


## POTENTIALLY VIOLENT INDIVIDUALS

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### Introduction

*Potential for violence includes the acting out of aggressive or hostile impulses in a way that may be violent or destructive.*

*This organisation adheres to the following guidelines: "Positive and Proactive Care: reducing the need for restrictive interventions" produced by the Department of Health in April 2014:*

*[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/300293/JRA\\_DoH\\_Guidance\\_on\\_RP\\_web\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf)*

### When Physical Intervention may be used:

The most common reasons for intervention, as highlighted by the *Mental Health Act 1983*, its revision (2007) and its revised code of practice (January 2015) and the *Mental Capacity Act 2005*, are

- ☺ Physical assault
- ☺ Dangerous, threatening or destructive behaviour
- ☺ Non-compliance with treatment
- ☺ Self-harm or risk of physical injury by accident
- ☺ Extreme and prolonged over-activity likely to lead to physical exhaustion

Any techniques used should be in line with the skills taught within the organisation's intervention skills training programme. Mechanical, physical or chemical restraint must follow current national guidance.

### Procedure

**1. Assessment:** Determine the individual who has the potential for violent behaviour, who may exhibit some of the following characteristics:

- ⚠ Body language such as clenched fists, facial expressions, hedged posture
- ⚠ Verbal threats or abuse
- ⚠ Increased motor activity, e.g. pacing, agitation
- ⚠ Destruction of objects
- ⚠ Possession of a "weapon"
- ⚠ Self-destructive behaviour
- ⚠ Withdrawal
- ⚠ Suspicion of others
- ⚠ Inability to verbalise feelings
- ⚠ Low self-esteem
- ⚠ Provocative behaviour
- ⚠ History of violence.
- ✗ A period of tension often precedes an outburst. Accurate assessment, followed by appropriate intervention, may help to prevent harm to the individual or others.
- ✗ Do not attempt to intervene if you are not properly skilled to deal with the situation. Avoid personal injury, in which case getting help and protecting others may be the only options; exceeding your abilities may put members of staff, the individual and others at risk.
- ✗ Never attend a potentially violent individual alone. Always ensure there is a clear exit.
- ✗ Determine that the individual has no weapons in their possession or within easy reach. If the individual has a weapon then outside help is required, for example the police; once they arrive they will take control of the situation.

✘ Keep a comfortable distance and avoid intruding on personal space. When in a highly aroused, anxious state, the individual's body zone extends further than usual; any incursion into this space may be interpreted as threatening and provoking. Maintain a clear exit and be prepared to move quickly.

## 2. Care or Support Planning

- a) Whenever possible, staff and the individual should agree on reasonable limits for the individual's behaviour and why they are necessary; setting clear limits lets the individual know what is expected and increases their feelings of security. Any decisions must be clearly recorded in the individual's care or support plan.
- b) The consequences of exceeding these boundaries should also be stated and implemented if an individual moves outside agreed limits. Bargaining introduces doubt over the limits of behaviour.
- c) Avoid challenges to individuals' self-esteem, as they may feel helpless and inadequate. If the staff member communicates to the individual that they are respected and treats them as such (and with dignity) then the individual is more likely to respond positively.
- d) Avoid there being an audience to a situation; if other individuals have become involved then encourage them to express their feelings *after the situation is resolved*. Other individuals may fear for their safety; expression of their feelings may help them to feel secure.
- e) Act quickly, using appropriately-trained staff if necessary to restrain the individual.
- f) The physical safety of individuals and staff is a priority. Firm limits increase the feelings of security for all those present. It can also be reassuring to a potentially-violent individual that behaviour can be controlled and harm prevented.
- g) A carer who has a positive relationship with the individual should direct the group and act as a communicator. Well-informed, confident staff will deal with the situation more effectively. Remove any potentially dangerous items, e.g. watches, spectacles.
- h) Methods of physical intervention are limited, but the protection and safety of the individual, others, staff and visitors must be maintained.
- i) If a physically-violent incident occurs then everyone should be removed from harm's way and the emergency services called if no compromise is conceivable.

3. **Evaluation:** Evaluation of the care given to a violent individual can be measured by changes in their behaviour. If appropriate, the episode can be discussed with the individual in order to facilitate learning and the more appropriate expression of anger in future. There should always be a review of the episode by staff involved. The aims of this will be to:

- 🟢 Encourage the expression of any residual anger or fear
- 🟢 Identify the precipitating factors to help prevent future episodes
- 🟢 Learn by experience the best ways to prevent and manage future behaviour.

4. **Record Keeping:** It is important that all incidents are accurately documented and reported; this helps to provide a critical analysis of incidents which could suggest preventative measures for future outbursts. It is mandatory that the following be performed:

- ⚠ Incident or accident reports are completed accurately by the staff involved in the incident. List witnesses and, if possible, obtain a written statement
- ⚠ A record is made in the care plan
- ⚠ All written reports are to be entered within one hour of the incident or accident
- ⚠ A verbal report is to be given to the on-call manager
- ⚠ It is the responsibility of the nurse or carer in charge to see that the above procedures are implemented
- ⚠ A full report to the on-call manager must be made (whether injuries have been sustained or not) when there is any incident involving physical violence by an individual to themselves, other individuals, members of staff or other persons
- ⚠ The considerations made and action taken as a result of the report must be documented properly in the care plan

- ⚠ Complete the appropriate Care Quality Commission (CQC) notification form for “Notification of Death, Illness or other Events” as soon as possible
- ⚠ Social services and the next of kin should be notified as soon as possible and full details entered into the care plan.
- ⚠ Provided that they have acted with integrity, sincerity and good faith, the member of staff will have the full support of the management.
- ⚠ In explaining such an incident to relatives or other interested parties, it is essential that a serious, concerned approach is conveyed: be mindful of how you would react if the roles were reversed and you were informed of a close relative being hurt in such a circumstance.

## 5. Dos and Don'ts in Managing the Situation

- ✓ **Do**
  - ✓ Stay calm. Ensure only one person speaks to the individual to prevent further confusion or confrontation
  - ✓ Respect the individual's personal space. (The extent of this varies, but at a time of distress can be about five feet [1 ½ metres].) Keep your distance, and allow the person to remain in their current position
  - ✓ Provide calm reassurance that they will not be harmed
  - ✓ Direct other individuals to move away and not to interfere
  - ✓ Try to identify the reasons for the aggressive behaviour; finding an explanation will help determine the correct, long-term management
  - ✓ If the individual is mentally able then try to encourage them to talk about their anger
  - ✓ Listen to complaints; be flexible and accepting rather than rigid or rejecting
  - ✓ Offer alternatives such as a cup of tea, a sleep or a lie on the bed, or a walk.
- ✗ **Do Not**
  - ✗ Be confrontational
  - ✗ Take personal offence at the assault; remember you are dealing with a person who is not in full control of themselves
  - ✗ Raise your voice
  - ✗ Attempt to lead the person or initiate any other form of physical contact, as such action can easily be misunderstood or resented
  - ✗ Approach the individual quickly, as this may cause a reaction
  - ✗ Approach the individual from behind
  - ✗ Corner the individual, as this will heighten feelings of threat and alarm
  - ✗ Crowd the individual
  - ✗ Provoke the individual by teasing or goading them
  - ✗ Attempt to use interventions, unless you know exactly what you are doing
  - ✗ Show fear, alarm or anxiety, as this can either encourage the aggressor to become more violent or serve to agitate them as long as they sense you cannot cope.

## 6. De-escalation Techniques: One staff member should assume control of potentially disturbed or violent situations. All staff members must receive regular up-to-date training on de-escalation techniques. The staff member in control should:

- ? Consider which de-escalation techniques are appropriate for the situation
- ? Manage others in the environment, i.e. moving them to a safe place, if necessary
- ? Explain to the individual and others nearby what they intend to do by giving brief, clear and assertive instructions
- ? Ask for facts about the problem and encourage reasoning; attempt to establish a rapport, offer and negotiate realistic options, avoid threats, ask open questions and ask about the reason for the individual's behaviour
- ? Show concern and attentiveness through verbal and non-verbal responses
- ? Listen carefully
- ? Do not patronise or minimise the concerns raised

- ❓ Where there are potential weapons then the de-briefing situation should take place in a safe environment
- ❓ If a weapon is involved then ask that it be put in a neutral location rather than handed over
- ❓ Consider asking the individual to make use of a designated area or room to help calm the behaviour; however, seclusion should not routinely be used for this purpose.

7. **Briefing and Choosing a Team:** Shift co-ordinators have a responsibility to take charge of the situation and, with other staff, to decide on a plan of action based on their knowledge of the individual's assessed risk and planned care.
  - 👉 When sufficient staff are present the shift co-ordinator should brief them about the current situation, making them aware of the agreed plan for managing the incident. If the plan involves the use of medication then staff should ensure that it is prescribed, available, prepared and checked in advance.
  - 👉 A three-person team should be chosen that best meets the needs of the individual or situation, and it should be appropriate to the age, size and gender of the individual; consideration should also be given to the individual's culture and communication needs, in particular language barriers and sensory impairments etc. The team should agree on a start signal for the intervention (e.g. "now" or "go") and respond immediately when it is given.
8. **Good Practice in the Management of Violence:** Try to remove bystanders, family, individuals or non-involved staff from the scene; it is especially important to get the young and the elderly away from any potential violence.
  - 👉 Before approaching the individual, a visual check for weapons should be carried out.
  - 👉 Before trying to restrain an individual physically, think about what you are wearing or carrying and remove any sharp objects. Long sleeves will offer some protection against biting and scratching, but ties should be removed if they pose a danger.
  - 👉 Approach the individual by moving steadily and firmly forward; do not rush, but equally do not use hesitant movements. The member of the team who is responsible for talking to the individual should lead the way, with other members of the team remaining close by but not speaking.
  - 👉 If the intervention is initiated as an emergency response then all the members of the team should respond quickly and effectively until the individual is contained safely and staff can take charge of the situation.
9. **Managing Violence from Visitors or Relatives:** It is acknowledged that staff sometimes have to deal with visitors or relatives whose behaviour is considered to be placing themselves, staff and/or individuals at risk. The person in charge of the incident should assess the situation and if their continued presence is considered detrimental to staff or individuals' safety then they will be asked to leave the premises, with the police called to assist if required.
10. **Dealing with an Armed Attacker:** If confronted or threatened by an individual who is armed with what you believe to be a weapon then your safety and that of other staff and individuals in the immediate vicinity is paramount. Staff are expected to work within their limitations and not place themselves at unnecessary risk by attempting to disarm the individual; the police should instead be called immediately.
11. **Police Involvement:** It is acknowledged by the police that there will be rare occasions when staff have to deal with an individual who is so violent that they cannot safely restrain them whilst ensuring minimum risk to the safety of staff and other individuals; in such circumstances police have a legal obligation to assist.

#### *Further Guidance*

*A positive and proactive workforce. Issued by Skills for Care / Skills for Health 2014*  
<http://www.skillsforcare.org.uk/Document-library/Skills/Restrictive-practices/A-positive-and-proactive-workforce-WEB.pdf>