeting with the MPS, Social Services, healthcare professionals and/ or other public authorities where specific problems of crime or health in a defined area are being discussed.

It is acceptable to provide details of high risk addresses in categories 1, 2 or 4 where the discussion is such that it relates to protecting LAS staff or to providing appropriate care. The public authority must understand that the information is being provided to them in confidence.

- The AOM attends a meeting with the MPS, social services, healthcare professionals and/ or other public authorities to discuss specific addresses to review whether these should remain on the register.

This is envisaged within this High Risk Address Register policy and is appropriate.