



Family Nursing
& Home Care

The Prevention and Management of Violence, Aggression and Unacceptable Behaviour at Work Policy and Procedures

May 2023

Document Profile

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Title	The Prevention and Management of Violence, Aggression and Unacceptable Behaviour at Work Policy and Procedures
Author	Mo de Gruchy
Category	Governance
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Version control / changes made

Date	Version	Summary of changes made	Author
May 2022	3	Previous policy transferred to new template. Content reviewed and updated where required, with reference to the updated (2021) version of the HCS "The Prevention and Management of Violence and Aggression at Work Policy, the Capacity and Self-Determination (Jersey) Law 2016 and the Mental Health (Jersey) Law 2016, which both came into force in 2018.	Mo de Gruchy
May 2022	3.1	Minor amendments and additions post consultation	Mo de Gruchy
May 2023	3.2	Addition of examples of unacceptable behaviours, procedures relating to initial response to incidents, staff support and Unacceptable Behaviour Leaflet.	Mo de Gruchy

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1. INTRODUCTION

1.1 Rationale

Violence, aggression and inappropriate behaviour are common occurrences within health and social care yet Family Nursing & Home Care (FNHC) staff report few such incidents. Anecdotal evidence suggests there is under-reporting in this area. Violence and aggression towards staff or people that use FNHC services is unacceptable.

Some people who use FNHC services may display behaviour that presents a direct risk to:

- themselves
- others (including FNHC staff)
- objects
- the environment

Unacceptable behaviours may include (but are not limited to) incidents of:

- ageism
- racism
- sexism
- biphobia (dislike of or prejudice against bisexual people)
- disability discrimination
- homophobia (dislike of or prejudice against gay people)
- transphobia (dislike of or prejudice against transgender or transsexual people)

(GofJ 2022)

To resolve conflict, FNHC promotes use of positive interpersonal skills, de-escalation and non-physical interventions. Restrictive interventions are a last resort for dealing with violence and aggression. They should only be used when all other strategies have failed.

In April 2014, the UK Department of Health/Skills for Care published two documents; 'Positive and Proactive Care: reducing the need for restrictive interventions' and 'A Positive and Proactive Workforce'. These documents provide a framework to transform organisational culture, leadership and professional practice. This transformation supports care which keeps people safe and promotes recovery. It can be achieved through:

- improving reporting
- training
- governance

This policy will:

- provide all staff with clear responsibilities and a framework for the prevention and management of aggression/violence/inappropriate behaviour
- provide appropriate training for staff in the recognition, avoidance and management of situations of potential conflict
- minimise the risk of violent outcomes from both physical and other means e.g. verbal or written threats
- create a culture in accordance with the 'Positive and Safe' agenda - to ensure that the needs of people are better met; where restrictive intervention is only ever used as a last resort when all other alternatives have been attempted; where restrictive intervention is only for the shortest possible time
- encourage the reporting of incidents and near-miss events
- ensure that incidents are correctly reported and actively pursued where this course of action is deemed appropriate
- give personal support to employees and others after instances of unacceptable behaviours have occurred
- recognise that there may be a need, in the interest of safety, to support staff using the minimum physical restraint, as a last resort, in certain circumstances of serious threat or danger

This policy provides a framework to deal with the prevention and management of violence, aggression and unacceptable behaviour at work and takes into account the principles and ethos of the 'Positive and Safe' programme. The impact of violence and aggression on others is also considered. Where children and young people are concerned, consideration is given to a different approach more appropriate for this cohort (HM Government 2019).

1.2 Scope

This policy applies to all staff including nursing students undertaking part of their training with FNHC. Bullying and harassment of staff by other staff members is covered separately within the Staff Handbook. FNHC has a separate Lone Worker Policy and staff should refer to this for guidance on personal safety strategies and use them in conjunction with the framework advocated by this policy.

1.3 Role and Responsibilities

Chief Executive Officer (CEO)

The CEO has overall responsibility for ensuring that:

- the requirements of this policy are met and that adequate resources are made available to meet the requirements of the policy
- arrangements are in place for the safe and effective management of conflict, violence, aggression and inappropriate behaviour
- any system in place is the subject of periodic review by management

- any decision taken by them in collaboration with the Main Committee of Family Nursing & Home Care regarding exclusion of an individual from FNHC services is undertaken in accordance with this policy

Director of Governance and Care

The Director of Governance and Care has a responsibility to:

- monitor the effectiveness of policies, systems and procedures to prevent challenging behaviour
- monitor incidents of challenging behaviour recorded through the incident reporting system (Assure)
- provide post incident support when required
- provide reports and trend analysis regarding incidents of violence, aggression and challenging behaviour
- support the process for managing perpetrators of violence and aggression
- agree and apply sanctions against individuals who abuse staff
- record and remove sanctions against individuals on EMIS (and related systems), maintaining records of any communication related to the application of sanctions
- ensure that training is delivered and monitored with records of attendance continually updated; reporting levels of non-compliance at the Operational Management meetings

Senior Managers/Operational Leads/Home Care Manager

The Senior Managers/Operational Leads/Home Care Manager have a responsibility to:

- monitor the effectiveness of policies, systems and procedures to prevent challenging behaviour
- ensure working practices facilitate safety in line with legal and regulatory requirements
- promote the delivery of high quality, compassionate, personalised care
- demonstrate a commitment to the minimal use of restrictive interventions
- monitor compliance with mandatory training requirements for this policy
- monitor incident trends in their respective areas and bring developing themes to the attention of the Senior Management Team with a plan to address risk
- undertake risk assessments, formulate risk management plans related to violence, aggression and inappropriate behaviour and review regularly
- communicate findings of risk assessments and monitor compliance with the recommendations
- develop a positive culture where high quality care can flourish and encourage staff to report concerns about poor practice
- seek assurance that these priorities are being met through regular feedback, outcomes and incident analysis
- work in collaboration with the Director of Governance and Care where sanctions against an individual are being considered/used

Line Managers

Line managers have a responsibility to:

- provide leadership and foster a culture in which compassionate, personalised care is delivered and where physical interventions are only ever used as a last resort
- promote adherence to policies, systems and procedures which support positive behaviours and safe working conditions
- support long term strategies to deliver personalised care consistently to prevent challenging behaviour
- provide good role modelling and supervision for positive engagement and communication
- undertake risk assessments, formulate risk management plans related to violence, aggression and inappropriate behaviour and review regularly
- encourage reporting of all incidents of challenging behaviour through the incident reporting system
- investigate incidents of violence, aggression and unacceptable behaviour
- manage post incident reviews, debriefs and the implementation of lessons learned
- release staff for targeted training commensurate to the risks faced

Employees

All staff have a responsibility to:

- follow all policies, systems, procedures, guidance and updates to keep safe
- understand challenging behaviour, how to recognise it, prevent it and manage it
- apply effective personalised care strategies to prevent challenging behaviours
- apply effective strategies to manage escalating and emergency situations
- report all incidents of challenging behaviour to their line manager and through the incident reporting system (Assure)
- give justification where restrictive intervention is used
- undertake all necessary training, education and updates to keep safe and to provide the highest quality care
- be aware of their own behaviour and how it might negatively impact upon an individual's behaviour towards them and others
- make use of any available staff support and counselling

2. POLICY

2.1 Key Principles

FNHC aims to deliver on the six key principles of the 'Positive & Safe' initiative which are:

- compliance with the relevant rights in the Human Rights (Jersey) Law 2000 at all times
- understanding that people's behaviour allows their unique needs, aspirations, experiences and strengths to be recognised and their quality of life to be enhanced
- involving people with care and support needs, their families, carers and advocates is essential, wherever practicable and subject to the person's wishes and confidentiality obligations
- treating people with compassion, dignity and kindness
- supporting people to balance safety from harm and freedom of choice
- protecting and preserving positive relationships between the people who deliver services and the people they support

FNHC has a responsibility to provide a safe and secure working environment, so far as is reasonably practicable. This is a requirement of the Health and Safety at Work (Jersey) Law 1989.

Personal safety is more important than protecting the organisation's property. The primary aim for staff at risk from violent or aggressive behaviour is:

- avoidance
- withdrawal
- summoning help

2.2 Risk Assessments

FNHC supports an approach to the prevention and management of violence, aggression and unacceptable behaviour underpinned by effective risk assessment and risk reduction. This will empower staff faced with violent and aggressive individuals to plan for this situation, adopt strategies to prevent incidents of violence, aggression and inappropriate behaviour and react in a way that minimises risk.

All patients/clients accessing any of FNHC's services will be supplied with a copy of the FNHC Unacceptable Behaviour Leaflet, as part of the admission process.

2.2.1 Individual Risk Assessment and Care Plan

The risk assessment process will include, if possible, a structured and sensitive interview with the patient/client and where appropriate, carers, relatives or advocates. In the case of young people, the parent or person with parental responsibility, social worker and if appropriate, a professional involved with the individual, should be involved in the process. All staff involved with the patient/client should be made aware of the existence of any violence and aggression risk assessment and associated care plans.

2.2.2 Environmental Risk Assessment

The risk assessment process should include examining the physical layout of the area looking at issues such as the potential for staff to be trapped by inappropriate or inadequate exit routes, furniture and equipment, and where there is a potential for the use of objects as weapons.

Assessment should also include issues around:

- the observation of staff and patients/clients and the ability of staff to summon assistance as is necessary
- the use of any alarm system, which should be risk assessed in light of the staff's awareness of their individual roles and responsibilities in any response
- The Staff Safety Checklist should be completed on admission (to the service) and reviewed as required

2.4 Trend Analysis

The data generated from incident reports will be collated on a monthly basis and presented by the Head of Quality, Governance and Care at the monthly Operational Management meetings.

The data will also be presented by the Clinical Effectiveness Facilitator at the quarterly Health and Safety meetings.

Senior Managers/Operational Leads/Home Care Manager will monitor incident trends in their respective areas and will:

- bring developing themes to the attention of the Senior Management Team
- develop an action plan to minimise the risk to staff and others
- set review dates

2.5 Staff Training

Training is necessary for staff to carry out the requirements of this policy. It will be commensurate with the risks faced by staff. Training will equip staff with the necessary skills to undertake their duties. Such training will form part of the mandatory training schedule.

All employees will need training that concentrates on:

- risk
- personal safety
- communication styles

This should be undertaken as part of their induction to the workplace. Staff who work within clinical teams or work alone will need further training. This will include de-escalation and disengagement techniques. It will be undertaken as part of the induction process.

The annual FNHC Education and Training Prospectus will detail the training available. Training will meet the needs of the various service areas. When staff change their place of work/job role, they will need to complete the training for working in that area.

2.6 Criminal and/or Civil Actions

If an employee has been subjected to violence or serious threat of violence, they and their manager should consider whether to inform the Police. Any decision not to do so should only be made with the agreement of all employees concerned.

FNHC reserves the right to inform the Police even if the employee involved does not agree. When a decision is made to report the incident to the Police, the accused (i.e. the perpetrator) will be informed that the action being taken is by FNHC rather than the victim. However the employee may be required to make a statement to the Police or attend Court.

When an offence is reported to the Police the matter will be investigated. If the Police or their legal advisors decide not to prosecute, it may be possible for a member of staff to proceed to a private prosecution (see 2.7). However FNHC cannot do this on the employee's behalf.

If an employee is asked to attend the Police Station to provide a witness statement, a senior manager may accompany them to offer support. This will be with the employee's consent. The employee may also ask their Trade Union representative to accompany them.

Staff are also able to access psychological support via the StRaW Peer Support system, which is available to all FNHC employees.

In the case of incidents involving employees as the perpetrator, attendance of witnesses at professional hearings may also be required.

FNHC may also seek to prosecute any person who wilfully damages premises and/or equipment under either criminal and/or civil law.

2.7 Legal Advice

Any FNHC employee is entitled to make a formal complaint to the Police, where a criminal prosecution is pursued by the Crown.

FNHC employees can choose to seek legal advice from their Union; or they can seek their own independent legal advice. However, FNHC will not pay for or contribute to any legal fees or associated costs.

Employees injured as a result of a violent incident may be entitled to make a claim for compensation under the Criminal Injuries Compensation Board and/or through the FNHC Employer Liability Insurance Policy, depending on the specific circumstances of the incident.

The employee should seek advice in the first instance from their line manager and the Human Resources Department. Further advice may be sought from the employee's Union representative or Staff Association.

3. PROCEDURES

3.1 Initial Response to Incidents of Unacceptable Behaviours

Immediately engage with the individual who has displayed unacceptable behaviours –using language and tone that is clear, calm and objective.

If an individual is declining care from a member of staff due to a protected characteristic, inform them that the available health and care professional is capable of delivering their care. If possible, ask the individual (or their guardian/relative) why they are making that decision.

Explain to the individual that their behaviour is unacceptable in this healthcare environment. Be specific and give examples of their language/behaviours that were discriminatory or inappropriate. (BMA 2022)

3.2 Incident Reporting, Investigation and Follow Up

Any member of staff who is involved in, or witnesses an incident of violence, aggression and/or inappropriate behaviour should ensure that it is properly documented using the Assure incident reporting system. The incident details should also be documented in the patient/client/child's care record.

Line Managers will be responsible for investigating all reported incidents of violence, aggression and unacceptable behaviour as per the FNHC Incident Reporting Standard Operating Procedures. Data from reported incidents will be analysed in order to learn important lessons and to improve and develop safe systems of work.

They are also responsible for developing an action plan that supports the safety of staff and others that may be involved in the care of the patient/client/child.

Some individuals may have frequent, unpredictable or challenging behaviours. These individuals need a plan for safe working systems. This may take the form of a:

- documented behaviour support plan
- review of an existing plan

Staff who know the patient/client/child best should work with the individual (if safe to do so) to develop the plan. Others, including family and other care givers may also be asked to help with this process.

An individual's violence, aggression and unacceptable behaviour may affect others in the household and their safety should also be considered – where there are safeguarding concerns FNHC/local safeguarding procedures should be followed.

Following incidents of violence, aggression and unacceptable behaviour the 'Staff Safety Checklist' should be reviewed and updated if necessary.

The 'warnings' facility on EMIS should also be used to ensure that all care providers accessing the patient/client/child's EMIS care record, are advised of any potential risk to their safety. All alerts must be actively managed in a timely manner.

3.2.1 Staff Support

Staff affected by incidents of violence, aggression and/or unacceptable behaviours should be offered appropriate debriefing and counselling. Depending on the severity of the incident this counselling may be undertaken by trained professionals.

The Line Manager will assist victims of violence with the completion of the formal record of the incident via Assure and where appropriate and with consent may report the incident to the Police (GofJ 2022).

3.3 Restrictive Interventions

There are different types of restrictive intervention used in health and social care settings:

- physical restraint or intervention – where the healthcare worker stops the person moving part of their body
- mechanical constraint – where something is used e.g. locked box for medication
- chemical restraint – where an individual is made to have medication to calm them down
- seclusion – where someone is kept away from other people

Restrictive interventions should only be used as a last resort where other measures have failed, and used for the shortest time possible. It must always represent the least restrictive option to meet immediate need.

If physical restraint is exercised without cause, it may be 'assault'. When physical restraint is used, the employee must justify their actions on the basis of the:

- situation at the time
- perceived risks associated with that specific incident

(DofH 2014; GofJ 2016a; GofJ 2016b)

Seclusion must not be used other than for individuals detained under the Mental Health (Jersey) Law 2016 (GofJ 2016b).

Staff who know the patient/client/child best should put an individualised support plan in place where restrictive intervention may occur. This should include actions which support the individual's behaviour. Such plans should be developed, reviewed and evaluated with the patient/client/child, their family and carers, as appropriate to each individual situation.

A record should be made in the individual's care record every time a restrictive intervention is used, evidencing justification for its use. It should also be reported via

the Assure system. The use of restrictive intervention will be monitored by the organisation.

The Jersey Care Commission Standards for Home Care states that “Restrictive physical interventions should not be used unless it has been specified within an individual’s personal plan as directed by a health or social care professional” (JCC 2019 p23).

The JCC must be “notified of any use of restrictive physical intervention which was found to be unlawful or not in the best interest of the person or where harm occurred” (JCC 2019 p70).

Staff working with children and young people should refer to the FNHC Restrictive Physical Interventions and the Clinical Holding of Children and Young People Policy and Procedures.

3.4 Sanctions

FNHC recognises that the need to protect staff is properly balanced against the need to provide health and social care to individuals. Furthermore it acknowledges that both staff and those they provide services to have a right to be safe.

Initiatives for tackling violence and aggression such as withdrawing or withholding treatment, that may be applicable in other settings are often unsuitable for FNHC environments and due to the isolated nature of Island living. There are serious implications for FNHC staff and managers in considering taking action that would deny individuals health/social care or treatment.

FNHC recognises two types of assault (see 7. Glossary of Terms):

- Clinical assault
- Non-clinical assault

It is important that the possibility of violent or aggressive behaviour being in any way linked to the patient/client condition, medication or treatment is fully explored. Whilst violent and aggressive acts may be perpetrated by anyone, FNHC recognises that it could emanate from someone who may be in a confused or disturbed state of mind.

The mental health and capacity of a person should always be considered and referral made to the Codes of Practice relating to the Capacity and Self-Determination Law (GofJ 2016a) and Mental Health Law (GofJ 2016b).

Such circumstances and facts need to be taken into account when considering the outcome of an event and any remedial action necessary to prevent recurrence.

In the case of children and young people the level of cognitive, emotional and social development must be assessed on an individual basis, bearing in mind the possibility of developmental or mental health disorders and including any safeguarding concerns.

Consideration must be given to the involvement of parents or those with parental responsibilities. Sanctions appropriate for adults may not be appropriate for children and young people.

Employees should discuss concerns about a child/young person's behaviour with their Line Manager/Operational Lead and/or the FNHC Safeguarding Lead to agree a plan of approach.

Sanctions should only be applied for patients/clients with capacity to understand and take responsibility for their actions. Sanctions may be considered an effective way of deterring individuals from committing an offence.

There is a range of sanctions that can be taken against those who knowingly abuse FNHC staff and other patients/clients, or steal or damage FNHC property.

The type of sanctions applied should be proportionate to the nature and gravity of the incident/s. The sanctions referred to in this section do not have to be considered in any set order.

3.4.1 Verbal Warning

Where appropriate, and following a dynamic risk assessment, staff should inform the patient/client that their behaviour is unacceptable. It may be appropriate to give the perpetrator the opportunity to explain, however staff should not compromise their safety or that of others. In some cases it may be more appropriate to disengage and this should be recorded in any records.

Frontline staff may give up to two verbal warnings. Following this, any further unacceptable behaviour will result in a written warning (see 3.4.2). Verbal warnings should be documented in the care records e.g. EMIS by the staff member issuing the warning. They should also record this action on Assure.

3.4.2 Written Warning Letter or Behaviour Agreement Plan

A Written Warning Letter signed by the Director of Governance and Care or their nominee may be sent to a patient/client outlining their unacceptable behaviour.

If appropriate, a Behaviour Agreement Plan should be developed with the individual. The Director of Governance and Care and a Senior Manager for the area will decide who is best placed to develop this Plan with the individual and monitor its effectiveness. Consideration should be given re involving the family and other carers with the development of the Plan.

The person who sends the letter or behaviour agreement plan should record this action in the care record and in the investigation section of the Assure incident report.

If the individual's current behaviour continues, the Director of Governance and Care in collaboration with the Senior Manager for the area has the authority to apply further sanctions to the patient/client and should warn them of this in the letter.

The Director of Governance and Care or nominee will:

- record and remove sanctions on EMIS and other relevant systems
- maintain records of any communication related to the application of sanctions
- share the warnings with other care providers (where appropriate)

3.4.3 Sanctions on access to FNHC Premises

If appropriate, the Director of Governance and Care in collaboration with a Senior Manager for the area can apply sanctions on the patient/client attendance at one or more FNHC sites. Sanctions such as these may result in treatment at a different location.

Where appropriate, consideration may be given to providing a patient/client with instructions/guidance, medication (if relevant), consumables (as appropriate) and other equipment (as required) in order to self-treat.

Prior to the application of any sanction of this kind, a thorough risk assessment should be undertaken to ensure that staff interacting with the patient/client are not placed at increased risk because of the environment or the nature of the interaction. Risk assessments of this type of sanction should consider the need for multi-agency input including services such as police or probation, GP or third sector organisations.

3.4.4 Exclusion

In exceptional circumstances, where an individual continues to present an unacceptable risk to staff and all other available sanctions have been implemented, the Director of Governance and Care should escalate the situation to the CEO.

The CEO, in collaboration with the Board of Trustees, have the authority to decide if FNHC can continue to provide care/support to the individual. The case should be discussed with the Commissioner of the service being provided to the individual.

Where exclusion from the service is agreed, a plan must be in place for ongoing care provision. This should be communicated to the individual verbally (either face to face, if safe, or by telephone) to confirm understanding and followed up in writing.

A time limit for exclusion will be set by the CEO and Board of Trustees.

All discussions and correspondence sent to the individual will be recorded in their electronic care record by the Director of Governance and Care or nominee. An alert will also be added to the EMIS care record that highlights exclusion until the agreed period has expired. This alert should be made available to other EMIS users where a shared access agreement is in place.

Once the exclusion period has expired, the EMIS alert detailing the exclusion should be removed by the Director of Governance and Care or nominee. It should be replaced by a new alert highlighting the need to review risk if future services are required.

If the individual requires care from FNHC again, a full risk assessment must be undertaken led by the Senior Manager for the area. The Director of Governance and Care and CEO should be informed that a referral for services has been received.

4 CONSULTATION PROCESS

Name	Title	Date
Tia Hall	Operational Lead – Adult Services	18/05/2022
Michelle Cumming	Operational Lead – Child and Family Services	18/05/2022
Clare Stewart	Operational Lead – Rapid Response and Re-ablement	18/05/2022
Justine Le Bon Bell	Education Lead and Practice Development Nurse	18/05/2022
Teri O'Connor	Home Care Manager	18/05/2022
Elsbeth Snowie	Clinical Effectiveness Officer	18/05/2022
Elaine Walsh	Director of Finance	18/05/2022
Claire Whelan	Head of Information Governance and Systems	18/05/2022
Amanda De Freitas	Head of HR	18/05/2022

5 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Policy to be placed on the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification

6 MONITORING COMPLIANCE

The effectiveness of this policy will be monitored via:

- workplace inspections
- reviewing/auditing risk assessments and safety procedures, including following accidents/incidents
- compliance with relevant mandatory training

- accident and incident investigations
- trend analysis of incidents involving violence, aggression and unacceptable behaviour
- investigation of complaints from any relevant parties

7 EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8 GLOSSARY OF TERMS

Aggression

Feelings of anger or antipathy resulting in hostile or violent behaviour; a readiness to attack or confront.

Clinical Assault

Clinical assault is one which occurs when a person who is, at the time of the incident, lacking in mental capacity due to their mental health status, medical condition, general health or exceptional circumstances. Examples include, dementia, confusion due to a urinary tract infection or chest infection, a neurological disorder, mental illness or special needs that affects their behaviour and/or ability to process information. In the case of children and young people, 'clinical assault' may be the result of emotional issues which could have a range of causes.

(Lack of) Mental Capacity

Where a person is defined as being unable to make a decision for themselves if they are unable to undertake at least one of the following:

- understand the information relevant to the decision
- retain that information
- use or weigh that information as part of the process of making the decision
- communicate their decision, whether by talking, using sign language, or any other means

An inability to satisfy any one of these four conditions would render the person incapable or lacking capacity.

Physical Assault

The intentional application of force of one person to another, without lawful justification, resulting in physical injury or personal discomfort.

Non-clinical Assault

An act of violence and aggression that has been committed with intent and where there is no underlying health condition linked to the behaviour.

Non-Physical Assault

The use of inappropriate words or behaviour causing distress and/or constituting harassment.

Restrictive Intervention

A deliberate act on the part of another person(s) that restricts an individual's movement, liberty and/or freedom to act independently, in order to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; to end or reduce significantly the danger to the person or others; to contain or limit the person's freedom for no longer than is necessary.

Violence

Behaviour involving physical force intended to hurt, damage or kill someone or something.

9 REFERENCES

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10 APPENDIX**Appendix 1 Equality Impact Screening Tool**

Stage 1 - Screening			
Title of Procedural Document: The Prevention and Management of Violence, Aggression and Unacceptable Behaviour at Work Policy and Procedures			
Date of Assessment	May 2023	Responsible Department	Governance
Name of person completing assessment	Mo de Gruchy	Job Title	Quality and Performance Development Nurse
Does the policy/function affect one group less or more favourably than another on the basis of :			
	Yes/No	Comments	
• Age	No		
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No		
• Ethnic Origin (including hard to reach groups)	No		
• Gender reassignment	No		
• Pregnancy or Maternity	No		
• Race	No		
• Sex	No		
• Religion and Belief	No		
• Sexual Orientation	No		
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			