306 Medical Centre

VIOLENCE, AGGRESSION AND PERSONAL SAFETY POLICY

Policy title: Violence, Aggression and Personal Safety Policy
Practice: 306 Medical Centre
Address: 306 Lordship Lane, London, SE22 8LY
Policy owner: Practice Manager / Partners
Approved by: Practice Partners
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1. INTRODUCTION

1.1

306 Medical Centre recognises that staff may, by the nature of their work, be exposed to abusive, threatening, intimidating or violent behaviour from patients, relatives, visitors or other members of the public.

1.2

The Practice does **not** regard violence, aggression, abuse, harassment or threats as an inevitable part of working in general practice.

The Practice operates a **zero-tolerance approach** to behaviour that threatens the safety, dignity or wellbeing of patients, staff, contractors or visitors.

1.3

The Practice will take reasonable and proportionate measures to prevent and manage violence and aggression and to protect staff and others who may be affected.

1.4

The Practice recognises that patients may sometimes be distressed, anxious, frightened, frustrated or upset. Staff will seek to understand and manage such situations professionally and sensitively. However, distress or dissatisfaction does not justify abusive, threatening or violent behaviour.

1.5

This policy provides a framework for:

- reducing the risk of violence and aggression;
- identifying potential risks;
- preventing incidents where reasonably practicable;
- responding safely to threats or actual incidents;
- supporting staff following an incident;
- recording and reviewing incidents; and
- taking appropriate action where unacceptable behaviour continues.

2. BACKGROUND

2.1 Legal and professional context

The Practice has duties under applicable health and safety legislation to protect the health, safety and welfare of staff and others affected by its activities.

The Practice will take reasonably practicable steps to identify and control risks associated with violence and aggression and will review arrangements where incidents or changing circumstances indicate that additional measures may be required.

The Practice will also have regard to relevant NHS, professional and regulatory guidance concerning the prevention and management of violence, aggression and abuse towards healthcare staff.

2.2 Zero tolerance

The Practice supports the principle that healthcare staff should be able to undertake their duties without fear of violence, abuse, intimidation or harassment.

Zero tolerance does not mean that every incident will result in the same response. The Practice will consider the circumstances, seriousness, frequency and risk associated with the behaviour and will respond proportionately.

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3. SCOPE OF THE POLICY

3.1

This policy applies to violence, aggression, threats, abuse, harassment and intimidation directed towards:

- Practice staff;
- locum and sessional clinicians;
- Practice nurses and other healthcare professionals;
- administrative and reception staff;
- contractors and other workers acting on behalf of the Practice; and
- visitors or others affected by the Practice's activities.

3.2

The policy applies to incidents occurring:

- within Practice premises;
- during home visits;
- when staff are working elsewhere on Practice business;

- during telephone conversations;
- through written correspondence;
- by email, text message or other electronic communication; and
- **through social media, websites or other online platforms.**

3.3

The policy is principally concerned with behaviour directed towards staff by patients, relatives, visitors or members of the public. Incidents involving staff-to-staff behaviour will normally be managed under the appropriate Practice employment, disciplinary, dignity at work or grievance procedures.

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4. VIOLENT OR AGGRESSIVE INCIDENTS

4.1 Definition

For the purposes of this policy, violence and aggression includes any incident in which a person is abused, threatened, intimidated, harassed or assaulted in circumstances related to their work, or where their safety, health, wellbeing or dignity is placed at risk.

Violence does not necessarily require physical contact.

4.2 Examples

Violent or aggressive incidents may include:

- physical assault or attempted assault;
- causing or threatening physical injury;
- threatening behaviour or intimidation;
- verbal abuse, shouting, swearing or aggressive language;
- discriminatory, racist, sexist, homophobic or otherwise offensive abuse;
- threatening telephone calls;
- threatening letters, emails, texts or other communications;
- repeated unwanted contact directed towards an individual member of staff;
- stalking or other behaviour causing a member of staff to feel unsafe;
- damage to Practice or personal property;
- threats involving weapons;
- abusive, threatening, intimidating or harassing comments about Practice staff posted on social media or other online platforms;

- deliberately naming or identifying individual members of staff online in a manner intended to harass, intimidate, threaten or target them;
- publishing photographs, personal information or other identifying information about staff where this is intended to facilitate harassment, intimidation or threats;
- encouraging other people to contact, harass, threaten or target a member of staff; and
- any other behaviour that creates a genuine or reasonable concern for the safety or wellbeing of staff or others.

4.3 Legitimate criticism and complaints

The Practice recognises that patients have the right to complain, express dissatisfaction and provide legitimate criticism of the services they receive.

Legitimate criticism, disagreement or a complaint will not in itself be regarded as violence or aggression.

The Practice will distinguish between legitimate criticism and behaviour that is abusive, threatening, harassing, discriminatory, intimidating or intended to target an individual member of staff.

5. RISK ASSESSMENT

5.1

The Practice will seek to identify and manage risks associated with violence and aggression through appropriate risk assessment.

5.2

Risk assessments may be undertaken:

- following an incident or near miss;
- where a patient is known to present a particular risk;
- before a home visit where concerns have been identified;
- when working arrangements change;
- when environmental risks are identified; or
- where information from staff, patients or other agencies indicates a potential risk.

5.3

Relevant information may include information available from:

- the patient;

- carers or relatives;
- Practice records;
- other healthcare professionals;
- community services;
- other relevant agencies; and
- previous incident reports.

5.4

Information should be handled proportionately and in accordance with confidentiality, data protection and information governance requirements.

6. MINIMISING THE RISK OF VIOLENT OR AGGRESSIVE INCIDENTS

6.1 General principles

There is no single measure that will eliminate the risk of violence or aggression. The Practice will therefore use a combination of environmental, organisational and individual measures.

6.2 Environment

The Practice will seek to maintain an environment that reduces opportunities for conflict and supports patient and staff safety.

Measures may include:

- maintaining clean and orderly reception and waiting areas;
- appropriate lighting;
- clear signage;
- providing information about delays where reasonably practicable;
- avoiding unnecessary overcrowding;
- appropriate control of access to staff-only areas;
- appropriate security arrangements;
- consideration of CCTV and/or panic alarm systems where appropriate;
- ensuring staff have suitable means of obtaining assistance; and
- regularly reviewing environmental risks.

6.3 Staffing

The Practice will consider the risk of violence and aggression when determining staffing arrangements, including situations where staff may otherwise be working alone.

Where a particular risk has been identified, appropriate measures may include:

- arranging additional staff support;
- arranging a joint visit;
- changing the location of an appointment;
- undertaking the consultation remotely where clinically appropriate; or
- taking other proportionate precautions.

6.4 Communication

Effective communication between staff is an important part of maintaining personal safety.

Staff should ensure that colleagues are aware of relevant risks and should use the Practice's agreed methods for requesting assistance.

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7. MANAGING THREATS OF OR ACTUAL VIOLENT OR AGGRESSIVE INCIDENTS

7.1 De-escalation

Where safe to do so, staff should seek to de-escalate potentially difficult situations.

Staff should:

- remain calm;
- use a polite and professional tone;
- listen where appropriate;
- acknowledge the person's concerns without making promises that cannot be kept;
- explain what can and cannot be done;
- maintain an appropriate distance;
- avoid unnecessary confrontation;
- maintain access to an exit; and
- seek assistance early if the situation is escalating.

Staff should never place themselves at unnecessary risk in an attempt to resolve a situation.

7.2 Leaving the situation

If a member of staff feels threatened, they should withdraw from the situation where possible and seek assistance.

Staff should not remain in a room or location where they believe they are at risk simply to continue a consultation or discussion.

7.3 Emergency assistance

Where there is an immediate threat to life or serious injury, staff should contact the emergency services as appropriate.

Practice staff should follow the Practice's local emergency arrangements and use panic alarms or other available systems where appropriate.

7.4 Physical intervention

The Practice does not expect staff to physically intervene in violent situations.

Where physical intervention becomes necessary to protect someone from immediate harm, staff should act only within their competence, training and applicable legal and professional requirements.

The priority should always be to protect staff, patients and others from injury and to obtain appropriate assistance as quickly as possible.

8. ACTIONS FOLLOWING A VIOLENT OR AGGRESSIVE INCIDENT

8.1 Supporting staff

The Practice is committed to supporting staff following an incident.

Support may include:

- first aid or medical attention;
- time away from the immediate situation;
- appropriate management support;
- debriefing;
- Occupational Health support where appropriate;
- counselling or other wellbeing support;

- assistance in dealing with the police;
- support during any subsequent investigation; and
- review of working arrangements where necessary.

8.2 Immediate risk assessment

Following a significant incident, the Practice Manager or appropriate manager should consider whether an immediate review of the risks is required and whether additional measures should be implemented.

8.3 Debriefing

Staff involved in an incident should be given an opportunity to discuss what happened and identify any immediate concerns.

Further support should be offered where appropriate.

8.4 Incident reporting

Staff should report incidents of violence, aggression, threats, abuse or potential violence to the Practice Manager or appropriate line manager.

Incidents should be recorded as soon as reasonably practicable.

Where relevant, evidence such as:

- emails;
- text messages;
- letters;
- screenshots;
- social media posts;
- photographs; or
- other electronic communications

should be retained appropriately, taking account of information governance and data protection requirements.

9. ACTION FOLLOWING UNACCEPTABLE BEHAVIOUR

9.1

Where a patient, visitor or other person behaves violently, aggressively, abusively or threateningly, the Practice may take proportionate action to protect staff and others.

Depending on the circumstances, this may include:

- issuing a verbal or written warning;
- placing appropriate conditions on future contact;
- requiring communication to take place through specified channels;
- arranging appointments in a particular manner;
- requiring a third party or staff member to be present where appropriate;
- restricting access to Practice premises where necessary;
- reporting criminal behaviour to the police; or
- considering removal from the Practice list where appropriate and in accordance with applicable NHS requirements.

9.2 Social media and online behaviour

The Practice recognises that patients and members of the public may use social media to discuss their experiences of healthcare.

However, unacceptable online behaviour may include:

- repeatedly naming individual staff members in abusive or threatening posts;
- targeting an individual staff member with harassment;
- publishing personal information about staff with the intention of intimidating or threatening them;
- publishing or sharing photographs of staff in a threatening or harassing context;
- encouraging others to contact or target an individual staff member;
- making credible threats of violence; or
- persistent online behaviour that causes a reasonable concern for staff safety.

Where appropriate, the Practice may retain evidence and consider reporting serious or threatening online behaviour to the relevant platform and/or the police.

9.3

The Practice will not seek to prevent patients from making genuine complaints, providing legitimate criticism or expressing dissatisfaction with the services provided.

10. COMPLAINTS MADE AGAINST STAFF

10.1

Any complaint made against a member of staff arising from an incident will be considered in accordance with the Practice's Complaints Policy.

10.2

The Practice will seek to distinguish objectively between:

- a genuine complaint or expression of dissatisfaction; and
- abusive, threatening, harassing or intimidating behaviour.

10.3

Staff involved may seek advice from their professional defence organisation, professional body or trade union where appropriate.

11. TRAINING

11.1

The Practice will provide appropriate training and information to staff on personal safety, prevention of violence and aggression and appropriate management of difficult situations.

Training may include:

- recognising potential risks;
- communication and de-escalation;
- personal safety;
- responding to threats;
- reporting incidents;
- home visiting safety; and
- use of Practice security and emergency procedures.

11.2

Training requirements will be determined according to role, identified risks and individual development needs.

11.3

New staff will be made aware of this policy and relevant Practice procedures as part of induction.

12. MONITORING VIOLENT AND AGGRESSIVE INCIDENTS

12.1

Incident records will be reviewed periodically to identify:

- patterns or trends;
- repeat incidents;
- particular locations or circumstances associated with risk;
- risks affecting particular staff groups; and
- opportunities to improve Practice procedures.

12.2

Where appropriate, learning from incidents will be discussed at Practice management or Partner meetings and used to inform future risk assessments and preventative measures.

13. HOME VISITING GUIDELINES

Before accepting a home visit

Consider:

- Is a home visit clinically necessary?
- Could the patient safely attend the Practice?
- Is there information indicating a potential safety concern?
- Is a joint visit required?
- Is there sufficient information to assess the risk?

Planning the visit

Where practicable:

- visit during daylight hours;
- avoid unnecessary end-of-day visits where risks are identified;
- ensure colleagues know the destination and expected return time;
- ensure a charged mobile telephone is available;
- plan the journey and parking arrangements;
- take only equipment that is necessary.

During the visit

Staff should:

- identify themselves and display their Practice identification;
- confirm the identity of the person being visited;
- request permission before entering;
- remain aware of their surroundings and exit routes;
- consider the location within the property where the consultation takes place;
- consider whether pets should be secured;
- remain alert to the presence and behaviour of others;
- maintain a calm and professional approach; and
- **leave immediately if they feel threatened or unsafe.**

Following the visit

Staff should:

- inform colleagues that the visit has been completed where required;
- record relevant clinical information;
- report any safety concerns;
- update risk information where necessary; and
- ensure relevant colleagues are aware of any ongoing risk.

14. REVIEW OF THIS POLICY

This policy will be reviewed periodically and sooner if required following:

- significant changes in legislation or national guidance;
- significant changes to Practice arrangements;
- a serious incident;
- identified trends or emerging risks; or
- changes to relevant NHS or professional guidance.

Policy date: August 2026
Review date: August 2029