Management of Aggression Policy

Includes guidance on:

- Reporting incidents
- Taking actions to minimise the escalation of aggression

Document Type: Management of Aggression Policy

Reference: C-004

Document Author: Clinical Management Team

Document Purpose: This policy outlines the guidance for staff & volunteers who encounter aggression during the course of their work

Responsible Group: Board of Trustees, Clinical Management Team

Date Ratified:

Where this is to be held: In the main MCS office, digitally

Information from/sourced/referenced:

- Preventing Workplace Harassment & Violence
- The Health and Safety at Work etc Act 1974 (HSW Act)

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Version History:

Reference Number	Date of Circulation/Review	Job title/ name of group circulated to
C-004	Reviewed Aug-2019	MCS Trustees
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Contents

1. Introduction

Definition

The Health and Safety Executive have defined work-related violence as:

'Any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work'.

1.1 The European agreement on "Preventing Workplace Harassment & Violence" recognises that harassment and violence can:

- Be physical, psychological, and/or sexual;
- Be one off incidents or more systematic patterns of behaviour;
- Be amongst colleagues, between superiors and subordinates or by third parties such as clients, customers, patients, pupils, etc;
- Range from minor cases of disrespect to more serious acts, including criminal offences, which require the intervention of public authorities.

1.2 Some common examples of behaviour encompassed by the terms harassment & violence are listed below, although this is not an exhaustive list: -

- Intimidation, e.g. shouting, swearing, invading personal space, slamming doors, throwing objects or damaging furniture
- Personal insults, including racist or sexist remarks
- Verbal threats or physical gestures
- Any unwanted physical contact such as pushing, shoving or punching
- Assault causing personal injury

2. Responsibilities

2.1 MCS recognises its legal responsibilities to provide a safe working environment for staff, clients and all visitors so far as is reasonably practicable.

2.2 MCS will seek to minimise the potential for violent situations to arise by regularly reviewing risk management procedures & maintaining routine risk assessment procedures.

2.3 Risk assessment should be seen as both a specific task relevant to the assessment of people accessing MCS services as well as a more general, informal process of assessment. This refers to an assumption of individual awareness that applies when staff & volunteers encounter people unknown to them.

2.4 Staff and volunteers must take reasonable care of their own safety and have a duty of care towards all those who may be affected by their work activities. This includes reporting all acts of aggression and violence using MCS incident reporting procedures.

3. Action

3.1 All acts of aggression or violence must be formally recorded and reported using the Incident Form. If a staff member is injured and/or unable to work following such an incident he/she must consult their doctor.

3.2 All incidents of aggression or violence should be reported to the Clinical Director, Clinical Co-ordinator, Administrator or other staff member immediately. They will ensure as far as is reasonably practicable that:

- Everyone has been removed from immediate danger and any medical attention has been sought if appropriate
- Other relevant agencies, e.g. Police, Social Services, have been informed
- The member of staff or volunteer and affected clients have the necessary support and that, where appropriate, relatives are informed
- The relevant supervisor is aware of the incident and can offer ongoing support & debriefing as appropriate

4. Prevention

The majority of incidents resulting in aggression or violence can usually be anticipated.

4.1 Where there is an indication of potential risk of violence based on a persons history or other current factors highlighted during a clinical assessment, full consideration will be given to the appropriateness of offering a service.

4.2 Factors such as the non-adversarial/empathic nature of the therapeutic process are deemed relevant, as is the experience of the practitioner & the context in which therapy will take place. An example might be to consider seeing a person only when others are in the building. Such considerations should be made by the counsellor allocated in discussion with their supervisor.

4.3 The above is not intended to imply that there are any assumed increased risks (of potential aggression) associated with people accessing counselling but rather to highlight that the client assessment, as an specialised interpersonal process, will be sensitive to factors that might identify such potential risks.

4.4 In terms of the wider context staff & volunteers are DBS checked & references taken up.

4.5 It is assumed that staff & volunteers, through their professional training, will have an understanding of sufficient techniques to de-escalate a situation

4.6 Strategies for dealing with challenging situations should be discussed in supervision and the Clinical Director informed when concerns and omissions are identified so that further training can be identified.

5. Guidance on Responding to Physical Aggression

5.1 MCS staff are not expected to manage aggressive or violent behaviour by using physical restraint, regardless of whether they have training or not to do so.

5.2 “Common law has the established principle of ‘duty of care’. This often forms the basis of civil actions/compensation claims and is an important factor in deciding the need, and recognising the consequences of physical intervention.” (Skills for Security, 2010).

5.3 Common law allows reasonable force to be used where necessary:

(i) to protect life
(ii) to remove trespassers (from private property)
(iii) in self defence

5.4 ‘Reasonable’ means that the amount of force should be limited to that which will stop the attack or prevent personal injury. If you can foresee that physical force is likely to be necessary then the Police should be called.

5.5 Physical action should be aimed at break away, self-defence, retreat or escape. Only in so far is this the foregoing action increases risk should you use force to restrain a person. This is because doing so could commit you to a physical confrontation you could well lose. It is essential to bear in mind that it is an extreme measure that should only be undertaken if you can justify your actions on the grounds of preventing personal injury as you could be legally liable for assault.

Appendix (1)

Assessing and Responding to Aggression

WARNING SIGNS

- Changes in usual behaviour or habits without apparent reason
- Attention seeking and/or deliberate provocation. (The reverse of this may also be significant i.e., becoming quiet and withdrawn)
- Signalling frustration or a build-up of anger by appearing tense and agitated; by pacing up and down with clenched fists and ultimately invading another's personal space
- Changes in speech patterns indicating tension such as abrupt responses; becoming either very loud or unusually quiet. Changes in voice tone. Changes in breathing patterns
- Alcohol and drug abuse; a previous history of violence will increase the risk of challenging behaviour as will changes in medication (or not taking prescribed medication)
- Verbal abuse may, but does not always, escalate into violent behaviour
- Through regular contact with service users and liaison with partner agencies, staff will be able to build up a profile of each individual. This will help staff to identify early warning signs of aggression or violence

TECHNIQUES FOR MANAGING AGGRESSION

DO

- Try to keep calm
- Match the person's mood but not their behaviour
- Concentrate on your breathing to reduce the rigidity in your body
- Try to position yourself so that you both have a clear way out of the room
- Encourage them to talk rather than act out their anger
- Let them know you are listening by providing feedback such as "I see" and "yes". Encourage talk by asking open ended questions such as "How can we sort this out?" "What can I do to help?" Keep statements simple
- Use their name as often as possible and maintain eye contact without "eyeballing" which may be seen as confrontational (Prolonged eye contact is generally best avoided, especially in view of differing cultural interpretations)
- Respect their personal space; a distance of five feet is a useful estimate
- If you are going to move your position, i.e., stand up or move across the room, then say so before you do it
- If the person is holding a weapon (or anything which could be used to cause harm) then firmly ask them to put it down. Repeat this request, using the same words until they respond
- If appropriate ask other people to draw back and not to interfere
- If you feel that you cannot contain the situation, get out as soon as possible and get help

- Be aware of your own body language and verbal responses. A dismissive or uncaring attitude can make the situation worse
- Be aware that your body language can be interpreted differently according to cultural background, for example maintaining or breaking eye contact
- Compromise: offer the aggressor a way out of the situation

DO NOT

- Panic or switch too quickly into alarm mode
- Attempt any physical contact
- Crowd the person by invading their personal space or by moving suddenly towards them
- Approach them from behind
- Show fear or anxiety. This may escalate a physical attack
- Take personal offence at an accusation
- Feel that you are to blame
- Use physical restraint unless as a last resort in self-protection

NB – *It is natural to feel frightened and/or upset. You should not feel that you have failed if you show these feelings. Withdrawing from a difficult situation is NOT a sign of weakness and is sometimes the right thing to do.*

OTHER KNOW INDICATORS

- Previous incidents of violence 'past behaviour predicts future behaviour'
- Previous use of weapons
- Male under 35
- Previous expression of intent to harm
- Previous dangerous, impulsive acts
- Paranoid delusions about others
- Violent command hallucinations
- Violent fantasies
- Previous admissions to secure settings
- Denial of previous dangerous acts