This policy supersedes all previous policies for Substance Misuse services
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**Consultation**

SMS Staff and SMS Service User Group.

**DO NOT AMEND THIS DOCUMENT**

Further copies of this document can be found on the Foundation Trust intranet.
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1. Introduction

The safety and welfare of staff, service users, families, carers and visitors who are in contact with Foundation Trust services are of paramount importance. The Foundation Trust will do everything reasonably possible and practical to provide a safe working environment for staff and take appropriate action against anybody threatening them verbally or physically or committing violent acts. The Trust accepts that violence may occur, but does not consider that it should be seen as either an inevitable or acceptable part of working in substance misuse services.

A separate policy has been developed for Substance Misuse Services as if a client is suspended from treatment with these services, they may not be able to access treatment in any other NHS service, including primary care. This means that their treatment will effectively be withheld. There are legal considerations, case law, professional guidance and national guidelines which need to be taken into consideration if treatment is to be withheld.

The policy has been written to be in line with national guidance on dealing with violent and non-violent incidents and withdrawing treatment that has been produced by the Department of Health in their publication - Drug misuse and dependence – UK guidelines on clinical management (2007, updated 2017) in section 4.6.5 ‘Suspension and exclusion’.

It is also intended as a guide to users as to what they may expect to happen if their behaviour is unacceptable.

2. Aims and objectives

The security and safety of Foundation Trust staff is an important issue. Although staff working in Substance Misuse Services may occasionally experience violence and/or aggression from service users, this should not be considered as part of the job. All staff are potentially at risk and need to be equipped to deal with this should it occur.

This policy and guidelines have been produced in order that:

- The Foundation Trust can put in place appropriate risk management strategies and training to lessen the possibility of violence occurring
- Members of staff can take all practicable steps to prevent violence in the workplace
- If violence does occur, staff are better able to deal with incidents effectively and in such a way that the chance of recurrence is minimised and appropriate feedback and support is provided to them
- That when it is necessary to withdraw the service from a client, staff are aware of the procedure to follow

3. Scope of the policy

This guidance is applicable for all healthcare professionals working in the Substance Misuse division.
4. Duties and responsibilities

**SMS Management Team** has the responsibility of reviewing and approving the contents of these guidelines. The Team should also ensure that Service Managers manage the processes for post incident reviews, debriefs and the implementation of lessons learnt.

**Service Managers**

Plan and coordinate post incident reviews, debriefs in line with the Trust’s Incident Reporting, Serious Incidents Management and the Prevention and Management of Violence and Aggression Policies, and the Trauma at Work Pathway.

To ensure that all incidents are discussed at the Multidisciplinary Team meeting (MDT).

**Local Management Security Specialist** (LSMS) should be informed and involved in all incidents and provide feedback and liaison with external agencies if deemed necessary.

**All healthcare professionals working within the Substance Misuse** are responsible for following the guidance and completing DATIX reports following incidents involving challenging behaviour.

5. Safe Practice

The following guidelines should be followed to reduce the risk to staff and promote a safer working environment.

5.1 Triage Assessment

An initial assessment (brief risk assessment) is carried out where staff will gather as much information about the client. Information from external agencies should be collaborated so that staff with knowledge of the client will work together and share information. The client should also be asked to sign the consent to liaise form. **Clients with a history of violence or a known history of incidents in treatment should have these flagged up at the intake meeting.**

Where consent to share information is refused, staff cannot force the client to share this information; but staff must:

- Take a view as to whether it is appropriate to continue to treat the service user; and
- Warn the client that by limiting the information that the service has about them, the client may be compromising the quality of care that the service is able to provide.

All service users should be asked to sign the Camden and Islington Care Agreement (see Appendix 2). This will usually take place at the initial assessment, but this is at the discretion of the member of staff conducting the initial assessment. The agreement should be signed before treatment begins.

5.2 Risk Assessment
A full risk assessment may be needed as a result of the initial assessment (section 5.1) in which a plan will be developed to both reduce the risk of incidents happening and details of what procedures will be followed should an incident occur in the future. Refer to the Trust's Clinical Risk Assessment Policy for assistance with carrying out risk assessments.

All risk assessments should be uploaded/updated onto the client’s electronic patient record (EPR); Carenotes at present, within the agreed Trust standards.

5.3 Reducing the Environmental Risks

There are a number of measures that can be taken to adapt the environment to reduce the risk of assault. It is every individual’s responsibility to help provide a safe environment and to take all practicable steps to ensure that this occurs.

The following are measures which staff should be aware of whenever they meet with service users:

- When it is anticipated that clients might be distressed, disturbed or angry, the worker who has arranged the appointment must:
  - Inform reception that the client might be upset; and
  - The worker must wait in the reception area at the time of the appointment to meet the client.
  - The worker should take a remote activated personal attack alarm with them when seeing the client.

- If staff feel there is a potential risk they should make colleagues aware of the situation. Before taking someone into an interview room they should decide whether or not it is safe to do so. Where there is a potential risk the reception staff, colleagues and manager should be alerted.

- Prior to the interview taking place, the chairs should be arranged so:
  - the member of staff has either a portable alarm or is sat within close proximity to the fixed alarm button;
  - both chairs have unobstructed access to the door;
  - there is an appropriate space between the chairs.

It is equally important not to impede the service user from leaving. Often in situations of high tension, a ‘fight’ or ‘flight’ reaction is common. The ‘flight’ or ‘escape’ option for the service user is clearly the better for everyone.

- All clients should be escorted to the front door at the end of the session and clients may only be left unattended in public areas of the building. Particular attention should be paid to the occasions on which warning letters or letters withdrawing treatment are due to be given to clients.

- No clients should be seen in the building outside of office hours – Monday to Friday 9am – 5pm, unless there is a fully staffed late clinic.

- All clients should be made aware of the last admission time into the building which is 15 minutes prior to closing time.
6. National Guidance

This has been produced with the aim of assisting staff working in the NHS to deal with violence that they may experience in their everyday working lives, whilst respecting the rights and needs of the service users:

- In 1999 the **NHS “zero tolerance zone” campaign** was launched with the aim of raising awareness with the public that violence in the NHS would be not be tolerated and to give a pledge to staff that violence was being tackled. In 2001 the Health Secretary gave the NHS the go-ahead to deny patients treatment if they attacked staff. Guidance was provided in the Health Service Circular *Withholding Treatment from Violent and Abusive Patients in NHS Trusts* (HSC 2001/18).

- In 2003 the Government created the **NHS Security Management Service**, which has policy and operational responsibility for the management of security in the NHS. This includes tackling violent and non-physical assaults against staff. (References: Tackling Violence against Staff – Explanatory Notes (NHS SMS, 2007); Non-Physical Assault – Explanatory Notes (NHS SMS, 2004); Prevention and Management of Violence where Withdrawal of Treatment is not an Option (NHS SMS, 2006)).

- The **General Medical Council** (GMC) acknowledges that in some circumstances a doctor may have to end a professional relationship with a patient. In April 2013 produced a document on ‘Ending your professional relationship with a patient’ that expands on Good Medical Practice line 62. You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient. In the document it states -

  **Things to consider**

  3

  *In rare circumstances, the trust between you and a patient may break down, for example, if the patient has:*

  - been violent, threatening or abusive to you or a colleague
  - stolen from you or the premises
  - persistently acted inconsiderately or unreasonably
  - made a sexual advance to you.

  *Witholding treatment from violent and abusive patients in NHS Trusts*

  You should not end a professional relationship with a patient solely because of a complaint the patient has made about you or your team, or because of the resource implications of the patient’s care or treatment.

  **Before you end the relationship**

  5
Before you end a professional relationship with a patient you should:

a. warn the patient that you are considering ending the relationship
b. do what you can to restore the professional relationship
c. explore alternatives to ending the professional relationship
d. discuss the situation with an experienced colleague or your employer or contracting body²

and you must be satisfied that your reason for wanting to end the relationship is fair and does not discriminate against the patient (see paragraph 59 of Good medical practice).

When you've made a decision to end the relationship

If you decide to end your professional relationship with a patient you must:

a. make sure the patient is told of your decision to end the professional relationship, and your reasons for doing so; where practical, the patient should be told in writing
b. follow relevant guidance⁶ and regulations
c. record your decision to end the professional relationship – information recorded in the patient’s records must be factual and objective, and should not include anything that could unfairly prejudice the patient’s future treatment
d. make sure arrangements are made promptly for the continuing care of the patient, and you must pass on the patient’s records without delay⁷
e. be prepared to justify your decision.

- The 2007 DH Clinical Guidelines (updated in 2017) state the following in respect of suspension and exclusion of patients from treatment:

"It may be necessary, following a careful assessment of the risks to the patient and staff, to conclude that a prescription must be suspended or in rare cases withdrawn. This may occur, for example, following repeated attempts at induction on to OST that have continued to fail to achieve a stabilisation phase. There may, for example, be continuing concerns about risks of overdose from unstable tolerance in cases of repeatedly unsuccessful attempts at stabilisation. Other serious concerns about the safety and suitability of continued prescribing may also raise this question. Such decisions must involve the prescribing clinician and other members of the multidisciplinary team. Patients must be forewarned of the potential actions that the prescriber and the team may take where there is a failure to achieve suitable, usually minimum, treatment goals, and they should be offered the opportunity to set new goals or identify contingencies that might influence their progress from this point.

A decision to temporarily or permanently exclude a patient from a drug treatment service or provide coerced detoxification should not be taken lightly. Such a course of action can put the patient at an increased risk of overdose death, contracting a blood-
borne virus or offending. It may also increase the level of risk to children and vulnerable adults in the home. If at all possible, patients excluded from a service should be offered treatment at another local service or setting in a way that minimises risks and maximises opportunities for patients to be retained in treatment. Other steps in line with Good Medical Practice paragraphs 38-40 (GMC 2013) must also be followed.

7. Types of Incidents

7.1 Physical Assault

Physical assault is defined (former NHS Protect definition) as: “The intentional application of force to the person of another without lawful justification resulting in injury or discomfort.”


Examples of physical assault include:

- Spitting on/at staff
- Pushing/shoving
- Poking/jabbing
- Scratching and pinching
- Throwing objects, substances or liquids onto a person
- Punching and kicking
- Hitting and slapping
- Sexual assault
- Incidents where reckless behaviour results in physical harm to others
- Incidents where attempts are made to cause physical harm to others and fail

7.2 Non Physical Assault

Non-physical assault is defined as: “The use of inappropriate words or behaviour causing distress and/or constituting harassment.”

Examples of non-physical assault include:

- Offensive language, verbal abuse and swearing
- Racist comments
- Loud and intrusive conversation
- Unwanted or abusive remarks
- Negative, malicious or stereotypical comments
- Invasion of personal space
- Brandishing of objects or weapons
- Near misses/attempted assaults (i.e. unsuccessful physical assaults)
- Offensive gestures
- Threats or risk of serious injury to NHS staff
- Intimidation
- Stalking
- Alcohol or drug fuelled abuse
- Incitement of others and/or disruptive behaviour
- Unreasonable behaviour and non-cooperation
- Any of the above linked to destruction of or damage to property

### 7.3 Drug related Incidents

In addition within the substance misuse field other examples of non-violent incidents are familiar to staff, including:

- dealing drugs on or near the service premises
- consuming alcohol or drugs on or near the premises
- altering prescriptions
- “double scripting” (i.e. the concomitant collection of the same medication with different prescriptions, from two different prescribers)
- selling or giving prescribed medication to others
- using deception to obtain another person’s prescription

Some of these activities are criminal offences and services should adhere to local policies in referring such acts to the police. **In the case of staff failing to report suspected drug dealing to the police, they risk criminal prosecution under section 8 of the 1971 Misuse of Drugs Act.** Where there is doubt a discussion should take place with the Local Security Management Specialist (LSMS).

### 8. Procedure following an Incident

- If necessary, call the Police to assist with the incident to protect staff and other clients.

- The option of an ambulance should also be considered.

- All incidents, involving threat, verbal or physical abuse require the completion of the DATIX incident form which is available on the Trust Intranet.

- The service user or member of staff should be debriefed by the team manager, or most senior member of staff below him or her. If appropriate, the staff member may go home, transport can be arranged. Longer term support may be necessary.

- The team manager or senior clinician should contact their senior (usually the service manager). If any physical harm has been caused the person should be referred to A&E or their GP. If it is a member of staff it may be important to be in contact with the Occupational Health Department or the Trust’s Employee Assistance Programme (PAM ASSIST). **Staff are advised to follow the Trust’s Trauma at Work Pathway in the first instance which gives clear guidance on how to proceed to secure the appropriate support.**

- At the earliest convenience a group debriefing should take place. It can be helpful to do this for two reasons: one to provide support; the other to examine whether changes need to be made to prevent the situation happening again in the future.
• The incident should be discussed at the next MDT meeting with an action plan to address the issue.

• The aim is to prevent the recurrence or escalation of incidents, so action should be taken promptly. A range of responses will be available to the clinician, some of which can be effected immediately after the incident, including verbal and written warnings and referral to the police and the LSMS.

• The client’s Risk Assessment and management plan should be updated as necessary, including a contingency to ensure staff safety during future contacts

• If a period of exclusion is agreed then other parts of Substance Misuse Services will need to be informed. Before a period of exclusion is agreed, the steps described below (see paragraph 9) need to have taken place.

9. Responses to Client Incidents

It is important to note that the responses suggested in this document are guidelines and cannot cover every eventuality. On occasions similar incidents may have different outcomes.

The response to physical and non-physical assaults should follow a stepped approach depending on the severity of the incident and the history of previous incidents. The purpose of the stepped approach is to try to prevent minor incidents from escalating into major incidents. Withholding treatment is an option (even for a first incident if it is sufficiently serious) but should be considered a last resort. Treatment should not (usually) be withheld for non-physical assaults. The severity of the incident will determine which step will be appropriate.

The range of responses to physical and non-physical assaults includes:

9.1 Verbal Warnings

Where any incident has occurred the client should be given a verbal warning. Clinical judgement and discussion within the multidisciplinary team (MDT) will inform the decision as to when to give a verbal warning and who will give it. All non-physical assaults should have as a minimum a verbal warning.

Once given, verbal warnings should be documented on a client's EPR.

A template for such a written warning is given in Appendix 3.

9.2 Written Warnings

For more serious incidents or if a verbal warning has previously been given to a client, then the next step should be a written warning. A written warning should detail the nature of the incident and stress the importance of the incident not recurring. The letter should be written by the service manager or his/her deputy and countersigned by the consultant. The letter should be handed to the client personally and its contents discussed with the client in private. Bear in mind that the client may be angry or upset, and plan accordingly. (See paragraph 5.3 above.)

A final warning template is given in Appendix 4.
9.3 Acknowledgement of Responsibilities Agreements (ARAs)

Where a pattern of incidents is emerging, e.g. client regularly arriving intoxicated or repeatedly being abusive to staff, an acknowledgement of responsibility agreement should be developed and signed with the client. The ARA details some of the possible consequences to the continuation of the undesirable behaviour. An example of an ARA is given in Appendix 5.

9.4 The Use of Secure Environments And Transfer To Violent Patient Schemes (VPS)

Sometimes clients need to be suspended from treatment services, but their medication cannot be stopped immediately, rather they should be offered a detoxification prescription which may have to be delivered to the pharmacy based on a risk assessment of the client attending the service. At the moment substance misuse services are unable to access the primary care-based Violent Patient Scheme.

9.5 Civil Injunction And ASBOs

Where antisocial behaviour is occurring repeatedly advice should be sought from the LSMS about whether it would be appropriate to proceed with an ASBO or civil injunction.

9.6 Criminal Prosecution

Where a crime has been committed (e.g. assault, criminal damage, theft, dealing on or by the premises) the LSMS and the police should be informed immediately. If the police decline to take action against the individual, the NHS Protect Legal Protection Unit should be contacted as advised by the LSMS. They have the power to initiate civil proceedings against individuals who the police and CPS have declined to act against (see paragraph 9.5 above).

9.7 Withholding Treatment

In making a decision to withdraw prescribed treatment, professionals are expected to follow national guidance and policies relevant to their specialist area. In the substance misuse field, Drug misuse and dependence – UK guidelines on clinical management (2007 updated 2017) as detailed before is the relevant document for clinicians to follow.

The exclusion of a client from Substance Misuse Services may be deemed necessary following an incident. The updated guidelines on clinical management 2017 state:

“A decision to temporarily or permanently exclude a patient from a drug treatment service or provide coerced detoxification should not be taken lightly. Such a course of action can put the patient at an increased risk of overdose death, contracting a blood-borne virus or offending. It may also increase the level of risk to children and vulnerable adults in the home. If at all possible, patients excluded from a service should be offered treatment at another local service or setting in a way that minimises risks and maximises opportunities for patients to be retained in treatment.”
Whether or not it is possible to offer a client continued treatment at another service following an incident will depend on the risk assessment of the client.

- **Treatment should not be used solely as a sanction or punishment.**
  A client’s medication should not be withheld in an attempt to mould behaviour as a consequence of non-compliance with the treatment regimen. However, medication may appropriately be withheld if there are concerns that the client is intoxicated and may be at risk of overdose if medication is taken in addition to other substances that have been used.

- **Withholding treatment should be a last resort and should be reserved for incidents of a serious nature, e.g. where there has been a physical assault.**
  Please refer to 9.7 paragraph 3 (above) for guidance around withdrawing or withholding treatment.

- **Where a serious assault has taken place, immediate removal of the client from the treatment service will be necessary.** Any physical assault should be reported to the police and the Trust’s LSMS

- **Before a decision is taken to withdraw treatment the following steps must be taken:**
  - Whenever possible a client should be taken on by another drug or alcohol treatment service or team in the Trust rather than have their treatment terminated. Whether this is possible will depend on the severity of the incident leading up to the proposed withdrawal of treatment and the outcome of the updated risk assessment.
  - In some Trust substance misuse services it is a contractual requirement that there is a discussion with the substance misuse commissioners prior to terminating a client’s treatment.
  - The incident should be discussed with the client and a senior member of staff. The client should be given the opportunity to present their side of the story at this meeting. In some circumstance a client may wish to use an advocate to present their case. This should take place before the multidisciplinary discussion, if possible. Bear in mind that the client may be angry or upset, and plan accordingly. (See paragraph 5.3 above.)
  - There should be a multidisciplinary discussion about the client to discuss the incident. The LSMS should usually be involved in these discussions. This discussion must consider the risks set out at paragraph 10.
  - A risk assessment must be undertaken by the consultant to assess the risk of stopping treatment. This must be documented in the case notes and communicated to the Trust’s Chief Executive Officer or his/her deputy, e.g. Director or Assistant Director for Substance Misuse. This risk assessment must include, as a minimum, reference to each of the risks set out at paragraph 10 of this policy (below).
  - If treatment is to be withdrawn and it is felt that there will be a significant health risk to the patient, legal advice should be sought, either from the Trust’s solicitor or from the NHS Protect Legal Protection Unit, before a final decision is taken.
  - If treatment is to be withdrawn for a lengthy period of time (for example, longer than one year), a specific date for review of the decision must be set and recorded. The date for
review should usually be around half-way through the period. The client should be told of this review date.

A letter should be written to the client explaining:

- Why treatment is being withdrawn;
- For what period of time;
- If appropriate, the date upon which the decision will be reviewed; and
- What other services the patient can access during this time.

This letter should come from the chief executive’s office or his or her deputy (e.g. Divisional Director for Substance Misuse and the Lead Consultant for Substance Misuse) and will be based on the recommendations from a MDT discussion and the risk assessment (see Appendix 6).

The client should always be informed of their right to appeal, and must be given the opportunity to appeal. (See paragraph 11 below, for details.)

10. Risks Associated with ending Substance Misuse Treatment

There are a number of risks associated with loss of treatment which include:

10.1 Loss of tolerance to opiates and associated risk of overdose and death

Research has found that those who had been discharged from methadone treatment had a 20 times higher risk of dying from unnatural causes compared to patients who remained in treatment – the majority of deaths were due to heroin overdose, (Davoli M et al. (2007) Risk of fatal overdose during and after specialist drug treatment: The VEdeTTA study, a national multi-site prospective cohort study. Addiction 102 (12): 1954-1959.)

10.2 Blood Borne Viruses (BBV) and Crime

Those who drop out of treatment are at increased risk of:

- Returning to injecting drug use;
- Sharing injecting equipment (Thiede H et al., 2000, Methadone treatment and HIV and hepatitis B and C risk reduction among injectors in the Seattle area. Journal of Urban Health 77 (3): 331-345); and
- Returning to crime to fund their drug use with an increased risk of incarceration (Levasseur, L et al., 2002, Frequency of re-incarceration in the same detention center: role of substitution therapy. A preliminary retrospective analysis. Annales de Medecine Interne 153: 1S14-9).

Clients who are discharged from treatment should be given information on access to needle exchange services and a decision will need to be made as to whether they can still access BBV services, for example, completing a vaccination programme.

10.3 Risks to Children
A further area of concern is the risk posed by a drug-using parent to their children if they return to illicit drug use following discharge from treatment. Once discharged the treatment service can no longer monitor the parent or the child.

The Clinical Guidelines give advice on the comprehensive assessment of drug-misusing parents, including:

- Effect of drug misuse on functioning, for example, intoxication, agitation.
- Effect of drug seeking behaviour, for example, leaving children unsupervised, contact with unsuitable characters.
- Impact of parent’s physical and mental health on parenting.
- How drug use is funded, for example, sex working, diversion of family income.
- Emotional availability to children.
- Effects on family routines, for example, getting children to school on time.
- Other support networks, for example, family support.
- Ability to access professional support.
- Storage of illicit drugs, prescribed medication and drug-using paraphernalia.

If a drug-using parent is being considered for discharged from treatment, clinicians will need to:

- Assess the risks to the child;
- Decide whether treatment should be withheld; and
- Decide if a referral to social services is required.

11. **Appeal**

When clients have been given warnings or had their treatment withdrawn they may feel that their views and side of the story have not been listened to. Decisions to warn clients about their behaviour or withdraw treatment may be taken in relative isolation by senior clinicians and managers or collectively in multidisciplinary team meetings. However, it is unusual for clients to be present or represented at such discussions and they may not have an opportunity to question staff or refute the account of events.

Clients should be given the opportunity to present their side of the story to a senior member of staff. In some circumstance a client may wish to use an advocate to present their case. It would not usually be appropriate to invite the client to the MDT as it is likely to be viewed as an intimidating environment. It would be more appropriate for the client or his or her advocate to present their side of the story to a member or members of staff.

Where clients are unhappy with the outcome they can make a complaint following the Trust’s Complaints Policy and may be supported by the Patient Advice and Liaison Service (PALS). Substance misuse advocacy agencies such as Release can also provide advice, support and advocacy.

12. **Training**

All staff new to substance misuse services must receive training on this policy during their induction into the service and prior to the commencement of them working with clients. Key components of such training include:
- Making staff aware of the process and the support available to them when a violent incident takes place
- Educating staff about the importance of reporting procedures and ensuring that all incidents are recorded (Datix) and appropriate measures take place.
- Health and safety considerations to minimise the risk to staff from the environment in which they work and health and safety training for all staff
- Reporting all cases of physical assault to the police
- Sharing risk information between services involved in the care of the client where information sharing protocols exist or where other professionals may be at risk
- Training frontline staff and professionals in conflict resolution and provision of clinical supervision
- The creating and development of a pro-security culture
- Undertaking risk assessment in high-risk areas and detection of risks through clinical risk assessment protocols
- A clear outline of behaviours that are considered unacceptable as well as an outline of sanctions or action that will be taken
- Details of the entire procedure to be followed where treatment is withheld from a patient
- Explanation of the lines of accountability on the instigation of withholding of treatment, (for example, a senior clinician may provide advice, following a clinical assessment, to the Chief Executive or his deputy to issue a formal letter withholding treatment) including the role of the LSMS.
- Information on how to arrange treatment for those patients who have a life threatening condition.

Line managers must ensure compliance with the above training components for new staff and arrange refresher training for other staff.

13. Dissemination and Implementation

This document will be circulated to all managers who will:
- Cascade the information to members of their teams;
- Confirm receipt of the policy.
- Ensure that all staff are briefed on its content and on what it means for them.

It will be available to all staff via the Trust Intranet.
14. Monitoring and audit arrangements

<table>
<thead>
<tr>
<th>Elements to be monitored</th>
<th>Lead</th>
<th>How Trust will monitor compliance</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of incidents of challenging behaviour and outcome</td>
<td>Liz McGrath, Ruari McCallion Camden, Islington &amp; Kingston Borough Managers.</td>
<td>DATIX: Audit</td>
<td>Annually</td>
<td>SMS Quality Forum for scrutiny Clinical Governance Department for governance compliance</td>
<td>Service Managers for each Substance Misuse Team/Service Area</td>
<td>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>
15. Review of the policy

This policy shall be reviewed every 3 years or earlier should a new regulation or national guidance be published or change of practice at C&I FT.

16. References

Camden and Islington NHS Foundation Trust (October 2014). *Clinical Risk Assessment and Management Policy*.


### Appendix 1

**Equality Impact Assessment Tool**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2 Camden and Islington Care Agreement

Our aim is to make sure that our service is safe for service users, staff and visitors. To ensure this happens:

- We will treat you with respect and courtesy at all time.
- We will provide you with a safe and non-judgemental environment.
- We will provide you with a named worker or team of workers who you will meet on a regular basis.
- We will ensure that your care is planned by you and us together and we will review this on a regular basis to make sure that we are continuing to help you achieve your goals.
- We will ensure that your care with our service is confidential and we will discuss with you the people with whom we can share information about your case.
- We will make sure that you know our opening times, the services we offer and any changes to them.
- If you start on medication, you will be seen at least weekly to ensure that you are on the most effective dose. As you become more comfortable, we will see you less often, if you choose.

For service users:

- Please come for your appointments on time; call in advance if you need to cancel an appointment.
- Try to be sober/straight for your appointments – if not, we will ask you to leave and to come back at a later time when you are sober.
- To not be physically or verbally aggressive or abusive; to not use sexist, racist or homophobic language to anyone working within or using the service - please treat us the way you would like to be treated.
- To not bring bikes or pets into the building - Only people with sight impairment can bring dogs into the building.
- To not bring weapons, drugs, alcohol or stolen property into the building.
- Please provide urine samples or mouth swabs when requested.
- Leave the building when you have finished with your worker and please do not hang about outside our buildings at any time.
- We will not accept any illegal activity in or around the building and this includes any form of aggression or abuse.

Drinking and smoking in the building or on the steps is prohibited for service users, staff and visitors.

Please note that this agreement applies equally to Camden/Islington Substance Misuse Services, your pharmacy and your GP surgery.

If we do not uphold these standards, we will help you to complain about our service in a formal manner.

If you do not uphold them, we will review your care with us.

<table>
<thead>
<tr>
<th>Name of Key-worker/Assessor</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Client</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Appendix 3: Written Warning letter

Camden and Islington NHS Foundation Trust

BY HAND

Date Written Warning

Dear

I am writing in relation to your behaviour in Service name on Date you displayed aggressive outburst/threat/language/inappropriate/aggressive behaviour which affected staff and service users within the service. Delete amend as required

Outline summary of incident.

Due to your behaviour other service users that were in attendance were upset by this and it affected their treatment and feeling of safety within our service.

The Foundation Trust operates within strict policies to protect staff and service users from acts or threats of violence and/or abusive or offensive language or behaviour.

I am therefore writing to issue you with a written warning that any further abusive and/or threatening behaviour by you towards the premises or any staff may result in the withdrawal of treatment by Camden and Islington NHS Foundation Trust Substance Misuse Services. Furthermore I am advising you that the only way in which we feel it is safe at present to continue to offer you a service is under the following conditions.

These are examples of some of the conditions used/this can be changed/deleted or adapted

- You must attend the service only when you have an appointment planned and you will be seen in the annex/security room and not allowed entry to the main service.
- You must only attend outside appointment times if agreed in advance by a member of staff.
- If you refuse to comply with this request we will call the police and ask them to remove you.
- You must never act in an aggressive, abusive or offensive manner towards any staff of service users or the premises.

If you fail to comply with any of what is set out above you will immediately be excluded from treatment with Camden and Islington NHS Foundation Trust Substance Misuse Services.

These conditions will apply until we feel you have stabilised on your prescribed medication and have attended the service without incident.
If you consider that your alleged behaviour has been misrepresented in any way or that this warning letter is unwarranted, please write to <insert details of person in charge of local complaints procedure>, who will review this decision in the light of your account of the incident(s).

A copy of this letter will be placed on your medical file and a copy has been sent to your General Practitioner. We will do the same with any response letter that you send to us.

Yours sincerely,

Service Manager
Camden Drugs Service/Islington Drugs Service

cc. GP of service user
    Medical file of service user
Appendix 4: Final Written Warning

FINAL WARNING

<Date>

BY HAND

Dear

FINAL WARNING

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you in <insert details of previous correspondence/meetings>. A copy of the Foundation Trust’s policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what this trust considers to be acceptable behaviour, your care will not be affected. However, if your unacceptable behaviour continues, this warning will be kept on your records for one year from the date of the incident and will be taken into consideration with one or more of the following actions: (to be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the police with a view to the Foundation Trust supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to the Foundation Trust supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the
envelope provided. If I do not receive a reply to this letter within the next fourteen days, the Foundation Trust will presume that you agree with the conditions set out here.

I hope that you should find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

A copy of this letter will be placed on your medical file and a copy has been sent to your General Practitioner. We will do the same with any response letter that you send to us.

Yours sincerely,

Signed Service Manager.

cc.   GP of service user
      Medical file of service user

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed

<Dated>
Appendix 5

ACKNOWLEDGEMENT OF RESPONSIBILITY AGREEMENT

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and <insert name of health body or location>

It is alleged that on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you at the meeting you attended on <insert location and date> to acknowledge responsibility for your actions and agree a way forward.

I would urge you to consider your behaviour when attending the <insert name of trust/location> in the future and to comply with the following conditions as discussed at our meeting:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one of the following actions: (to be adjusted as appropriate)

- The matter will be reported to the police with a view to the Foundation Trust supporting a criminal prosecution by the Crown Prosecution Service.

- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to the Foundation Trust supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

A copy of this letter is attached. Please sign the second copy and return to me in the envelope provided to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days I shall assume that you agree with these conditions.
A copy of this letter will be placed on your medical file and a copy has been sent to your General Practitioner. We will do the same with any response letter that you send to us. [Dr Dunn – are you happy with this suggestion?]

Yours sincerely,

Signed by senior staff member

cc. GP of service user
Medical file of service user

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

<Dated>
Appendix 6: Withholding treatment letter

Address and contact number of Service

Date

Dear

I am writing to you following the incidents which took place at Name of service on Date

Brief summary of incident

The safety and welfare of staff, service users, families, carers, contractors and visitors who are in contact with Foundation Trust services are of paramount importance. Our Trust takes the view that our staff and service users should be able to use our services without fear for their personal safety, aggression and from racial abuse.

Your behavior on this occasion has left us with no choice but to exclude you from all Camden and Islington NHS Foundation Trust Substance Misuse Services with immediate effect. This suspension from our services will be for a period of Stated time frame but the length of your suspension will be further determined by your willingness to comply with the following:

You must not attempt to contact the service or any of the staff until the exclusion from treatment ends

When you are eligible for treatment again with our services you must ring and ask to speak with a clinical pathway manager. They will arrange for an appointment for you to attend the service to meet with a manager to discuss your treatment and acceptable behavior whilst engaged with our services.

At the end of your suspension if you want to come back into treatment in Camden, we will re-assess you to see if you can be taken back into treatment without putting staff at further risk from your behavior.

We are not able to transfer your treatment to another drug service within the trust as we feel that your behavior would put other clients and staff at risk. The management team took the decision that this was a risk we were not prepared to take in view of your recent history.
The Camden commissioners – who fund our service – do not have a scheme where clients who are assessed as being at risk to other clients or staff can be seen. Some services around the country have a Violent Patient Scheme. This is not something we have in Camden for clients in treatment with substance misuse services, although we have had discussions with our commissioners about developing such a service in the future.

A copy of this letter will be sent to your GP. It is very unlikely that your GP will be able to take over the prescribing of you Methadone. You may be able to access other substance misuse service in the borough such as CRI’s 184 Project in Royal College St, but we will need to let them know of the risks your behavior poses to other clients or staff there.

Yours sincerely

Associate Clinical Director

Lead Consultant