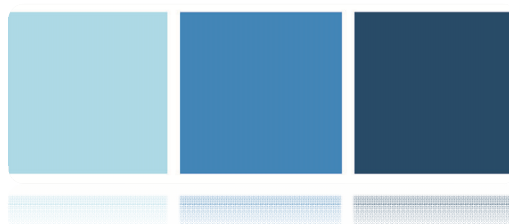


# Management of Violent and Aggressive individuals Policy

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*Think of the environment...Do you have to print this out this document? You can always view the most up to date version electronically on the Trust intranet.*



## Executive Summary

The purpose of this policy is to minimise the risk to staff, patients and visitors arising from incidents of violence and aggression.

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## 1. Introduction

### 1.1. Policy Statement

- 1.1.1 The Walton Centre NHS Foundation Trust is committed to tackling violence and aggression. The Trust aims to prevent incidents of violence and aggression occurring. It recognises that this is not always possible but strives to minimising risk through implementing suitable controls including those for lone workers. This includes the provision of violence and aggression training for all relevant staff as identified in the Trusts training needs analysis and training in the appropriate use of risk assessments.
- 1.1.2 The Trust does not accept that members of staff should be subjected to non-physical or physical assault of any nature. The Trust will encourage Police intervention and offer support to staff that have suffered mental and/or physical trauma. Any assault on a member of staff will be treated extremely seriously and may result in criminal charges being brought or access to the Trust site being restricted.
- 1.1.3 This document is a guide for staff who may have to deal with violent and aggressive situations as well as those staff who may be Lone Workers from time to time. Whilst the policy addresses the continuum of violent and aggressive behaviour, it is primarily concerned with the short-term management of disturbed/violent behaviour. The following sequence should be adopted by all services regardless of clinical care group or location:
- Individualized risk assessment and care planning
  - De-escalation
  - Intervention (not necessarily physical); and
  - Post incident review via Root Cause Analysis.
- 1.1.4 Dealing with aggressive situations is only a small part of patient care. Under our duty of care, the way violence and aggression is dealt with, is of the greatest importance, badly handled it may lead to the patient or staff member being injured, the provision of acute clinical care may be jeopardised and the relationship between the patient, the family and the care team may deteriorate.
- 1.1.5 The Walton Centre recognises the need to ensure that services remain as safe as possible and is committed to providing services that are safe for both service users and employees. There will be some occasions however, when patients may behave in such a way as to disturb others around them, or their behaviour may present a risk to themselves or others around them or those charged with their care.
- 1.1.6 In such situations, it is necessary for staff to take immediate control of the situation and try to reduce the risk to the patient, others or themselves.
- 1.1.7 All care interventions need to be assessed, planned on an individual basis and evaluated. Planning and evaluation should ideally involve patients and /or carers (especially where mental capacity issues affect the service user's ability to be directly involved).
- 1.1.8 This Policy requires all services, teams and practitioners to manage aggressive/violent behaviour within the following processes and sequence:
- Prediction: Risk Assessment – There should be an on-going, multidisciplinary risk assessment with well-communicated risk management plans.
  - De-escalation: Care management plans should set out the early use of individualised techniques that can be employed with the patient. De-escalation techniques should be employed prior to other interventions being used.
  - Physical Intervention - Additional interventions may be necessary where de-escalation has failed. Techniques such as physical intervention and rapid

tranquillisation should only be considered once de-escalation and other early strategies have not been successful in calming the patient down. They should not be attempted by individuals alone, but need to be carried out by an appropriate team of staff to ensure both safety and effectiveness.

- Root Cause Analysis (RCA) - Support and review within a learning lessons framework, should take place as soon as practicably possible following the incident. This should involve staff, patient (involved in the incident), carers, family where appropriate and Local Security Management Specialist.
- Official Warning: If the unacceptable behaviour is perpetrated by a visitor, rather than a patient, an official warning should be given. Failure to comply with this warning could lead to removal of the individual from the Trust and possible intervention by the Police. It may be appropriate to also use this intervention with patients who are displaying unacceptable behaviours and who are mentally competent to understand the consequences of those actions.
- The Trust reserves the right to exclude any individual, patient or visitor from the Trust in extreme circumstances of abuse or assault. Alternative care arrangements must be made prior to any exclusion.

## **1.2. Aims**

- 1.2.1 Provide staff and patients with a framework, which incorporates high standards of practice and care.
- 1.2.2 Ensure that risks are minimised in the management of violence and aggression.
- 1.2.3 Ensure that the management of violence and aggression is based on current national guidance/standards and within a legal framework.
- 1.2.4 Provide guidance on the management of aggression and violent incidents.
- 1.2.5 To detail the behaviours which are unacceptable and the sanctions available in the face of such behaviour, including a mechanism whereby patients who are extreme or persistent in their unacceptable behaviour can, as a last resort, be excluded from the Trust. (Persistent unacceptable behaviour refers to behaviour both within one admission and/or over a number of separate attendances within period of the sanction).
- 1.2.6 This policy underpins the national Zero Tolerance initiative against violence in the NHS and it must be applied effectively in all appropriate situations.
- 1.2.7 Takes into account the required standards in relation to the Deprivation of Liberty Safeguards, and reference to the DOLS policy at this point.

## **2. Scope**

This policy applies to all Trust Employees.

## **3. Definitions**

### **3.1. Non-physical Assault**

*'The use of inappropriate words or behaviour causing distress or constituting harassment'*

This also may include the following but this is not an exhaustive list;

- Offensive or obscene language
- Verbal abuse and swearing
- Brandishing weapons, or objects which could be used as weapons attempted assaults

- Offensive gestures
- Threats
- Intimidation
- Harassment or stalking
- Damage to buildings, equipment or vehicles which causes fear for personal safety
- Offensive language or behaviour related to a person's, race, gender, nationality, religion, disability, age or sexual orientation
- Inappropriate sexual language or behaviour

### **3.2. Physical Assault**

*'The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.'*

This also may include the following but this is not an exhaustive list;

- Punching
- Kicking
- Biting
- Pushing
- Throwing of objects

## **4. Duties**

### **4.1. Chief Executive**

- Has a duty to ensure the health and safety of all staff at risk from violence and abuse in the organisation.

### **4.2. Director of Nursing and Modernisation / Security Management Director (SMD)**

Has a duty to ensure:

- The implementation of this policy and in monitoring its effectiveness
- That adequate security management provision is made within their NHS health body, as specified particularly in paragraphs 2 and 7 of the Secretary of States Directions of 2004.
- This agenda is reflected at Executive Board level as well as ensuring compliance with legal and regulatory guidance

### **4.3. NED (Non-Executive Director) for Security Management**

- The role of the NED for security management is to support and, where appropriate, challenge the SMD on issues relating to security management at Executive Board level.

### **4.4. Local Security Management Specialist (LSMS)**

- It is the role / remit of the LSMS to protect and support staff.
- It is also in the remit of the LSMS, where appropriate, to follow up and investigate and where necessary build a case file for prosecution against assailants attacking NHS staff (including all those involved in health care business)

### **4.5. All Managers**

- Ensure that staff within their lines of responsibility are aware and understand this policy

- Conduct risk assessments where necessary, including annual violence and aggression risk assessment for their ward or department.
- Ensure staff have relevant training for dealing with incidents of non-physical and physical assaults
- Provide immediate support to staff that experience non-physical and physical assault by listening to their account of the incident and discussing with the member of staff the options available to them, and inform senior staff and the HR department as appropriate. Provide ongoing support to their staff as necessary
- Ensure staff report all incidents as per the Incident Reporting Policy and follow up actions as appropriate
- Debrief teams following a violence and aggression incident
- Consider the use of an informal / formal warning where appropriate

#### **4.6. All staff**

- Attend appropriate training in accordance with the Trusts Training Needs Analysis
- Report all incidents of violence as they occur as per the Trust incident reporting system
- Ensure that they do not put themselves or their colleagues at risk of violence and aggression intentionally or unintentionally
- Support colleagues who have been the victim of a non-physical or physical incident or witness to it
- Co-operate fully in any subsequent investigation of an incident

#### **4.7. Trade Union / Health and Safety Representatives**

- Support their members in reporting cases of non-physical and physical assaults
- Provide on-going support to their members who experience non-physical or physical assaults

### **5. General Process**

It is considered appropriate to have this policy in place to deal with any incident, no matter how unlikely. The purpose of this policy is to minimise the risk to staff, patients and visitors arising from incidents of violence and aggression.

#### **5.1. Incidents of alleged acts of violence or aggression by staff**

Where it is alleged that members of staff have carried out acts of violence or aggression, this will be dealt with under the Trust's Dignity at Work and Disciplinary policies. A full investigation will be commissioned & processed by the Human Resource/Governance Department.

#### **5.2. The legal Position**

The Trust is committed to tackling the issues of violence and aggression against staff and recognises it has a duty of care under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

In determining what action can be taken against abusive members of the public or visitors, the first point to consider is who is allowed on the Trust's premises. Patients under the care of the hospital or other clinical service have a right to be on the premises as by law do lawful visitors. "Lawful visitors" are defined as those persons with express or implied authority to enter the premises. Implied authority will vary depending on the circumstances and whether the person will have a valid reason to be in a particular location. The manager of a ward/department or a person acting on his/her behalf can

exercise the right to exclude a visitor from Trust premises. If the visitor then refuses to leave as requested, that person becomes a trespasser. A trespasser can then be removed by Trust staff provided that no more force is used than the situation requires. Any resistance by a trespasser to a person lawfully removing them would constitute an assault, i.e. a criminal offence.

## **6. Environment and Organisation**

This section relates primarily to violence prevention within in patient settings and represents the current good practice in reducing aggressive/disturbed/violent behaviour, as detailed in the Royal College of Nursing (RCN) guidance “Let’s talk about restraint.”

Patients should be cared for and their behaviour managed in the least restrictive care setting possible. All in-patient service areas should try to provide a de-escalation area or room for the purpose, of reducing arousal or aggression. This could be a dayroom or side room if appropriate. However, it is acknowledged that this is not always practicable or available. The use of the area should follow prior discussion with the patient and be with their agreement if possible. The function/purpose of use should be explained to the patient and carers as part of the risk management aspect of the service users care plan. De-escalation is a process and need not take place in designated areas.

Staff will report to the Estate Services, adverse ward environmental issues such as high temperature, ventilation, noise and light. High temperature, low levels of ventilation (access to fresh air) and high noise levels are positively associated with an increase in disturbed/aroused behaviour in in-patient settings. Staff should address patient concerns as part of care plans to proactively manage potential sources of aroused/aggressive behaviour that may arise from inadequate planning around a patient safety needs, privacy and dignity needs, their gender and cultural concerns, perceptions around physical overcrowding and their social and spiritual expression.

## **7. Risk Assessment**

### **7.1. How the Organisation carries out Risk Assessments for the Prevention and Management of Violence and Aggression**

7.1.1 Patient specific risk assessments -Staff should ensure that a comprehensive risk assessment is undertaken by both the medical and nursing staff, with each patient, as part of a care plan for the person that addresses any short-term and/or long-term management of disturbed/aggressive/violent behaviour, where such needs are identified. Staff will communicate the outcomes of violence and aggression risk assessment to others involved in the patient’s care, as required, in accordance to Trust guidance on the sharing of patient related information and patient confidentiality.

Following the risk assessment, a plan of care should be devised by the medical and nursing teams to try to reduce any antecedents to violent and aggressive behaviour taking place. This plan of care should include aspects of managing the patients:

- Physical care
- Psychological state
- Environment
- Factors such as withdrawal from alcohol/drugs
- Management of their neurological/neurosurgical condition
- Secondary effects of their treatment
- Mental capacity

- 7.1.2 Ward/department risk assessments – Where required, departmental managers must complete an annual violence and aggression risk assessment within their area. The Risk Assessment should also be used to highlight aspects of violence and aggression that may arise in the ward or department; this could include telephone rage, face to face contact or disruptive or aggressive behaviour with patients, visitors, carers or any member of the public.

## **7.2. Completion and Monitoring of Risk Assessments**

The Local Security Management Specialist will request from ward/department managers on an annual basis the completion of a violence and aggression risk assessment for their respective area. It is the responsibility of the Ward/Department Managers to ensure, if required, that any actions arising from the risk assessments are monitored and completed. Any risks identified should be placed on the risk register by the ward/department manager in line with the Risk Management Strategy via DATIXWeb.

The completed risk assessments must be returned to the Local Security Management Specialist within the risk management department.

The Local Security Management Specialist will monitor the completion of violence and aggression risk assessments across all departments and report this information to the Health, Safety and Security Group.

## **7.3. Arrangements for ensuring lone workers are safe**

See Lone Worker Policy.

## **8. De-Escalation Techniques**

Following a comprehensive risk assessment and where aroused, aggressive or violent behaviour is identified as a potential risk. The trust should ensure staff have the necessary de-escalation skills and should develop de-escalation strategies for individual service users. Where possible, and appropriate, the patient's partner/family should be included. When using the following de-escalation strategies, staff should consider their own 'body language' (how their stance, posture and proximity from the patient can be interpreted), how they maybe communicating with the patient (eye contact, facial expression hand gestures/movements and verbal/non-verbal prompts) and how the situation is making them feel and react. Situations in which people may become stressed can cause increased aggression resulting from the level of anxiety displayed by a person.

Staff should be aware of maintaining an 'exit strategy' as well as assessing the situation for any changes in behaviour that would necessitate a revision of the plan of care. In general one staff member should assume control and attempt to establish rapport with the patient. Solutions should focus on cooperation, realistic options and threat avoidance. In doing this, the staff member should seek to utilise an appropriate balance of question styles (open, closed, probing, reflective etc.) and enquire about the patient concerns, grievances and frustrations. One person can become the focus of aggressive behaviour; if this happens, it is advisable to try to remove that person from the environment. The specifics of the conflict resolution approach are covered in the trusts 'Conflict Resolution Training'.

The following approaches should not be taken within de-escalation:

- Behaving in an aggressive manner towards an angry person.



- Ignoring the person - appearing unconcerned or disinterested.
- Offering ultimatums.
- Being sarcastic or patronising the person.
- Becoming confrontational - tone of voice, body language, pointing at the person, invasion of personal space.
- Reinforcing inappropriate or undesirable behaviour.
- Offering bribes i.e. “behave for me and I’ll...”
- Shouting at an angry person.
- Making demands.
- Threatening the person.
- Getting involved in an argument.
- Making promises on behalf of other staff and the Trust.
- Keep referring back to an incident, which has been resolved.

8.1.1 Observation - Effective observation and where appropriate, engagement are key techniques in reducing levels of aroused and aggressive behaviour. Staff should use observation strategies in incident prevention and post incident management to reduce the risk of further episodes of arousal and to facilitate early use of de-escalation techniques.

In the setting of a neurosciences hospital, there is a good chance that disturbed behaviour has an organic basis. In addition to underlying brain pathology, consideration should be given to detection and management of:

- Seizures (both overt and subtle)
- Hypoxia (hypoventilation from central or peripheral cause)
- Infection (brain/meninges, systems, lung, urine, etc.)
- Hypoglycaemia
- Electrolyte imbalance (especially hyponatraemia)
- Drug or drug/alcohol withdrawal
- Mental capacity

## 9. Physical Intervention

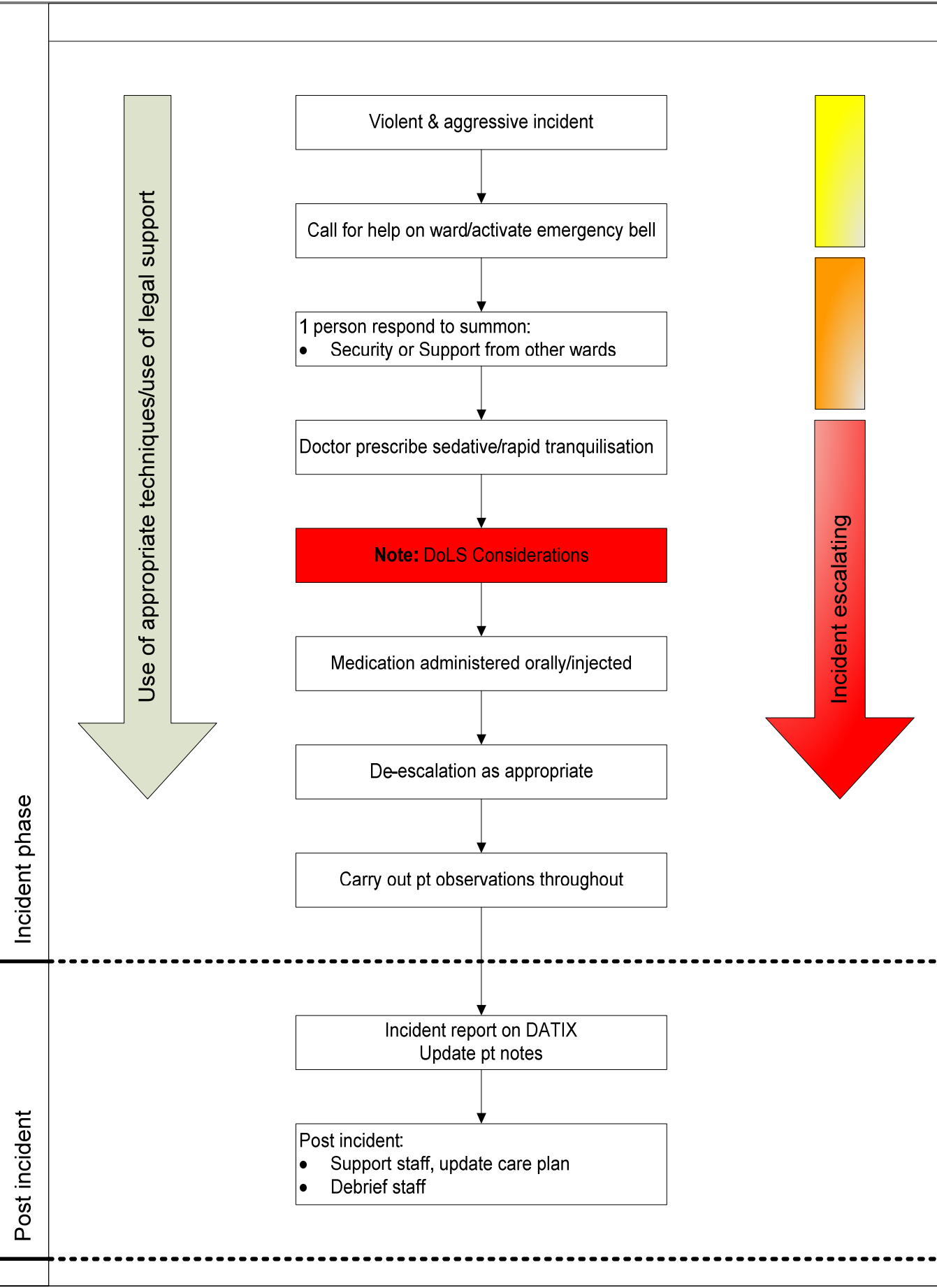
- 9.1.1 As a rule, physical intervention should only take place once non-physical, de-escalation techniques have been tried and have failed. This measure should be a last resort and only used if a patient becomes a danger to themselves or others.
- 9.1.2 All physical interventions in response to violent and aggressive episodes must be recorded as an incident, in line with the Trusts Incident Reporting Policy.
- 9.1.3 Staff must ensure that force used to control a patient must be reasonable and proportionate to the threat.
- 9.1.4 If an aggressor is suspected of having a weapon do not engage, isolate them and call the police. If the person indicates that they wish to surrender the weapon, they should be requested to leave it in a neutral place where it can be collected after the person has left the area. In all cases of this nature, the Local Security Management Specialist should be contacted immediately.
- 9.1.5 Staff should also be aware and take active steps to risk assess all patients with respect to physical interventions being used. It is the responsibility of the care team and staff involved to ensure that medical considerations and physical assessment takes place prior, during and post-physical intervention.
- 9.1.6 This applies to all patients regardless of health and/or disability status but special consideration needs to be demonstrated in the following circumstances

- Physical disability
- Pregnancy
- Sensory disability
- Obesity
- Children & Adolescents
- Presence of Drug and Alcohol Use
- History of Sexual Abuse/Assault
- Learning Disability
- Where the service user has been behaviourally aroused over a prolonged period of time (physical exhaustion)
- Where fluid and food intake is not known or known to be minimal
- Where the service user has a cardiac, thoracic or respiratory condition
- Where the service user has been recently started on a new therapeutic drug regime.

## **9.2. Escalation process**

The process below illustrates the escalation process for Violence and Aggression in the ward/clinical environment.

# Violence & Aggression - Clinical Escalation Process



- 9.2.1 When a person observes a situation which is unusual and which has the potential to develop into a physical confrontation, assistance is requested immediately. In no circumstances should a situation be addressed by one person (summon assistance).
- 9.2.2 Every effort will be made to deal with the situation in a non-confrontational manner (attempt to de-escalate the incident)
- 9.2.3 If a situation is occurring in an area where other people are present, the area should be cleared or staff should remove the patient from the stimuli or the stimuli from the immediate environment. If the situation remains unresolved, security should be alerted of a potentially difficult situation being present.
- 9.2.4 If situation remains unresolved, the bleep holder will contact the Police for emergency assistance.
- Once the situation is under control, reassurance must be given to other patients who may have witnessed or been directly involved.
  - The incident should be fully recorded in the patient's notes; both nursing/medical and an incident form completed.
  - All patients involved in a restraint situation will be physically examined by the duty doctor. Regardless if there is an injury or not, this will be fully recorded in the patient's medical notes.
  - The patient's medical team is informed and modifies the care plan if necessary.
  - The level of observation and care plans to be reviewed for the management of the individual.
- 9.2.5 The post incident RCA, if required, this will be dependent on the level of harm in line with Trust processes, will be discussed fully and openly with all members of staff at the next hand over in order to assess the appropriateness and effectiveness of the situation.
- 9.2.6 At the earliest opportunity (this could be immediately if a serious incident has taken place or via the usual review processes in the event of incidents in the context of longer term risk management) the incident will be discussed, if possible, with the patient and with permission the relatives. Where staff have discussed the incident with the patient or relatives/carers, then they should document it in the patient's healthcare record.

### 9.3. Physical Intervention Procedures

- 9.3.1 The procedure outlined below should only be followed when:
- a) A person observes a situation, which has the potential to develop into a physical confrontation, **OR**
  - b) De-escalation and diffusion have not had the desired effect and the situation develops into a potentially violent confrontation and there is a significant risk of injury to staff or the individual, **AND**
  - c) At least three members of staff are available to respond to the situation.
- 9.3.2 Staff will ensure that the following best practice guidance is adhered to throughout physical intervention procedures.
- 9.3.3 Physical intervention should be avoided if possible and should not be used for prolonged periods. Staff should consider the use of rapid tranquilisation and to end a physical intervention at the earliest opportunity.
- 9.3.4 Any position during physical intervention (seated, prone – on stomach, supine – on back and standing) carries potentially serious risks, therefore avoidance of prolonged restraint and monitoring of the service users health state are priorities for staff involved.

- 9.3.5 During physical intervention, one team member should be responsible for protecting and supporting the head and neck, where required. This staff member will be responsible for leading the team through the physical intervention process, and for ensuring that the patient's and breathing are not compromised and that vital signs are monitored.
- 9.3.6 During physical intervention, no direct pressure should be applied to the neck, thorax, abdomen, back or pelvic area. The overall physical and psychological well-being of the patient should be continuously monitored throughout the process.
- 9.3.7 Every effort should be made to utilise skills and techniques that do not use the deliberate application of pain. The deliberate application of pain has no therapeutic value and could only be justified for the immediate rescue of staff, patients and/or others.
- 9.3.8 The member of staff leading the intervention will allocate team members and a non-physically involved staff member to undertake and record observations respectively
- 9.3.9 Observations of the patient's vital signs will begin;
- Immediately any intervention takes place.
  - Immediately the situation is stabilised (patient in the prone, supine or seated) position where known risk factors are evident and continue every 3 minutes throughout the intervention
  - after 3 minutes into a stabilised position and continuing every 3 minutes throughout the intervention
  - Monitoring will end by team decision after the physical intervention is completed and the service user has been medically examined.
- 9.3.10 Observations to be undertaken and recorded on the patient's observation chart are:
- Pulse
  - Respiration Rate
  - Consciousness
  - Heart Output (Using Capillary Refill Test)
  - Temperature
  - Blood Pressure when applicable
- 9.3.11 Wherever possible individual members of staff should not be involved in physical interventions for longer than a period of 20 minutes without a break.
- 9.3.12 When the situation is under control and the person's compliance has been obtained allow the person to regain their autonomy as soon as is practicable.
- 9.3.13 The multi-disciplinary team will then discuss the future management of the patient, which will be fully documented in the care plan and regularly reviewed.
- 9.3.14 The person taking charge of the physical intervention will instigate debriefing as soon as is practicable following any incident.
- 9.3.15 Any physical intervention used should:
- Be reasonable and proportionate in the circumstances
  - Apply the minimum force necessary to prevent harm to the patient or others
  - Not include the use of mechanical restraint, as the Trust does not currently utilise any specifically designed or improvised forms of mechanical restraint.
  - Be used for only as long as is necessary
  - Be sensitive to gender and race issues.

## **10. Rapid Tranquilisation / Sedation**

### **10.1. Aim**

The aim of rapidly tranquilising a patient is to calm the severely agitated patient, in order to reduce the risk of imminent and serious violence to self or others. The aim is not to induce sleep or unconsciousness; the patient should be sedated but still able to participate in further assessment and treatment. However, there may be occasions when sedation is an appropriate goal.

### **10.2. Principles**

- 10.2.1 Patients should only be treated with the following medicines after an assessment of risk and when it has been established that the risk of not doing so is greater than the risk of acute pharmacological treatment. Rapid tranquilisation/sedation should be considered a last resort option after attempts with verbal de-escalation have been made, including by a doctor, unless any delay in sedation is felt to carry unacceptable risk.
- 10.2.2 Staff should be trained in how to assess and manage potential and actual violence using de-escalation techniques and tranquilisation. Staff should also be trained to use and maintain the techniques and equipment required to undertake cardio pulmonary resuscitation.
- 10.2.3 If a patient is acutely disturbed, then a doctor must be called to attend immediately. It is vital that the doctor obtains as much history as possible from the patient and other sources before medication is given, as the opportunity to make a diagnosis may be lost if the patient is sedated before an understanding of their mental state is reached. However, the immediate safety of the patient and staff is of prime concern. Due consideration should be paid to potential non-psychiatric causes for the disturbed behaviour.
- 10.2.4 In all cases, the patient must be informed that the medication is going to be given and must be given the opportunity at any stage to accept oral medication voluntarily. If a patient is unable to give informed consent, an atypical anti-psychotic should be prescribed for regular treatment.
- 10.2.5 In all cases, the minimum effective dose of medication should be used. BNF maximum doses should only be exceeded in extreme circumstances.

### **10.3. Pharmacological Treatments**

- 10.3.1 Polypharmacy within a class of medication (e.g. anti-psychotics) should, where at all possible, be avoided.
- 10.3.2 Consideration should be given to any co-existing medical illnesses and any regularly prescribed oral, depot medication; this may impact on dose requirements and potential side effects.
- 10.3.3 Where there is documentation in the patient's notes, their preference in medication to be used in the event of an acute episode of illness (an advance directive), this preference should be adhered to if clinically appropriate.
- 10.3.4 Oral medication should be considered before parenteral treatment is administered, unless intra-muscular (IM) administered medication is needed. If there is a valid 'PRN' prescription, this may be given by the nursing staff.

### **10.4. Oral Regimes**

The following steps are recommended as oral regimes:

- Lorazepam 1 – 2 mg, OR
- Lorazepam 1 – 2 mg and Haloperidol 5 mg *where there is an inadequate response to lorazepam alone*

10.4.1 If oral medication is repetitively refused, the decision to medicate a patient with an IM preparation will be taken jointly by medical and nursing staff. If the decision has been made to forcibly medicate, the patient must be isolated from other patients on the ward and placed in a side room. There must be at least one member of nursing or medical staff who is proficient in 'control and restraint' techniques, who leads a team of at least 5 others (which may include security members). One person is needed to administer the medication, one to hold each limb, and one the head.

10.4.2 The following steps are recommended as parenteral medication regimes for patients who have not been adequately settled by non-drug measures or oral medication, or who are refusing oral medication.

### 10.5. Intra-Muscular (IM) Regimes (Also in Appendix 7)

- Lorazepam 1 – 2 mg IM - Avoid if respiratory problems and in myasthenia gravis, when haloperidol 5 mg may be given instead
- Repeat after 30 minutes if necessary

**OR**

- Haloperidol 5 mg and Lorazepam 1 – 2 mg IM - Avoid haloperidol if pre-existing parkinsonism, When quetiapine 50 mg IM may be used instead
- Repeat after 30 minutes if necessary

10.5.1 In view of the safety considerations, the IM route is preferable to the IV route. IV administration should only be used when other methods have failed, in exceptional circumstances, with expressed consultant authority.

10.5.2 With either regime a maximum of 18 mg Haloperidol.

10.5.3 The maximum BNF dose of IM Lorazepam is 4 mg in 24 hours in adults, at times doses higher than this may be required, in such circumstances advice should be sought from senior colleagues.

10.5.4 If parenteral Haloperidol is used, anticholinergics (e.g. Procyclidine 5 – 10 mg IM/IV or Bezatropine Mesylate 1 – 2 mg (IM/IV) can be considered if there are extra-pyramidal side effects.

**Never mix drugs in the same syringe.**

10.5.5 Advice of a senior colleague/consultant may be appropriate.

### 10.6. Other medical considerations

10.6.1 *Flumazenil* – give if respiratory rate drops below 10/min due to benzodiazepine administration. Flumazenil is best avoided in epileptic patients.

10.6.2 *Benzodiazepines* – should be avoided in patients who are physically very unwell, who have significant respiratory impairment and in patients with Myasthenia Gravis

10.6.3 *Older Adults* – consideration needs to be given when prescribing medication for older adults and the possible interaction with pre-prescribed medications.

10.6.4 Patients with Parkinsonism should not be given Haloperidol or other neuroleptic/phenothiazines; but can be given Quetiapine if absolutely necessary.

### 10.7. Patient monitoring requirements

Constant visual observation of the patient should be maintained during the period of administration of medications. The vital signs of the patient, as well as the level of consciousness and oxygen saturation, should be recorded every 15 minutes after oral and IM administrations/ 5 minutes after IV injections for the first hour, then hourly for 4 hours or until the patient becomes active again.

- 10.7.1 Observation should be recorded within the patient's records – documentation for the reason for not being able to record observations should also be recorded.
- 10.7.2 Resuscitation equipment must be available and easily accessible.
- 10.7.3 Documentation/Feedback
- 10.7.4 All interventions should be recorded within the patient's medical records and the patient's response should be noted.
- 10.7.5 Staff involved in the management of an aggressive/violent patient should always have a short feedback session to identify ways of improving practice/ensuring everyone is satisfied with the actions taken.

## **11. Sanctions**

### **11.1. Overview**

Any patient or visitor behaving unlawfully may be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust property, assets and staff.

Sanctions are designed as an important step in improving the Trust's ability to tackle incidents involving violence and abuse. It is important to detail the behaviours which are unacceptable and the sanctions available in the face of such behaviour, including a mechanism whereby visitors and patients who are extreme or persistent in their unacceptable behaviour can, as a last resort be excluded from the Trust. (Persistent unacceptable behaviour refers to behaviour both within one admission and/or over a number of separate attendances within period of the sanction).

### **11.2. Expected standards of behaviour**

The following are examples of behaviours that are not acceptable on Trust premises:

- Anyone who meets the criteria defined in the two definitions at the start of this policy
- Excessive noise, e.g. loud or intrusive conversation or shouting
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Malicious allegations relating to members of staff, other patients or visitors.
- Offensive sexual gestures or behaviours
- Abusing alcohol or drugs in hospital (However, all medically identified substance abuse problems will be treated appropriately)
- Drug dealing
- Wilful damage to Trust property
- Theft
- Act of physical violence (not necessarily causing assault)

### **11.3. Visitors**

Visitors (anyone who is not a patient or staff member) who display any of the above behaviours will be asked to desist and offered the opportunity to explain their actions. Continued failure to comply with the required standard of behaviour will result in the removal of the offending individual from Trust premises and may result in exclusion from



the Trust for a set period of time, usually no longer than 12 months. Exclusions from the Trust are signed off by the Chief Executive or nominated deputy. Out of hours and in extreme circumstances the bleep holder may decide to exclude the visitor from the premises or restrict their visiting only to specific times and, if necessary, under escort from security staff.

#### **11.4. Step 1 - Procedure of care for Individuals who are violent or abusive**

For ease of reference a detailed flowchart can be seen below, this provides an overview of the process and associated checklists to be used if a procedure of care is initiated. Prior to implementing a procedure of care, refer to Appendices 1, 2 and 3.

Evaluate whether the individual is competent to take responsibility for their actions; if not, the patient will be excluded from this policy/procedure.

Inform the individual of the staff's concerns and fully explain the Procedure for managing violent and abusive individuals, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply with the Procedure of care for Individuals who are violent or abusive.

Complete all patient details on the Procedure of Care for Individuals who are Violent or Abusive form (Appendix 2). Ensure that a suitable member of staff (any Doctor or Registered Nurse) witness the explanation to the individual and signs the Confirmation of Procedure for managing violent or abusive individuals. If the patient is an outpatient and is not available to discuss the issues in person. Two copies should be sent to the patient with a request to sign and return one copy. The returned copy should be placed in their medical records.

Ask the patient to sign the Confirmation of Procedure for Managing Individuals who are Violent or Abusive. If the individual refuses to sign, this should be documented, but explained to them that the document will be valid with or without their agreement.

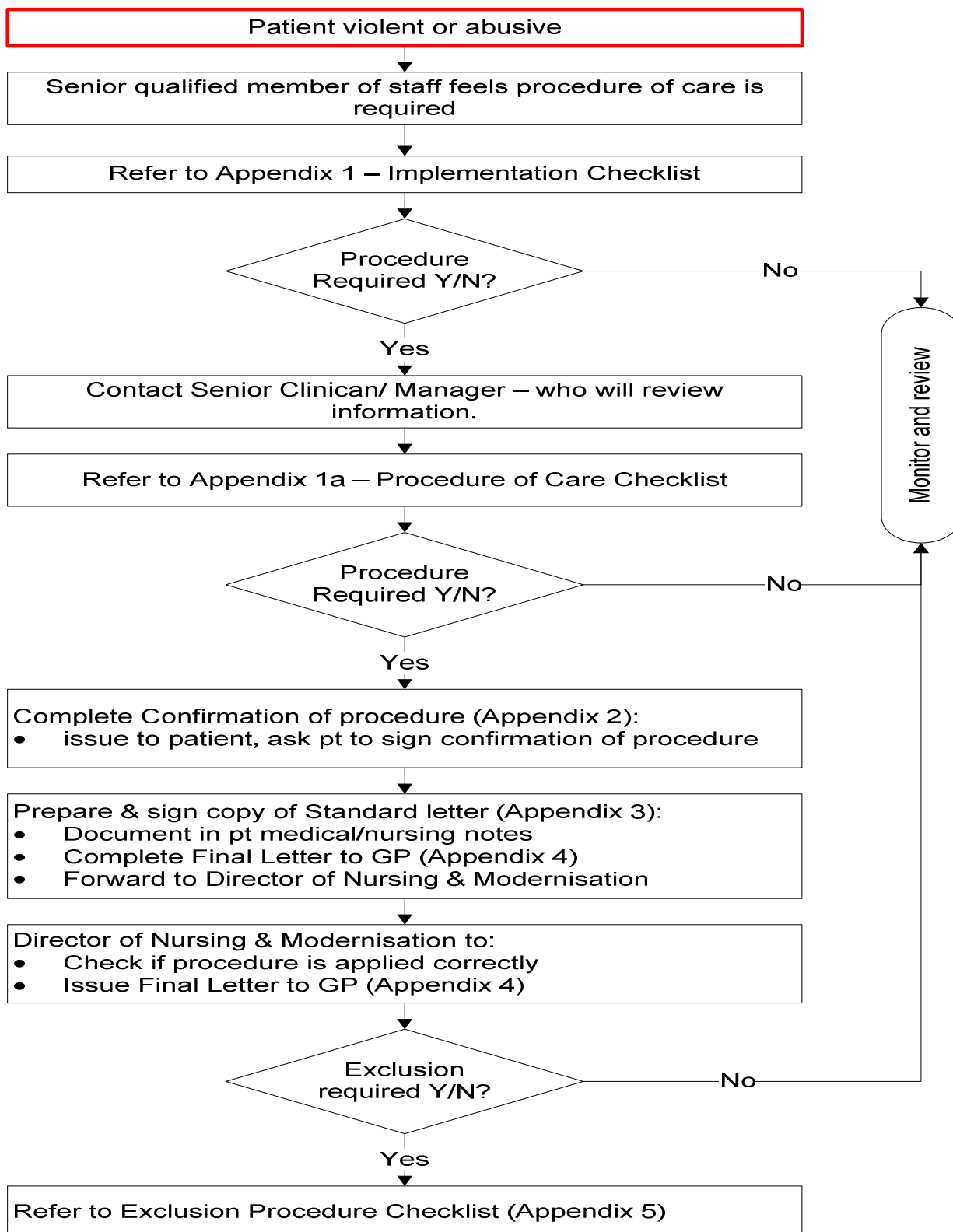
Give the individual a copy of the Procedure of Care for Individuals who are Violent or Abusive.

Prepare a copy of the standard letter (Appendix 3) for issue to the patient. This letter should be signed by the Director of Nursing and Modernisation.

A copy of the Confirmation of Procedure for Managing Violent and Abusive Individuals (appendix 2) and the letter (Appendix 3) must be kept in the patient's notes.

The full process must be recorded in the patient's medical and nursing documentation and an incident report should be completed on DATIXWeb.

If there has been no repeat behaviour or concerns raised during the next 12 months this sanction will be lifted.



## 11.5. Step 2 - Exclusion

Failure to comply with the Procedure of Care for Individuals who are Violent or Abusive may result in exclusion from the Trust and withholding of treatment.

Prepare a copy of the standard letter (Appendix 4), for issue to the patient and patients GP. This letter should be given to the Matron or Director of Nursing and Modernisation who will ensure that the procedure has been applied appropriately and for onward submission to the Chief Executive for signature. The Chief Executive or nominated

deputy will sign all exclusion letters for the Trust. A copy of this letter should be kept in the patient's hospital records.

Such exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician. In the event of an excluded individual presenting for emergency treatment, that individual will be treated and stabilised with, if necessary, security staff in attendance.

Where possible, they would then be transferred immediately. However, if admission is unavoidable security staff will, if necessary, remain in attendance. The need for security attendance will be determined following a risk assessment carried out by the patient's nurse, medic and security staff if requested.

Any patient behaving unlawfully will be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will employ its Local Security Management Specialist to oversee the prosecution of all perpetrators of crime on or against Trust staff and property& assets.

**The withholding of NHS treatment from violent and abusive patients will always be a last resort.**

**12. Post incident – Root Cause Analysis (If required)**

12.1.1 Once the situation is under control the incident will be fully documented using the Walton Centre Incident Reporting system and in the nursing records and will include:

- name and details of the patient
- details of the events leading up to the restraint being used
- the names of the staff involved in the restraint
- the length of time that restraint was used
- details of any situations where staff were unable to be relieved after 20 minutes of continuous restraint and the reasons why this was not possible

12.1.2 The doctor will be contacted following any incident of restraint to examine the patient. This examination will be fully documented in the medical notes.

12.1.3 A Root Cause Analysis (RCA) of the incident will be carried out by the multi-disciplinary team as soon as is practicable. Where necessary a risk management plan will be produced, for that patient, which explicitly states:

- under what circumstances restraint may be used in the future
- what form the restraint can take and how its application will be reviewed
- additionally where rapid tranquilisation has been used, the service user will be offered a 'debrief' and an opportunity to record their views in their medical notes

**13. Support for staff affected by incidents of violence**

If staff are affected by an incident of violence and aggression, support will be offered by their line manager, staff can also obtain support from their unions. Line managers and unions can direct staff to internal and external support mechanisms.

Information should be given on the support services available i.e. Occupational Health, staff counselling service, (free confidential, face-to-face counselling) by their line manager. This can be done by:

- Self-referral or manager referral to Occupational Health. [REDACTED].
- Staff support and psychological Well Being Service can be accessed by either manager, occupational health or directly by telephone on [REDACTED].

In addition to the above support, the Local Security Manager Specialist will provide support and advice during a police investigation. Staff wishing to access this service should contact either the Local Security Manager Specialist on [REDACTED].

All staff should receive a debriefing following a reported violent / aggressive incident; any further support could be identified during this process from their ward/department manager.

## **14. Policy implementation and training**

The policy will be implemented on a Trust wide basis following ratification by the Health, Safety and Security Group. The policy will then be made available on the intranet.

Managers have a responsibility to ensure staff have read and understood this policy and procedure. New staff will be informed of the policy as part of their Trust induction.

### **14.1. Training requirements**

Please refer to the Trusts Induction and Mandatory Training Policy, (Organisation Wide Training Needs Analysis) which identifies which staff groups have to attend the training.

The level of training given to a group of staff will be identified as per the training needs analysis.

Conflict Resolution Training is crucial to avoid panic reactions in unusual situations. The relevant training will ensure that staff are competent to deal with circumstances which are new, unusual or beyond the normal scope of training, for example, when to stop work and seek advice from a line manager and how to handle violence, aggression and/or abuse. The objective of this training package is that by the end of the course, participants will be able to:

- Describe common causes of conflict.
- Describe two forms of communication, i.e. verbal and non-verbal.
- Give examples of communication breakdown.
- Explain three examples of communication models that can assist conflict in conflict resolution
- Describe patterns of behaviours they may encounter during different interactions
- Explain the different warning and danger signs
- Give examples of impact factors
- Describe the use of distance when dealing with conflict
- Explain the use of reasonable force as it applies to conflict resolution
- Describe different methods for dealing with possible conflict situations

## **15. Monitoring and Compliance**

The monitoring arrangements for implementation and performance of this policy includes audit of the key points / processes contained in this document.

## **16. References**

- Health and Safety at Work Act 1974
- Secretary of States Directions of 2004
- Let's talk about restraint -

#### **16.1. Supporting policies/documents**

- Health & Safety Policy.
- Incident Reporting Policy.
- Lone Worker Policy.
- Occupational Therapy Home Visit Policy.

## Appendix 1 - Procedure of care for individuals who are violent or abusive

### IMPLEMENTATION CHECKLIST (1)

1. In the event of inappropriate behaviour by a patient and following careful review by the individual's clinical team (or the on-call team out of hours), the Procedure for Care of Individuals who are Violent or Abusive (hereafter referred to as the Procedure for Care) can be instigated.
2. In the event of the senior qualified member of staff on duty of the relevant ward/department feeling that a Procedure for Care may be appropriate, he/she should contact a senior member of staff e.g. The Senior Nurse Manager/ General Manager. For out of hours the Hospital Co-ordinator should be contacted.
3. It is the responsibility of that senior person (see Appendix 2) to undertake the following:
  - The reporting officer should provide full details of the incident and the staff member's concerns. Document them and decide whether a Procedure for Care is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.

If the senior Officer considers that a Procedure for Care is required he or she will:

- Inform and seek advice from the patient's consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
- Inform the patient of the staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
- Complete all patient details on the Confirmation of Procedure for Care of Individuals who are Violent or Abusive (Appendix 2).
- Ask the patient to sign the Confirmation of Procedure for Care of Individuals who are Violent or Abusive (hereafter referred to as the Confirmation of Procedure for Care). If the patient refuses to sign, this should be documented, but explained to the patient that the document will be valid with or without the patient's agreement.
- Ensure that a senior member of staff (any doctor, registered nurse, radiographer or other health care professional) witnesses the explanation to the patient and signs the Confirmation of Procedure for Care.
- Give the patient a copy of the Confirmation of Procedure for Care and of the policy itself.
- Prepare a copy of the standard letter (Appendix 3), for issue to the patient. This letter should be signed and sent by the Director of Nursing and Modernisation.
- If there is no improvement the patient may be excluded and the GP will be notified and have treatment withheld.
- The full process must be recorded in the patient's medical and nursing documentation.

**Appendix 2 - Procedure of care for individuals who are violent or abusive implementation checklist**

**IMPLEMENTATION CHECKLIST (2)**

WARD: ..... HOSPITAL: .....

PATIENT'S FAMILY: .....

PATIENT'S FORENAMES:.....

HOSPITAL NUMBER(S):.....

HOME ADDRESS: .....

.....

HOME PHONE NUMBER:.....

GP'S NAME: .....

GP'S ADDRESS:.....

GP'S PHONE NUMBER.....

The consequences of a failure to comply with the Procedure for Care have been fully explained. I understand my GP will be informed.

***I agree to comply with the expected behaviours set out in the policy, which will be provided at The Walton Centre NHS Foundation Trust***

Signed: .....Date: .....

\* Delete if refused

**WITNESSES FOR THE TRUST**

(Initiator of Procedure)

NAME:..... NAME:.....

DESIGNATION:..... DESIGNATION: .....

Signed:..... Signed:.....

Date: ..... Date: .....

**Out of Hours - Senior Bleep Holder**

## Appendix 3 - Letter to patient informing them that a procedure for care has been initiated

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and Walton Centre NHS Foundation Trust

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 Trust staff whilst on Trust premises (delete as applicable).

Behaviour such as this unacceptable and will not be tolerated. The 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 Walton Centre NHS Foundation Trust in the future and 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 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 this health body 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 this health body 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 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 14 days I shall assume tacit agreement.

Sincerely,

Signed by the Director of Nursing

Date

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

Signed

Date



## Appendix 4 – Exclusion Letter

Date>

Dear

### **Withholding of Treatment**

I am writing to you concerning an incident that occurred on <insert date> at the Trust.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of staff whilst on Trust 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 in my previous correspondence/meetings of <insert date>. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> where this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from Trust premises. The period of this exclusion is <insert number of weeks/months> and comes in to effect from the date of this letter.

As part of this exclusion notice you are not to attend Trust premises at any time except:

- In a medical emergency; or
- Where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken (to be adjusted as appropriate):

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the police with a view to the Trust supporting a criminal prosecution by the Crown Prosecution service.
- The matter will be reported to the NHD Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.

In considering withholding treatment the Trust considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide healthcare to individuals.

If you consider that you alleged behaviour has been misrepresented or that this action is unwarranted, please raise this in writing under the complaints procedure who will review this decision in light of your account of the incident (s).

A copy of this letter has been issued to your GP and Consultant.

Yours faithfully,

Chief Executive Officer

Date.

## Appendix 5 - Exclusion – Procedure Checklist

1. The decision to exclude can only be taken by the Chief Executive (or, in their absence, their nominated deputy), once alternative care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care in the normal manner.
2. The responsible consultant must be informed and write to the patient's GP detailing the exclusion and the reasons for it and normally requesting that the GP makes appropriate alternative arrangements for the patient's management.
3. The patient must be informed that they may challenge an exclusion
4. The Director of Nursing & Modernisation will facilitate the dispatch of a written confirmation to the patient's home.
5. The Chief Executive, Local Security Manager Specialist and relevant Department Managers must also be informed.
6. A detailed record of the rationale for exclusion and of the alternative arrangements for care should be kept in the patient's medical and nursing documentation.
7. If an excluded individual returns in any circumstances other than a medical emergency, security staff should be called immediately. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.

## **Appendix 6 - Checklist for staff in handling violent or potentially violent situations in work**

The following list identifies signs that may lead to violence. Staff should be aware of these signs especially “attention seeking behaviour”.

- a) Restless behaviour involving pushing and jostling.
- b) Deliberately provocative conduct.
- c) A client who is unusually quiet or withdrawn or alternatively boisterous.
- d) Over sensitive reactions to corrections or instructions.
- e) A feeling of tension in the ward/department or in the interview.
- f) Threats of violence, which should always be taken seriously.
- g) Previous history of violence.

### **Reactions**

Training and experience help, but the following are some basic ground rules:-

- a) Appear calm, be reasonable and reassuring and keep clients informed.
- b) Bear in mind any relevant information you may have about the client.
- c) If the agitation persists, attempt to involve a more familiar worker who is not involved in the immediate conflict.
- d) Make no physical contact unless absolutely necessary and then try not to be the first to do so.
- e) Do not argue and do not give orders.
- f) Work on the positive if possible. Look for a way out, as the client may well want the same thing.
- g) Consider raising the alarm or summoning help.
- h) If the situation escalates and control is being lost, consider getting out of the situation

Do not put yourself in an isolated place. Always have a means of escape if the situation should escalate.

## Appendix 7 - Version Control

| Version | Section/Para/<br>Appendix | Version/description of<br>amendments   | Date       | Author/Amended by |
|---------|---------------------------|--|------------|-------------------|
| 1.0     | Throughout document       | Removed reference to NHSLA standards as these no longer exist.   | 19/01/2015 |                   |
| 1.0     | Throughout document       | Health and Safety Committee changed to Health, Safety and Security Group   | 19/01/2015 |                   |
| 2.0     | Throughout document       | Amended contact details for LSMS   | 19/01/2015 |                   |
| 2.0     | All                       | Approved by Health, Safety and Security Group  | 21/02/2015 |                   |
| 3.0     | 1.1.1                     | Clarified to include violence and training provision   | 13/02/2018 |                   |
| 3.0     | 11.8                      | Added - The Trust reserves the right to exclude any individual, patient or visitor from the Trust in extreme circumstances of abuse or assault. Alternative care arrangements must be made prior to any exclusion. | 13/02/2018 |                   |
| 3.0     | 5.3                       | Section on NHS Protect removed as they have now been disbanded.  | 13/02/2018 |                   |
| 3.0     | 7.1.1                     | Heading amended from 'clinical care' to 'patient specific risk assessments'  | 13/02/2018 |                   |
| 3.0     | 7.1.2                     | Amended from 'Non Clinical Environment' to 'Ward/department risk assessments'  | 13/02/2018 |                   |
| 3.0     | 7.2                       | New section added: Completion and Monitoring of Risk Assessments   | 13/02/2018 |                   |
| 3.0     | 9.2.1                     | Reworded section for clarity   | 13/02/2018 |                   |
| 3.0     | 11.3                      | Reworded for clarity   | 13/02/2018 |                   |
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## Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on [REDACTED]

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwch â chanolfan Walton ar [REDACTED].

هذه المعلومات يمكن أن تُترجم عند الطلب أو إذا فضل المترجم يمكن أن يُرتب للمعلومة الإضافية بخصوص هذه الخدمات من فضلك اتصل بالمركز ولتوّن على [REDACTED]

تەم زانیاریە دەکریت وەرگێردریت کاتیک کە داواکریت یان ئەگەر بەباش زاندرە دەکریت وەرگێریت نامادە بکریت (پێک بخریت) ، بۆ زانیاری زیاتر دەبارەى ئەم خزمەتگوزاریانە تکایە پەیوەندی بکە بە Walton Centre بە ژمارە تەلەفۆنی [REDACTED]

一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是：[REDACTED]