

### What are the hazards and how might they harm?



Risk of exposure  
via inhalation



Violence caused by drug/  
alcohol abuse/weapons  
terrorist activity



Risk of blood-borne virus  
transmission due to contaminated  
body fluids/sharps



Risk of exposure due to  
skin absorption

### 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?



Radio and/or mobile phone  
to be carried

## Controlled/suspected controlled substance found or notified on site

### Safety Task Card STCSO 08

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

#### General

- All Security Officers to be trained to minimum SIA licence. In healthcare environments higher level of competence training to be completed.
- Security Officer to gain as much information from the caller on type and location of the suspected controlled substance. Advise caller not to touch or remove item until officers in attendance. Take caller's information and contact details for future reference.
- Control to contact police to ask for process including collection and disposal and location of item found and any supporting details given by caller. Document any crime number given in security daily occurrence record logbook.
- Two officers to take required PPE for the potential substance – full kit if unknown. If area can be cordoned off/sealed until police are in attendance or following police guidance, safe removal can be achieved.
- Control/CCTV of location to be viewed prior to the finding of substance, during collection and after, and footage kept secure.
- If area to be secured until police attend, officers to be in attendance to control the area and prevent unauthorised access.
- Control to inform on site hospital duty manager/record on AIR3 under security response and inform Healthcare Security SME for further guidance.
- If police require the substance to be disposed of safely at site – contact hospital duty manager to ask for assistance via pharmacy to dispose of the substance safely.
- AT NO TIME should officers collect/remove a controlled substance on their own – two officers must be present throughout.
- AT NO TIME should the item be left unattended or handed to another person unless it is police/pharmacist and required documentation signed and retained.

#### Specific controls

- If advised of the following substances extra caution and PPE is required
  - Fentanyl – gloves/mask as can be absorbed and inhaled.
  - Class A – gloves/mask as can be absorbed and inhaled.
  - Unknown- gloves/mask/goggles to prevent accidental contamination.
  - Follow NHS don and doff of the PPE to prevent potential contamination.
  - Contaminated needles – NEVER attempt to pick up by hand, use trash tongs/dustpan and sweeper dispose direct into sharps bin.

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.

- In healthcare, all officers must complete IKON intervention training or equivalent agreed and signed off by Healthcare Security SME

## SOP (Standard Operating Procedures)

# Controlled/suspected controlled substance found or notified on site continued

Safety Task Card  
**STCSO 08**

## Safe System of Work continued

### Treatment

- If at any time contamination is suspected, officer to remove and bag uniform to be directly laundered and fresh uniform to be donned.
- If cut or pricked by medical sharp (needle, scalpel, medicine bottle) immediately flush in warm water encouraging wound to bleed and obtain immediate medical attention.
- In all incidents, more information on what, who and where helps determine the treatment required.
- IF AT ANY TIME AFTER INCIDENT YOU FEEL UNWELL – IMMEDIATELY ATTEND MEDICAL SERVICES AND LET TEAM KNOW OF POTENTIAL EXPOSURE TO CONTROLLED SUBSTANCE.

### Avoiding conflict

- Be aware of discarded items; the person may attempt to pick up the item and become confrontational and aggressive – follow training and conflict resolution.
- A person where the item has been found while receiving treatment may also become aggressive/defensive – be aware they may also attempt to swallow the item and therefore it is important observation by medical team is in place during the retrieval of the item. Ensure clear information is provided to reduce the potential aggression.
- All officers to be trained in personal safety in workplace, conflict management and incident deescalation with assignment instructions documented.
- All officers to hold SIA licence.
- Ensure communication to main security office is working and maintained.
- Be aware if advised of a potential issue that will cause conflict – ensure clear information provided to reduce the potential aggression.

### Disposal of the controlled item

- Depending on the quantity and type, you may be advised by the police to log the item on the security daily log – but then organise safe disposal, usually via pharmacy, which will have a controlled drug waste stream bin. Ensure the handover document has been completed and signed by the pharmacist accepting the waste.
- If quantity/type the police have advised, they will remove complete an evidence collection form and ensure collecting police sign the document and a copy is retained and attached to the daily log.

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