



029: Violence, Aggression and Abuse in the Workplace Policy

Document Control	
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1 Policy Purpose

- 1.1 NHS 24 understands staff have the right to a safe and secure workplace, and accepts fully its responsibilities towards maintaining the health, safety and wellbeing of all its staff. NHS 24 place a high value on creating a positive and safe working environment, and take the view that any form of violence, aggression and abuse towards staff is unacceptable.
- 1.2 1.2 The definition held by this policy reflects the fact that violence is not restricted to acts of aggression, which result in physical harm. It also includes behaviour, such as gestures or language, that may cause staff to feel afraid, threatened or abused.
- 1.3 All staff have the right to be able to perform their duties without fear of abuse or violent acts. NHS 24 staff should not consider violence, aggression or abuse to be an acceptable part of their employment.
- 1.4 NHS 24 values the contribution that staff make and will treat all staff with dignity and respect, as an open and accountable organisation. NHS 24 recognises the quality and teamwork within the organisation.

2 Scope

- 2.1 This policy applies to all NHS 24 staff, including temporary and agency contractors, volunteers, students and those on work experience. It forms an integral part of NHS 24's policies on Health and Safety and applies alongside specific operational guidance for managing violence, aggression and abuse in the workplace.
- 2.2 The policy applies to all situations in which violence, aggression and abuse at work may occur (whether on NHS 24 premises or out with), in connection with the duties and activities of staff. This includes situations where NHS staff are the target of violence, aggression and abuse via social media, internet networks, video conferencing, or via email, instant messaging and via web camera links. This policy also covers exchanges between staff and others, which are facilitated by third party language interpreters and via British Sign Language interpreters and users.
- 2.3 The purpose of the policy, to reduce and eliminate the risks of violence, aggression and abuse in the workplace, will be achieved through a number of actions, activities and approaches. These will include :
 - 2.3.1 Increasing staff awareness of issues relating to or most likely to present a risk of violence, aggression and abuse;

- 2.3.2 Ensuring sure that the risk of violence and aggression is assessed in a systematic and ongoing way, and that safe systems and methods of work are put in place to reduce the risks as far as is reasonably practicable;
- 2.3.3 Making available appropriate training to all staff, which equips them to recognise risks and provide practical advice on preventing and managing violence, aggression and abuse;
- 2.3.4 Making sure that appropriate support is available to staff encountering violent, aggressive or abusive behaviour;
- 2.3.5 Ensuring service users are made aware and regularly reminded of their responsibilities to treat NHS 24 staff with dignity and respect;
- 2.3.6 Encouraging full reporting and recording of all incidents of violence, aggression and abuse;
- 2.3.7 Ensuring that NHS 24 tracks, monitors and analyses all reported incidents and takes action as appropriate based on what is learned from patterns and trends revealed by the analysis.

3 Definitions

- 3.1 NHS 24 defines an incident of violence, aggression and abuse as:
 - 3.1.1 any incident in which an NHS 24 staff member or person working in NHS 24 is verbally abused, threatened or physically assaulted in circumstances [including the use of discriminatory language], threatened, intimidated or assaulted by a patient, another NHS 24 staff member, a staff member from another public body, or member of the public in circumstances relating to their employment.

(Definition adapted from the Health and Safety Executive definition)
 - 3.1.2 In addition, NHS 24 is responsible under the Health and Safety at Work Act for the:

'provision and maintenance of a working environment for its staff that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work.'

- 3.2 Incidents of violence, aggression and abuse experienced by staff may take place both within the physical presence of the perpetrator, as well as in other non-physical contexts. Currently the most common non-physical incidents will take place via the telephone. Non-physical incidents may also take place via social media, internet networks, video conferencing, or via email, instant messaging and via web camera links.

4 Policy Implementation

- 4.1 NHS 24 operates a “Zero Tolerance” attitude to abuse, and affirms that staff should not be expected to tolerate unacceptable, aggressive and abusive behaviour from callers, other staff, staff of other public bodies, or members of the public.
- 4.2 In addition, NHS 24 wishes to safeguard staff from violence, aggression or abuse which is motivated by hatred or prejudice towards a member of staff’s identity as defined by any of the protected characteristics¹. Where an abusive incident has taken place and the motivation for the violence, aggression or abuse is believed to have included any of those added dimensions, NHS 24 believes incidents of this nature must be reported, tracked, monitored, logged and analysed in ways which help reveal any trends or patterns in hatred or prejudice.
- 4.3 Currently within the criminal justice system, abuse which also contains prejudice in relation to a person’s race, religion, sexual orientation, transgender identity, or disability is regarded as an aggravated offence and the courts would treat such cases in a particular way.
- 4.4 Incidents of NHS 24 staff to staff violence, aggression and abuse will be dealt with through NHS 24’s disciplinary procedures and in line with the NHS 24 Dignity at Work policy.
- 4.5 Responsibilities for implementation of this policy are expected to be shared in the following ways.

The Director of Workforce will:

- 4.6 Make sure that there are arrangements for identifying, evaluating and managing risk associated with violence, aggression and abuse at work, utilising data in a constructive way to protect staff and to review the reporting and evaluation process;
- 4.7 Provide resources for raising awareness of the policy, and

¹ The relevant protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation; marriage/civil partnership.

- 4.8 Make sure that there are arrangements for monitoring incidents of violence, aggression and abuse, in a confidential manner, and that the Staff Governance Committee and Area Health & Safety Committee regularly review the effectiveness of the policy.

Learning and Professional Education Department:

- 4.9 Ensure that training is available to all staff to equip them to recognise risks and acquire practical skills in preventing and/or managing incidents of violence, aggression and abuse.

Senior and line managers will:

- 4.10 Make sure that all staff are aware of the policy and the importance of monitoring and recording incidents/data see operational procedure CP 14;
<http://intranet.nhs24.net/service-delivery/business-process-team/business-processes/>
- 4.11 Putting procedures and safe systems of work into practice which are designed to eliminate or reduce the likelihood of violence and aggression;;
- 4.12 Make sure that risk assessments are carried out and reviewed regularly;
- 4.13 Make sure that staff groups and individuals are given appropriate information, instruction and training (including training at induction, updates and refresher training when necessary);
- 4.14 Make sure that appropriate support is given to staff involved in any incident of violence, aggression and abuse;
- 4.15 Monitor the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents; and
- 4.16 Make sure that staff groups and individuals identified as being at risk are given appropriate information, instruction and training (including training at induction, updates and refresher training when necessary).

All staff will:

- 4.17 Make sure that caller and other service users are made aware of and regularly reminded of, their responsibilities in treating all NHS 24 staff with respect and to refrain from behaviour which is violent, aggressive or abusive.

- 4.18 Put the policy and CP 14 operational procedure into practice;
<http://intranet.nhs24.net/servicedelivery/business-process-team/business-processes/>
- 4.19 Take reasonable care of themselves and other people who may be affected by their actions;
- 4.20 Co-operate by following rules and procedures designed for safe working;
- 4.21 Report all incidents involving verbal abuse, threats and physical assault- using operational procedure CP 14; <http://intranet.nhs24.net/servicedelivery/business-process-team/business-processes/>
- 4.22 Take part in training designed to meet the requirements of the policy; and
- 4.23 Report any risks of danger they identify or any concerns they may have about potentially violent situations or the environment in which they work.

5 Assessing the Risk

- 5.1 Risk in all work areas where violence, aggression and abuse poses an actual or potential risk to staff must be assessed by line managers (in conjunction with the H&S Consultant where relevant). The assessment will involve identifying situations where acts of violence, aggression and abuse could occur. It should identify who will be affected and how, and what control measures are needed to eliminate or reduce the risk to the lowest level reasonably practicable. A competent person must carry out the risk assessment and it should be recorded and shared with relevant others. The following details should be recorded:
- the extent and nature of the risks;
 - the factors that contribute to the risk – including job content and work environment; and
 - The safe systems of work to be followed to eliminate or reduce the risks.
- 5.2 These details should be communicated to staff affected and risk assessments reviewed and updated annually, or sooner, if circumstances change.
- 5.3 The most likely risk to staff will be verbal abuse arising from non-physical caller contact. 'Verbal' abuse in this context will encompass communications between staff and others which are facilitated by third party language interpreters and British Sign Language interpreters and users.

- 5.4 Other risks may be present in the form of visitors to NHS 24 workplaces. Reception desk staff are advised to summon help if a visitor presents in a threatening manner. Existing security measures should reduce the risks presented by any workplace intruders.

6 Managing Incidents

- 6.1 Operational procedures as outlined in this policy must be put in place by line managers and provide guidance for staff on minimising or responding to violent, aggressive or abusive incidents. This should include details of emergency procedures, such as evacuation in response to a bomb threat.
- 6.2 All staff must be familiar with the Violence, Aggression and Abuse policy and any local workplace procedures e.g. CP 14. <http://intranet.nhs24.net/servicedelivery/business-process-team/business-processes/>. In particular, staff must be aware of local workplace procedures for raising the alarm and getting help if an incident occurs. The procedure for debriefing staff who have been victims of aggressive or abusive calls should be initiated (see Appendix A).

7 Procedure for Managing Abusive Callers

- 7.1 It is recognised that each individual staff member will have a differing threshold and perception of what they consider as “abusive”. NHS 24 does not wish any staff to feel uncomfortable or threatened when dealing with difficult callers, and wishes to support the principles of equality and respect.

Service Users - Callers

- 7.2 It is important to note that certain clinical conditions and patient/carer distress may manifest itself with the caller being abusive or similar. This possibility should be taken into consideration when appraising the situation. Examples of how communication can break down and methods for dealing with possible conflict situations, and skills in de-escalating potentially abusive incidents, are all provided within frontline induction training. It is essential that line managers ensure that these skills are reviewed and maintained within the framework of continuing professional development, call reviews and personal development plans.
- 7.3 NHS 24 recognise that these calls can be particularly distressing to deal with and will support staff to take the appropriate time ‘off-line’, or away from their desk, to enable resolution and separation from the event. For dealing with real time events see CP 14 – Abusive callers (Frontline and Non Frontline staff)

<http://intranet.nhs24.net/servicedelivery/business-process-team/business-processes/>

8 Training

- 8.1 NHS 24 will provide training to support staff in developing the skills required to help prevent and manage violence, aggression and abuse. Training requirements will be identified through local risk assessment and line managers should link in with Learning and Practice Education where necessary.
- 8.2 Line managers are responsible for making sure that staff receive appropriate training and have access to regular refresher training. Identifying training needs is a mutual responsibility of manager and staff and should be addressed within the structured frameworks provided by Personal Development Planning and 1-2-1s.
- 8.3 Line managers will be offered Debriefing Training in order to support staff who have been involved in difficult situations. When debriefing is necessary, it will be carried out by the Team Leader on duty.

9 Support

- 9.1 NHS 24 will ensure that all staff who are victims of violence, aggression or abuse will have access to appropriate support. Managers are responsible for making sure that debriefing is carried out as soon as possible after the incident with all the staff involved.
- 9.2 Staff may need time off to receive medical attention, legal advice, counselling support, or to be in contact with the police. An independent and confidential counselling service is available to all staff through the HELP Employee Assistance Programme (see Intranet for further details):

- **Telephone:** 0800 032 9849
- **Website:** <https://sg.helppeap.com/>
- **Web-based support:** <https://sg-help.wellbeingzone.co.uk/>

(Wellbeing zone sign up code: SG)

- 9.3 Managers can refer staff for counselling support or a referral can be made independently. In some circumstances it may also be appropriate to refer staff needing support to the NHS 24 Occupational Health service. Staff are also able to self-refer to the Occupational Health service.

10 Repeat Incidents

- 10.1 Where staff have been subject to repeat violence, aggression or abuse from whatever source, a formal review will be undertaken by the line manager, in conjunction with the staff member and local HR Advisor. The objective of such reviews will be to establish if the repeat incidence is a coincidence or if there is a common factor to the repeat incidence of the violence, aggression or abuse. Where a common factor is identified and agreed, an action plan will be agreed and implemented to eliminate, as far as is possible, the pattern continuing.
- 10.2 No matter the basis of the repeat incidence, options for action to eliminate the pattern will include considering, jointly with the staff member, the appropriateness and opportunities for changing working patterns, location, or redeployment into other work.

11 Reporting And Recording

- 11.1 Staff should report all incidents of or concerns with violence, aggression and abuse to their line manager at the earliest opportunity. Alternatively, incidents of violence, aggression and abuse may be identified through retrospective call reviews.
- 11.2 Managers should record this on an incident form (Appendix C) and investigate the matter. If required, line managers should seek advice and support from the Health and Safety Consultant and the HR Adviser. To comply with The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 (RIDDOR), the manager must inform the Health and Safety Executive within 14 days of an incident if any staff are absent from work for more than 7 consecutive days as a result of an act of violence and aggression.

12 Involving The Police And Prosecution

- 12.1 NHS 24 is actively committed to protecting staff from violence, aggression and abuse. In certain circumstances it may be appropriate to initiate criminal proceedings against those who carry out assault or where the abuse is considered to be motivated by hatred or prejudice. All staff are encouraged to report all incidents to their line manager or duty Clinical Service Manager at the time of the event and will be supported by the organisation throughout the process.
- 12.2 The Procurator Fiscal may decide to take legal action and line managers must make sure that staff that are cited to attend court to give evidence have access to ongoing support throughout this process. Other support may also be available to

staff through Trade Unions/Professional Organisations or from the undernoted organisations:

Victim Support Scotland provides: Provides practical and emotional support to victims of crime and their families. For local details telephone: **0345 603 9213** (during office hours)

<https://www.victimssupportsco.org.uk/>

Equality and Human Rights Commission

For local office telephone: **0845 604 5510**

www.equalityhumanrights.com

There may also be other organisations in the staff members local area that offer help.

13 Taking Matters Further

- 13.1 Where a caller's aggressive, abusive or violent behaviour impairs a staff member's ability to undertake their duties properly, or has become a threat to the safety of staff, NHS 24 reserves the right to terminate that telephone contact with an appropriate warning
- 13.2 If a caller, or someone representing a caller, is violent or aggressive, they will be told what is considered unacceptable behaviour and its possible consequences. If the behaviour continues, the member of staff, following consultation with a team leader may terminate the call. In the rare case of repeated violence, aggression or abuse the caller will receive a written warning signed by the Medical Director and copied to the caller's General Practitioner.
- 13.3 As a last resort, the Medical Director will advise the Chief Executive on a decision to set in place special arrangements for the handling of an individual caller based on the particular circumstances of the individual case.
- 13.4 Each case will be considered individually and all staff will be given information specifying the action they should take in response to varying levels of incidents. Allowances will be made for callers who are covered by the Mental Health Act, who require emergency treatment, or who cannot be held responsible for their actions.

14 Compensation

- 14.1 The Criminal Injuries Compensation Scheme provides a system of compensation for any victim of violent crime. Under this scheme staff can make a claim for

personal injury resulting from an assault. Guidance on eligibility and advice on making a claim is available from <https://www.gov.uk/claim-compensation-criminal-injury>.

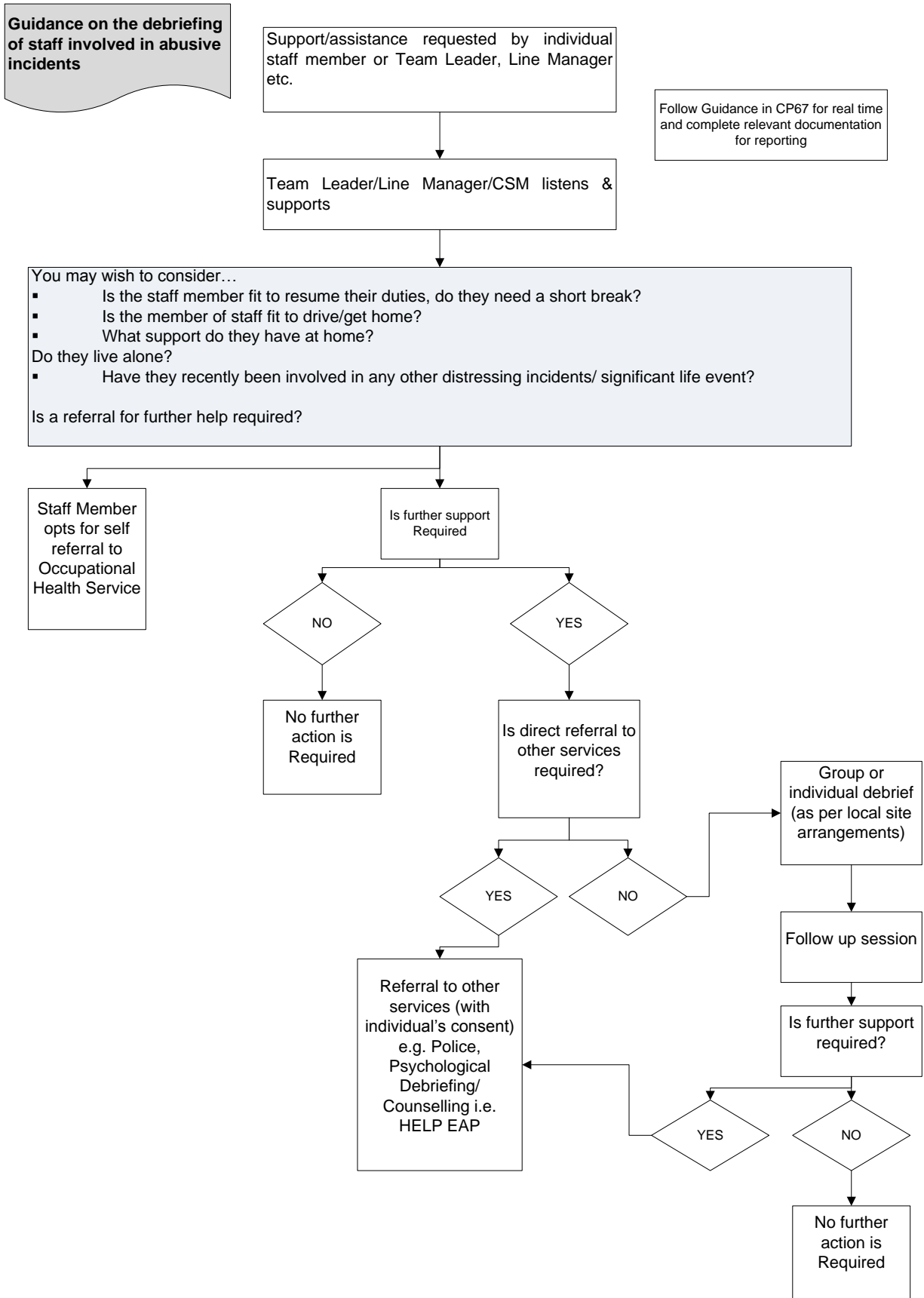
- 14.2 If staff should lose earnings as a result of an incident they can make a claim to the NHS Injury Benefits Scheme. Information and advice on this scheme is available from Human Resources.
- 14.3 If staff should suffer loss or damage to personal property as a result of an assault, they can make a claim for compensation through the Corporate Accountant and Fraud Liaison Officer.

15 Monitoring and Review

- 15.1 NHS 24 will monitor and review this policy in Partnership, to ensure achievement of the aims of the policy. The review processes will include the collecting and monitoring of all reported incidents by the Head of HR Business Services, who will:
- provide a quarterly analysis report to the Area Health and Safety Committee and the Staff Governance Committee on incident statistics and trends, as well as any safety improvement measures which have been introduced;
 - report annually to the Area Health and Safety Committee on how NHS 24 are following the policy, the outcomes of risk assessment, and details of training provided;
 - report annually to the Staff Governance Committee to highlight progress in reducing risk and incidents, analysis of issues where hate crime or discrimination are identified, and making recommendations for the forthcoming year.
- 15.2 Ultimately a reduction in the total number of violent or aggressive incidents occurring each year is the aim of an effective policy, but as incidents are still likely to be under-reported, the initial aim will be to reduce the rate of increase of violent, aggressive and abusive incidents.
- 15.3 This policy will be reviewed in Partnership on a 3 year basis.

Appendix A:**Guidance on the debriefing of staff involved in abusive incidents****Guidelines**

- Provide a clear rationale for the purpose of the meeting (e.g. a short meeting to provide immediate support and enable the member of staff to offload their initial thoughts/feelings)
- Avoid making promises/giving assurances not to breach confidentiality – in some situations this may not be possible.
- Encourage participants to be honest about the impact on themselves as individuals. Recognise that this will vary from person to person.
- Arrange coaching or training, such as in de-escalation techniques, if appropriate
- Do not try to explore or analyse thoughts/feelings in depth, just allow participants to speak freely.
- Acknowledge that it is normal for people in such situations to feel confused, angry, hostile, sad, guilty or want to apportion blame.
- Ensure 1 to 1 documentation is completed.



Appendix B

Where an abusive incident has taken place, NHS 24 believes incidents of this nature must be highlighted, reported, tracked, monitored, logged and analysed in particular ways. However, an appraisal of the situation must be undertaken in the first instance, to ascertain if there are any extenuating circumstances causing or explaining the caller's abusive behaviour. E.g. Tourette's syndrome

Staff Guidelines on Abusive Calls

It is imperative that frontline staff alert a team leader/CSM at the earliest opportunity if they are experiencing any difficulties with a call. Once a team leader/CSM engages with a caller, they will then be responsible for completing and/or terminating that call. Only a team leader/CSM should take the decision to terminate a call.

1. It is vital to be aware of your own boundaries when dealing with callers on the telephone and to appreciate that colleagues can support you. In responding to aggressive or abusive calls, it can be helpful to have set scripts available. This makes it easier for staff, and also ensures that all callers receive a consistent and appropriate response. Some suggestions are offered on how best to approach these calls. Be professional. It is important to guard against letting your feelings show during the call. Deal with your feelings after you have ended the call and seek support from a duty team leader.
2. **Abusive, Offensive Language, Insults:** these can fall into several different categories, each requiring a different approach. However, the basic premise must be that although staff are not expected to take abusive or offensive calls, all callers must be treated with respect. In all cases, support will be available for staff, during the call and afterwards. The language used by a caller may at first appear offensive, but it may be the only language the caller finds appropriate to use at that time. This may be driven by cultural or social aspects, stress, anxiety, fear and illness e.g. Tourette's syndrome. Critical thinking and professional judgement is paramount in these situations.

The following script may be used to give the caller the opportunity to change their behaviour: **"I am finding your language abusive and unacceptable. Can I remind you that all calls to this service are recorded and monitored. I need your co-operation to continue this call. If you continue to use (recap type of unacceptable behaviour e.g. "swear", "be abusive") we may have to end this call."**

If behaviour is not modified, and you are in any doubt regarding such a situation, it is imperative that you seek guidance and support from a team leader, who may choose to listen and offer guidance. Where this happens, the caller should be advised that a senior colleague is going to join the call.

Local defusing of such calls should be tried by the team leader in the first instance. Nevertheless, once warned, insults and verbal abuse from callers should not be tolerated and if the caller continues with their behaviour, then the following termination script may be used:

“NHS 24 provides health information and advice. If you need further help about any health issue, please call us again. I am now going to end this call” (Then hang up)

Where the call is terminated, add final disposition “Other” and document details in Add/View Comments. In addition, please also complete an abusive/aggressive incident report form.

If the call has been a personally directed threat, the team leader may decide to take appropriate action, which may include contacting the police with the member of staff’s consent.

3. **Aggressive/Angry Calls:** It is important to acknowledge the anger of a caller without taking a position on the matter. Use terms such as **“you sound very angry”** or **“you obviously find this very upsetting”**, rather than “you are rightly annoyed” or “I sympathise with your annoyance”.

Not all anger is justified but that does not reduce the emotion which the caller is feeling. Give the caller time to explain the problem whilst trying to keep them to the point. Try to avoid making unrealistic promises, particularly in what other services can or can’t do. Keep calm and attend to your own emotional response to the call. Alert a team leader if you are struggling to keep control and consider passing the call over if necessary. Reflect back the essence of what has been disclosed; this helps the person to feel heard and acknowledged and may defuse some of the anger. Repeat points if necessary.

4. **Discriminatory calls:** Discrimination takes a number of forms e.g. sexist, racist, ageists. Whatever form it takes, be careful not to collude with discrimination. We need to be able to take account of the need to respect racial and cultural differences, which may be relevant – this is different to discrimination.

For example, if a caller assumes you are black/white from your accent and wants to speak to a black/white person instead, which would be a racist request, the following script may be useful:

“All our staff are trained in the same way and to the same standard. Can I help you?”

If the caller persists in being discriminatory on grounds of race etc., it is imperative that you seek guidance and support from a team leader, who may

choose to listen and offer guidance. Where this happens, the caller should be advised that a senior colleague is going to join the call.

Local defusing of such calls should be tried by the team leader in the first instance and again the caller should be advised that all our staff are trained in the same way. If the caller continues to discriminate against the member of staff the following termination scripting may be used:

“This service operates a non-discriminatory policy. This means that we do not allow callers to discriminate on the grounds of race (or refer to other grounds, such as religion etc. as appropriate). I am now going to end the call. Please call again if you are willing to accept that.” (Then hang up)

Time off-line should be taken for reflection from all abusive calls, whether or not they have been terminated. Before returning to work, an Abusive/aggressive Incident Report Form (see Appendix D), should be completed by the member of staff and dealt with by the Team Leader. (a copy of the form should be sent to H&S, Service Support Team). Staff should be aware that support and counselling is available for anyone who has been abused.

Name:	Date of Call:	Time of Call:
Job Title:	Call ID Number:	CHI Number:
Site:		
Type of Call		
(a) Shouting and/or using abusive language <input type="checkbox"/>	(b) Use of swear words in an abusive manner <input type="checkbox"/>	(c) Threatening manner <input type="checkbox"/>
(d) Bullying or intimidation <input type="checkbox"/>	(e) Direct confrontation or threat <input type="checkbox"/>	(f) Not listening <input type="checkbox"/>
(g) Talking over member of staff <input type="checkbox"/>	(h) Not willing to accept instructions, decisions or give personal details <input type="checkbox"/>	(i) Questioning of professionalism or competence <input type="checkbox"/>
(j) Sexual references <input type="checkbox"/>	(k) Gender references <input type="checkbox"/>	(l) Racial references <input type="checkbox"/>
(m) Other discriminatory references [religious or cultural beliefs, accents, language used etc] <input type="checkbox"/>	Describe:	
(n) Other threats [media, press etc]	Describe:	
(o) Other type of abuse [please specify]	Describe:	
Identification of Caller	Caller <input type="checkbox"/>	Relative <input type="checkbox"/>
	Partner <input type="checkbox"/>	Other Professional <input type="checkbox"/>
Resolution	De-escalation <input type="checkbox"/>	Negative outcome <input type="checkbox"/>
	Positive outcome <input type="checkbox"/>	Call terminated <input type="checkbox"/>
Support – Did you?	Discuss with Manager <input type="checkbox"/>	Take a Break <input type="checkbox"/>
Do you require?	OH Referral <input type="checkbox"/>	
Employee Assistance provider can be contacted on	Telephone: 0800 032 9849	Website: www.sg.helpeap.com
	Web-based support: https://sg-help.wellbeingzone.co.uk/	Zone (Wellbeing zone sign up code: SG)



NHS 24 - Abusive Call Report and Investigation Form – V1 2016

Section 2 to be completed by Line Manager		
Did the incident result in any harm, injury or offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
How was this managed?	Break/Rest <input type="checkbox"/>	Sent home <input type="checkbox"/> Referral to <input type="checkbox"/> EAP OH <input type="checkbox"/> GP <input type="checkbox"/> Hospital <input type="checkbox"/>
Has debriefing or counselling information been offered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Further Actions If you feel further action should be considered by NHS 24 please add details. E.g. contacting the patient's GP, the patient, third party or the Police	Describe:	
Name of Person who has been the target of abuse/aggression	Signature:	Date:
Name of person completing this report if not person above	Signature:	Date:
Name of Line Manager or CSM	Signature:	Date:
CSM/Head of Department	Signature:	Date:

This form should be completed and passed to H&S, Service Support Team.