

Prevention of Violence Policy

(includes First Aid)

adapted from Housing Justice Shelter in a Pack

Over the years the environment of

WYDAN NIGHT SHELTER

has generally been calm and welcoming. With that in mind however, it is important to recognize that actual or potential violence **may** be a problem in working with this vulnerable client group. The following guidelines were issued by the London Rough Sleepers Unit, and are used by Shelter and Crisis with the view to offer directions on the most effective ways of preventing violent behaviour and protection from its consequences.

The Health and Safety Statement included in this pack acknowledges the responsibility of the WYDAN NSSG and various venues to provide direction and support to volunteers; in addition, all volunteers have an individual responsibility never to put themselves, their colleagues, guests or members of the public at unnecessary risk. These procedures should be viewed within the context of that shared responsibility.

DEFINING VIOLENCE AND AGGRESSION

Although these guidelines focus on the extreme end of violent behaviour, this does not mean to imply that only physical assault is of concern. Threats and verbal abuse, for example, are also recognized for their intimidating and undermining impact and, where appropriate, these guidelines should apply to all forms of aggressive behaviour.

GENERAL GUIDELINES FOR MANAGING VIOLENCE AND AGGRESSION

It is natural to be frightened of violence, and this needs to be taken into account in the expectations of oneself or others when dealing with actual or potential violence or threatening behaviour.

In responding to violence or potential violence, one's own safety and that of colleagues and the client group must be seen as the first consideration.

Guidelines can never cover every eventuality. Volunteers must also draw on their experience, skills and common sense when faced with aggressive situations.

All volunteers should co-operate in taking a consistent approach to confronting clients about unacceptable behaviour and in banning or excluding clients from the building. As far as possible, one volunteer should not be identified as the instigator of a ban – these should be presented as team decisions, and all volunteers must actively support the decision, even if they have a different opinion.

MANAGING A VIOLENT INCIDENT

It is the responsibility of all volunteers to alert colleagues at the first sign of aggression and to act co-operatively to defuse the situation.

One or two volunteers should talk to the individual/s concerned, remaining calm, but firm, and trying to create opportunities for the client/s to back down without feeling

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humiliated. Where possible, the client/s should be taken aside. Other volunteers should remain at a reasonable distance but pay attention in case the situation escalates. Volunteers who are not directly involved with the main protagonists should attempt to keep other clients calm, and prevent them from becoming involved unless they are friends who can assist.

In particular, one volunteer should ensure that any vulnerable people are removed from the area and, if possible, potential weapons such as plates, cutlery, etc. should be removed from the area. Space should be created to ensure that people are not crowded into a confined area. All those present should be mindful of their own and others "escape route" should it be necessary to get out of the way fast.

One worker should be in a position to phone for police assistance should this become necessary. It may be useful to identify in advance which volunteer on your shift would have this responsibility, should a situation arise. If an incident escalates and the client/s cannot be calmed, then volunteers should be prepared to vacate the area. Personal safety must be put before the protection of property. The police should be summoned immediately.

In exceptional circumstances, if retreat is not possible, volunteers should take appropriate measures to defend themselves. In the unlikely event of an attack, only force sufficient to stop the attacker and prevent injury to self,

colleagues or clients should be used, but reasonable restraint is acceptable.

AFTER A VIOLENT INCIDENT HAS OCCURRED

If an incident does occur, it is likely to be very unsettling for everyone involved in the project, whether volunteer or client. Some things that can be done include:

- Promote first aid where necessary
- Providing reassurance and helping everyone to calm down
- Recording details of the incident as quickly as possible, please include names and times. Full statements will be taken at another time.
- Arranging for any volunteer that has been scared or hurt to leave the shift
- Arranging longer term support where necessary
- Discuss the incident and try and draw out constructive lessons for avoiding a similar incident in the future in the morning with the Night Shelter Coordinator or a NSSG member.
- Consider providing Guests with brief details of what happened and how it was dealt with; this is to prevent rumours and provide reassurance that incidents are dealt with effectively.

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FIRST AID

The decision on what to provide will be influenced by the findings of a first-aid needs assessment.

As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work);
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- two sterile eye pads;
- two individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large sterile individually wrapped unmedicated wound dressings;
- six medium-sized sterile individually wrapped unmedicated wound dressings;
- at least three pairs of disposable gloves NITRILE gloves.

This is only a suggested contents list.

Employers may wish to refer to British Standard BS 8599 which provides further

information on the contents of workplace first-aid kits.

Whether using a first-aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first-aid needs assessment.

It is recommended that you don't keep tablets and medicines in the first-aid box.

More advice is given in HSE's free leaflet: First aid at work: your questions answered.¹

¹ <http://www.hse.gov.uk/firstaid/faqs.htm#first-aid-box>