Greenwich & Bexley Area Health Authority

BEXLEY HOSPITAL

Policy for the Care of Patients who exhibit Violent Behaviour

INTRODUCTION:

The principal aim of hospital staff is to establish a relationship of trust and understanding with the patient so that he can express his tension and anxieties to the staff before they reach a stage where they are released through violent behaviour. It is recognized that the management of such patients requires skill of a high order and there should be adequate staff with a proper method of supervision in a ward caring for acutely disturbed potentially violent patients.

E.1. ward serves this purpose at Bexley Hospital, but the following guidelines apply to any ward in the hospital:-

The use of physical methods of control, such as restraint or segregation, is only necessary when other methods have failed. Physical methods of control should then only be used with firmness and understanding. The minimum of force should be employed to safeguard the patient, protect the staff and other patients. The degree of force to be used by the nurse is a source of considerable apprehension to nursing staff. The answer must be reasonable force appropriate to the circumstances of the incident.

The following guidelines suggest:-

(a) Ways of avoiding an incident.
(b) Action to be taken during the incident.
(c) Action following the incident.
(d) Action by non-clinical staff.

A. WAYS OF AVOIDING AN INCIDENT

(1) Always anticipate the mood of the patient, and communicate this mood to all the members of the staff team; any member of staff has the responsibility to do this whatever their grade.

(2) Always be aware which member of the staff team has the best relationship with the patient. It is usually the case that if this member of the staff shows an interest, the patient will unburden himself. The other staff should always be aware that this is the right person in most instances, to deal with the situation initially, regardless of status or seniority.

(3) Always try to find out why the patient feels as he or she does. Restlessness is often a precursor to aggressive outburst. Sometimes the causative factor is simple to solve initially, whereas if left, can involve a major upset. Some people, for example, if confined in a closed ward, feel hemmed in; quite often a walk accompanied by a staff member will solve the situation.

(4) Always make the patient aware that the nurses are trying to solve the immediate problem. Quite often if a person is worried about his family or employment, a telephone call to his employer, or an arranged visit from a relative, may be the answer, especially if there was a domestic dispute prior to admission.

(5) Never be flippant, uninterested, or show a lack of understanding of the patient's problems. Remarks like 'We all have our problems' can be very damaging to future relationships with all staff, or may trigger off instant aggression.

(6) Always try to find, if possible, another outlet for the patient's aggression. There are many ways of doing this, i.e. games, expressive occupational therapy, small domestic tasks, etc.

(7) Always be as truthful as possible with the patient. This does not mean discussing his case history but if you say you will do something, do it; never be annoyed with the patient if he constantly asks you if you have carried out the task – if the answer is no, tell the patient and tell him why.

(8) Never show hostility to the patients or threaten them in any way which may make them feel they must act aggressively.

(9) Always find out why the medical staff or senior nursing staff make a decision. If staff are uncertain about the policy of medical and nursing management, difficulties may arise in their relationship with the patient.

(10) Inform the senior member of staff or the Duty Nursing Officer of a potential incident. The Medical Officer should always be informed that a patient is in a disturbed state of mind or potentially aggressive.

(11) It should not be interpreted as a weakness by the staff to try to avoid aggression by using all possible means. Quite often it may be wise to let the situation quieten down somewhat and approach the patient later.

(12) Within units a policy on medication for potentially disturbed violent patients should be decided upon, e.g. the nurses on the ward should be aware that there is a possibility of giving patients 100 m.g. of chlorpromazine or whatever drug it has been decided to prescribe.

B. DURING THE INCIDENT

(1) The situation should be assessed promptly by the person in charge. If it is possible that the situation may get out of control, the Duty Nursing Officer should be contacted and requested to provide extra staff.

(2) Contact the Medical Officer as soon as possible, who should take the appropriate action.

(3) A member of staff, e.g. Nurse, Social Worker, Doctor, etc., with whom the patient has a relationship, may be able to calm the patient and persuade him to accept appropriate treatment.

(4) If this is not possible, the nurse in charge should organise the team of nurses to approach the patient.

(5) If holding restraint is unavoidable, i.e. in cases where the patient exhibits automatic or violent behaviour, then it should be borne in mind that the patient is ill and that the restraint must be used as a therapeutic measure. It should be carried out as professionally as any other form of treatment. If a member of staff is harmed, or begins to lose control, he should be removed from the situation. It is only fair to express at this point that nurses are human, with the same emotions and feelings as anybody else.

(6) Holding restraint could easily be prolonged unnecessarily past the therapeutic level. Quite often the initial restraint is sufficient, and prolonging this can aggravate the incident.

(7) Always counsel the patient, even though it may at the time seem to be having no effect. If a patient talks, then in most cases he is prepared to listen.

(8) Seclusion of a patient may be necessary and this should be a joint decision of Medical and Nursing Staff.

C. AFTER THE INCIDENT

Always look upon the incident as a learning situation and freely discuss the feelings and attitudes of the Ward Team prior to, during and after the incident. If a member of the Ward Team acted unwisely in the opinion of the Staff Group, then he or she should be told of this, not as a form of recrimination but as a method of teaching.

Accident and Untoward Occurrences Form should be completed.

D. GUIDANCE FOR NON-CLINICAL STAFF

Any member of the staff may on occasion become involved in a violent or potentially violent incident. What they can or should do will depend on the circumstances but the following suggestions may help:-

(a) Do not get unnecessarily involved: however, every member of staff has a responsibility to summon assistance – call the Duty Nursing Officer via internal telephone 150.

(b) It may be possible to calm a patient by talking with and listening to him or her but do not do or say anything to aggravate the situation.

(c) Intervene only if you think you can prevent or lessen injury to someone.

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