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Mental Health Assessments when there is a known risk of violence Protocol

INTRODUCTION

The NHS primary function is to provide healthcare to those in need. This places staff in direct contact with the public with the need to sometimes make difficult clinical decisions when faced with the potential of violence.

Under the Health and Safety at Work etc Act 1974, the University Health Board has a legal obligation to manage the risks from work related violence to its employees and to protect the health and safety of clients, staff and visitors.

Violent patients or potentially violent clients present a more serious risk and the role of the UHB is to ensure that service options are in place to minimise any risk to staff and visitors, whilst still providing the necessary care if appropriate.

Most health professionals will at some stage have encountered difficult situations where patients' are not violent, however their behaviour is still inappropriate and may cause distress and anxiety to health staff other service users and members of the public. These behaviours may include but not be limited to:

- Abusive/threatening language
- Agitated behaviour
- Excessive demands made on the services provided by GPs and their staff
- Generally uncooperative behaviour, e.g. persistent failure to attend appointments
- Vexatious behaviour, e.g. a client who continually makes complaints without justification

AIM

The objective of this protocol is to offer a comprehensive guidance of risk management when Adult Mental Health staff are required to assess clients with known risk of violence. The protocol should be used in conjunction with other policies listed earlier in the document.

It is not always the case that the full extent of some service users risk history is known to staff. It would be good practice to follow these guidelines when assessing anyone who is presenting for the first time where there is justifiable reason to. It is also important to gain as much information on the service user and potentially any family members that may be attending at the time of referring in order to plan for any potential risks.

Mental Health assessments are provided in a number of different settings. Guidelines for

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safe management of assessment will be for UHB departments and not for other areas where clients may be assessed, such as South Wales Police Custody, Courts or Prison which should have its own set of guidelines on how to manage assessment where there is no known violence.

Each area will have facilities that differ from each other, however these principles should apply to all areas.

1. Some patients assessed following self-harming behaviour are at risk of further episodes of self-harm after admission to hospital and the UHB has a duty of care to minimise the risk of this. Nurses assessing patients should ask permission of patients to check their belongings for potential hazards such as unused medicines, blades etc and remove these for safe keeping. A record should be made if the patient refuses to allow this and the case should be discussed with the nurse and doctor in charge of care – consideration of capacity and observation levels should be made and recorded. This information also needs to be handed over when responsible staff change over or when the patient requires further assessment
2. Staff safety is a priority. Staff should ensure that they have a route of escape if needed (e.g. they should remain between patient and door). They should present a small target (side on). They should not attempt to tackle an escalating situation without adequate back-up.
3. Staff should try to guide patient away from dangerous situations (other patients, objects) and into a safe place.
4. Staff should call security/emergency response team at an early stage
5. Staff should try to talk the patient down. They should remain calm and non-threatening and keep hands in view with open palms

Objectives

- Assessment in Community Mental Health Teams
- Assessment in EU/Poisons Unit
- Assessment in Emergency Assessment Suite/Health Based Place of Safety
- Assessment in Inpatient Setting

Scope

This procedure applies to all Adult Mental Health Directorate staff in all locations including those with honorary contracts [*Or replace with a more specific grouping if not UHB wide*]

Equality & Health Impact Assessment

We have undertaken an Equality Impact Assessment and received feedback on this protocol and the way it operates.

Documents to read alongside this Procedure

Health & Safety Policy
 Lone Worker Policy
 Skyguard Guardian 24 Lone Worker Alert System Procedure
 Incident, Hazard and Near Miss Reporting Policy
 EAS Procedure
 Security Policy

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	<p>Violent Warning Marker Procedure Care of Adult Patients who are Violent or Abusive Management of Violence & Aggression (Personal Safety Policy) Management of Patients/Visitors in Possession of Alcohol or Unprescribed/Unlawful Substances Policy & Procedure Care of Adult Patients With Capacity Who Are Violent or Abusive Procedure. Mental Health Clinical Risk Assessment Policy Operational Policy for Community Mental Health Teams Search of Patients Person and Belongings Policy and Procedure Mental Health Act 1983 Mental Capacity Act 2005 Protecting NHS staff against violence and aggression memorandum of understanding between Acpo Cymru/Wales NHS Wales Crown prosecution services</p>
Approved by	Mental Health Clinical Board

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Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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Summary of reviews/amendments		
Date of Review Approved	Date Published	Summary of Amendments
14 June 2017	13 th February 2018	New document

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Guidelines for assessing in Community Mental Health Teams

There will be times when clients with known risk of violence will attend the community mental health team for regular appointments with health professionals.

There is also potential that clients with known risk will attend in an unplanned manner, and dependent on their level of arousal and other factors associated with their known risks could put others and the client at harm. This would include whether they are under the influence of substances

What needs to be considered when someone with known risk of violence should they present.

1. The risk assessment should commence at the point of arrival to the building. Some Community Teams have lists of clients who are known to have risks and beneficial so reception staff can use caution and make clinical staff aware if they do require assistance. If there is a concern of whether the client is safe to enter the building a member of the clinic team should be available to assess.
Once established that the client is presenting an unmanageable risk of violence, any assessment should be conducted either in a room with an emergency alarm to summon assistance or one near to the main entrance, where staff can be seen/heard and other staff can make regular checks on the room.
2. Clients should be seen double handed and male/female preference should be based on individual risk assessment.
3. Staff should enter and leave the room together and one member of staff should not be left alone in the room if the other has to leave for any reason.
4. The Skyguard Guardian 24 should be considered for instance if there are no emergency alarms in the department. Please refer to Skyguard Guardian 24 Lone Worker Alert System Procedure.

Please also refer to the Operational Policy for Community Mental Health Teams.

All clients with known risk of violence should have regular updated risk assessments completed. If it is deemed that the presenting risk are unmanageable in a Community Team base then using Hafan Y Coed EAS is available as an alternative. In this case please also refer to Hafan Y Coed Guidelines. This would need to be incorporated in a risk management plan that has been agreed within the multi-disciplinary team and risk assessed on a regular basis. If this is part of a multi-disciplinary management plan this should be distributed to all areas where the client could be assessed.

Where appropriate staff should contact the Case Management Team and discuss whether a violent warning marker is required. It is important to state that the marker is not a mechanism for attributing blame; it is a process for alerting staff to the possibility of violence.

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Guidelines for assessing in Hafan Y Coed

The Emergency Assessment Suite (EAS) at Hafan Y Coed is a purpose built area for clients to receive a mental health assessment when it has been deemed inappropriate for them to be assessed at another venue (CMHT, Home). For example

- Admission avoidance referrals for The Crisis Team's.
- Assessments when other departments such as CMHT, Forensic CMHT may require to use EAS (e.g. due to level of risk)
- For an assessment of a person detained under Section 136 of the Mental Health Act

Staff should follow the EAS Procedure with the following considerations should be made when someone is presenting to the EAS and there is a known risk of violence and aggression.

- 1) The shift co-ordinator should be made aware of the plan to use the EAS as stated in EAS procedure. This will enable Emergency Responders to be briefed. Staff would need to be aware that the individual would not be classed as an inpatient and is a member of the public.
- 2) Clients should be seen double handed and male/female preference should be based on individual risk assessment.
- 3) Staff should enter and leave the room together and one member of staff should not be left alone in room if the other has to leave for a reason.
- 4) If the person is detained under Section 136 and there are concerns regarding the clients known risk, there should be a joint risk assessment on whether the Police need to remain with the client at the time of presenting to the EAS.

In the case of CMHT staff requiring the use of EAS for assessments. It is the CMHT staff to make the appropriate arrangements for the following safety measures;-

- 1) Arrange for appropriate level of staffing, as per procedure. This will not be the responsibility of CRHTT's or Shift co-ordinator. Guidelines of the use of EAS by other departments are clearly stated in the EAS Procedural Guidelines.
- 2) To make sure they are provided with a working TDSI card with access to keys and Pinpoint alarms by the relevant CRHTT, which will need to be returned on leaving the EAS.

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Guidelines for assessing in Emergency Unit (EU)

When any member of the public attends the EU is usually due to some form of crisis, whether that be for a physical or a mental health reason. Again there may also be a potential that substance misuse may be present. The EU is a very busy area and consideration that there are vulnerable adults and children in the department receiving treatment there at all times of day. The EU department are able to have risk alerts on EU Work Station. This can ensure the staff are aware of potential risks of violence prior to any referral ensuring their safety when the known service user is in the department.

1. If there is a known risk of violence A&E staff should be made aware at the time of or if possible before a referral is made.
2. The client should be seen in the designated room in Ambulatory Care unless there is a medical reason that they need to be in another area such as Majors. If this is the case it would be beneficial that the service user is in an area close to the nursing station where assistance can be easily accessed if required.
3. Assessment should be double handed and if there is only one mental health professional available, they should have a member of the EU Team or security present during the assessment.
4. Security should be made aware that the assessment is being carried out, and where it is being carried out. Please also refer to Security Policy.
5. Ensure EU staff and security are aware if the client needs to stay in the EU for a further period of time for treatment or further assessment.

Guidelines for assessing on Gwenwyn Ward

Gwenwyn ward based in Llandough Hospital. It is a ward that treats clients who have taken overdoses of medications or other substances. Management of acutely disturbed patients with drug overdose may be because of an underlying psychiatric disease or personality disorder or because of an acute mental health disturbance induced by the drugs they have taken. Drugs which commonly cause disturbed behaviour include alcohol, tricyclic antidepressants, procyclidine, cocaine, amphetamines, ecstasy, mephedrone and other stimulants or hallucinogens, as well as chronic heavy cannabis use. Management can be difficult but the following points apply:

1. Service user should be seen in the designated room on Gwenwyn Ward, as there are two exits for emergencies and staff can be viewed from the outside so other staff can make regular checks on the room.
2. Assessment should be double handed and if there is only one mental health professional they should consider having a member of the Gwenwyn Nursing staff or security present during the assessment

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3. Security should be made aware that the assessment is being carried out, and where it is being carried out. Please also refer to Security Policy.
4. Staff should enter and leave the room together and one member of staff should not be left alone in room if the other has to leave for a reason.

Security Involvement

The Emergency Assessment Suite is fitted with a CCTV system. This can be monitored from designated personal computers based on Crisis Assessment Ward, both Crisis Team offices and Security at UHW. It is the responsibility of the assessing team to ensure that they request designated staff to monitor the CCTV if required. If there are no staff available to watch the CCTV and there is a need for this identified.

The assessment room in the Emergency Department is also fitted with CCTV. This too can be monitored by Security in UHW.

Staff can request Security control room at UHW to monitor on ext 48043, giving direction on what will be required by them in the case of an incident.

Police and Welsh Ambulance Service NHS Trust (WAST)

There may be potential requirement for Police assistance or the client requires a transfer with the assistance of Welsh Ambulance Service NHS Trust (WAST).

Police should only be required if there is no other option and every available method of managing the situation has been attempted.

If the Police are required professionals involved should take a collaborative approach towards the management of the risk. Every incident should be based on individual needs and risk.

Equality

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups. We have undertaken an Equality Impact Assessment and received feedback on this protocol and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other characteristics. The assessment found that there was little impact to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities legislation

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Audit

The prevalence of risk assessment and risk management tools will be identified via the monitoring of the CPA process.

Review

This policy and procedure will be reviewed every three years or sooner if appropriate.

Distribution

This policy and procedure will be made available on the UHB clinical portal, Intranet and Internet sites. The document will also be circulated to the members of the mental health policy group and mental health quality and safety group.

Management Plans

Anybody who requires the use of this protocol, should have a risk management plan incorporated with guidelines of where there are assessed and precautions to take. This needs to be a decision made via multiagency professionals meeting with patient being made aware of plan. Case Management and/or Health and Safety should be consulted if there are decisions to be made regarding restriction on access to premises or services being considered. All Management Plans should be easy accessible and documented on Paris and distributed to relevant agencies involved in the patients treatment or potential assessment.