NICE National Institute for
Health and Care Excellence

Guideline scope

Violence and aggression: prevention and management

In this document

Update in progress: Full update of guideline NG10, publication date TBC

This is the draft scope for consultation with registered stakeholders. You are invited to comment on the update section of the scope. The consultation dates are 3 February to 3 March 2025. You can follow progress of the update on the in-development webpage.

Our website has information about how NICE guidelines are developed.

New information, evidence and stakeholder views suggest that recommendations in NICE guideline NG10 (violence and aggression: short-term management in mental health, health and community settings) need updating. Topic experts have advised NICE on this. Details can also be found in the December 2019 surveillance review decision. In 2024 the NICE prioritisation board agreed to a full update of the guideline.

Approach to updating

We will take a proportionate approach to updating the guideline in line with appendix N of the NICE guidelines manual.

Populations this update covers

This update will extend the guideline to cover all children, young people and adults using health, mental health and social care services.

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1 **Equality considerations**

2 See the [equalities and health inequalities assessment for this update](#).

3 **Settings this update covers**

4 This update will extend the guideline to cover all health, mental health and

5 social care settings in which NHS care or social care is received or

6 commissioned. This includes:

7 • Inpatient hospital settings, including psychiatric, and paediatric settings

8 • Residential care settings (care homes and nursing homes registered with

9   the Care Quality Commission)

10 • Outpatient hospital settings

11 • Emergency care, including ambulance settings

12 • Community care settings, including GP surgeries

13 **Exclusions for this update**

14 • People's own homes, including sheltered housing, shared lives schemes

15   and children's homes for looked after children

16 • Youth offending institutions, prisons and forensic settings

17 • Education settings, including special schools

18 **Activities, services or aspects of care this update covers**

19 We will make new recommendations or update existing recommendations on:

20 • principles for managing violence and aggression, including improving

21   service user experience, advance decisions and working with police

22 • organisational interventions (including, staff training such as training in

23   verbal and non-verbal de-escalation techniques, psychologically informed

24   environments, trauma-informed care, and methods of observation) to

25   reduce the use of restrictive interventions (restraint, rapid tranquillisation or

26   seclusion)

1 • risk assessment and initial management of violence and aggression,

2 including searching, structured assessment instruments and indicated

3 prevention interventions

4 • rapid tranquillisation

5 • observation, restraint and seclusion

6 • post-incident support and formal review.

7 The table below outlines what NICE plans to do for each area of the current

8 guideline.

9 Recommendations that are being retained from the current guideline may be

10 edited to ensure that they meet current editorial standards and reflect the

11 current policy and practice context.

Area in the current guideline	What NICE plans to do
1.1 Principles for managing violence and aggression	No new evidence reviews for improving service user experience (recommendations 1.1.1-1.1.4), staff training in legislation (1.1.5), involving service users in decision-making (1.1.6-1.1.7, 1.1.10), advance decisions (1.1.8-1.1.9), or preventing violations of service users' rights (1.1.11-1.1.12): retain recommendations (as appropriate).
	No new evidence review on 'Working with the police' (1.1.13) because there is unlikely to be any evidence. Update recommendation based on consensus and consider College of Policing (2021) guidance on 'The police use of restraint in mental health & learning disability settings'.
1.2 Anticipating and reducing the risk of violence and aggression	Review evidence (see draft review questions 1-3) and replace existing recommendations in section 'Reducing the use of restrictive interventions' (1.2.1-1.2.7).
	Review evidence (see draft review questions 4-5) and replace existing recommendations in section 'Assessing and managing the risk of violence and aggression' (1.2.8-1.2.14).
	Stand down recommendations for section 'An individualised pharmacological strategy to reduce the risk of violence and aggression' (1.2.15-1.2.16). The use of p.r.n. (as needed) medication (administered orally) to prevent imminent violent and aggressive behaviour, is used for certain populations within specific contexts, typically in inpatient psychiatric care. Therefore, p.r.n. medication would be best covered in the condition-specific guidelines for people who are already known by the health or care provider and care is already managed in the context of their circumstance, condition and co-morbidities. The use of p.r.n medication is already covered by a number of condition-specific NICE guidelines and we will include links to these guidelines as appropriate.

1.3 Preventing violence and aggression	No evidence review on 'Searching' (1.3.1-1.3.9) because there is unlikely to be any evidence. Update recommendations based on committee expertise and consensus.
	Stand down recommendations for section 'Using p.r.n. medication' (1.3.10-1.3.11) because p.r.n. (as needed) medication to prevent violence and aggression would be more appropriately considered in the context of condition-specific guidance.
	Review evidence (see draft review questions 1-3) and replace existing recommendations on de-escalation (1.3.12-1.3.20).
1.4 Using restrictive interventions in inpatient psychiatric settings	Review evidence (see draft review questions 9-11) and replace existing recommendations on observation, manual restraint, mechanical restraint, and seclusion (1.4.1-1.4.36, 1.4.46-1.4.52).
	Review evidence (see draft review question 6) and add new recommendations on the assessment and management of violence and aggression in people who present with acutely disturbed behaviour (new area in the guideline).
	Review evidence (see draft review question 7) and replace existing recommendations in 'Rapid tranquillisation' section (1.4.37-1.4.45). These recommendations will cover all settings and all populations except people with dementia because the pharmacological management of aggression and agitation is covered in the NICE guideline on dementia (NG97), which will be linked to in this guideline.
	Review evidence (see draft review question 12) and replace existing recommendations in the section on 'Post-incident debrief and formal review' (1.4.53-1.4.63).
1.5 Managing violence and aggression in emergency departments	Assessing violence and aggression in the emergency department (1.5.1-1.5.2) is covered by the evidence review for draft review question 5 and these recommendations will be replaced.
	Staff training, staffing and preventing violence and aggression in the emergency department (1.5.3-1.5.9) will be included in the evidence review for draft review question 3 and these recommendations will be replaced.
	The evidence reviews on restrictive interventions (see draft review questions 7 and 9-11) are not restricted by setting and will include evidence from emergency departments (where available) and the recommendation on managing violence and aggression in the emergency department (1.5.10) will be replaced.

1.6 Managing violence and aggression in community and primary care settings	Developing policies and staff training in community and primary care settings (1.6.1-1.6.3) will be included in the evidence review for draft review question 3 and these recommendations will be replaced.
	The evidence reviews on restraint (see draft review questions 9-11) are not restricted by setting and will include evidence from community and primary care (where available) and the recommendations on managing violence and aggression (1.6.4-1.6.6) will be replaced.
1.7 Managing violence and aggression in children and young people	Staff training (1.7.1-1.7.3) and de-escalation (1.7.13) will be included in the evidence review for draft review question 1 and these recommendations will be replaced.
	The evidence reviews on observation, restraint and seclusion (see draft review questions 9-11) are not restricted by age and will include evidence from children and young people (where available), and based on these evidence reviews the recommendations on managing violence and aggression in children and young people (1.7.4-1.7.6), restrictive interventions (1.7.14-1.7.16), manual restraint (1.7.17), mechanical restraint (1.7.18-1.7.20), and seclusion (1.7.24-1.7.26) will be replaced.
	Review evidence (see draft review question 8) and replace existing recommendations on rapid tranquillisation in children and young people (1.7.21-1.7.23).
	No evidence review on involving children and young people in decision-making (1.7.7): retain recommendation (as appropriate).
	The evidence reviews on the accuracy of structured instruments for assessing the likelihood of violence and aggression and the effectiveness of indicated prevention interventions (see draft review questions 4 and 5) are not restricted by age and will include evidence from children and young people (where available), and based on these evidence reviews the recommendations on assessment for children and young people (1.7.8-1.7.10) will be replaced.
	No evidence review on psychological support and parent training (1.7.11-1.7.12): retain recommendations (as appropriate).

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1 Exclusions for this update

2 This update will not cover:

3 • pharmacological management of aggression and agitation (including rapid
4 tranquilisation) for people with dementia
5 • p.r.n. (as needed) medication (administered orally) to prevent imminent
6 violent and aggressive behaviour, usually in psychiatric inpatient care.

7 Draft review questions for this update

8 We have drafted the following review questions.

9 Preventing violence and aggression and reducing the use of restrictive
10 interventions

11 1.   What are the benefits and harms of organisational interventions for
12   reducing the use of restrictive interventions in children and adolescent
13   inpatient and residential settings?

14 2.   What are the benefits and harms of organisational interventions for
15   reducing the use of restrictive interventions in inpatient and residential
16   settings for adults?

17 3.   What are the benefits and harms of organisational interventions for
18   reducing the use of restrictive interventions in emergency care,
19   outpatient care, primary care and community settings?

20 Risk assessment and initial management of violence and aggression

21 4.   What is the effectiveness of indicated prevention interventions (guided
22   by structured assessment instruments) in preventing violence and
23   aggression in inpatient and residential settings?

24 5.   What is the effectiveness of indicated prevention interventions (guided
25   by structured assessment instruments) in preventing violence and
26   aggression in emergency care?

6. What are the best methods for assessing and managing violence and aggression in people who present with acutely disturbed behaviour (sometimes referred to as ABD)?

Rapid tranquillisation

7. What are the benefits and harms of rapid tranquillisation for the acute management of aggression or agitation in adults?

8. What are the benefits and harms of rapid tranquillisation for the acute management of aggression or agitation in children and young people?

Observation, restraint and seclusion

9. What is the safety of observation, manual restraint (including prone and supine restraint positions, and the use of products to support restraint), mechanical restraint, and seclusion?

10. What is the experience of observation, manual restraint (including prone and supine restraint positions, and the use of products to support restraint), mechanical restraint, or seclusion from the perspective of service users, and staff who are implementing these measures?

11. What are the signs of a physical health emergency in people who are being restrained?

Post-incident support

12. What is the experience of post-incident debriefing or formal review after using a restrictive intervention from the perspective of service users and staff?

The areas covered and draft questions will be used to develop more detailed review questions, which will guide the systematic review of the literature. The draft questions may change during guideline development, but the areas covered will remain as listed in the final scope.

1 **Main outcomes for this update**

2 The main outcomes that may be considered when searching for and

3 assessing the evidence are:

4 • Use of restrictive interventions:

5   – seclusion

6   – manual restraint

7   – mechanical restraint

8   – rapid tranquillisation

9 • Injury in service users

10 • Injury in staff

11 • Serious adverse events in response to rapid tranquilisation

12 • Violence and physically threatening behaviour

13 • Reduction of agitation or aggression

14 • Experience of service users and staff.

15 **Economic aspects**

16 We take economic aspects into account when making recommendations. For

17 each review question (or key areas in the scope), we review the economic

18 evidence and, where appropriate, carry out economic modelling and analyses,

19 using an NHS and personal social services perspective. A wider public sector

20 perspective may be undertaken, depending on availability of relevant data.

21 **NICE guidance and quality standards that may be affected by this**

22 **update**

23 • [Challenging behaviour and learning disabilities: prevention and

24 interventions for people with learning disabilities whose behaviour

25 challenges](). NICE guideline NG11

26 • [Violent and aggressive behaviours in people with mental health problems]().

27 NICE quality standard QS154.

1   What the guideline currently covers

2   This section applies to the scope for the current guideline and we cannot
3   accept consultation comments on it.

4   Populations

5   • Adults (aged 18 and over), children and young people with mental health
6   conditions who are currently service users within healthcare, including
7   mental healthcare, social care and community settings
8   • Carers of service users with mental health conditions.

9   Specific consideration is given to the following subgroups:

10   • Service users with co-existing substance misuse (both hazardous use and
11   dependence) or withdrawal
12   • Black and minority ethnic groups
13   • Girls and women.

14   Exclusions

15   • People who do not have a mental health condition and who are not carers
16   of people with a mental health condition
17   • People in whom the primary behaviour is self-harm
18   • People with a primary diagnosis of learning disability.

19   Equality considerations

20   NICE has carried out an [equality impact assessment for violence and
21   aggression](). The assessment:

22   • lists equality issues identified, and how they have been addressed
23   • explains why any populations are excluded from the scope.

1 Settings

2 The guideline covers the management of violence and aggression by
3 healthcare professionals and how care may need to be modified in specific
4 health and social care settings, including:

5 • Inpatient psychiatric settings (including high-, medium-, and low-security
6 psychiatric settings and NHS general hospitals)
7 • Emergency and urgent care services
8 • Assertive community teams
9 • Community mental health teams
10 • Primary care.

11 Activities, services or aspects of care

12 We looked at evidence in the areas below when developing the
13 recommendations:

14 1. Anticipating and reducing the risk of violence and aggression

15 2. Preventing violence and aggression

16 3. Using restrictive interventions in inpatient psychiatric settings

17 4. Managing violence and aggression in emergency departments

18 5. Managing violence and aggression in community and primary care
19 settings

20 6. Managing violence and aggression in children and young people.

21 The guideline also includes principles for managing violence and aggression
22 that were not based on a specific evidence review but emerged across the
23 reviews and from guideline committee consensus.

24 We normally recommend medicines within their licensed indications in
25 guidelines. However, we may recommend licensed medicines outside the
26 terms of their marketing authorisation (off-label use) if it is in the best clinical

interests of patients. For example, off-label use may be recommended if the clinical need cannot be met by a licensed product and there is sufficient evidence or experience of using the medicine off-label to support its safety and effectiveness.

Review protocols

For detailed review protocols, see [the full guideline, which covers the evidence behind the 2015 recommendations](#).

Economic aspects

We have taken economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we have reviewed the economic evidence and, where appropriate, carried out economic modelling and analyses, using an NHS and personal social services perspective.

Methods

The original guideline was developed using the methods and processes in [developing NICE guidelines: the manual](#). All updates are developed using the methods and processes in the manual and the [interim principles for methods and processes for supporting digital living guideline recommendations](#).

NICE has produced guidance on improving the experience of care for people using the NHS and best practice in health and social care. This will not include additional recommendations on these topics unless there are specific issues not covered by this guidance.

Where this guidance applies

NICE guideline recommendations cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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