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London Ambulance Service **NHS**
NHS Trust

Violence Avoidance and Reduction Procedure

DOCUMENT PROFILE and CONTROL.

Purpose of the document: to reduce the risks to staff as a result of perceived, threatened or actual violence at work.

Sponsor Department: Health, Safety and Risk

Author/Reviewer: Local Security Management Specialist. To be reviewed by May 2018.

Document Status: Final

Amendment History			
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17/06/15	4.2	IG Manager	Document Profile and Control update
02/06/15	4.1	LSMS	Further amendments required by SMT
21/04/15	3.5	LSMS	Minor amendments – including updated reasonable force section, monitoring section, internal post names and contact telephone numbers
03/09/12	3.4	IG Manager	Document Profile & Control update
20/08/12	3.3	LSMS	Minor revisions to S.7.2 and S.7.2.2 and new Implementation Plan.
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21/05/12	3.1	LSMS	Minor amendments to wording to reflect NHSLA requirements. Title change requested by ADG.
05/01/12	2.2	LSMS	Expanded information on lone working and added appendices. Additions to Sections.4,6,7.
23/09/10	2.1	Governance and Compliance Manager	Reference added to TP056
10/05/10	1.3	Local Security Management Specialist	Revised introduction, scope, objectives, responsibilities, definitions, monitoring, telephone numbers and sections 7.3, 7.7, 7.8 7.9. Added: policy statement from former HS12 Staff Safety Policy Statement; sections on training and lone workers.
17/03/10	1.2	Local Security Management Specialist	Reformatted, added scope, responsibilities, definitions, training;
15/09/08	1.1	Senior Health, Safety and Risk Advisor	Reformatted, added monitoring elements
01/03/07	1.0	Senior Health, Safety and Risk Advisor	

*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.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Health and Safety at Work Act 1974	
	Management of Health and Safety Regulations 1999	
TP/077	Security Management Policy	
HS/001	LAS Health and Safety Organisation Policy Statement	
HS/011	Incident Reporting Procedure	
HS/012b	Post Violence Support Procedure	
OP/010	High Risk Address Register Procedure	
HS/017	Lone Workers Policy	
	Stab Vest - Wearer Policy	
	Medical Priority Dispatch System (MPDS) Course	

1. Introduction

1.1 The London Ambulance Service (LAS) has a legal duty to take all reasonable steps to protect staff from violence and aggression. The Health and Safety at Work Act 1974, places a legal duty on employers to provide for the health and safety of their employees, and also for employees to take reasonable care of themselves and other people with whom they come into contact. The Management of Health and Safety at Work Regulations 1999 places a responsibility on employers to undertake an assessment of related risks.

1.2 The trust recognises that staff, by the nature of their duties, are at risk of being subject to abusive, threatening or violent behaviour.

2. Scope

2.1 This procedure defines the process to be followed when dealing with physical and non-physical abuse towards frontline staff, (which includes A&E, PTS and EOC staff).

3. Objectives

3.1 This procedure sets out to:

- Define the Trust's position on physical and non-physical abuse towards staff.

- Outline ways for staff to reduce the risk of their exposure to physical and non-physical abuse to a minimum.

- Outline the responsibilities for staff and managers in reducing the risk of physical and non-physical abuse.

4. Responsibilities

4.1 Trust Board

4.1.1 The Trust Board has corporate responsibility for the Trust's system of internal control and for robust risk management. The Trust Board is responsible for setting the   strategic direction and corporate objectives for the Trust. It discharges its functions through a delegated structure (see page 26) designed to ensure effective risk management

4.1.2 The Trust Board is responsible for committing those financial, managerial, technological, and educational resources necessary to adequately control identified risks.

4.1.3 The Trust Board will receive assurance, based on sufficient evidence and via quarterly review of the Trust's Assurance Framework, including assurance that internal controls are in place; that they are operating effectively; and that the objectives are being achieved.

4.1.4 Assurance on the medium-term financial strategy and performance, including Strategic financial risks, is provided to the Trust Board by the Finance & Investment Committee.

4.1.5 This assurance is provided through a system of monitoring and review by the Senior Management Group (SMG), Quality Committee, the Audit Committee, the Finance & Investment Committee and the Trust Board.

4.1.6 The Quality, Audit, and Finance & Investment Committees are chaired by non-executive directors who are responsible for reporting and providing assurance to the Trust Board.

4.1.7 The Senior Management Group is chaired by the Chief Executive.

4.1.8 Terms of reference, minutes and reports will be shared between the Audit and Quality committees.

4.1.9 In particular the Board and its committees will receive external assurance through reports from external and internal audits, and assessments through the NHS Litigation Authority (NHSLA), the Care Quality Commission and the Health and Safety Executive

4.1.10 The Trust Board will receive regular updates on risk management and assurance as part of the board development programme. This will include updates on legislative or regulatory changes, for example the Anti-Bribery Act or CQC registration.

4.2 Chief Executive

4.2.1 The Chief Executive, as Accountable Officer, has overall accountability for having a robust risk management system in place and an effective system of internal control, which is embedded within the Trust.

4.2.2 The Chief Executive has delegated day to day responsibility for all aspects of risk management to nominated Executive Directors for their respective areas in line with this risk management policy and strategy.

4.2.3   The Chief Executive/Chief Ambulance Officer takes overall responsibility for Risk Management within the trust.

4.3 Director of Transformation and Strategy

4.3.1   The Director of Transformation and Strategy has delegated   responsibility for managing the strategic development and implementation of operational risk management (any element of risk relating to human resources; occupational health; health & safety; training and personnel records management).

4.3.2   The Director of Transformation and Strategy has overall responsibility for health and safety within the Trust, although individual executive directors are responsible for and manage the health and safety risks that fall within their particular field of activity.

4.4 Director of Corporate Affairs

4.1   The role of Security Management Director (SMD) has been delegated to the Director of Corporate Affairs, who is responsible for ensuring that adequate security management provision is made within the LAS, promoting security at board level and for monitoring and ensuring compliance with the requirements and directions issued by the Secretary of State, the Department of Health and NHS Protect, relating to security

4.5 Directors

4.5.1   Directors have responsibility for ensuring that:

4.5.2   The risk management policy and strategy is implemented within their own directorate and that suitable and sufficient assessment of risk has taken place.

4.5.3   Managers and staff apply this strategy and policy throughout their directorate.

4.5.4   Steps are taken to secure resources for risk assessment, including the implementation of associated controls.

4.5.5   Steps are taken to secure resources (financial and/or human) for risk management education and essential training.

4.5.6   Risks held on the Corporate Risk Register are regularly reviewed; action plans are developed to mitigate the risks, and positive sources of assurance are identified.

4.5.7 Specialist advice is available to the Trust as appropriate e.g. fire prevention; infection prevention and control; legal, and occupational health.

4.5.8 An open and honest culture is developed where errors and adverse incidents are identified quickly and dealt with in a positive and constructive way.

4.6 Executive Management Team

4.6.1 Manages operational risk on behalf of the Trust Board and ensures that structures and management arrangements are in place together with systems and processes for monitoring and reviewing all forms of risk throughout the Trust.

4.7 Senior Health, Safety and Risk Advisor

4.7.1 The Senior Health, Safety and Risk Adviser is responsible for advising on the development of all aspects of Health and Safety risk management and training and contributes to the integrated risk report, highlighting any trends and learning points to the Learning from Experience group.

4.8 Corporate Health and Safety Group

4.8.1 The Corporate Health and Safety Group will receive and monitor figures relating to physical and non-physical abuse and report as appropriate to the Risk Compliance and Assurance Group and Executive Management Team (EMT).

4.9 Area Quality / Area Health and Safety Committees

4.9.1 The Area Quality / Area Health and Safety Committees will receive and monitor figures relating to physical and non-physical abuse and report as appropriate to the Corporate Health and Safety Group.

4.10 Senior Managers and Managers

4.10.1 All senior managers (as defined by the Senior Managers' Conference list and likely to be a head of department or senior lead for an operational complex) and managers are responsible for the management of risk locally and for day to day implementation of the policy and strategy within their own area. Responsibilities include the following:

- Initiate appropriate action according to Trust policies procedures and initiatives where necessary.

- Develop and maintain channels for effective three-way communication within the operational structure i.e. staff/employees, external environment and the corporate whole of the LAS. Ensure that all staff are aware of and understand the policies and procedures of the Trust.

- Ensure that all accidents, incidents and near misses are properly reported (using LA52/277), thoroughly investigated, and graded, ensuring that lessons are learnt from such incidents and that the outcomes are reported appropriately.

- Actively support members of staff who have been the victim of either physical or verbal abuse, or any other form of harassment at work.

- Managing risk on a day to day basis, including patients, contractors, agency staff and visitors

- Identifying and acting upon any significant risks, and reporting any risks that they cannot adequately control to the appropriate level for action or inclusion   on the corporate risk register.

- Ensuring that risk assessment systems are in place and that these are regularly reviewed.

- Initiating and participating in any risk assessments as required.

- Contributing to the identification of employees risk management training needs through the Performance Development Review (PDR) process and training needs analysis.

- Ensure that employees receive and attend adequate risk management training and conflict resolution training, as appropriate.

- Issuing, raising awareness and ensuring compliance with Trust policies.

- Support staff in the implementation of this procedure

- To provide guidance to staff in reducing the threat of violence

- Based on their needs, identify staff to be prioritised for conflict resolution training in conjunction with the Local Security Management Specialist (LSMS)

- Ensure that staff who have been issued with stab vests have them available when on duty

- Provide support to staff following a violent incident, in compliance with this procedure

- Act as managerial support and deal effectively with staff welfare issues.

- Ensure that staff operate in a safe working environment and resolve and related problems as quickly as possible.

- Provide managerial support to deal with problems at scenes of incidents and on station.

- Carry out investigations and provide reports as necessary liaise with and support the work of investigating officers and report on updates of progress and outcomes of incident investigations to the LSMS.

4.11   EOC Staff

4.11.1 EOC staff are responsible for obtaining and providing information to the attending crew staff about risk associated with calls:-

- Provide information about risks associated with addresses on the High Risk Address Register

- Prioritise requests for urgent police assistance received from crew staff

- Alert managers of all incidents where violence or distress has been suffered by crew staff

- Liaise with CSU and any manager at scene regarding any period of stand down and its continuation

4.12 Local Security Management Specialist (LSMS)

4.12.1 The LSMS is responsible for following up incidents of physical and non-physical abuse, liaising with police where appropriate, providing support, advice and guidance to staff and management. Submit details of all reported incidents of physical abuse to NHS Protect and provide a report of physical and non-physical abuse to the Corporate Health and Safety group.

4.12.2 Responsible for ensuring that the SMD is fully aware of security issues which may affect the Trust, its staff, patients or the levels of service which it offers.

4.12.3 To provide specialist information, guidance and training to assist directors, managers and staff in the performance of tasks and duties relating to security.

4.12.4 Investigate security incidents in accordance with established practice and legislation and liaise with the Police, NHSP and other relevant parties to secure suitable sanction where necessary.

4.12.5 The LSMS will communicate with the police together with the CPS and/or any other appropriate body / stakeholder to pursue an appropriate outcome and who will also ensure that the member of staff has been / is being sufficiently and appropriately supported.

4.12.6 To offer support to staff who have been assaulted or threatened during the course of their duties;

4.12.7 To report the number of Physical Assaults to NHS Protect;

4.12.8 To act as the contact point for NHS Protect;

4.12.9 To carry out a liaison role between the LAS and Police and Crown Prosecution Service;

4.13 All Employees and Workers are responsible for**:**

4.13.1 Following this procedure.

4.13.2 Their own personal health and safety and being personally responsible for not undertaking any task or action which would knowingly cause risk to themselves, others, or to the Trust..

4.13.3 Using all provided personal protective equipment and clothing, such as stab vests, as required.

4.13.4 Following specified safe systems of work and carrying out dynamic risk assessments as part of their everyday roles and responsibilities.

4.13.5 Using specific safety equipment and identified control measures etc. provided by the trust.

4.13.6 Ensuring all incidents of work-related violence are promptly recorded in accordance with the Trust's incident reporting policy and identifying and reporting actual /potential hazards in the work environment.

4.13.7 Report all incidents of work-related violence to the police as appropriate (see appendices 1 and 2)

5. Definitions

5.1   **Health and Safety Executive (HSE) definition:**

Work-related violence:

'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.'

5.2   **NHS Protect (formerly the NHS Security Management Service) definition:**

The NHS definitions of physical and non-physical assault are used for incident reporting purposes, below:

- *Physical assault* – 'the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.'

- *Non-physical assault* – 'the use of inappropriate words or behaviour causing distress and/or constituting harassment.'

5.3   **Abuse** – Within the context of this document the term abuse used refers to either or both physical and non-physical abuse of staff.

5.4   **Emergency Workers (Obstruction) Act 2006** – makes it an offence to obstruct or hinder persons who provide emergency services.

6. Policy Statement

6.1   The trust is committed to reducing the threat of abuse of its staff, and recognises that it is the right of every employee to undertake their duties without the threat of abuse. Where appropriate and so far as it is possible based on advice from the Police and the Legal Protection Unit of NHS protect, who provide legal guidance in cases of assault and abuse of staff, the trust will support staff in pursuing prosecution against members of the public who abuse them in the course of their duties.

6.2   When recognising an escalation of threatening or abusive behaviour, staff should attempt to calm the situation using skills taught in conflict resolution management training / medical priority dispatch system (MPDS) course, or within the LAS Personal Safety Guide to staff. Staff are responsible for

putting their own safety first, and should be cautious when confronted with violent situations. Personal safety of staff is paramount, and staff will be supported when a decision is taken to withdraw from a violent situation to ensure personal safety. When making this decision, staff must take into account the clinical condition of the patient and contact EOC to advise them of their actions and to seek management support and guidance.

6.3 NHS Protect monitors the level of physical assaults of staff in each NHS organisation on an annual basis through the reporting of the level of violence against staff via the VAS returns of incidents of physical assault reported in each NHS organisation which are audited and then published each year.

7. Procedure for Managing and Reducing the Threat of Physical and Non-Physical Abuse towards Frontline Staff.

7.1 Advance Notification

EOC will notify the on-call crew of potential risk/s that they are aware of when a call is received, or during subsequent calls, and any relevant information received from other agencies such as the police.

7.2 Managing Risk

The Board, on an annual basis and through the relevant Committees, will ensure that a framework is in place that identifies risks associated with all its activities as an on-going process in the achievement of its strategic and operational objectives.

7.2.1 Risk Register

Core to this framework will be the provision and maintenance of a well founded risk register, maintained for all activities of the Trust. The business planning process will be used to identify key risks to the organisation and individual objectives will be set for all levels of staff to reflect this. The terms of reference of committees, project teams, area quality meetings, directorate meetings or working groups will include the provision of recording and notification of risks to ensure risks are captured at all levels within the organisation.

7.2.2 Action Plans

Line managers will identify and assess risks associated with their teams with regard to violence and aggression and they will identify measures, putting in place appropriate action plans that will avoid, manage or reduce

the risk that their staff face, supported by the Local Security Management Specialist (LSMS) where required. Agreed action plans will be forwarded to the LSMS and they will be reviewed by the line manager and LSMS at six monthly intervals.

7.2.3 Risk Review

As a minimum requirement every two years, the Trust Board will undertake a review of the strategic risks facing the organisation, and will ensure that these are reflected in the Assurance Framework.

7.2.4 The risk register will be maintained on the Trust's risk reporting and management system in accordance with the Trust's Risk Reporting and Assessment Procedure (TP/035).

7.2.5 The LAS uses a Risk Matrix, based on the NPSA model, in its assessment of the severity of risks, (See TP/035 Appendix 3).

7.3   Individual dynamic risk assessments:

7.3.1   Staff must assess situations, and should be particularly cautious in the following circumstances:

- Where there is a clear indication that individuals may be under the influence of alcohol or drugs

- When attending calls at public houses, clubs or where alcohol may be present

- Where the patients, friends or bystanders are known to be violent

- Situations involving crowds

- When the patient is clearly angry

- Where there are weapons or potential weapons present

7.3.2   Patients with mental health problems are unlikely to be violent and probably need help and reassurance. However, staff have a right to know about factors that affect their safety. To assess the risk presented by an individual staff should make discreet enquiries amongst psychiatric staff or social workers if present.

7.4   Staff Safety – Good Practice

7.4.1 There are many steps that can be taken to reduce the threat of violence, and the following is not an exhaustive list. Personal safety is paramount and measures to reduce the threat of violence can be taken before reaching the patient:

- Lock the vehicle while driving to scene

- Park as near as practical to the address you are called to or location of the accident, if it is safe to do so (in a well lit area at night), so that it is possible to leave the scene quickly, if necessary

- Where possible take all equipment likely to be needed in to the premises

- Lock the vehicle at all times when away from it or dealing with an incident

- Stand well clear of the doorway after ringing or knocking. Stand sideways on.

- If the behaviour of any person gives cause for concern, for example if they are drunk or a potentially violent person is present and doubts about personal safety arise, then staff should make an excuse not to go in and should advise EOC of this decision and subsequent action.

- Follow the occupants in when entering premises

- Dynamic risk assessment: continually assess the scene, remain aware of the person or people concerned, the environment and any objects that might be used to threaten or harm and maintain exit routes in case problems arise

7.5 Managing Situations

7.5.1 The most effective means of minimising the risk of abuse, is to assess the situation and manage or avoid potential areas of conflict (refer also to the Location Alert Register – OP/10). This should be done in compliance with conflict resolution training provided by the trust. It is recognised that the very nature of abuse is unpredictable, and it is therefore imperative that staff should:-

- Remain vigilant at all times

- Monitor and assess changes in behaviour and attitude

- Communicate with patients, and bystanders explaining actions taken

- Where issued, wear service issue stab vests to any incident where there is a known threat of violence, a known violence address or following your own dynamic assessment of the incident. (see - Stab Vest Wearer Policy)

- Wear/carry service issued Airwave radio

7.6 Dealing with Bystanders

7.6.1 When violence occurs it can often come from anxious friends or relatives. It is important to work as a team. Whilst one crew member is dealing with the patient, the other should deal with concerns from other people who are present. Keep bystanders informed and explain procedures where necessary. Treat patients and bystanders courteously, and in addition:-

- Draw bystanders away to allow the patient to receive necessary treatment

- If a bystander is becoming agitated ask them to do a job, such as getting the patient's clothes ready for the journey to hospital

7.7 When Physical Violence or Threatened Violence Occurs:

- Staff should continually observe and be aware of the environment, who is present and what is happening;

- Staff should put their own safety and that of colleagues first and avoid any threat if possible;

- Use communication skills to de-escalate the situation if possible;

- Try to withdraw from the situation to a safe place if you have suffered physical violence, or believe that violence is imminent;

- Call for Police assistance;

- Use Airwave radio emergency function button (this provides remote listening to EOC of incident);

- Use non-aggressive disengagement / safety techniques (Please see Appendix 1 – 'What to do if faced with violence/aggression').

7.8   After an Incident has occurred

7.8.1   Abuse at any time is stressful, and even more so when trying to treat a patient. Following an incident allow yourself time to recover and seek support from your colleagues. Even after minor incidents, feelings may be difficult to control, and may affect your ability to deal with further calls. This is a natural reaction. Where necessary request the following actions, if they have not been activated on your behalf:-

- A Manager to attend to the immediate aftermath, and to provide advice and guidance and ensure that the appropriate incident form is submitted.

- Call the Police if they are not already on scene

- Time out to recover from what has occurred.

- If physical injuries have been suffered, seek appropriate medical assistance and if possible obtain photographic evidence

- Counselling, Staff Support or Occupational Health Services

- The assistance of the Local Security Management Specialist (LSMS) to assist with police liaison

7.8.2   After an incident has occurred staff may be asked for a statement and to describe parties involved. (Please see Appendix 2 – Description aid).

7.8.3   Staff should report the incident under the Incident Reporting Procedure (HS/011) by completing an LA277 which will, where appropriate, allow consideration of placing the location where the incident occurred on the trust's High Risk Address Register. Line managers should provide ongoing support to you following an incident.

7.8.4   Any incident where a member of staff is off for more than 7 days, not including the day of the incident, is RIDDOR reportable. This is reported via the form which is accessed on the Pulse/Managing/Health & Safety Policies and Procedures/Incident Reporting Procedure/page 10 link: Report a RIDDOR Incident (see appendix 4 of Incident Reporting Procedure) and when submitted a copy is sent to both the Health and Safety Executive (HSE) and the Safety & Risk Dept, who will include it in the specific incident file.

8.   Technology

8.1   The importance of maintaining contact with colleagues, whether crew-mates or EOC cannot be over emphasised. This is particularly important when away from the vehicle.

8.2   Airwave radio should be worn/carried at all times.

9. Use of Physical Control for Avoiding Violence

9.1   If members of staff find themselves in a situation where they are under attack, then a non-injurious emergency control or disengagement technique of the type taught as part of the conflict resolution management training course should be employed. For staff who have not attended the training they should seek to withdraw from the situation, without inflicting injury to the aggressor.

9.2   Staff may be required to justify to a court any actions they have taken. In Common Law, any force you use to defend yourself must be reasonable. Understanding the law relating to force will help staff to perform their duties with more confidence. Use of force is explained in conflict resolution training and is summarised here for reference:

9.3   Criminal Law Act 1967:
(*Section 3*)

*A person may use such force as is **reasonable** in the circumstances in the prevention of crime or in effecting or assisting in the **lawful** arrest of offenders or suspected offenders (persons) unlawfully at large.*

   ▪ ***reasonable –*** Necessary
             Proportionate
             'Last Resort'

9.4 If staff can show that what they did was necessary, in proportion to the threat they had to deal with and they had no other choice, in that they had considered or attempted other means of resolving the situation but either what they had considered had not been practical or had not worked, then it is likely that they can evidence their actions as being reasonable.

9.5   Common Law:

   • Recognises circumstances when force may be used on another without committing a crime and includes a person's right to protect

themselves from attack and to act in the defence of others, or to protect their own property.

- No more force than is reasonable (ie. necessary, proportionate, last resort) to repel attack may be used.

- Proportionality of force used in defence against the seriousness of threat to be prevented

- Right of self defence

    o Defend self
    o Defend others
    o Defend own property

9.6 Instances may occur where crew staff and the police are in attendance together. It is not the role of staff, even when assisting police, to intervene or tackle criminals or potential criminals, even if attempting to restrain an individual.

10. Lone Workers

10.1 Lone workers, and their line managers, should ensure that they are familiar with the trust's Lone Working Policy in addition to this document.

10.2 The Trust defines a Lone Worker as 'any individual who, in the process of carrying out their duties on behalf of the Trust, may find themselves working alone or in an area isolated from colleagues'.

10.3 Generally, working alone should not present any greater danger to staff than working with colleagues. However, the London Ambulance Service recognises that there are certain risks associated with lone working, and where risks are identified, extra control measures will be provided to reduce the risk.

10.4 The Health and Safety Executive defines lone workers as anyone who has to work by themselves without close or direct supervision. The Health & Safety At Work Act 1974, and the management of Health & Safety At Work Regulations 1999, places duties on all employers to assess the risks to lone workers.

10.5 It is the policy of the LAS to carry out Risk Assessments for all lone workers to reduce identified risks to an acceptable level.

11. Objectives

- To undertake generic risk assessments on a generic and individual basis for all staff required to work alone.

- To reduce identified risks to lone working to a minimum.

- That appropriate training is available to staff in their areas of employment by the Trust, that equips them to recognise risk and provide practical advice on safety when working alone and to provide additional training and guidance as required where the risk assessment identifies that staff working alone are placed at a higher risk;

- To provide suitable methods of communication and systems of monitoring.

12. Risk Assessments

12.1 When carrying out Risk Assessments for lone workers, managers should take in to consideration the following issues:-

- Where the member of staff is required to work,

- What level of supervision the staff member will receive,

- Ability to deal with emergency situations,

- What training the lone-worker has received to allow them to work safely,

- Whether there is a risk of violence,

- Whether the workplace presents a greater risk to the lone worker,

- Methods of communications.

12.2 The Risk Assessment should be carried out in accordance with the LAS Risk Reporting and Assessment Procedure (TP/035) and any action plan to reduce or manage the risk, agreed with the LSMS, implemented and then reviewed at six monthly intervals by line managers in conjunction with the LSMS.

13. Training

13.1   Staff have a responsibility to ensure that they attend conflict resolution management training and refresher training sessions, as required.

13.2   Conflict resolution training is provided to all A&E staff. The training is a mandatory course delivered to meet the requirements of the national syllabus set by NHS Protect. The training consists of a mix of skills for reducing the threat of violence, and withdrawing from a violent incident when it occurs. The training also includes a number of basic disengagement techniques.

13.3   Staff will be trained in line with the Training Needs Analysis and evaluated as part of the processes set out in TP056 Core Training Policy. Managers may request further training for individuals, where a need is identified.

14. Contact Telephone Numbers

- LAS Counselling Services – 07769741294

- LAS Local Security Management Specialist (LSMS) – 0207 783 2565

- LAS Employee Assistance Scheme – 0800 282193

- LINC – 0207 9227539 (Available 24hrs)
  (Listening, Informal, Non-judgemental, Confidential)

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
Training	- All A&E operational staff undertake CRT training during their initial training - All A&E operational staff undergo 3 yearly CRT refresher training within the core skills training program - All EOC/UOC staff undertake telephone diffusion awareness training during their initial training
Monitoring:	

Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Duties: How the organisation carries out risk assessments for the prevention and management of violence and aggression including; - Timescales for review of risk assessments - How action plans are developed as a result of risk assessments - How action plans are followed up (Paragraph 7)	Quarterly review of LA277 incident reports to identify trends, and reporting of the numbers of incidents of abuse	Health, Safety and Risk Team report to the Area Quality / Area Health and Safety Committees	Senior Management Team (SMT)	Learning disseminated via Corporate Health and Safety Group
Arrangements for making sure lone workers are safe (Paragraph 10 and				

HS/017)				

It is unacceptable for London Ambulance Staff to be subjected to verbal or physical abuse of any kind while carrying out their duties.

What to do if faced with violence/aggression:

A. Immediately withdraw from the area of violence – <u>the priority is your own safety and that of your crewmate / colleague(s).</u>

B. Inform EOC as soon as possible, so they can request police presence and other assistance.

C. In your dealings with the Police, make it clear to them what happened and <u>that you want action taken against the offender</u>.

D. If the incident doesn't require or allow for Police attendance, report the incident to the Police as soon as possible.

E. Provide a statement of events and obtain a <u>crime reference number and the name of the officer dealing</u>.

F. Complete an incident report form (LA277) and ensure the on-line Crew Safety Assault Form (LA042) is filled in and submitted to <u>LSMS@lond-amb.nhs.uk</u>, or faxed to 0207 783 2569 before going off duty.

G. If the incident took place at a home address, then request that the investigating manager applies to have the address flagged as a high risk to staff safety.

H. Report all incidents.

I. Contact the Local Security Management Specialist (LSMS) for support and guidance – Tel: 0207 783 2565

Description aid

It is often difficult to give an accurate description following an incident. This aid can be used either on its own or to assist you in writing a statement. If you are not sure what to write, the following prompts may help:

Name (if known)
Age (actual if known otherwise an estimation of age / age range)
Male/Female
Ethnic appearance:
European, Afro Caribbean, Asian, Oriental, Arab, Other:
Skin tone:
Light, Dark
Height:
Tall, Short, Medium
Build:
Fat Heavy, Stocky, Broad, Thin, Slim, Medium, Proportionate
Eye colour(s): glasses
Blue, Brown, Green, Grey, Hazel, Pink
Facial hair:
Moustache, Beard (long/short), Goatee, Shaped, Stubble, Sideburns, Clean-shaven
Hair colour:
Grey/greying, Blond, Brown, Black, Red, Ginger, Dark, Light, Hat, Head Covering
Hair length:
Bald, Collar-length, Cropped, Receding, Short, Shaved, Shoulder-length, Very Long
Hairstyle:
Straight, Curly, Untidy, Bob, Thinning, Wig, Dyed, Streaked, Highlights, Afro, Mohican, Spiky, Deadlocks, Ponytail, Skinhead
Accent:
Strong or slight,
English: Northern, North East, North West, Liverpool, Yorkshire, Southern, South East, South West, London, Midlands, Birmingham, West Country, East Anglia, Welsh,
Scottish: Glaswegian
Irish: Northern Irish
European: French, German, Spanish, Italian, East European
African Asian American Australian Caribbean Oriental Other
Marks/scars/abnormalities:
Tattoos/piercings/jewelry
Describe and state body position
Clothing: colour / style / logos / slogans / numbers
Jacket/coat
Top/t-shirt, etc
Trousers/skirt
Shoes