

GUIDELINES FOR MANAGING POTENTIALLY VIOLENT OR VIOLENT SITUATIONS

The need for these guidelines

It is recognised that people working at Sue Lambert Trust (SLT) are at a small risk of aggressive or potentially violent behaviour from clients and/or their family/friends. There is an increased risk of violent or aggressive behaviour where:

- There is mental instability of inherent aggression
- Where clients feel frustrated, impatient, or anxious, or resentful of lack of respect being shown
- Where alcohol or drugs have been used

It is of paramount importance that all people in the building are kept safe as far as possible

Minimising risks

The SLT philosophy is to offer a safe environment where clients can vent their frustrations and explore their anger and without being judged. We recognise that clients are often under considerable pressure and that they may display signs of anxiety and aggression without it being aimed at workers.

However we are aware that in rare circumstances anger or aggression may be aimed at workers. Therefore to prevent dangerous situations occurring workers operate in a person centred way, allowing clients to speak, actively listening to their concerns and acknowledging their feelings.

In addition workers at Sue Lambert Trust:

- May Contact other agencies and be pro-active in working with agencies to resolve concerns for clients as far as is reasonable and appropriate to the situation
- Will never work alone in a building when working with clients
- Will report any concerns they have regarding a client's behaviour or potential risks to themselves or their clients to the Clinical Lead/Deputy Clinical Lead.
- Take practical precautions where possible – eg sitting near the door, alerting colleagues beforehand where difficult situation anticipated, ensuring they have the panic button within easy reach

Managing a situation of risk

Workers should assess risks, and know that:

- They can pull out of a situation where they feel hostility is increasing or they feel uncomfortable. This may include leaving the room, and/or asking a client to leave for example
- That they can summon support by using the emergency alarm systems available in each private room

Workers may use their discretion to apply their communication skills to diffuse the situation, and hear the client's concerns. The aim is for the client to leave the building safely. **Note that workers are not expected to:**

- Argue with a client
- Advise a client that their behaviour is unacceptable
- Make any decisions about whether a service being withdrawn, nor advise the client of service being withdrawn at this stage

Responding to emergency situations at St Julians Hall

General concerns

Where there is concern that a situation may be escalating and a counsellor/support worker may be struggling, for example if shouting or threatening behaviour can be heard, then a colleague may interrupt a counselling/support session to check whether the worker needs support.

Extreme situations

Extreme Emergency situations are very rare and it is expected that the following procedures would only need to be used in very rare circumstances where either:

- There is a real concern that a counsellor/support worker may be at immediate physical risk
- Or a 'panic button' has been used

Two workers will go to room affected (it may be necessary for a member of staff to interrupt another counselling session to get a colleague to help)

- Worker one will knock on the door – after a short pause if no reply they will knock again before entering the room.
- Worker one will then need to assess the risk – if they believe there is no immediate risk they may leave the room. If they are concerned then they will give signal to worker two to contact police.
- Worker two will stay at the back of the room to observe – they will have access to a phone and if they reasonably believe that there is a physical risk to the client or the worker they will dial 999 to summon police support.
- Worker two will also advise other people to leave the building or stay in their counselling room as appropriate

Follow up after an incident

Any incidents/near incidents or concerns are to be reported to the Clinical Lead/Deputy Clinical Lead. A meeting will then be held within 5 working days between the worker(s) involved in the incident and the Clinical Lead or Deputy Clinical, where the following will be considered:

- Does the worker require any follow-up support? Are there any issues affecting the worker(s) involved which need to be addressed?
- Are there any immediate issues affecting the client which contributed to the situation? Can these issues be managed in any way? Is a referral to another agency appropriate to help remedy the issues?
- Are there any ongoing risks?
- Is it appropriate to continue the service?
- Is there any learning from the incident? Are there any practical arrangements which could be changed to minimise risk of further incidents in future?

Notes of the meeting will be taken and copies kept on the client file, and the worker's file as appropriate.

The Clinical Lead/Deputy Clinical Lead will be responsible for ensuring any follow-up required is carried out.