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## Psychiatric Intensive Care Unit (PICU) Security Policy

|                 |   |
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|------------------|--|
| Type of document | Policy   |
| Target audience  | All clinical staff   |
| Document purpose | The aim of this document is to give CWP PICU services clear guidance and direction to enable them to maintain safe environments for all staff and service users. |

|                     |   |                |
|---------------------|---|----------------|
| Approving meeting   | Wirral Locality Governance and Risk Meeting | Date 17-Feb-14 |
| Implementation date | 17-Feb-14                                   |                |

| CWP documents to be read in conjunction with |   |
|--|---|
| <a href="#">HR6</a>                          | Mandatory Employee Learning (MEL) policy  |
| <a href="#">CP12</a>                         | The searching of patients and environments (including the use of Police dogs)   |
| <a href="#">CP25</a>                         | Therapeutic observation policy for in patients.                                 |
| <a href="#">CP36</a>                         | Securing or locking of access doors to inpatient areas                          |
| <a href="#">CP38</a>                         | Seclusion policy  |
| <a href="#">CP40</a>                         | Safeguarding children policy  |
| <a href="#">GR1</a>                          | Incident reporting and management review policy                                 |
| <a href="#">GR3</a>                          | Risk management policy  |
| <a href="#">GR4</a>                          | Policy for the recording, investigation and management of complaints / concerns |
| <a href="#">GR8</a>                          | Security policy (incorporating lock down procedure)                             |
| <a href="#">GR25</a>                         | Crisis Support Team policy  |
| <a href="#">HR14</a>                         | Guidance on accessing staff support and psychological wellbeing service.        |
| <a href="#">HR22</a>                         | Supervision policy  |
| <a href="#">MP1</a>                          | Medicine policy   |
| <a href="#">MP10</a>                         | Rapid tranquilisation policy  |
| <a href="#">NCG82</a>                        | Schizophrenia   |
| <a href="#">NCG90</a>                        | Depression  |
| <a href="#">NCG185</a>                       | Bipolar disorder  |
| <a href="#">NCG78</a>                        | Borderline personality disorder   |
| <a href="#">NCG16</a>                        | Self harm and suicide   |
| <a href="#">NCG10</a>                        | Short term management of aggression and violence                                |

| Document change history       |   |
|-------------------------------|---|
| What is different?            |   |
| Appendices / electronic forms | Have appendices been added, or changed since the last issue, if so explain the reasons why? |
| What is the impact of change? | Will this new document change the way we do things currently                                |

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| Training requirements | Select - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP. |
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| Document consultation |  |
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| Corporate services    | Who within this service have you spoken to |
| External agencies     | Who within this service have you spoken to |

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| Financial resource implications | Select |
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| External references |
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| - Religion or belief  | Select |          |
| - Sexual orientation including lesbian, gay and bisexual people   | Select |          |
| - Age   | Select |          |
| - Disability - learning disabilities, physical disability, sensory impairment and mental health problems  | Select |          |
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## 1. Introduction

This policy has been developed in compliance with the Accreditation for Inpatient Mental Health Services (AIMS) 'Standards for Psychiatric Intensive Care Units (PICUs)'. PICU is a specialty within mental health inpatient services and is for adult patients who are experiencing mental disorder who require rapid assessment and stabilisation through active engagement and treatment; these can be patients with a range of diagnosis and of adult age.

The emphasis is on intensive treatment combined with a range of physical, procedural and relational security measures that are designed to reduce risk, disturbance and vulnerability. By providing transparent, collaborative and timely assessments the ensuing treatment plan enables PICU staff to focus on promoting recovery and assist in planning the next step for patients. Patients who are referred to PICU have a range of diagnosis and ages but are usually of adult age and have a diagnosis of mental disorder and mild to moderate learning disabilities in association with mental illness. Admission criteria will involve displays of significant risk of aggression, absconding with associated serious risk, suicide or vulnerability (e.g. due to sexual disinhibition or overactivity), in the context of a serious mental disorder. Patients who are under 18, over 65 or have a diagnosis of dementia can still experience symptoms which would benefit from an intensive assessment and PICU advice should be sought in these cases if felt appropriate by clinicians.

Care and treatment offered will be patient – centred, multi disciplinary, intensive, comprehensive, and collaborative and have an immediacy of response to critical situations. Length of stay must be appropriate to clinical need and assessment of risk but would ordinarily not exceed eight weeks in duration. Psychiatric intensive care is delivered by qualified staff according to an agreed philosophy of unit operation underpinned by principles of risk assessment and management.

## 2. Definitions

**Mental Health Policy Implementation Guide 2003** defines 'psychiatric intensive care for patients who are compulsorily detained usually within secure conditions, who are in acutely disturbed phase of a serious mental disorder. There is an associated loss of capacity for self- control, with a corresponding increase in risk which does not enable safe, therapeutic management and treatment in a general open acute ward.

## 3. Procedure

Ensuring a pro-security culture across all clinical areas is fundamental for ensuring all services remain safe for all staff and service users. Security is the responsibility of all members of staff and it is important that it is reviewed at agreed times. Procedural security involves policies & procedures, these need to be clear to give people confidence in what they are doing and ensure they are doing the same thing. Physical security describes measures that prevent access to a facility or resource. This can be as simple as a locked door and can include control of items brought in or taken out of the secure perimeter. Any security breaches which may have occurred must be documented and handed over to the nurse in charge/ shift co-ordinator who will then take the appropriate action.

**Any staff found to have been negligent in their actions and/or in breach of any security measure within this policy may subject to an investigation and possible disciplinary action in accordance with CWP policy.**

### 3.1 Role of the shift Coordinator/Nurse in Charge

The nurse in charge / shift co-ordinator is responsible for all operational day to day security matters. This role is integral to maintaining safe environments and for the allocation of staff roles to support the security function of the unit. The shift Coordinator/Nurse in Charge must ensure that all security breaches are reported and acted on in accordance with CWP policy. (Please refer to [appendix 2](#) for further advice)

### 3.2 Role of PICU unit staff

Each PICU staff member has a responsibility for ensuring compliance with this policy and for assisting with the operational day to day security matters.

As part of this responsibility a staff member will be designated on commencement of duty to carryout physical checks of internal and external security prior to commencement of clinical duties. (Please refer to [appendix 4](#) for further advice)

### 3.3 All PICU staff (including all non-nursing staff)

#### a) ID badges and Lone Working

- All CWP staff must be wearing and displaying their personal identification badge on a lanyard prior to entering the building;
- All non-inpatient staff must not be issued with a pass key if they are not working within the inpatient areas;
- All non-inpatient staff and visiting professionals are responsible for informing the Nurse in Charge of their presence on the ward and intimating the purpose of their visit when they enter the ward;
- All staff and visiting professionals are responsible for ensuring compliance with CWP [lone working policy](#) when working in isolation.

#### b) Pass Keys, Alarm and Key Fobs

It is the responsibility of each staff member that prior to commencement of duty:

- They must be in possession of a security key, Salto and Alarm fob;
- Service users must not be allowed to handle or view the pass keys and at no time will staff allow service users access to the pass keys, fobs or alarms;
- Staff are responsible for the safekeeping of their pass key, fob and personal alarm at all times.

#### c) Damaged or Broken Pass keys

- If any key is broken off whilst in the lock barrel staff must remain by the door. The member of staff should notify other staff by using their alarm or other verbal methods;
- All broken key parts must be retained by the staff concerned and given to the nurse in charge;
- All broken key parts must be disposed of securely by the nurse in charge only;
- Any broken or damaged master key or salto fob must be reported to the nurse in charge immediately for replacement and the damaged item returned to the Estates Department for repair/ replacement.

#### d) Lost Pass keys

- Any missing/loss of a staff pass key or salto fob constitutes a major security breach for the PICU service and should be immediately reported to the nurse in charge and Datix completed. (For further guidance please refer [appendix 3](#))

#### e) Safe keeping of personal items

- **No personal restricted or prohibited security items must be taken the clinical areas;**
- Staff belongings must be secured into the designated appropriate lockers;
- Staff mobile phones must not be brought into the clinical areas and must be secured in staff lockers or stored securely off the unit.

#### g) Restricted Areas (High Risk)

Restricted areas or high risk areas are defined as staff only areas or areas within the unit which by virtue of their degree of isolation or security risk service users must be supervised at all times.

Service users **must not** be allowed access into the following staff only areas under any circumstances, these areas will include:

- Staff offices;
- Staff toilets;
- Dispensary room **when medicines are being dispensed.**

Service user access to these areas must be under staff supervision only:

- Unit airlock;
- Clinic room / Dispensary / Treatment Room;
- Ward kitchen;
- Domestic / dirty utility room.

**h). All garden/court yard area**

- Access and usage of the garden/court yard area must only be with the nurse in charge/ shift co-ordinator permission;
- Access and usage of the garden/court yard area must normally only be with a minimum of one staff member in attendance at all times;
- Service users who are on level 3 and 4 observations must be supervised in accordance with CWP policy;
- Whilst accessing the garden area/court yard all service users must remain within staff line of sight at all times;
- During any incident service users must be recalled from all external garden/court yard areas and all access doors secured;
- Any service user who does not comply with staff requests must not be allowed to access the garden/court yard area and a review of future access must be discussed by the care team as soon as possible.

**3.4 Meal times**

- One staff member will issue **a full set of cutlery (knife, fork and spoon) to individual service users**\_at the hatch will count them out and count them back in, filling the appropriate form held by the kitchen staff;
- Service users must not be allowed unsupervised access to any cutlery item;
- Staff must remain observant at meal times, if a service user wishes to leave the dining room during a meal time period, their cutlery must be handed in;
- Service users must not be permitted to leave the dining room area at the end of the meal until all cutleries has been returned and accounted for;
- Any discrepancy in the cutlery numbers must be reported immediately to the nurse in charge / shift coordinator and a lock down procedure implemented immediately.

**3.5 Security items**

**a) Service user access to restricted items**

- (Refer to [appendix 1](#) for a list of restricted and prohibited items) service user access to any restricted item must only be during periods where safe management and observation by staff members can be facilitated. Access to restricted items during meal times, hand over periods or during security checks will not be facilitated. Access to restricted items after 10.00pm and before 8.00am can be facilitated but this needs to be authorised by the nurse in charge/shift coordinator.

**b) Mobile phones**

- Service users on request will be given their mobile phones prior to commencement of any periods of external leave by the nurse in charge unless there is a clinical reason not to do so. The mobile phone must be handed back to the nurse in charge on returning to the clinical areas;
- During admission, Willow Ward currently offers service users the opportunity to use their SIM card in a basic mobile phone without a camera which they can use on request;
- A unit mobile phone will be accessible from the security officer to any staff undertaking any external escort. This mobile phone must only be used to communicate clinical information and not for individual staff personal usage;
- CWP staff must not disclose personal mobile phone numbers or details to any service user or their relative / friend / visitor.



**d) Games room security items**

- All games equipment must be secured and accounted for during any meal time period;
- All games equipment must only be used during agreed times (please refer to individual units for clarification of this) or on request;
- All games equipment (snooker/pool cues and balls, table tennis equipment) must be accounted for by the supervising staff on commencement and completion of use;
- All games equipment must be secured on completion of use by the supervising staff member.

**e) Matches & Lighters**

- Access to matches or lighters within the clinical patient areas is not permitted for staff, service users or any other visitor. Supervised smoking periods are permissible for service users only and only within designated external areas.

**3.6 Personal searches**

**Routine searching of service users without justification or without due concern must not be undertaken at any time. Random or targeted searches of service users and their rooms must be carried out to promote safe environments or where information has been received which may indicate a certain service user(s) has been involved in any security breaches or incident**

All searches of the PICU units are carried out to promote the safety of both staff and service users. When a search is deemed necessary in accordance with CWP policy [the searching of service users and environments](#) staff who are directly involved in the search should be sensitive to their individuality and dignity. A comprehensive record of every search, including the reasons for it and details of any consequent risk assessment, should be made (MHA Code 16.14-16.27).

- The searching of service users must be undertaken as a consistent procedure;
- Two staff members must be present to conduct the search; one member to observe the other member conducts the search;
- Service users returning from any unauthorized leave (AWOL) must be subject to a pat down search or search with the hand held 'wand device' and will include the removal of a service users shoes and outer clothing;
- Staff must record the search procedure using the Record of searching form (see [appendix 7](#));
- If a detained patient refuses consent to search, their responsible clinician or nominated deputy should be contacted without delay so that any clinical objection to searching by force may be raised. The service user should be kept separated and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding. Searches should not be delayed if there is reason to think that the person is in possession of anything that may pose an immediate risk to their own safety or that of anyone else;
- Where a service user physically resists being personally searched, physical intervention should normally only proceed on the basis of a multi-disciplinary assessment, unless it is urgently required. A post-incident review should follow every search undertaken where consent has been withheld;
- Room searches must be undertaken when **targeted** searches of services users are conducted.
- Random searches of service users and their rooms must be conducted and recorded on the Record of search form (see [appendix 7](#));
- Staff **must not** conduct a 'pat down' search on any visitor.

**3.7 Visitors to the unit**

**a) Visits by family and friends**

- All visits to service users will normally be facilitated in an area designated by the nurse in charge.

- All visiting family and/or friends must be reminded not bring restricted security items into the clinical area
- Termination of a visit by family and friends must only be undertaken as a last resort where there is a risk of harm present.
- If during any visit by family or friends there is a risk of harm to service users or staff, staff must notify the police as a matter of urgency.
- If there are any risks to the safety of any visitor, patient or staff during any visit, staff must act accordingly and take action to safe guard all persons.
- If it is necessary to supervise a visit then observing staff must be vigilant, especially where physical contact is made between the service user and their visitor.
- If any visitor is witnessed or suspected of using verbal abuse or any other abuse towards staff or service users this must be acted on appropriately and the consequences of using such behaviour in accordance with trust policy (CP6 Violence and Aggression policy).
- A pat down search of the service user must be undertaken immediately following a supervised visit where there are concerns regarding concealment of restricted or illicit substances
- All items restricted items brought in by family and friend's visits intended for a service user must be handed to staff for checking and documenting into unit records.

#### **b) Visiting Professionals**

This includes Medical staff, Social Workers, Health Professionals and Legal Representatives and all visitors to the unit.

- All visiting professionals are to be reminded not to bring restricted security items into the clinical area;
- Where risks are identified then visiting professionals can be given as a minimum an alarm fob by the nurse in charge upon entering the unit which must then be returned when they leave;
- All professionals must ensure that they discuss the circumstances of their visit and any support required with the nurse in charge so that this can be assessed and where possible agreed;
- Nursing staff must ensure that visiting professionals are aware of any changes in a service users behaviour / risk factors prior to their visit;
- Visiting professionals must be escorted within the unit by staff for the duration of their visit unless agreed with the nurse in charge;
- Any visiting non-CWP professionals must not be issued a master key or salto fob. If private time with service users is requested this must be discussed and agreed with the nurse in charge/shift coordinator.

#### **c) Visits by children (young persons under 18 years of age)**

In support of this policy and for further reference on children visiting CWP inpatient areas please refer to CWP policy CP9. The Mental Health Act (1983) Code of Practice 1999, 26.3 states: 'A visit by a child should only take place following a decision that such a visit would be in the child's best interests'. Decisions to allow such visits must be discussed and agreed by the MDT prior to the visit taking place.

No children (under the age of 18) will be allowed to visit the PICU except for the following circumstances:

- Where it is identified that the patient has parental responsibility and / or a significant relationship, in which it is in the child's interest to maintain contact this must be discussed and agreed through the MDT;
- A full risk assessment is completed by the MDT prior to the child visiting the unit to check for any previous child protection issues;
- A CV1 Child Visiting form must be completed as per Trust policy [the visiting of patients by children](#);
- Where a child visit is permitted the visit must only be undertaken in a designated room (Family room at Springview, Clatterbridge, Handover / MDT room on Willow Ward, Bowmere Hospital) provided away from the main ward area, restricting contact with other



service users on the unit and have a staff in attendance. Notification must be given to the Safeguarding Team for all individual visits.

#### **d) CWP estates / external contractors**

All contracted maintenance staff prior to attending the unit will have completed 'site working forms' which identify all planned safe working procedures. As part of this procedure contracted maintenance staff will also be issued with ID badges by the Estates department. During an emergency situation this process will not be facilitated however due to the urgency of the unplanned event.

- Prior to allowing CWP Estates or contracted maintenance staff within clinical areas will ensure that the clinical area is safe for that maintenance work to be carried out;
- If the clinical area is not safe enough for CWP Estates or contracted maintenance staff to work a time and date must be agreed for them to return. CWP Estates must be contacted where this affects planned or essential maintenance work;
- All Estates personnel and/or external contractors will be issued with 'small tool box' by the Estates department which will be used to prioritise the tools / equipment needed to carry out the work required;
- Once inside the unit the Estates personnel and external contractors will be accountable for the safe keeping of any tools / equipment and act in a manner that will not compromise security;
- If the Estates personnel and external contractors report any items missing then the nurse in charge/ shift co-ordinator must implement the Potentially Dangerous Missing Items Flowchart (refer to [appendix 3](#));
- During any incident which may involve clinical safety the Estates personnel and/or external contractors will be asked to leave and be escorted by unit staff to a safe area. Arrangements must be made regarding future visit to complete works;
- All breaches in security by CWP Estates staff and/or external contractors will be documented and reported to the nurse in charge / shift co-ordinator, Estates Lead action taken in discussion with the unit manager;
- If CWP Estates or contracted maintenance have any concerns regarding clinical safety they must raise their concerns with the nurse in charge / shift coordinator immediately.

### **3.8 Service user visitors and prohibited & restricted items**

For reasons of safety and security, items that can present a hazard or breach essential security need to be controlled. A list of prohibited and restricted items will be posted at the entrance to the unit (please refer to [appendix 1](#)). This must be brought to the attention of visitors and they will be asked to hand over any items before entering the unit.

- When unit staff receive intelligence that a visitor maybe attempting to bring in an prohibited and restricted item, the visitor must be contacted by the unit manager / nominated deputy and reminded of the unit policy prior to any planned visit;
- PICU staff when they suspect or know that there may be prohibited and restricted items being brought into the unit must ask the visitor to agree to declare the contents of the package / bags;
- If the visitor refuses to comply with a request to declare the contents of their bags then access to the visit must be denied;
- Any decision to deny access to a visitor must be reported to the blepholder and a short term plan of action agreed or until the MDT can discuss the incident further.

If staff suspect that prohibited or restricted item has not been declared:

- When PICU staff suspect or know that a prohibited or restricted items has not been declared by a visitor that person must not be allowed access to the service user or into the clinical areas. The Nurse in Charge / shift co-ordinator must be informed immediately;
- A decision to refuse entry to the visitor must only be made by the Nurse in Charge / shift co-ordinator following discussions with the 1st tier on call (Blepholder);
- The Nurse in Charge / shift coordinator must discuss the outcome of any decision with the visitor in a safe area away from the clinical areas;

- The Nurse in Charge / shift co-ordinator must discuss the outcome of any decision with the service user in a safe supported area;
- A multi-disciplinary team meeting will review the situation and make decisions regarding future visits i.e. supervised visits.

### 3.9 Illicit Substances

In support of this policy and for further reference on the management of illicit substances please refer to CWP policy [management of illicit substances policy](#). All incidents referring to illicit substances must be immediately reported to the bleepholder and recorded onto the Datix system.

- Prior to any planned visit if unit staff receive intelligence that a visitor maybe attempting to bring in an illicit substance, the police must be contacted by the unit manager/nominated deputy and advice sought from them;
- Any suspected or known attempts to bring illicit drugs or contraband into the PICU unit must be reported to the police immediately;
- Staff must not carry out searches on bags brought in by visitors where they suspect or know that the bag contains illicit or prohibited items;
- If the staff, believe that the visitor has any concealed security items they **must not** undertake a search of the visitor;
- Where staff suspect or know a visitor have an illicit substance access must not be allowed to the clinical area.

### 3.10 Safeguarding incidents

Any incident which involves abuse to a service user which includes issues relating to a single act or repeated acts. It may be physical, verbal or psychological. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse may occur in any relationship and may result in significant harm to, exploitation of, the person subjected to it. All such incidents as described must be reported to the Safeguarding team (refer to the [safeguarding adults policy](#) or further information).

### 3.11 Section 17 Leave (escorted and unescorted leave)

For the purpose of this policy leave of absence is defined as a period away from any unit as agreed by the Responsible Clinician or the Ministry of Justice with or without staff escort, either as part of a planned programme of rehabilitation or treatment, or to enable the service user to receive planned or emergency treatment in another hospital or clinic.

All leave depends on individual circumstances and is subject to risk assessment.

#### a) Pre-leave planning

- A risk assessment must be undertaken and recorded by the designated staff into the service user records to support any period of leave of absence;
- All planned destinations and timings must be discussed and agreed by the care team and recorded onto the section 17 leave form by the RC;
- All planned destinations and timings must be made known to the nurse in charge prior to the commencement of leave.

#### b) Section 17 leave records

- All section 17 leave forms must be kept in the service user's case notes;
- The Nurse in Charge / shift co-ordinator must check the service users Section 17 leave authorisation sheet and ensure that the escort requirement is as detailed on their current Section 17 record sheet before allowing them to leave the unit.

- c) Staff escorting service users off the unit**
- Escort requirements will normally be determined by the MDT and form part of the Section 17 Leave of Absence & Section 17 Discharge Planning process. (In an emergency e.g. 999 incidents, escort requirements may be determined by the nurse in charge/ shift co-ordinator on duty);
  - Escorting staff must ensure they carry their Trust ID card whilst escorting service users and should also ensure that they have emergency contact numbers i.e. the unit and Police;
  - The escorting staff member must carry the unit mobile telephone at all times whilst escorting service users;
  - All staff escorting service users in any external area (on site) must carry the unit mobile telephone;
  - Unit staff must not use their own personal mobile phones during any escort duty.
- d) When escorting a service user staff must;**
- Be aware of any particular restrictions applying to the service users and alcohol consumption. Any restrictions or agreements on the consumption of alcohol during planned, unescorted, leave must be agreed by the Care Team;
  - Ensure that they are aware of any particular risk factors e.g. a propensity for theft or impulsive behaviours and remain constantly vigilant for any such behaviour;
  - Familiarise themselves with the behavioural propensities of the service user and have an awareness of early indicators of behaviour/mental state changes;
  - Ensure that they are aware of any physical condition the patient may suffer from. Where a staff member is not familiar with the service user they have been asked to escort off the ward or in any way feels concerned about providing escort for a particular service user they must inform the nurse in charge/ shift co-ordinator prior to leaving the ward;
  - Use their observational and interactional skills to the full, these being particularly important as service users often behave differently when away from the ward environment. It is essential that whilst service users should be provided with the maximum degree of independence;
  - Not allow them selves to be distracted from their primary function of observing the patient in all aspects of their behaviour. Service users may for example use shopping opportunities to purchase illicit goods for themselves or at the request of other patients. All items purchased should be checked by the nurse in charge upon the patients return to the unit;
  - Report to the security officer both on leaving and returning to the ward.
- e) Incidents during any escorted planned leave**
- Any changes to the planned destination and timings during the leave episode must not be allowed unless there is an emergency; this must be communicated to the nurse in charge immediately;
  - If any service user becomes a risk to themselves and/or others staff must terminate the leave episode and return to the unit immediately;
  - If any service user attempts to abscond from escorting the staff, staff must attempt to prevent the service user absconding where there are no risks to themselves;
  - Any incident which occurs en route must be reported to the appropriate unit via the unit mobile phone and an agreement reached regarding the continuation of the leave of absence.

### **3.12 Missing and service users Absent Without Leave (AWOL)**

**a) Service users who abscond whilst on escorted leave (including service users who reported to have 'escaped')**

In the event of a service users absconding whilst on escorted leave (CWP policy [missing persons policy and procedure including AWOL](#) must be adhered to) the escorting staff must;

- Notify the police immediately e.g. 999. When contacting the police, the staff must ensure to advise them, where applicable, of the Ministry of Justice status including the service users

- index offence and assist them with any other clinical information that may assist them with their duties e.g. time, place and clothing description of the service users to the police;
- Notify the ward immediately and in the case of any Home Office restricted patient, the Ministry of Justice;
- Attempt to follow the service user, detailing direction and key points relating to the service user;
- Staff must conduct a search of the immediate area and give time, place and clothing description of the service users to the police;
- **For escaped service users** the designated nurse in charge must immediately implement lockdown procedure of the unit.

The nurse in charge / shift coordinator must immediately inform the responsible Clinician, 1<sup>st</sup> Tier on call (Blepholder) or Service Manager and 2<sup>nd</sup> Tier Manager.

#### **b) Service users who are AWOL whilst on un-escorted leave**

In the event of a service users absconding whilst on un-escorted leave the designated nurse in charge must:

- Notify the police immediately e.g. 999. When contacting the police, the staff must ensure to advise them of the restricted status including the service user's index offence and assist them with any other clinical information that may assist them with their duties e.g. time, place and clothing description of the service users to the police;
- Notify the responsible Clinician, 1st Tier on call (Blepholder) and 2nd Tier Manager must also be informed immediately;
- The 1st Tier on call (Blepholder) or Service Manager and 2nd Tier Manager must notify the Ministry of Justice where appropriate, at the earliest opportunity;
- Complete a Datix incident form.

### **3.13 Violent and Sexually inappropriate material**

#### **Restricted Items**

- Material obtained with a restricted circulation which has an 18r certificate will not be allowed on the unit.
- Sexual or violent films or games without a certificate from the BBFC (British Board Film Classification) are not allowed on the unit.
- The criteria for published material is harder to define, broadly the expectation is that magazines or books that are available from mainstream outlets (as opposed to sex shops) are permitted.

#### **Permitted Material**

If a situation arises patients must be made aware of what is considered to be unacceptable pornographic or violent material and what would constitute a prohibited/restricted item.

#### **Control of electronic devices** (also refer to CWP policy [searching of patients environment](#))

- Service users personal electronic devices must be documented on admission;
- All electronic devices purchased or obtained post admission must be disclosed to the nurse in charge. These devices must be documented into the service users electronic patient record;
- All electronic devices which have a charger facility this must be retained in a secure area by the nursing staff;
- Any service user suspected of having inappropriate material on their possession or in their room must be advised of this policy.

#### **Inappropriate or offensive material**

Nursing staff must take action to protect all vulnerable service users and maintain safe environments.

Any physical material deemed to be seriously offensive:

- Immediately secure all material in lockable cupboard within the clinic facility;
- Not allow material to be viewed or accessed by either the service user or staff;

- Contact blepholder, CWP Safeguarding Children and Adults Team, the Police and CWP Safety and Security Lead;
- All pornographic or violent material that constitutes a prohibited / restricted item will either be returned to care / family with the service user's permission and knowledge or retained by staff in accordance with Trust policy;
- If any service user is suspected or known to be trading any restricted material with another service user staff must immediately secure the physical material and notify the RC. Discussion must be held to assess the risk and harm which may have resulted from any vulnerable service user viewing illicit material without consent and also possible support mechanisms which may be required.

### 3.14 Unit lock down

Following any breach of security, such as loss of keys, security door found open or loss of a restricted security item the nurse in charge / shift must immediately implement a lock down of the unit. A lock down will involve the securing of all access and control doors within the unit. No persons will be allowed to enter or exit the building during this operation **unless agreed by the blepholder or Service Manager**. This procedure will accomplish the control of all exits and persons and allow staff to carryout a systematic search of all areas.

Immediately following the decision to implement lock down **due to a missing restricted security item**:

- The unit blepholder / Service Manager must be notified by the nurse in charge/shift coordinator and given details of the incident;
- All service users must be asked to assemble in day areas;
- A search of all environments (internal and external) including bins and food trolleys / containers;
- If the search of the unit does not resolve the situation service users will be informed and may be asked to submit to a personal search;
- All personal searches must include removal of all service users shoes and outer garments, excluding the last layer;
- If no success the blepholder / Service Manager must escalate to the next tier manager on-call.

Service user unit and room searches:

- Where a service user refuses a personal search staff must report the issue to the nurse in charge / shift coordinator immediately;
- Where a service user refuses a personal search and staff **know they have sufficient grounds** to carry out a search without their consent staff and **without the risk of injury** to the service user or staff, the nurse in charge / shift coordinator must contact the Responsible Clinician to update them on the current situation and planned search;
- Where a service user refuses a personal search and staff **know they have sufficient grounds** to carry out a search without their consent staff and **there is the risk of injury** to the service user or staff, the nurse in charge/shift coordinator must contact the Responsible Clinician to update them on the current situation and inform the police;
- All patient searches will be fully documented in the service users electronic patient record.

### 3.15 PICU inpatient staff 'security' training

All CWP staff are required to attend training in compliance with the trust mandatory training programme, this in addition to any other training which maybe required by other professional bodies for accreditation purposes.

#### a) All PICU inpatient staff

All PICU inpatient staff (including non-clinical staff) will receive a half day security training session which will be delivered as part of the annual mandatory module 10 Management of Violence and Aggression (MVA) training. This also includes new starters who must attend the 3 day MVA course.

Whilst restraint training is not mandatory for non-clinical staff these staff must attend the half day security training session. **Security training sessions will involve education of physical security mechanisms and procedures e.g. keys, fobs, doors, searching and low secure policy update. A knowledge check must be undertaken and passed by all low secure unit inpatient staff**

- All new staff to the unit must undertake local induction training which will be monitored by a nominated mentor;
- All low secure staff who are not required to attend the MVA training courses must attend the half day security training sessions being facilitated through module 10;
- A record of all candidates who attend the training will be reported through to the Education CWP by the MVA trainers. The Education CWP will send a report to the bi-monthly Workforce and Organisational Development Sub Committee (WODSC);
- All low secure unit managers will receive a monthly triangulation report detailing all staff attendance records and an update of individual training needs.



## **Appendix 1 - Restricted and prohibited items**

### **Prohibited items are as follows:**

- All knives other than cutlery issued on the unit
- Suspected or replica weapons
- Glass i.e. drinking glasses or glass fronted photograph frames
- Matches/lighters
- Alcohol
- Illicit drugs or Non-prescribed medication
- Wire coat hangers
- Glass bottles or cans
- Plastic carrier bags
- Electrical extension leads
- Games consoles with internet access
- Radio frequency scanners
- Telescopes/Binoculars

### **Items controlled and issued to / accessed patients, only by staff:**

- Cutlery
- Scissors or any other cutting equipment
- Sewing equipment
- Tools e.g. screwdrivers, hammers etc.
- Lighters
- Wet razors/Electric razors
- Hair/Beard clippers or trimmers
- Glues or solvents (for craft/occupational use only)
- Domestic cleaning equipment
- Aftershave
- Home recorded video cassettes/DVD's
- iPods
- Photographic devices
- Perishable foodstuff, particularly dairy produce
- Mobile Phones
- Art pencils used by Therapies staff
- Pin button hole badges
- Hair clips (with pin fastening)
- Any heavy ornaments
- Electronic personal organisers
- High caffeine drinks i.e. Red Bull
- Excessive jewellery

## Appendix 2 – Security responsibilities of the Shift Coordinator / Nurse in Charge

As part of the daily security responsibility the nurse in charge/ shift co-ordinator must;

### a. Staff

- At the commencement of each shift (day/night) nominate a member of staff to carryout physical checks of internal security items prior to commencement of clinical duties;
- Ensure that all internal security checks (as detailed below) have been completed and recorded prior to commencement of clinical hand over;
- That the testing of the attack unit alarm is undertaken once daily.

### b. Security checks

Prior to commencement of clinical duties the following security checks are completed and recorded against the relevant inventory:

- A physical count of all cutlery and other security items within kitchen/rehabilitation areas;
- A physical count of all games equipment (snooker/pool cues and balls, darts);
- A head count of all service users;
- All external security checks have been completed and recorded.

### c. Planned periods of leave

Prior to any planned periods of leave or time off the unit that:

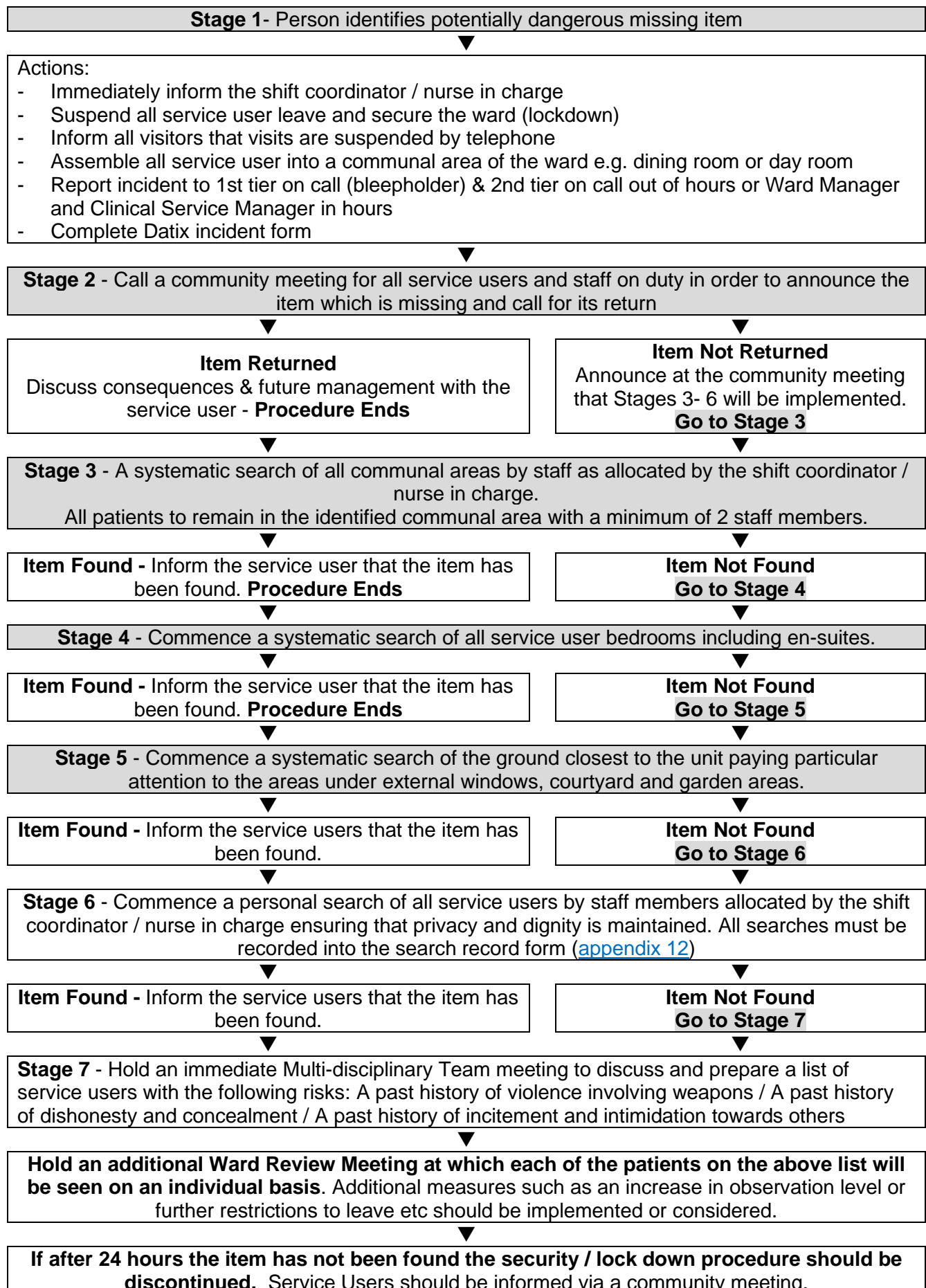
- All planned service user periods of leave are in accordance with MHA Section 17 guidance and relevant risk management plans;
- Risk assessments are up to date to support any escorted leave and this is recorded into the service user records;
- All service users are searched in accordance with CWP Search Policy when they return from any period of **unauthorized / absence** without leave.

### d. Security Incidents

Immediately following a security incident/breach the nurse in charge / shift co-ordinator must:

- Secure / isolate the immediate area or implement the lock down procedure. If the area cannot be isolated from service users staff must maintain observation of the area until appropriate measures have been put in place;
- Arrange for a head count of all service users;
- Suspend all off unit activities;
- Contact the on call (bleepholder) and all other units on the site must be notified about the security breach;
- Reporting of appropriate physical security issues to the problem to the Estates Department underlining that urgent action is required;
- Develop and implement a contingency plan to mitigate all further risks;
- Complete a Datix incident form detailing all actions taken.

### Appendix 3 - Potentially dangerous missing items flowchart



#### Appendix 4 - Unit daily security checklist

| Designated security check staff member |  | Date      |  |
|--|--|-----------|--|
| Day                                    |  | Signature |  |
| Night                                  |  | Signature |  |

| Security checks (staff initials)  | Number | Day | Night |
|---|--------|-----|-------|
| All staff have a pass key?  |        |     |       |
| All staff have a fob?   |        |     |       |
| All staff have an alarm?  |        |     |       |
| Psychiatric Emergency Team (PET) response fob / key?                              |        |     |       |
| Games equipment security checks completed? (snooker / pool cues, rests and balls) |        |     |       |
| Internal security checks (doors, windows, locks, key plates secure?)              |        |     |       |
| Ward kitchen cutlery knives / forks / spoons?                                     |        |     |       |
| Clinic security checks completed?   |        |     |       |
| Unit mobile phones accounted for?   |        |     |       |
| Head count?   |        |     |       |
| External area (staff initials)  |        | Day | Night |
| External perimeter fence and gates (intact / secure inc check of locks)           |        |     |       |
| External building and grounds check   |        |     |       |
| All internal windows and doors secure   |        |     |       |
| Internal courtyard/garden areas checks (inc check of gate locks and fence)        |        |     |       |

| Cutlery count (post meals) | (✓) | Staff signature |
|----------------------------|-----|-----------------|
| Breakfast                  |     |                 |
| Lunch                      |     |                 |
| Tea                        |     |                 |
| Supper                     |     |                 |

| Daily alarm test | Time | Staff signature |
|------------------|------|-----------------|
|                  |      |                 |

**Appendix 5 – Daily cutlery checklist**

| Date                  |       | Breakfast (✓) |       |       | Lunch (✓) |       |       | Tea (✓) |       |       | Supper (✓) |       |  |
|-----------------------|-------|---------------|-------|-------|-----------|-------|-------|---------|-------|-------|------------|-------|--|
| Service users name    | Knife | Fork          | Spoon | Knife | Fork      | Spoon | Knife | Fork    | Spoon | Knife | Fork       | Spoon |  |
|                       |       |               |       |       |           |       |       |         |       |       |            |       |  |
|                       |       |               |       |       |           |       |       |         |       |       |            |       |  |
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|                       |       |               |       |       |           |       |       |         |       |       |            |       |  |
| <b>Staff initials</b> |       |               |       |       |           |       |       |         |       |       |            |       |  |

**Appendix 6 – Leave record**

|                           |  |                   |  |
|---------------------------|--|-------------------|--|
| <b>Service users name</b> |  | <b>NHS Number</b> |  |
| <b>Week Commencing</b>    |  |                   |  |

| <b>Date</b> | <b>Complex<br/>(✓)</b> | <b>Community<br/>(✓)</b> | <b>Time<br/>out</b> | <b>Expected<br/>time back</b> | <b>Actual time<br/>returned</b> | <b>Escort<br/>(✓)</b> | <b>Clothing description (inc. colours / shoes / hat)</b> |
|-------------|------------------------|--------------------------|---------------------|-------------------------------|---------------------------------|-----------------------|--|
|             |                        |                          |                     |                               |                                 |                       |  |
|             |                        |                          |                     |                               |                                 |                       |  |
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**Appendix 7 – Record of searching**

| Service user name | Date | Time | Staff names involved in search procedure | Person or room search | Comments / outcome |
|-------------------|------|------|--|-----------------------|--------------------|
|                   |      |      | 1.                                       |                       |                    |
|                   |      |      | 2.                                       |                       |                    |
|                   |      |      | 1.                                       |                       |                    |
|                   |      |      | 2.                                       |                       |                    |
|                   |      |      | 1.                                       |                       |                    |
|                   |      |      | 2.                                       |                       |                    |
|                   |      |      | 1.                                       |                       |                    |
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