

Staff Safety and Security Procedure

Version:	9.2
Bodies consulted:	-
Approved by:	PASC
Date Approved:	2.2.16
Lead Manager:	Estates and Facilities Manager
Lead Director:	Deputy Chief Executive
Date issued:	Feb 16
Review date:	Jan 20



Contents

1	Introduction	3
2	Purpose	3
3	Scope.....	3
4	Definitions	4
5	Duties and responsibilities.....	4
6	Procedures	5
7	Training Requirements.....	11
8	Process for monitoring compliance with this Procedure.....	11
9	References	11
10	Associated documents.....	12
	Appendix A : Equality Impact Assessment	13
	Appendix B : Guidelines to assist managers and staff carrying out risk assessments in relation to safety and security	16

Staff Safety and Security Procedure

1 Introduction

The Tavistock and Portman NHS Foundation Trust (the Trust) takes risks to the safety and security of staff, patients and visitors to its premises very seriously, and recognises that the Trust premises, whilst private, are open to patients and the public during clinic hours.

It recognises that because of the nature of the services offered by the Trust, the risks of harm to persons, and loss or damage to property are less than those in other mental health settings. The Trust takes seriously the potential impact of any loss as a result of a safety or security incident recognising that any losses, whether from crime or damage, are paid for from Trust resources. This affects the Trust's overall performance and, more directly, reduces the funding available for direct patient care.

Fundamental to the success of these procedures is the role played by both management and staff who need to take control of their environment in order to reduce risk of security incidents.

2 Purpose

The purpose of this document is to set out the arrangements that the Trust has in place to reduce/remove and/or mitigate risk to the safety and security of staff, patients, Trust buildings and other assets so that the highest standards of patient care, training, consultancy, and research can flourish.

3 Scope

These procedures cover all aspects of the Trust's work in all work settings and apply to staff, students and visitors to the Trust.

The Trust recognises there are specific work settings that represent increased level of risk; these include work at the Gloucester House Day Unit, and lone working in outreach or satellite services. Therefore the Trust has additional procedures and work practices in place to strengthen the safety and security of staff and patients in those settings. Site visits and risk assessments will be completed annually, and in preparation for providing a remote service.

4 Definitions

-

5 Duties and responsibilities

5.1 Deputy Chief Executive

The Deputy Chief Executive has overall responsibility for security of the Trust.

5.2 Estates and Facilities Manager

The Estates and Facilities Manager is responsible for the day to day provision of security services for the Trust, and for ensuring the Trust remains fully up to date with legislative and NHS requirements in relation to the reduction of safety and security risks. A Local Security Management Specialist (LSMS) is contracted to advise and oversee all security legislation updates, and devise a work plan for security and local risk assessments.

5.3 Health and Safety Manager

The Health and Safety Manager will:-

- receive incident reports
- manage the reporting process
- provide expert advice either directly or by referral to staff on safety and security matters
- organise de-escalation training for front line staff, and Personal Safety training for outreach workers
- report to a fortnightly Estates and Facilities meeting with the reception and security staff to discuss and identify security matters.
- report to the Associate Director of Quality and Governance on Health and Safety matters
- undertake annual risk assessments on all the Trust's directly managed sites, liaising with the LSMS with the Estates and Facilities Manager
- Working with the service leads, undertake a safety risk assessment for any new sites.

5.3 Directors

Directors must ensure that their staff comply with Trust policies and procedures, and in particular, are responsible for ensuring risk assessments are undertaken and all risks identified are managed. Managers can obtain advice and assistance from the Health and Safety Manager. Guidelines for conducting a security risk assessment can be found at Appendix A.

Directors are responsible for ensuring that any standard operating procedures their areas of work are properly implemented and regularly reviewed.

5.4 Staff and Trainees

All staff and trainees are encouraged, commensurate with their level of training, skill and experience, to respond to a call for assistance in an incident that may result in injury. When giving assistance it is important that staff do not put themselves at risk. Staff may take any reasonable steps to defend themselves in a violent incident. Any member of staff should feel free to call other colleagues, security staff, or police for assistance.

All staff and trainees must be familiar with and comply with all policies and procedures. All staff and trainees must report all incidents and attend training provided.

6 Procedures

Service Managers may identify staff who work in community settings who should be allocated an identity badge (available from HR)

6.1 Alarms Available to Protect Staff

6.1.1 Alarms – Static Intruder ['burglar'] in each of the Trust's properties

The Estates and Facilities Manager allocates codes to users and controls the system password used to verify the validity of users by the central monitoring station and system maintainer.

Any person who is a key holder to protected premises must be able to operate the system competently. False alarms result in the withdrawal of police response.

The premises each have 4 emergency key holders who are on a rotation of 'on call' duty and are available to attend when required when the alarm sounds. The Estates and Facilities Manager issues emergency key holders with full instructions, codes and passwords.

Any alarm activation requires re-setting by the emergency key holder following instructions from the alarm company.

An accidental activation of the alarm system can be cancelled with the Central Monitoring Station if the caller has the system password.

6.1.2 Alarms - Reliance Personal Alarms

The Trust has two lone worker alarms for evening reception and security at the Tavistock, which are under contract with Reliance Security. These alarms

are linked to a central call centre that can alert the emergency services as required.

6.2 Identifying Contractors

All contractors are required to sign in and out of any Trust premises. Signing in books are available at each site reception. Contractors are also required to wear a visitor badge when on Trust premises

6.3 Managing Patients who become Aggressive

6.3.1 Tavistock Clinic

In a very few cases there may be a risk of a patient becoming aggressive. Sometimes the risk of aggression can be predicted and a careful review of the situation with the case consultant and supervisor should take place if there any risk perceived. If any therapist becomes worried about a potential risk of violence from a patient the case must be discussed with the senior person responsible or case consultant. In the case of senior staff it should be discussed with the respective clinical director.

Any risk review/ safety assessment undertaken must be recorded in the patient's records. It is important to make a clinical judgement of the risk of violence at the assessment stage, then review as necessary.

When a risk is identified the following precautions should be followed:

- consider the room layout from the point of view of personal safety, ensure that you can exit the room if required
- consider the position of the therapy room in the building and the time of the appointment; good choice can help reduce patient anxiety (e.g. avoid remote rooms, avoid late night)
- Security staff should not be asked to wait outside rooms if there is a risk of aggression. If such a degree of risk is felt it indicates that the therapy is being pursued beyond an appropriate or sensible position; the treatment should be suspended until a full discussion has taken place with the supervisor and case consultant. Where senior staff are concerned a review should take place with the unit head or department chair.

6.3.2 Portman Clinic

Clinical staff should make a careful assessment of the level of risk and circumstances provoking dangerous behaviour. Treatment should be carried out having given due consideration to these factors.

The Portman Clinic operates a system whereby there is an on call clinician available at all times when the clinic is open. If not actually on site the on call clinician is available by mobile telephone.

6.4 Internal Emergency/Calls for Help 3333

If 3333 is dialled from any extension in the Tavistock Centre or the Portman Clinic the call is directly connected to a dedicated telephone on reception with a particularly distinctive ring. All staff trained to work on the front desk and security staff are aware of the phone and will answer immediately and have instructions on to deal with certain types of emergencies via the 3333 system. The following situations will be responded to as set out below:

- **Request for Lockdown** – To prevent a young patient exiting the building in an unsafe manner. The front doors will be manually operated for entrance and exit via reception. Security will be asked to attend to reception to assist.
- **Faulty lifts** - the operator will call the Estates and Facilities Manager, immediately for action to assist. There is also direct telephone number to contact the Lift Contractors directly above the telephone handset.
- **Danger to a person** - if the danger is immediate the operator will call 999 immediately and also send staff to help to the caller whenever possible.
- **Threat to property** - if there is evidence that a crime is currently taking place the operator will call the police immediately then send additional help. If a crime has already taken place the operator may advise staff to contact the Estates and Facilities Manager, who may contact the police.
- **Gas/water/electricity emergency** - in case of any immediate danger from gas/water or electricity the operator will contact the appropriate staff immediately.
- **Medical Emergencies** - in case of any medical emergency (staff or patient) contact any First Aider. **If there is serious danger any member of staff may call 999 for an ambulance without recourse to any other advice.**

6.5 First Aid & Medical Emergencies

There is at least one first aid box and First Aider on each floor of the Tavistock Centre and one at each other site. All boxes have the contact number of the nearest qualified First Aider. Identification of nearest named first Aider, with their extension and room numbers are posted in the lift lobby notice boards on each floor and in staff communal areas, a full list of First Aiders and medical staff is held at reception.

The Medical Room is situated on the ground floor of the Tavistock Centre in the library corridor. This room is equipped with basic first aid requirements and also has a bed for ill staff or others to lie down. It may be used a prayer room but all users are reminded that medical emergencies will take priority.

Registered medical practitioners are qualified to administer first aid under the Health & Safety (First Aid) Regulations 1981. This group of staff receive refresher basic life support (CPR) training every three years.

In the event of a serious medical emergency (staff or patient) it is acceptable for anyone to dial 999 for an ambulance at any time.

6.6 Home Visits and Outreach Work

Staff should refer to the Procedure for the Personal Safety of Lone Workers.

6.7 Key Holding (Keys to the Buildings)

The control of building keys is the responsibility of the Estates and Facilities Manager who must retain a written record of the issue of all building keys. Any person with building keys must be fully familiar with the operation of the intruder and other alarm systems as outlined above. Keys issued to staff remain the property of the Trust at all times and must be returned upon request.

6.8 Lost Property

Lost property in the Tavistock Centre must be handed to the main reception. The receptionist will record the property in a duplicate book and retain the property in a locked cupboard. A copy of the record must be attached to the lost item and the second copy left in the book.

Any cash found that cannot be returned to its owner will be handed to the cashier and paid in to Trust Funds.

If a person recovers their property they must be asked to sign the duplicate book to show that the property has been collected. Lost cash may be returned via petty cash or a cheque.

Every 6 months property, which has been held for more than 6 months, is disposed of by the Facilities Manager. The disposal of items must be recorded in the lost property book. Valuables may be sold and the proceeds paid in to Trust funds, this must be done in under the direction of the Financial Controller.

Other sites follow similar procedures; the service manager is responsible for lost property in their areas.

6.9 Patient Behaviour

In public areas of the Trust's buildings, patients are expected to maintain reasonable standards of behaviour. Any staff member may challenge any person behaving inappropriately on the Trust's premises. This should be done

with another member of staff/ security officer (if available). Examples of inappropriate behaviour include vandalism, venturing into staff only areas and causing damage.

6.10 Patient Property

Staff must not take property from patients and staff cannot be held responsible for property left unattended.

In very exceptional circumstances (such as death or unconsciousness) staff have a responsibility to care for patients' property, see the Trust's Standing Financial Instructions.

6.11 Police Contact

Trust staff are legally obliged to report crime to the police. Any crime committed on Trust premises must be reported to the police. It is important to keep the therapist fully informed if the alleged perpetrator is a patient.

Therapy cannot exist outside the legal framework and it is not likely to benefit a patient if a serious incident of damage, theft or assault is not reported to the police.

6.12 Security Cameras CCTV

The main security cameras cover all entrances and exits of the Tavistock Centre, plus most parts of the car parks and perimeters of the building, with continuous DVD Digital recording facility. The CCTV monitors are on reception and in the Support Services office on the ground floor. There is another CCTV system for the Child and Family areas and the monitor and recording system is in the CYAF Reception Office. The Estates and Facilities Manager is responsible for ensuring that all cameras are functioning properly. Notices informing staff patients and visitors that CCTV is in operation are displayed in appropriate areas of the Trust.

The Estates and Facilities Manager and the Health and Safety Manager have the authorisation to access CCTV footage. Police must request copies of CCTV footage using their form 3022, which is then documented in the CCTV request file located in Support Services. Permission must be given by the Governance Manager, or Senior Information Risk Owner, before records can be passed over.

The security cameras exist solely to be used in security incidents, and are particularly useful since they record every person entering or leaving the Centre.

The Day Unit has a CCTV door entry system (without recording facility).

6.13 Staff Property

The Trust accepts no liability for staff property brought on to the premises. All staff must be vigilant for the security of their own property. Unattended rooms should be locked where possible and valuables should NEVER be left in unattended unlocked rooms. Most thefts that have occurred on the Trust's premises were of unattended property.

6.14 Vehicles and Car Parking

The following security arrangements are in place:

- Roadways within Trust premises are private and there is no public right of way over them. The Trust has the right to decide what vehicles have access to the premises and also has the right to determine regulations to control vehicles on the premises. The determination of regulations is the responsibility of the Director of Corporate Governance and Facilities.
- A notice will be left on vehicles incorrectly parked.

6.15 Trust Property

Trust property is, with certain specific exceptions, provided for the use of Trust staff on Trust premises.

- Staff are not permitted to borrow audio-visual equipment for their own private use.
- Staff moving any equipment to another area (including to their home) for work purposes must take care of the equipment ensuring that it is locked away out of site in the boot of a car until it is delivered to the working location.
- Staff should not move data between locations in hard copy unless it is impracticable to do otherwise, and only with permission from their line manager. If the request to carry hard copy is approved, the member of staff responsible must keep with arm's reach at all times (see the Data Protection, Health Records, and Corporate Records Procedures form more information).

6.16 Two-way Radio

The Tavistock Centre main reception is in radio contact with the car park & security staff and the support services supervisors.

6.17 'Zero Tolerance' Right of Entry Refusal

All Trust property is NHS property and the public are invited for therapy, courses, the library etc. The Trust management has the right to refuse

admission or withdraw any invitation for a person to remain on his property should they be a threat to the building and/or other persons who are present.

Should any member of staff witness an incident from a member of the public/patient remaining on the premises they have the right to ask the person to leave. If required, security staff may assist, but only minimum force may be used. If there is any actual or likely breach of the peace, the police should always be called.

6.18 Office doors

Doors should be kept locked when the office is empty.

6.19 Implementation of the Procedure and Training Requirements

This procedure will be made available to staff via the Trust intranet. Security issues will be covered in local induction and at the biannual INSET day.

7 Training Requirements

Front line staff require specific training in de-escalation techniques and this will be provided as part of personal development plans, see the staff training prospectus.

Personal Safety Training is mandatory for Outreach workers, especially those working in the community and patients' homes.

8 Process for monitoring compliance with this Procedure

This procedure will be monitored by the Corporate Governance and Risk and Patient Safety and Clinical Risk Work stream Leads who will consider the following:

- incident reports
- Reports from the Trust's Counter Fraud Security Management Specialist
- Audit of security arrangements undertaken on a 3 yearly basis by a security expert
- Feedback from the Health and Safety Manager's quarterly meeting with security and reception staff.

9 References

- Department of Health. (2004). [Standards for Better Health C20a - Care Environment and Amenities](#). London: Department of Health. Available at: www.dh.gov.uk
- [Health and Safety at Work etc., Act 1974](#). London: The Stationery Office.
- Health & Safety Executive. (1999). [Management of Health and Safety at Work Regulations SI 1999/3242](#). HSE Books. Available at: www.hse.gov.uk
- Health & Safety Executive and NHS Counter Fraud and Security Management Service (NHS CFSMS). (2005). [Concordat between the Health & Safety Executive & the NHS Counter Fraud & Security Management Service](#). Available at: www.hse.gov.uk
- Local Government Information Unit. (1996). [A Watching Brief, A Code of Practice for CCTV](#) Available at: www.lgiu.gov.uk
- NHS Counter Fraud and Security Management Service. (2005). [Safe and Se\(cure\). How You Can Help the NHS Protect Itself](#) NHS CFSMS. Available at: www.cfsms.nhs.uk
- NHS Estates. (2004). [A Risk Based Methodology for Establishing and Managing Backlog](#). London: Department of Health.

10 Associated documents¹

Data Protection Procedure
 Health and Safety Policy
 Incident Reporting Policy and Procedure
 Procedure for the Personal Safety of Lone Workers
 Standing Financial Instructions (re property)
 First Aid Procedure
 Mobile device procedure
 Risk management Strategy and Policy
 Information Governance Policy
 Health Records Procedure
 Corporate Records Procedure

¹ For the current version of Trust procedures, please refer to the intranet.

Appendix A : Equality Impact Assessment

1. Does this Procedure, function or service development affect patients, staff and/or the public?

YES

2. Is there reason to believe that the Procedure, function or service development could have an adverse impact on a particular group or groups?

NO

3. If you answered YES in section 2, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)

4. Based on the initial screening process, now rate the level of impact on equality groups of the Procedure, function or service development:

Negative / Adverse impact:

Low

Positive impact:

Low

Date completed 9.1.13

Name Jonathan McKee

Job Title Governance Manager

Appendix B : Guidelines to assist managers and staff carrying out risk assessment in relation to safety and security

Consider all the following points as relevant to the setting being risk assessed:

<p>Physical deterrent methods to reduce risk <i>Ask yourself: Are physical measures/deterrents available, or should they be considered?</i></p>	<p>E.g.:</p> <ul style="list-style-type: none"> ● CCTV ● Personal Panic attack alarms ● Panic attack alarm systems to cover dept areas ● Reception counters with protective screening ● Digital coded doors ● Swipe access door controls ● Combination CCTV, swipe and intercom system
<p>Levels of induction and training of staff <i>Ask yourself: Do staff have suitable and sufficient training to reduce/manage the risk being considered?</i></p>	<p>Consider the following:</p> <ul style="list-style-type: none"> ● Are staff trained, if so to what level ● Is it appropriate training to the task they do, are staff confident in its use ● Are staff aware of the legal aspects of their work ● Do staff know how to summon assistance ● Are staff aware of policies and procedures ● Do staff know how to report an incident ● Do they know about counselling sessions
<p>Review and consider Environmental issues <i>Ask yourself: Is the environment of an acceptable safe standard for patients, staff and visitors?</i></p>	<p>Consider the following:</p> <ul style="list-style-type: none"> ● Lighting - is it too bright or too dark ● Décor - is it suitable to the location ● Noise - could it be excessive to certain individuals ● Potential weapons of opportunity – are there items that can be picked up and thrown or used as a weapon ● Facilities - drinks machines, public phones etc ● Signage - can patients/visitors understand them ● Are there arrangements to keep patients/visitors informed re waits/delays ● Notices – are there notices stating unacceptable behaviour will not be tolerated ● Seating - is it suitable, is there enough