

The Channings Dental Practice

Introduction

Here at The Channings Dental Practice, we operate a zero tolerance policy to any patients or members of the public who display violent, aggressive, or threatening behaviour towards any member of staff.

This policy is for the protection of all staff, but also for the protection of other patients, their families and visitors. In order to ensure that this zero tolerance approach is adhered to, it is essential to have robust policies and procedures in place.

In January 2000 the Department of Health (DOH) issued guidelines to Health Authorities to introduce local initiatives as part of a Zero Tolerance Campaign which addresses any incident where a primary care provider, or his/her staff are exposed to violent, aggressive or abusive behaviour. As well as having a right to protect themselves, primary care providers have a duty, as employers, to protect their staff and as providers of a public service, those with reason to be on their premises.

The DOH established the following definition for violence/abuse:

“Any incident where a primary care provider, or his or her staff, are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health”.

The definition does not define violence just as physical assault but also includes threats that challenge the “Safety, wellbeing or health of staff”.

The majority of patients behave in acceptable or manageable ways, however the incidence of excessively aggressive or violent attacks in the primary health care is increasing.

The practice recognises that there can be contributory reasons for patients behaving in difficult or challenging ways, however, where this tips over into aggression or violence, the practice will adopt a zero-tolerance approach.

The Channings Dental Surgery aims to provide high quality healthcare and we will treat all patients with respect and dignity. In return we expect all our staff to be treated with respect. We will not tolerate abusive language or aggressive and threatening behaviour against any member of staff. Such behaviour may result in the offender being denied access to the practice and/or further measures as appropriate.

Aims and Objectives

The aims and objectives of this policy are as follows:

- To ensure adequate processes are in place for the protection of staff and patients;
- To ensure staff are fully aware of their responsibilities when dealing with

Dealing with Violent or Aggressive Patients

- violent or aggressive patients;
- To ensure that staff are fully aware of their rights when they have to deal with such incidents.

Aggressive Patient

What is an aggressive patient?

The Health & Safety Executive defines work-related violence as:

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

This could be from a patient (carer/ relative/ friend) who exhibits one or more of the following patterns of behaviour:

- Verbally abusive, offensive, or intimidating in their behaviour towards staff;
- Threatening physical violence or displaying or mentioning objects that can be used as a weapon;
- Shouting, raised voices, sarcasm, pointing fingers;
- Making excessive demands and/or maintaining certain expectations and failing to accept that these are unreasonable (e.g. wanting an immediate appointment and becoming aggressive when this is not possible);
- Swearing, use of discriminatory language, or spitting;
- Insisting that a member of staff is dismissed or disciplined;
- Insisting that treatment is carried out on demand when it has already been explained that this is not possible.

Risk assessment

This involves the practice team “walking through” the logistics of any common areas such as the reception area and corridors, and identifying an escape plan(s) and panic button protocol. All clinicians should be accompanied by another member of staff (chaperone) when attending to a patient.

The following are considered during the risk assessment:

- general risks to staff from patients, service users and their relatives or visitors;
- risks associated with the design of the work environment, i.e., layout of rooms, lockable doors;
- escape routes, alarm systems, access to car especially at night;
- risks associated with lone working (the General Dental Council states that lone working should only be accepted for exceptional circumstances, e.g. dealing with out of hours emergencies);
- identification and testing of appropriate instructions, information, and training;
- identification, agreement, and testing of security support arrangements (e.g. CCTV).

Dealing with an Aggressive Patient

Patients can become aggressive for a variety of reasons, and it is always advisable to try to calm down the situation as early as possible, as this may prevent an incident.

Dealing with Violent or Aggressive Patients

Being observant of patients/relatives is often the first sign that a difficult/tense situation is imminent.

The use of appropriate inter-personal skills in potentially difficult situations is essential.

Observation of the patient/client can help in predicting when aggression may occur.

The following are some of the signs to look for:

- Staring, unblinking, uncomfortable gaze.
- Muscles tensed; jawline tensed.
- Facial expression
- Person balanced to move quickly
- Fingers or eyelids twitching
- Pacing about, uncomfortable stance, alternate sitting/standing
- Withdrawn on approach
- Voice-change of pitch, volume or tone, use of insults, obscenities, or threats
- Sweating
- Increase in rate of breathing
- Tears (crying)
- Offensive weapon carried or visible

Having recognised such signs and assessed the potential of violence occurring, staff may feel they are able to diffuse the situation by using some of the following behaviours:

- Adopt an empathic, understanding approach, and attempt to show some affinity with the other person's position – *"I can see why you are upset about that"*;
- Use active NLP (neuro-linguistic programming) – saying a small portion of a sentence back to the patient in the patient's own words;
- Avoid confrontation, do not argue but do not agree to reward their bad behaviour;
- Speak and stand calmly with an open posture, but always remain balanced and ready to move away;
- Do not move closer to the patient, even if they are speaking in whispers;
- Try to distract the person from the immediate cause of concern by changing the course of the conversation – buy time to think, to plan, to obtain assistance – if possible, ask the patient to have a seat *"while I go to see what I can do to help you"* – this buys time and allows you to think of your options;
- Speak clearly, evenly, and slowly and do not necessarily stop talking because the other person does not answer;
- Even if the other person is very loud, do not raise your voice;
- Try to identify the source (nub of their problem) of concern, acknowledge this and offer to help if possible;
- Do not disagree where it is not necessary;
- Do not give orders or use status or authority as a threat, remember your body language;
- Never make promises which cannot be kept;
- Never reward aggressive behaviour;
- Do not make threats;
- Be alert and send for assistance where necessary;
- Be prepared to leave the situation if necessary to avoid injury;

Dealing with Violent or Aggressive Patients

- If they continue with their aggressive behaviour, the member of staff should be clear in telling them that they will not be dealt with until they calm down;
- “*I am sorry (use aggressor’s name here if it is known), we do not deal with people who are being aggressive or abusive. I will try to help you but must *stop shouting/ *stop swearing/*stop being aggressive, or I will not be able to deal with you*”;
- Remain calm and clear and keep repeating that the behaviour is unacceptable. Insist that you are trying to help but cannot do so until they calm down.
 - For example, do not immediately give the aggressor what they have asked for just to end the situation, or for the clinician agreeing to see the patient just “to keep them quiet”. This just sets a precedent which will repeat in the future and sets a poor example to on-lookers.
- Staff should never isolate themselves with a potentially violent patient. The second member of staff may ask other patients (if any) to step back while the current patient is being dealt with;
- If it is deemed appropriate, get a more senior member of staff to speak to the patient, again keeping calm and stressing that you are trying to help. If possible, move the patient to a side of the desk whilst being mindful about not isolating the member of staff or allowing the patient access to the receptionist/ reception area.
- If the aggressor refuses to calm down or refuses to leave when requested to do so, the risk assessment should have identified the additional security arrangements which will come into place at this point.

Violent Patients

Dealing with a violent patient requires a much more immediate response.

As soon as a patient turns violent, then immediate action must be taken, as follows:

- Step back from the patient;
- Call for help (panic button);
- Consider or use escape plan (s);
- Phone the police. Once violence occurs, it becomes a crime;
- If there are other patients in the vicinity, then there is a duty to protect them. If possible, remove/instruct other patients in the vicinity to move to another part of the waiting area or another room away from the situation.

Staff support following a violent or aggressive incident

- Staff directly involved in the incident should talk through the incident on a one-to one basis with *Kenneth Chow*;
- Staff not involved in the incident should be briefed about the incident;
- The policy should be reviewed in light of the incident to update it with any additional learning points/changes necessary;
- Following an incident of violence, the practice should hold a significant event meeting to decide if the patient should be removed from the list;
- If the patient is to be removed from the list, then the practice should now follow the procedure for the removal of patients.

Removal of Patient from Practice List Due to Violence or Aggression

Dealing with Violent or Aggressive Patients

In rare circumstances, the trust between the practice and a patient may break down, and it may be necessary to end the professional relationship.

For example, this may occur if a patient has been violent to a member of staff, has stolen from the premises, or has persistently acted inconsiderately or unreasonably. If patients have been violent to any members of the practice staff or have threatened staff safety, the incident must be reported to the police straightaway. In these circumstances, the practice can notify the Local Health Board and request immediate removal.

Even in these circumstances, the practice should inform the patient of the reasons leading to removal from the practice list, unless one or more of the following apply:

- it would be harmful to the mental or physical health of the patient;
- it would put practice staff or patients at risk;
- it would not be reasonably practicable to do so.

The practice is required to record this in the patient's records and set out the circumstances leading to removal. Family members should not be removed from our list of patients, unless there is a threat to the practice from the ex-patient as a result of keeping these patients on.

When it becomes necessary to remove the patient from the practice list, for reasons of violent or aggressive behaviour, then a specific process should be followed.