

## Zero Tolerance and Unacceptable Patient Behaviour Policy

Version Number:	2.0
Next Revision Due:	November 2025 or earlier to reflect new national guidance
Developed by:	CL
Policy Sponsor:	Practice Manager
Associated Documents:	To be read in conjunction with Zero Tolerance Behaviour and Social Media template letters
Target Audience:	This policy applies to any person directly employed, contracted, working on behalf of the Practice or volunteering with the Practice and all patients or members of the public with access to Church Lane Surgery premises or social media.
Reviewed and updated:	Created Nov 2022. Reviewed Nov 2024

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## **1.0 Introduction**

### **1.1 Policy statement**

The Practice supports the government's 'Zero Tolerance' campaign for Health Service Staff. This states that GPs and their staff have a right to care for others without fear of being attacked or abused. To successfully provide these services a mutual respect between all the staff and patients must be in place.

### **1.2 Principles**

This policy will illustrate the practice's commitment to the safety of staff and members of the general public from abuse, discrimination, threats and violence. By promoting a supportive, caring culture staff are encouraged to report such events, which will help prevent the recurrence of similar incidents in the future.

### **1.3 Status**

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

### **1.4 Training and support**

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

## **2.0 Scope**

### **2.1 Who it applies to**

This document applies to all employees and partners of the practice, other individuals performing functions in relation to the practice, such as agency workers, locums and contractors, patients, carers and relatives and any member of the public with access to Church Lane Surgery premises or social media.

### **2.2 Why and how it applies to them**

It is the responsibility of the Partners and management team to ensure that they recognise, respond to, and take the necessary actions regarding any abusive, threatening, violent behaviours from whomsoever they may arise. Staff and visitors to the practice have the right to feel safe and protected whilst on the premises, and free from attack on social media. It is the responsibility of all to report all incidents, thereby further reducing the risk of recurrence.

### **3.0 Definition of Terms**

#### **3.1 What is an aggressive patient?**

The Health & Safety Executive<sup>1</sup> defines work-related violence as:

‘Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.’

This could be from a patient /carer/ relative/ friend who exhibits one or more of the following behaviours:

- Verbally abusive, offensive, or intimidating in their behaviour towards staff
- Threatening physical violence
- Actual physical violence/contact towards any member of the Primary Health Care Team or other patients, such as pushing or shoving
- Racial abuse
- Sexual harassment
- Making excessive demands and/or maintaining certain expectations and failing to accept that these are unreasonable (e.g., wanting an immediate appointment when this is not warranted and becoming aggressive)
- Damage to property on the practice premises
- Insisting that a member of staff is dismissed
- Insisting that treatment is carried out on demand
- Constantly requesting a different GP
- Unreasonable demands to see a particular member of staff/clinician
- Obtaining drugs and/or medical services fraudulently
- Disrespectful or offensive use of social media
- Any other behaviour which causes fear or offense to another person

#### **3.2 Risk Assessment**

A proactive approach to the assessment of risk from aggressive or violent patients is taken.

This involves the practice team “walking through” the logistics of the reception area, identifying an escape plan(s), panic button use, security and safe working practices.

A security risk assessment will be carried out as necessary to assess:

- the external and internal security measures in place
- general risks to staff from patients, service users and their relatives or visitors
- risks associated with the design of the work environment, i.e., layout of rooms, lockable doors, escape routes, alarm systems, access to car park at night
- risks associated with lone working in work premises
- identification and testing of appropriate instructions, information, and training
- identification, agreement, and testing of security support arrangements

Risk assessments will be carried out by the management team and caretaker. This will be augmented by an external assessment by a North Yorkshire Police representative.

### **4.0 Dealing with an Aggressive Patient**

Patients can become aggressive for a variety of reasons, and it is always advisable to try to calm down the situation as early as possible, as this may prevent an incident. Being observant of patients/relatives is often the first sign that a difficult/tense situation is imminent.

#### 4.1 Recognising the signs of an impending aggressive incident

The use of appropriate inter-personal skills in potentially difficult situations is essential. Observation of the patient/relative can help in predicting when aggression may occur. The following are some of the signs to look for:

- Staring, unblinking, uncomfortable gaze
- Muscles tensed; jawline tensed
- Facial expression
- Person balanced to move quickly
- Fingers or eyelids twitching
- Pacing about, uncomfortable stance, alternate sitting/standing
- Withdrawn on approach
- Voice-change of pitch or tone, use of insults, obscenities, or threats
- Sweating
- Increase in rate of breathing
- Tears (crying)
- Offensive weapon carried or visible
- In possession of or clearly under the influence of alcohol

#### 4.2 Proactively diffusing a recognised condition

Having recognised such signs and assessed the potential of violence occurring, staff may feel they are able to diffuse the situation by using some of the following behaviours:

- Adopt an empathic, understanding approach, and attempt to show some affinity with the other person's position – "I can see why you are upset about that"
- Repeat a small portion of a sentence back to the patient in the patient's own words
- Avoid confrontation, do not argue but do not agree to reward their bad behaviour
- Speak and stand calmly with an open posture, but always remain balanced and ready to move away
- Do not move closer to the patient, even if they are speaking in whispers
- Try to distract the person from the immediate cause of concern by changing the course of the conversation – buy time to think, to plan, to obtain assistance – if possible, ask the patient to have a seat "while I go to see what I can do to help you" – this buys time and allows you to think of your options.
- Speak clearly, evenly, and slowly and do not necessarily stop talking because the other person does not answer
- Even if the other person is very loud, do not raise your voice
- Try to identify the source (nub of their problem) of concern, acknowledge this and offer to help if possible
- Do not disagree where it is not necessary
- Do not give orders or use status or authority as a threat, remember your body language
- Never make promises which cannot be kept
- Never reward aggressive behaviour
- Do not make threats
- Be alert and send for assistance where necessary
- Be prepared to leave the situation if necessary to avoid injury

### 5.0 Reporting Incidents

If an incident is reported to the management team by a staff member, then the practice will write to the patient/offender warning them that no other incidents will be tolerated and the patient will be removed from the list and/or dispensing privileges if this happens again. They will be added to a zero tolerance register to monitor behaviour.

This log will contain the following information:

- Patient ID (e.g., NHS number)
- Time and date of incident
- Nature of incident
- Perspective of staff member dealing with the incident,
- Names and statement of any witnesses
- Record of any actions taken

If the patient continues with this behaviour, even after the written warning, then they should be removed from the list for the sake of staff and other patients.

Should a report be made concerning a member staff's inappropriate behaviour, management will revert to the Disciplinary policy.

#### 5.1 Staff support following an incident

- Staff directly involved in the incident should talk through the incident on a one-to one basis with the management team
- Staff not involved in the incident should be briefed about the incident
- If the person affected is not employed by the practice, then inform their line manager immediately after the incident
- The policy should be reviewed in light of the incident to update it with any additional learning points/changes necessary
- Following repeat incidents, the practice should hold a significant event meeting to decide if the patient should be removed from the list.
- If the patient is to be removed from the list, then the practice will follow the procedure for the removal of patients.

### **6.0 Governance Arrangements**

This policy will be approved by the Practice Manager. The Practice Manager will be responsible for notifying all staff of the process, ensuring all staff has up to date copies of the document and that the staff are following the processes documented within.

This policy will be reviewed 2 years from the date of publication.

## Appendix 1

### Patient Unacceptable Behaviour Incident Reporting Form

Date of Incident:	
Reported by:	
Patient details: name & DOB	
What happened?	
Contributing factors:	
Key issues identified:	
Action taken by (management team):	
Follow up check undertaken (management team):	