



Unwanted physical or verbal behaviour including violence, aggression, threats, discrimination, or abuse of any kind are not acceptable here at UHDB. If you witness this, or experience it personally we want you to take action. Stop and say no, then follow the steps in the DARSE pathway



If you are subject to and/or witness any of these types of incidents.

Physical

Physical violence. Sexual Assault.

Verbal

Verbal abuse, including abuse about ethnicity, religion and beliefs, gender, age, sexual orientation, disability.

Threats, intimidation, intimidating behaviour and sexual harassment.





Immediate actions to be taken by injured party or active bystander.

Shout for help.

If possible directly speak to the person committing the assault. If possible, remove yourself. Call/ get someone to call: Security or 999 (Police) and the Senior person in charge.

*Security should only be called as a supportive mechanism when all other options have not worked. The incident must be led by the senior person in charge and clinical staff must remain with security.

Where able and possible speak to the individual/person who presents with risk behaviours or risk related behaviours and inform them the behaviour is unacceptable & MUST STOP. If possible, remove yourself from the situation. Inform the senior person in charge or line manager. If situation persists, consider contacting Security. Consider calling the Police where appropriate.

If a request is made for a healthcare worker with particular personal characteristics that appears to be on the basis of unlawful discrimination:

If possible engage with the individual and ask why the request was made. Inform them their request is unacceptable and cannot be accommodated. If they are insistent then advise that this will impact on further care provided, will be noted down in medical records and may result in further actions being taken.



REPORT

Reporting by the injured party.

Ensure ALL Acts are reported to the senior person in charge of the shift/ward/department.

If you don't think the incident has been responded to appropriately or you don't feel able to report through your line manager you can speak up to a more senior leader through the Freedom to Speak Up Guardian route.



Ensure to write a statement of events as soon as possible for your own records.

Line managers will act in accordance with People Services and keep you informed.

If it is regarding patients/visitors:

Ensure any suitable alerts/markers/warning are placed on the patient notes. Ensure the incident is documented accurately and appropriately in the patient care records.

Where relevant report to the Police.

Ensure a crime reference number is taken and documented in the patient notes and statement of events.

Complete a Datix for every incident. Ensure the Datix number is documented in the patients notes and statement of events.



Review and support by line manager/person in charge/departmental manager. Support from Health, Safety and Wellbeing and Security Team.* Self help support is also available through Health and Wellbeing.

Call/contact security for their attendance if needed.



Datix incidents to be reviewed and actioned as soon as possible by Health and Safety.

The person in charge at the time and/or line manager or other senior manager on duty.



Datix reviewed and actioned at ward/department level as soon as possible.

Either via email, phone or in person.

Occupational Health referral / Wellbeing support / People Services response signpost to other support networks and mechanisms. People Services team as needed.

At the time of the incident, was it deemed that the individual/person had mental capacity?



It is expected that the lead or manager from the ward/department/area will lead this review along with support.

Review lessons learnt > Debrief staff. Ensure support package in place for staff / ward or department. Ensure follow up to incident 4-8 weeks later.

NO

YES

Review lessons learnt > Debrief staff. Consider/apply sanctions to individuals. Follow up all actions required and support for staff / ward or department. Ensure follow up to incident 4-8 weeks later.

We know from our staff survey data that our black, global majority colleagues and colleagues with disabilities/long-term conditions are more likely to experience harassment and abuse from patients or other colleagues. We want to make sure no colleagues experience this behaviour.

For more information and guidance please scan to find Violence and Aggression Net-i page and additional guidance tools for this pathway

