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| **Safety Task Card** | | | | |
| **SO12** | **Respond to patient or resident incident - healthcare environment** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Unknown expectation of risk through poor communication and lack of information  Unprovoked attack and targeted attack  Opportunists, gangs of youths  Faulty equipment; poor / lack of communication  Response to fire / chemical leak incident  Failure of Personal Protective Equipment appropriately when responding to incident | | | Injuries resulting from knife wounds, guns, sharp objects, weapons  Infection exposure i.e. Coronavirus and contact through spitting/ biting  BBV – bites, break of skin/ contact to mucous membranes  Smoke inhalation, burns, irritation | |
| **Safe System of Work** | | | | |
| **Patrolling**   * Security Officers are to patrol the hospital site, preferably in pairs activity dependent * Equipment faults and issues arising are to be escalated/reported to Client as applicable * Damage/ destruction / theft is to be reported immediately to Supervisor and entered onto AIR 3 and client system ( if required) the Daily Occurrence Book * Restricted access to sensitive areas such as the Mortuary must be authorised by a Supervisor prior to access * The Security officer check sheet is to be detailed correctly prior to leaving Security Control room * Any issues found by patrolling 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 led by medical staff guidance on approach and restraint of patient or resident at all times. * Security Officers are not to take responsibility for any patient, visitor, family member or contractor personal belongings or equipment at any time * Security officers are not to leave the hospital site without prior authorisation   **Unprovoked Attack**   * PPE provided to all Security officers based on location RA and can include stab vests, outerwear high visibility coat, gloves, footwear (list site requirements below) * Radio communication is always to be maintained between Security Control and patrolling Security Officer. * Security Officers are trained in de-escalation techniques * 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 * CCTV cameras monitor main corridors and external hospital grounds areas * Incident forms are to be completed in all escalated incidences   **Faulty Equipment**   * Faulty equipment reported to line manager to organise with client repair * Communication supplier contact details retained within the Security Control Office * Daily equipment checks in place * Contact, where identified, * One of two channels available to switch to should interference occur * Regular re-sets made on communication equipment   **Attendance to ward/clinic ( including bed watch)**   * 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).   * Wear PPE for incident and infection controls – check with medical team if enhanced risk if restraint is required. * All officers to be trained in conflict resolutions in healthcare settings and hold SIA licence * The Security officer check sheet is to be detailed correctly prior to leaving Security Control room * 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. * 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 cam 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.   REFER :  Security SOP 04 radio procedures/ Security SOP16 Patrol duties/ Security SOP 19 Intruder /ES16 Contact with body fluids / COM 08 violence at work/ES15a/b PPE use and issue | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
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| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. | | | | |
| Unit Manager Name | | Signed | | Date |

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| **Safety Card Training Record** | | | | |
| **SO13** | **Respond to patient or resident incident - healthcare environment** | | | |
| I confirm that I fully understand the risks and control measures associated with the task  and that I will follow the Safe System of Work at all times. | | | | |
| Operative Name | | Signature | Date | Trainer |
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