

CONTROLLED DOCUMENT

Withholding Treatment Procedure (procedure for managing patients/public who are violent and/or abusive) -“Yellow and Red Card Procedures”

CATEGORY:	Procedure
CLASSIFICATION:	Governance
PURPOSE	To set out the procedure for the management of patients who are violent or abusive in their behaviour towards staff, other patients or members of the public and includes the possible withholding of treatment.
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1 Purpose

- 1.1 The purpose of this procedure is to support the Security Policy by setting out the procedure for the management of patients and visitors who are violent or abusive in their behaviour towards staff, other patients or members of the public.
- 1.2 It explains the circumstances in which staff can invoke a Yellow or Red Card to sanction patients showing inappropriate/unacceptable behaviour/ abuse, up to and including the sanction of excluding patients/public who present an unacceptable risk.

2 Scope

- 2.1 This procedure may be used to deal with both patients and visitors whose behaviour is unacceptable. Persons who are on the premises other than as patients may be asked to leave the premises immediately. Where such persons are also patients of the Trust it may be necessary to consider the use of this procedure, in which case references to patients shall include such persons and appropriate records of any actions taken should be kept.
- 2.2 This procedure has three stages (Formal Warning, Yellow Card, Red Card), which are normally intended to be followed progressively. However, where the behaviour so warrants, the procedure may be commenced at any one of the three stages.
- 2.3 This procedure may also be followed where a patient/visitor is known to present a risk towards staff, other patients or members of the public, irrespective of the source of the information regarding such risks, for example, a patient with a history of violence towards staff at another healthcare provider. In such cases, the procedure may be commenced at any one of the three stages.

3 Procedure

- 3.1 Immediate management of incidents of violence and aggression must be dealt with in accordance with the Security Policy (including The Prevention and Control of Violence & Aggression) and the Security Procedure.
- 3.2 Consideration should be given to reporting incidents of assault/violence to the police where there is no lawful justification or excuse for the behaviour, with the default position being that a report should be made. However, consideration should be given to the wishes of the victim, although the Trust may report an incident to the police even if the victim does not wish such a report to be made.

Stage 1 - Formal Warning

- 3.3 In the event of inappropriate behaviour by a patient/visitor, the nurse or department manager in charge of the relevant area should explain to the patient/visitor that his/her behaviour is unacceptable and the expected standards that must be

observed in the future. This explanation should, wherever possible, be carried out in front of a witness and must be documented in the patient's healthcare records with the details of the incident that triggered the warning. The entry must also be signed by the witness and the patient's Consultant must be informed. An incident report form should also be completed using the Datix online incident reporting system.

- 3.4 A careful review of the patient's condition must be made by a senior member of the individual's clinical team to ascertain whether the behaviour is excused by the patient's mental state at the time, taking into account their medical condition and their medication. This must be at Registrar or Consultant level, including staff of the on call team, and should preferably be the Consultant responsible for the patient; Where the Consultant responsible for the patient was not involved in the review, they must be informed. The review must be documented fully in the patient's healthcare records.
- 3.5 Where, following the aforementioned review, it has been established that there is no lawful justification or excuse for the patient's behaviour, the following process should be applied:
- 3.6 Within working hours, a member of the Divisional Management Team must be informed, and nominated to issue a written warning about the possible consequences of any further repetition. Out of hours, the on-call manager must be informed and should perform the same duty.
- 3.7 Details of the warning must be recorded in the patient's healthcare records. The patient must be advised that he/she is receiving a formal written warning; the patient's Consultant should also be informed of the written warning. The patient should receive an explanation of the expected standards that they must observe in the future and warned about any failure to comply. At this point the patient will be required to sign the document **"Confirmation of Understanding of Formal Written Warning to Patients who are Violent or Abusive"** (Appendix 2).
- 3.8 Where a patient refuses to sign the document this should be recorded in the patient's healthcare records. It should be explained to the patient that the document will be valid with or without the patient's agreement/signature. A copy must be filed in the patient's healthcare records and the patient informed. An incident report form should be completed promptly and submitted.

Stage 2 - Issue of a Yellow Card

- 3.9 Failure to subsequently desist from inappropriate/unacceptable behaviour following the written warning may result in the issue of a Yellow Card.
- 3.10 A yellow card should be implemented by an appropriate senior member of the Trust management team. These include:

- 3.10.1 Site Manager/ Night Sister/ Senior Nurse;
 - 3.10.2 Consultant/ Clinical Service Lead;
 - 3.10.3 Divisional Director;
 - 3.10.4 Associate Director of Nursing;
 - 3.10.5 Divisional Director of Operations;
 - 3.10.6 Risk Management Advisor;
 - 3.10.7 Head of Governance;
 - 3.10.8 Group Manager or On Call Manager;
 - 3.10.9 Patient's Consultant; or
 - 3.10.10 Executive Team Member/Manager on the Executive Team on call rota.
- 3.11 When a decision has been made to implement a Yellow Card, it is the responsibility of the person issuing the card to undertake the following:
- 3.11.1 Document staff member's concerns;
 - 3.11.2 Decide whether action under this procedure is required. Further consultation with the patient's medical team may be appropriate; and
 - 3.11.3 Complete the implementation checklist and letters to GP and patient (Appendix 3, 4, 5). Copies of all the paperwork must be sent to the Risk Management Department to provide a central record of the event.
- 3.12 The patient will be advised that any further incident of unacceptable behaviour within that 12 month period may result in escalation to Red Card Status, i.e. their exclusion from treatment within the Trust
- 3.13 The patient must be advised that the implementation of the Yellow card can be appealed through the Trust Complaints process.
- 3.14 A yellow slip will be attached to the inside of the front of the patient's healthcare record and an electronic 'Flag' will be inserted on the Lorenzo system, the Emergency Department's Symphony System and the Clinical Portal to alert staff to the patient's Yellow Card status. This will be initiated by the person implementing the Yellow card. Risk management must be informed
- 3.15 When a patient warrants a Yellow Card, the status will remain in effect for a 12 month period. If the patient has not had any further episodes of unacceptable behaviour, the Yellow card status will be removed by agreement at the trust's Clinical Ethics Group.
- 3.16 The Clinical Ethics Group will review all yellow cards that are due to be rescinded. If the patient has not displayed any episodes of unacceptable behaviour the Chief

Operating Officer will nominate an appropriate member of the Divisional team to take the manual and electronic flags from the patient's information. The Risk Management Team must also be informed

- 3.17 If a patient complies with the terms of the Procedure at the Yellow Card Status stage, they can expect that:
- 3.17.1 Their clinical care will not be affected in any way;
 - 3.17.2 Where substance abuse has been identified, appropriate medical assistance will be provided if they require it;
 - 3.17.3 The Trust will fully investigate all valid concerns about the process raised by the patient; and
 - 3.17.4 Any formal warning issued under the Procedure will cease after one year.

STAGE 3 - Invoking Red Card Status

- 3.18 The Red Card Status may be invoked, where the patient has failed to comply with the terms of the procedure during Yellow card status and in situations where the patient's behaviour has been of an extreme or serious nature.
- 3.19 The issuing of a Red card and subsequent exclusion from treatment within the Trust will be implemented by an appropriate senior member of the Trust management team, who must be different from the member who invoked yellow card status.
- 3.20 The case for implementation of a Red card must be presented to the Clinical Ethics Group, before any formal action is taken.
- 3.21 The Clinical Ethics Group will discuss the case and either endorse or deny Red card implementation.
- 3.22 In the event of a case that is deemed as extreme or of such a serious nature that may require implementation of an immediate Red card the Medical Director can review the case and endorse implementation. However, this decision can only be made following full medical review by the appropriate medical staff caring for that patient.
- 3.23 The Clinical Ethics Group will discuss the case at its next meeting to formally record the decision.
- 3.24 The same process applies as per the Yellow card i.e. a formal written warning must be issued to the patient and a copy filed in the patient's healthcare records, and an incident report form be completed and submitted.

- 3.25 A checklist for implementation of a Red Card Status should also be completed and sent to the Risk Management Team to provide a central record of the event. (Appendix 6).
- 3.26 The patient must be advised that the implementation of the Yellow card can be appealed through the Complaints process. The patient will be sent a letter from the Chief Executive informing them of the implementation of the Red card. (Appendix 8)
- 3.27 A red slip will be attached to the inside of the front of the patient's files and an electronic 'Flag' will be inserted on the Lorenzo system, the Emergency Department's Oceano System and the Clinical Portal to alert staff to the patient's Red Card status. This will be initiated by the person implementing the Red card. The Risk Management Team must also be informed.

4 Exclusion From Treatment/Alternative Care Arrangements

- 4.1 A patient who has received a Red card should be advised that they can appeal to the Trust against any decision to exclude them from treatment through the Trust Complaints process. Such exclusion will last for a period of 12 months, subject to alternative care arrangements being made. The Trust (including the Consultant responsible for the patient's care) will discuss such arrangements with the patients General Practitioner (Letter – Appendix 7) and relevant Commissioning body to ensure appropriate alternative arrangements are commissioned.
- 4.2 Where immediate alternative care arrangements are required, but cannot be made, there should be security staff in attendance to support the clinical team if necessary.
- 4.3 In the event of an excluded individual presenting at the Trust's Emergency Department for emergency treatment, that individual will be treated and stabilised with, if necessary, security staff in attendance. Where possible, the patient should then be treated and discharged as soon as clinically safe to do so. However, if admission is deemed necessary, the patient should be admitted and support given to the medical/nursing staff through attendance of security and possible isolation of the patient in a side room.

5 Return Onto Trust Premises

If an excluded individual returns to the Trust in circumstances other than a medical emergency, security staff should be called immediately. If necessary, the police will be asked to attend. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.

6 Implication Of Red Card Status

If a patient complies with the terms of the Procedure at the Red Card Status stage, they can expect that:

- 6.1 The patient will be excluded from clinical care, except when presenting at the Emergency Department;
- 6.2 The Trust will fully investigate all valid concerns about the process raised by the patient; and
- 6.3 Any formal warning issued under the Procedure will cease after one year.

7 Appeals Against Yellow/Red Card Status

- 7.1 Should the patient wish to challenge the decision, they may do so through the Trust's Complaints process.
- 7.2 Patient Services should liaise with the relevant division to ensure that a full investigation of the Yellow/Red card implementation process has taken place which will then be referred to Clinical Ethics Group for discussion and final approval or refusal.

8 Implementation And Monitoring

- 8.1 This procedure will be available on the Trust intranet and implementation of this procedure will be monitored by the Health, Safety and Environment Committee and Clinical Ethics Group.

Monitoring

- 8.2 The Health, Safety and Environment Committee receives a quarterly report regarding the numbers of Yellow/Red status issued within the Trust.
- 8.3 The Clinical Ethics group will review the process for the issuing of all Yellow/Red cards.
- 8.4 The Director of Corporate Affairs will provide an update on the process for issuing Yellow and Red cards to the Audit Committee through the Health and Safety report, who will provide assurance to the Board of Directors.

9 Associated Documents

- 9.1 Security Policy (including The Prevention and Control of Violence & Aggression)
- 9.2 Security Procedure

APPENDIX 1: Yellow /Red card process flow chart

Available at <https://www.uhb.nhs.uk/Downloads/pdf/controlled-documents/WithholdingTreatmentAppendix1.pdf>

APPENDIX 2: Confirmation of Understanding of Formal Written Warning to Patients who are Violent or Abusive

Available at <https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix2.docx>

APPENDIX 3: Implementation of Yellow Card Status Checklist

Available at <https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix3.docx>

APPENDIX 4: Yellow Card Status letter to GP

Available at <https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix4.docx>

APPENDIX 5: Yellow Card Status letter to patient

Available at <https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix5.docx>

APPENDIX 6: Red Card Status Exclusion Procedure - Implementation Checklist

Available at <https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix6.docx>

APPENDIX 7: Red Card Status letter to GP

Available at <https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix7.docx>

APPENDIX 8: Red Card Status letter to patient

Available at <https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix8.docx>

APPENDIX 9: Yellow and Red Cards

Available at

<https://www.uhb.nhs.uk/Downloads/word/WithholdingTreatmentAppendix9.docx>