

What are the hazards and how might they harm?



Exposure to extreme weather conditions



Asphyxiation



Slip or trip injuries from damaged flooring or uneven ground/poor lighting



Violence and verbal aggression



Contact with body fluids

What PPE should the individual wear?



All officers to wear:

Stab vest, safety boots, body protection – suitable for task, hi-vis vest/coat in poor visibility

What other precautions should be taken?



Torch to be carried for patrols



Radio to be carried

Response to patient/resident/visitor incident – inc. bed watch and restraint **STCSO 02**

Safety Task Card

Unit Managers – use page overleaf to list any hazards and control measures specific to your site which are not listed below

Safe System of Work

Patrols internal and External:

- Refer to STC 01 Patrols

Unprovoked attack

- PPE suitable for task and location must be worn by officers.
- Radio communication is always to be maintained between Security Control and patrolling Security Officer.
- Security Officers are trained in deescalation techniques and must be vigilant as to changes in behaviour of individuals during engagement.
- Procedure in place for police intervention when required, always follow medical protocols.
- Security officers are to remain vigilant in all situations.
- Security patrols are preferably to be in pairs, when appropriate.
- CCTV cameras monitor main corridors and external hospital grounds areas.
- Incident forms are to be completed in all escalated incidences.

Faulty equipment

- Faulty equipment to be reported to line manager to organise with client repair.
- Communication supplier contact details to be retained within the Security Control Office.
- Daily equipment checks should be in place.
- Contact, where identified.
- One of two channels to be available to switch to should interference occur.
- Regular resets to be made on communication equipment.

Attendance to ward/clinic (including bed watch/restraint)

- Security Officers to respond in pairs or numbers appropriate to risk level indicated by call. (patient under influence of drugs/ mental health where more officers may be required due to level of aggression).

Continued on reverse

If you have any concerns, stop and speak with your line manager before proceeding.

List any additional hazards or risks you have identified and control measures required to manage these.

- Information gathering form to be used by CCTV Operator before sending Security to an incident
- Must be IKON physical intervention trained before attending an incident where restraint may be required
- Datix and AIR3 report MUST be completed following any restraint

SOP (Standard Operating Procedures)

SOP 02 Patient incident response
SOP 03 Patient physical intervention
STCGE 19 Radio
SOP 31 High-risk patient/bed watch
SOP 45 High-risk escorts

Safety Task Card

Response to patient/resident/visitor incident – inc. bed watch and restraint

STCSO 02

Safe System of Work continued

- Wear PPE for incident and infection controls – check with medical team if enhanced risk if restraint is required.
- Wear body and arm protection.
- All officers to be trained in conflict resolutions in healthcare settings and hold SIA licence.
- Any concerns from the Security Officers are to be recorded on the Daily Occurrence Book.
- The Officer Code of Conduct is always to be followed.
- Officers to comply with and be always led by medical staff guidance on approach and restraint of patient or resident. Restraint to be last resort. If clinical team not available to supervise you must observe only until medical supervision is present BEFORE restraining, clinical team must lead restraint and be present throughout the restraint.
- Restraint to be last resort and under medical guidance – patient /individual to not be held in prone position or position that may block airway or restrict breathing. Medical personnel leading restraint to monitor the patient's vitals throughout the restraint.
- Security Officers are not to take responsibility for any patient, visitor, family member or contractor personal belongings or equipment at any time.
- Radio checks to be completed intermittently to confirm safety of officer. No officer to attend violent patient on bed watch without support from medical team.
- If body cams are used at site, to be used according to confidentiality and GDPR and for the protection of the officers responding to incidents.
- All incidents to be recorded on AIR 3 including verbal assault.
- IF at any time a weapon is shown or used – immediate call to the police to take over the incident.
- Report any concerns immediately after the incident so these can be raised in the post incident report/meeting.

If you have any concerns, stop and speak with your line manager before proceeding.