

## ZERO TOLERANCE POLICY

In January 2000 the Department of Health (DOH) issued guidelines to Health Authorities to introduce local initiatives as part of a Zero Tolerance Campaign, which addresses any incident where a General Practitioner (GP), or his/her staff are exposed to violent behaviour.

As well as having a right to protect themselves, GPs have a duty as employers to protect their staff and as providers of a public service, those with reason to be on their premises.

The DOH has established the following definition for violence: 'Violence' means: -

*"Any incident where a GP, or his or her staff, are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health".*

The definition does not define violence just as physical assault but also includes threats that challenge the "Safety, well being or health of staff".

The following statement is in our practice leaflet and on the practice website:-

***"This surgery operates a Zero Tolerance policy towards verbal or physical abuse towards any member of our staff. Patients are asked to be considerate and act reasonably. All incidents will be followed up and you will be sent a formal warning or removed from the practice list if your behaviour has been unreasonable. We will have no hesitation in having you removed from the building by the police should your behaviour warrant it".***

### ***The Police will be called if:***

An incident is taking place and the patient is posing a threat to staff or other patients. If the GP or staff believes there is a threat to life or of serious injury they will inform the operator when calling the Police.

If the patient has left the premises and there is no immediate danger, the Police will still be notified of the incident so it can be recorded for future reference. The GP will also keep a record of the incident.

### ***What constitutes a warning and when a warning will not be given:***

A patient will be warned that they are at risk of removal and will be given an explanation of the reasons for this. A permanent record of the warning, including the date and reason for the warning, will be made and retained.

### **However no warning will be given if:**

- The practice has reasonable grounds for believing that the issue of such a warning would put at risk the safety of members of the practice or those entitled to be on the practice premises
- It is, in the opinion of the GP, not otherwise reasonable or practical for a warning to be given.

### ***Removal from the Practice List:***

A good patient-doctor relationship, based on mutual respect and trust, is the cornerstone of good patient care. The removal of patients from this practice list is an exceptional and rare event and is a last resort in an impaired patient-practice relationship. When trust has irretrievably broken down, it is in the patient's interest, just as much as that of the practice, that they should find a new practice.

If the decision to remove a patient from the practice list is made, the Primary Care Organisation (PCO) will be informed in writing of the request and the removal will not take effect until the eighth day after the request is received by the PCO or, if the practice is treating the patient at intervals of less than seven days, eight days after treatment ceases unless the patient is accepted by, allocated or assigned to another practice sooner than this. The patient is always notified by the PCO.

**An exception to this is on immediate removal on the grounds of violence e.g. when the Police are involved.**

### ***Notifying the Patient***

The Practice will take immediate steps to contact the patient to inform them of the action being taken. The patient will be informed in writing to their home address. Although the General Practitioner is not obliged to give a reason it is the policy of this Practice to inform the patient why they have been removed from the list.

### ***Removing other members of the household***

In rare cases, however, because of the possible need to visit patients at home it may be necessary to terminate responsibility for other members of the family or the entire household. The prospect of visiting patients where a relative who is no longer a patient of the practice by virtue of their unacceptable behaviour resides, or being regularly confronted by the removed patient, may make it too difficult for the practice to continue to look after the whole family. This is particularly likely where the patient has been removed because of violence or threatening behaviour and keeping the other family members could put doctors or their staff at risk.