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| Title:The Purple PackNHS Lothian Risk Assessment and Risk Reduction System: Violence & Aggression and Lone Working |
| **Approved by:** | Chief Nurse for Clinical Education & Training & Head of Health & Safety |
| **Date effective from:** | 01/04/24 |
| **Target Audience:** | All Staff |
| **Supersedes:** | 14 August 2023 |
| **Keywords (min. 5):** | Risk assessment, Violence & Aggression, Training,  |

Please note: All sections below must be signed off on completion of the assessment:

|  |  |
| --- | --- |
| **Location:** |  |
| **Risk Assessment Sign Off** | **Signature**  | **Date**  |
| Completed Risk Assessment reviewed by Service Manager (i.e., CNM) |  |  |
| Completed Risk Assessment available to Staff Side Representative on request |  |

# Introduction

Risk control is an integral part of day-to-day operations and good management, and a crucial element in effective internal control. NHS Lothian is committed to achieving best practice in this area.

If there is a risk of violence and aggression, or challenging behaviour, an assessment of the risks must be conducted. Risk assessment provides an easy-to-use tool for identification, assessment, and control of risk. This process assists in determining the adequacy of existing risk control and prioritisation of mitigation measures for future action (including training requirements), to reduce risk to a tolerable level.

## STEP 1 Consult with Staff

At this stage, it is important to consult all those who might be affected, for example, employees, agency, domestics, contractors, and so on. The views of consultees can help a manager decide what extra workplace precautions are needed. Managers must encourage consultees to complete the [Staff Perspective Questionnaire](https://forms.office.com/Pages/ShareFormPage.aspx?id=veDvEDCgykuAnLXmdF5JmsJ91VyV98FHkkCtMxpFDCJUNkFMMlZERlRNTjAxMzdaQkM4SVJSOUpVMS4u&sharetoken=KlEEvq0flXUIbvm5FCVi) for this purpose. Completed questionnaires are collated to help managers identify strengths, weaknesses, and opportunities to reduce future incidents.

**STEP 2 Identify the Hazards**

Survey the work location and identify any potential hazards which might cause injury, loss, or damage, or harm a person’s health.

Conduct a Datix Analysis for the past 12 months for incidents of violence and aggression to identify the numbers, types of risk, and who is exposed to harm. If required, refer to [Guidance for Extracting V&A Data from Datix](http://intranet.lothian.scot.nhs.uk/Directory/HealthAndSafety/Documents/Policy%20and%20Guidance/Incident%20Analaysis%20VA.pdf). Populate the Datix information in the Table below. If no Datix is recorded, proceed to Step 3.

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| **Severity of Harm Caused** |
| No adverse effect |  | Damage, loss to property – no known adverse effects |  |
| Harm to a Person - Minor |  | Damage or loss to property - Minor |  |
| Harm to a Person - Moderate |  | Damage or loss to property - Moderate |  |
| Harm to a Person - Major |  | Damage or loss to property - Major |  |
| Harm to a Person - Death |  | Damage or loss to property - Minor |  |
| **Subcategories of incidents reported** |
| Age related abuse |  | Patient to Staff violence (physical) |  |
| Animal Aggression |  | Physical abuse |  |
| Carrying an offensive Weapon |  | Racial abuse |  |
| Disability abuse |  | Sectarian abuse |  |
| Discrimination |  | Sexual abuse |  |
| Homophobic abuse |  | Staff to Patient aggression (verbal) |  |
| Other to Staff violence (physical) |  | Staff to Patient violence (physical) |  |
| Other to staff aggression (verbal) |  | Staff to Staff aggression (verbal) |  |
| Patient to Other aggression (verbal) |  | Staff to Staff violence (physical) |  |
| Patient to Other violence (physical) |  | Transgender abuse |  |
| Patient to Patient aggression (verbal) |  | Verbal abuse |  |
| Patient to Patient violence (physical) |  | Other |  |
| Patient to Staff aggression (verbal) |  |  |
| **Contributory factors for violence and aggression** |
| Age related abuse |  | Mental state |  |
| Confused / Disorientated |  | Racial abuse |  |
| Disability abuse |  | Safe systems of working compromised |  |
| Discrimination |  | Sectarian abuse |  |
| Drugs / Alcohol |  | Sexual abuse |  |
| Enforcement of Smoke free policy |  | Staffing levels / mix |  |
| Environmental factors |  | Stress / Anxiety |  |
| Homophobic Abuse |  | Transgender Abuse |  |
| Medical Condition |  |  |
| **Restraint Used** |
| No restraint used  |  | Bed / Trolley Restraint Face up |  |
| Escorting Hold |  | Floor Restraint Face Down  |  |
| Seated Restraint |  | Floor Restraint Face Up |  |
| Other  |  | Seclusion  |  |

**STEP 3 Decide Who Might be Harmed & How**

Using the information gathered in Steps 1 and 2, complete Columns 1 and 2 of the Purple Pack Risk Assessment Form below to identify those who might be exposed to violence and aggression.

**STEP 4 Evaluate the Risk**

The Purple Pack risk assessment evaluates the level of risk by considering the consequence and likelihood of occurrence (Table 1).

A sensible approach to risk assessment means focusing on foreseeable and significant risks; those with potential to cause actual harm and suffering.

Complete Column 3 of the Purple Pack Risk Assessment form using risk control precautions already in place. Examples of risk control precautions to reduce the risk of Violence & Aggression are given in Appendix 1 (Risk Control Measures to Reduce the Risk of Violence & Aggression). The example in Appendix 2 is drawn from a typical situation to illustrate simple steps that you can take to effectively reduce violence at work.

Decide whether the existing precautions in Column 3 are adequate. To do this, estimate the size of the risk by multiplying Likelihood (A) and Consequence (B) from Table 1 which gives you a numerical score, this is the risk score and will provide you a Risk Rating (refer to Table 2). Enter the multipliers (A & B) and risk score (C) in Column 4 of the Purple Pack risk assessment form.

More precautions are necessary when the Risk Rating (C) is not controlled (risk scores above 3).

Evaluate the risk again using Likelihood (A) and Consequence (B) from Table 1, but with additional control measures identified (Column 5) to further reduce the level of risk. Use Column 6 to reassess the risk score and demonstrate an improvement in risk control. Depending on the mitigations applied, your risk score may not reduce and that is acceptable providing there are measures in place to manage it.

STEP 5 Training Requirements (NHSL staff only)

The need for training is identified through the risk assessment process. Table 3 below should be used for identifying the correct level of training required. Local managers must also conduct a training needs analysis to determine who requires the training. Each training level will include elements from prior levels. Your training needs must be submitted via the JISC link below so the Management o Aggression Team can plan future training accordingly.

Note, physical restraint is the actual or threatened laying of hands on a person to stop them from either embarking on some movement or activity or following it through. The grounds for intervention are that the person’s action is likely to lead to hurt or harm to the person, or others, or prevent necessary help being given. Restraint techniques require to be taught effectively with regular training courses. Incorrect use of restraint techniques can lead to injuries. Recognised training in such techniques is therefore an essential part of all nursing and care staff education.

Face to face training must be undertaken every two years to ensure workers’ skills are kept up to date in line with the NHS Lothian Management of Aggression Education & Training Strategy.

<https://app.onlinesurveys.jisc.ac.uk/s/nhslothiansurveys/nhs-lothian-risk-assessment-and-risk-reduction-system-trainin-1>

## STEP 6 Communicate the Findings

The findings of the Purple Pack risk assessment must be communicated to all persons identified in the risk assessment so that they can understand and relate them to their workplace. This includes affected staff in other care settings.

## STEP 7 Record and Review the Findings

Use the Purple Pack Risk Assessment Form to record your findings. Review your assessment every 12 months, and revise sooner, if there has been a significant change in the way you work, or you have some other reason to suspect it is no longer valid.

**Purple Pack Risk Assessment Form**

| Work Location: |  | Date of assessment:  |  |
| --- | --- | --- | --- |
| Assessment carried out by: |  | Date of next review: |  |

| What are the hazards?  | Who might be harmed? | What are you already doing to control risk? (See Appendix 2, Aide Memoire) | Baseline Risk Score | What is needed to control risk further and who needs to action? Use Column 6 to reassess the risk score and demonstrate an improvement in risk control.  | Reassessed Risk Score  |
| --- | --- | --- | --- | --- | --- |
| A | B | C | A | B | C |
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| **Evaluate the level of risk by multiplying the Likelihood (column A) x Severity (column B) = Risk Rating Score (column C)**  |
| Risk Rating Score (C) (1-3) | Risk Rating Score (C) (4-6) | Risk Rating Score (C) (8-12) | Risk Rating Score (C) (15-25) |
| LOW (Controlled risk) | MEDIUM (Borderline risk) | HIGH (Unacceptable risk) | VERY HIGH (Unacceptable risk) |

Table 1: Likelihood (A) and Consequence (B) Values

|  |  |  |  |
| --- | --- | --- | --- |
| **Likelihood (A)** | **Definition** | **Consequence (B)** | **Definition** |
| 1 | Could only happen in exceptional circumstances | 1 | Behaviour that has no effect upon staff/property/ service delivery |
| 2 | Do not expect this to happen | 2 | Behaviour that has a minimal and short-lived effect upon /staff /property/ service delivery |
| 3 | Do not expect this to happen, but it is possible and could be an occasional occurrence | 3 | Behaviour that has a moderate and temporary effect upon /staff /property/ service delivery |
| 4 | Likely to happen, but not a persistent issue | 4 | Behaviour that has a significant and potentially persistent effect upon /staff /property/ service delivery |
| 5 | Certain to happen, and could occur frequently | 5 | Behaviour that has a serious and lasting effect upon /staff /property/ service delivery |

**Table 2: Risk Ratings (C)** Likelihood (A) x Consequence (B) = Risk Rating (**C**)

|  |  |  |
| --- | --- | --- |
| **Risk Score** | **Risk Rating (C)** | **Action Required** |
|  **1 – 3** | **Low** | Risk is well controlled. Precautions are suitable and reliable. |
|  **4 – 6** | **Medium** | Risk is acceptable but borderline. Serious affects unlikely. |
|  **8 – 12** | **High** | Risk is unacceptable. Remedial action is necessary. |
|  **15 – 25** | **Very High** | Risk is unacceptable. Serious harm could come to someone. Remedial action is urgent. |

Table 3: Training Requirements

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| --- | --- | --- |
| **Training Requirement** **Based on Exposure to Risk** | **Training Level** | **Training Type** |
| Datix Analysis or Staff Perspectives Questionnaires raised no concerns re volume/frequency of incidents/severity | Level 1 | Core  |
| Workplace is multi-occupied with support readily available in case of incidents |
| Not delivering treatment/care or providing advice and information to patients/visitors. |
| No requirement to use physical restraint practices |
| Low risk of assisting people displaying signs of stress, distress and/or anger (including on telephone and visitors) |
| Infrequently/never provide care for people who are assessed as requiring increased interventions. |
| Workplace has a lack of nearby support in case of incidents.  | Intermediate |
| Lone Worker Category 2. Staff who visit patients in their home or run clinics in buildings alone or in isolation, within officehours (Mon – Fri)  | Advanced |
| Frequently provide care, advice, or information to patients/visitors and/or dealing with people on telephone who maydisplay signs of anger | Level 2 | Core |
| Medium to high likelihood of assisting people displaying signs of stress, distress and/or anger in a face-to-face situation. | Intermediate |
| Lone Worker Category 1. Staff who work alone in patient’s homes, or departments out with core hours or weekends | Advanced |
| Medium to high likelihood of using low-level restraint practices (e.g. Guided Hold) to prevent absconding. | Level 3 | Core |
| Medium to high likelihood of using low-level restraint practices to deliver treatment and care (e.g., seated and trolly restraints) | Intermediate |
| Frequently provide care for those assessed as requiring increased and/or continuous interventions as a response to a medium or high risk of suicide, self-harm, or harm to others. | Advanced |
| Use of high-level (floor level) restraint practices as part of planned interventions / practice to maintain safety and prevent harm to patient or others. | Level 4 | Intermediate |
| Use of Softer Restraint & Safer Holding System – Medium Secure Unit ONLY | Advanced |
| Individual patient concerns | Bespoke |
| Datix Analysis/Staff Perspectives raised concerns re volume and/or frequency of incidents and/or severity of incidents | Consult |
| Additional local Trainer capacity required | Train the Trainer |

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**Appendix 1: Examples of Risk Control Measures to Reduce the Risk of Violence & Aggression**

The following controls are a guide to help you consider risk control measures to reduce the potential risks of violence and aggression. This aide memoire is not an exhaustive list, and you may identify other equal or more satisfactory means of control.

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| **Administrative controls** |
| Staff are aware of and understand the requirements within the NHS Lothian Violence and Aggression Policy. |
| Incident reviews are conducted following incidents to ensure that staff are supported and that any learning points are incorporated into future practice |
| Staff are encouraged to report all incidents of violence and aggression using the Datix system |
| **Safe Systems of Work**  |
| Staff are aware of and use local procedures designed for safe working. |
| **Workplace Environment** |
| The area is clean and welcoming. |
| The environment has good temperature control and ventilation |
| The lighting is appropriate i.e., not to bright or dim |
| The area has a quiet place that people can go to if the main area becomes noisy |
| There are clear directions and signage to all departments, facilities, offices |
| There is displayed or available information regarding the service, systems in place, or what service users can expect |
| People can get refreshments in this area or nearby |
| Is there sufficient parking provision or efficient public transport for service users, visitors, and staff?  |
| The area in a good state of repair and in working order |
| The area purpose-design or fit for purpose |
| Activities or resource are in place to prevent boredom |
| Clear lines of sight prevent staff becoming isolated |
| The area is free from objects that could easily be used as weapons or missiles |
| Reception areas have a high, wide, or screened desk |
| Appointments or service users’ needs met in a good time with minimal waiting times |
| There is good provision for visitors, including children |
| **Interview and Consulting Rooms** |
| Offices and consulting rooms are set up to allow easy exit for staff |
| Staff always position themselves nearest the door |
| There is more than one entry/exit to the room |
| Ensure there are no unnecessary loose objects in the consulting rooms that might be used as weapons |
| Staff have easy access to a telephone or alarm system |
| There is space between the chairs to ensure that there is no felling of entrapment for either party |
| The room door has a vision panel/ window to allow occasional unobtrusive observation |
| Staff seek confirmation of safety procedures before commencing the consultation |
| **Security & Alarms** |
| Staff are aware of and understand the requirements within NHS Lothian Emergency Alarm System & Response Policy |
| The area has an alarm system in place (state type) |
| There is a planned and practiced procedure for response to alarms activation |
| Alarms are regularly tested, and results recorded |
| There is a documented procedure for repair or replacement of devices and batteries |
| There is a system to ensure that alarms are issued to on-permanent staff (bank staff, domestics, doctors, etc)? |
| The area has a surveillance system in place such as CCTV |
| There are security staff on site who could be called for support |
| Staff are aware of when they need to call the police for support and assistance |
| **Training for Managing Physical Violence and Aggression** |
| Staff are aware of roles and responsibilities and requirements within the NHS Lothian Restraint Policy |
| Staff have completed E-learning restraint module |
| Staff are trained to the appropriate level of restraint (low/ high level)? (Mandatory if staff are required to use restraint) |
| Plans are in place to manage incidents detailing: | * Risk Assessment
* Warning signs
* De-escalation strategies Observation levels
* Use of medication
* Use of restraint
* Police assistance
 |
| Advice has been sought from management of aggression team with regards to management of physical violence and aggression |
| Staff have completed the Management of Aggression Core Skills E Learning Module (Mandatory for all relevant staff). |
| Staff are trained to the appropriate level in management of violence and aggression. |
| Relevant staff are aware of the potential risks that they are exposed to in relation to violence and aggression and/or lone working. |
| The service has a management of violence and aggression work-based trainer. |
| **Lone Working** |
| Staff are aware of roles and responsibilities and requirements and requirements within the NHS Lothian Lone Working Policy |
| An assessment has been undertaken to identify and categorise lone workers |
| The need for lone working has been minimised by changing ways of working |
| Staff who are expected to work alone have a mobile phone or alternative telecommunications device provided by NHS Lothian |
| There is a robust safe and well procedure in place to monitor the staff’s whereabouts with triggers and alerts if staff do not check in as agreed |
| There is a clear escalation process to follow in the event of staff not checking in as agreed |
| Staff have received management of violence and aggression lone worker training: | * Lone worker theory and breakaway
* Lone Worker Device (where applicable)
 |
| Staff are provided safety awareness to remove themselves from situations that they feel may be unsafe |
| There are up-to-date records of the serial number of the individual staff member’s lone working device, and update alerts are carried out as a minimum once per week per device.  |
| There are specific procedures in place for undertaking activities with increased risk (Working with challenging patients, working at height, with electricity etc) |
| When staff visit unknown patients, they always have background information on the patient |
| **Lone Working: Home Visits** |
| When staff are expected to visit unknown patients there is an option to visit with a colleague or increase colleague monitoring during the visit |
| Staff always use the contract of care for home visiting  |
| Staff do not carry valuables, medication, or wear a uniform to reduce the risk of theft |
| Note: Consider risk reduction measures for staff with potential to encounter people in crisis including mental illness, under the influence of drugs or alcohol, with a history of violence or crime, or with child protection issues. |
| **Lone Working: In Buildings or Traveling between sites/ locations** |
| Notes: Are staff encountering patients or members of the public whilst working alone in buildings? Is staff travel across sites or travel out with Edinburgh and the Lothian’s alone, what system is in place to ensure their safe arrival at their destination and safe journey back to base? |
| The area is locked and secure whilst staff are lone working in the building |
| The building or area has an alarm system  |
| The alarm system is maintained and tested and response? |
| The alarm system is used in anger to test effectiveness |
| Telephones are available in all areas in which staff work alone |
| Staff can get support from another local ward or department whilst working alone if required |
| The building has security lighting and/or CCTV at access and entry points and parking areas |
| There is a lock down procedure to ensure that staff working alone in buildings are safe |
| There is an exit procedure for staff leaving the building alone |

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| The following example is drawn from a typical situation to illustrate simple steps that you can take to effectively prevent violence at work (Source – Health & Safety Executive).**Accident and Emergency department**A patient became verbally aggressive towards a receptionist in an accident and emergency department due to the long waiting times.The patient then punched the receptionist by leaning over their desk, causing a broken nose.**To avoid this violent incident, NHS Lothian could have**:* Set up TV screens with live waiting times and key information to keep patients informed.
* Displayed clear signage from arrival and throughout hospital to direct patients.
* Created an open plan layout for good visibility of workers and patients.
* Placed reception workers out of reach of patients, for example by using tall and wide desks.
* Trained security personnel and CCTV at the entrance.
* Soothing music in the waiting room.
* Trained workers on how to de-escalate situations.
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**Appendix 2: Example of Simple Steps to Reduce the Risk of Violence at Work**