Hostage and Siege policy

Lead executive	Director of Nursing Therapies Patient Partnership
Author and contact number	Safety and Security Lead – 01244 397 618

Type of document	Policy
Target audience	All CWP staff
Document purpose	To give all staff advice and procedures in relation to siege / hostage situations.

Document consultation	Workforce and Organisational Development Sub-Committee	
Approving meeting	Health Safety and Well Being Sub Committee	23-Mar-11
Ratification	Document Quality Group (DQG)	8-Sep-11
Original issue date	Apr-03	
Implementation date	Sep-11	

CWP documents to be read in conjunction with	HR6	Trust-wide learning and development requirements including the training needs analysis (TNA)
	GR19	Out of hours clinical management support
	GR1	Incident reporting and management policy
	GR7	Major incident plan

Training requirements	There **are no** specific training requirements for this document.

Financial resource implications	No

Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	

Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Monitoring compliance with the processes outlined within this document

Is this document linked to the NHS litigation authority (NHSLA) risk management standards assessment?	No NB - The standards in bold above are those standards which are assessed at the level 2 and 3 NHSLA accreditation.

Who is responsible for undertaking the monitoring?	Safety and Security lead
How are they going to monitor the document?	Weekly report from CWP Datix coordinator via risk management reporting system 'Datix'
What are they going to monitor within the document?	Quantitative information
Where will the results be reviewed?	Learning from experience report - Trust Board of Directors (BOD), Quality Committee (QC), Patient Safety and Effectiveness Sub Committee (PSESC), Health Safety and Wellbeing Sub Committee (HSWSC), Emergency Planning Sub Committee (EPSC).
When will this be monitored and how often?	Learning from experience report - quarterly Corporate report - annually.
If deficiencies are identified how will these be dealt with?	Recommendations are made within each learning from experience report and are followed up and reported upon within the next quarterly report. An action plan will be developed following the audit
Who and where will the findings be communicated to?	Learning from experience report - Trust BOD, QC, PSESC and HSWSC.
How does learning occur?	Actions will be followed up and reported to the QC quarterly until all actions have been completed.
How are the board of directors assured?	Via direct receipt and scrutiny of the quarterly report. The QC will receive the audit and monitor any followup actions. The QC reports directly to the BOD thereby giving Board assurance that this is being undertaken.

Document change history

Changes made with rationale and impact on practice
1. Review of policy and format in accordance with CWP template
2. Appendix 1 - new procedural flow chart
3. Section 4 - Roles and Responsibilities - Inclusion of Emergency Planning Lead
4. Section 3 - Procedure - new procedural wording layout

External references

References
1.

Content

1.   Introduction

This policy is to support Trust staff should there be a siege and hostage type situation anywhere in CWP premises. The policy is to be used as guidance to adopt should a siege situation occur and in order that staff can respond effectively and consequently increase safety to staff, visitors and patients.

This policy was compiled in response to the overriding priority of the NHS Security Management Service (SMS) to ensure the safety and security of staff and others. To this end, it is stressed from the onset that where there are any serious concerns about the security or safety of any individual, the police should be called immediately. The taking of hostages is always a matter for the police and every area of the United Kingdom has officers on call who are specifically trained in hostage negotiation techniques.

Throughout this policy, the term 'siege' refers to any situation where CWP staff are intentionally prevented or denied access to a specific area by a person using physical or environmental means; this may include a hostage or threats to self injure within inpatient or community care settings.

Any person held against their will by force or threat of force (expressed or implied) must be considered a hostage. Confusion about or mishandling of a hostage incident could lead to avoidable serious consequences. All staff must ensure that clearly understood procedures are in place to deal with such a situation, that they are aware of them and that they are well-rehearsed.

The primary objectives during a hostage situation are to:
- Preserve life;
- Maintain the safety of staff and the public.

2.   Definitions

Siege -'Obstacle, obstruction or barricade; where it is established that CWP staff are being intentionally prevented or denied access to a specific area by a patient or person using physical or environmental means; this may include a hostage or threats to self injure.

Hostage-taker - A person whatever his nationality, who, in the United Kingdom or elsewhere:
- Detains any other person ('the hostage');
- In order to compel a state, international governmental organisation or person to do or abstain from doing any act, threatens to kill, injure or continue to detain the hostage and commits an offence.

Hostage - Any person held against their will by force or threat of force (expressed or implied) must be considered a hostage.

3.   Procedure

In a situation where it is established that an incident involving **siege**, staff must;
- Consider their safety and the safety of others. Staff must not attempt to control the situation by themselves or put themselves at risk of harm;
- Clear the immediate area to minimise disruption and harm to others;
- Notify and seek assistance from the bleep holder (inpatient only)
- Where there are significant risks of harm notify the service manager and / or the police.

In a situation where it is established that an incident may include a **hostage** staff must;
- Consider their safety and the safety of others. Staff must not attempt to control the situation by themselves or put themselves at risk of harm;
- Clear the immediate area to minimise disruption and harm to others;
- Notify and seek assistance from the bleep holder;
- Notify the service manager and / or the police. When making the call to the police must give clear and concise details especially where there are hostages involved. The police must therefore be called, using 999 as soon as practicably possible. Upon arrival the

Police will assume the operational lead and CWP must act only after permission from the Police;

- If the perpetrator is a patient, their consultant or responsible clinician must also be informed. This should all be done in a quick, quiet and discreet manner out of sight and earshot of the hostage-taker(s);
- No attempt should be made to enter into any form of discussion with the hostage-taker (except by a trained hostage negotiator), unless failing to do so would place the hostage at greater risk. No negotiation should be undertaken and no requests granted;
- Any other information pertinent to the incident (such as records of previous violent incidents involving the hostage-taker) should be located and made available to the police;
- The notification of next of kin for those held hostage is a matter for the police, unless they specifically instruct otherwise;
- If any staff is confronted by the hostage-taker(s), staff must state that they do not have the authority to grant any of their demands;
- Make no attempt at intervention should be made whatsoever, if there is any doubt as to its success or its impact on the safety of those concerned.

Whilst waiting for the Police to arrive and only if it is safe to do so or if there is a physical barrier between a witness to the events and the hostage-taker(s) the situation should be carefully assessed in order to determine:

- The number of hostages;
- Physical descriptions, especially of the hostage-taker(s);
- Any specific demands or statements, make written notes, it is useful to keep a log of times and actions taken or contacts made for the information of the professional negotiator;
- Behaviour patterns;
- Types of weapons;
- Any other potentially useful facts.

In accordance with CWP policy post Incident support arrangements for all those involved, including the provision of counselling services where appropriate must be made available.

4.   Duties and responsibilities

4.1   Chief Executive
As Accountable Officer, the Chief Executive has overall responsibility to ensure that there are systems and processes in place to ensure that the searching of patients, public and facilitates is carried out within the legislative framework and that responsibility for this is delegated to an Executive Director.

4.2   Director of Nursing, Therapies and Patient Partnership
The Director of Nursing, Therapies and Patient Partnership has overall responsibility for the protection of staff and service users by gaining assurance that policies, procedures and systems to protect all are implemented and will ensure that there are:

- Adequate security provision is made in their NHS body as specified in the Secretary of State Directions that ensures the safety of all service users and staff;
- Measures to protect CWP staff comply with all relevant health and safety legislation, Secretary of State Directions and takes into account NHS SMS guidance;
- Executive responsible for oversight of this policy.

4.3   Safety and Security Lead
- The Safety and Security lead is responsible for providing advice, guidance and support to senior managers in developing individual any local arrangements under this policy. Also for providing advice, guidance and support to any employee relevant to the policy;
- The Safety and Security lead is responsible for working with the Director of Nursing, Therapies and Patient Partnership and other senior managers to investigate any incident of violence or security breach, to identify ways to reduce the risk further;
- The Safety and Security lead is responsible for the formulation and review of this policy.

4.4 Patient Safety and Effectiveness Sub Committee (PSESC)
PSESC will be responsible for the overall implementation and monitoring of this policy.

4.5 CWP Emergency Planning Lead
CWP Emergency Planning Officer is responsible for ensuring any incident involving Hostage and Siege issues is brought to the next Emergency Planning Sub Committee meeting and the incident reviewed by its members.

4.6 Line managers
Line managers are responsible for reviewing operations to identify situations where employees may be exposed to foreseeable risks etc. verbal abuse, physical assault or a work related safety hazard. They are responsible for undertaking and implementing and documenting risk assessments and reviewing and maintaining their effectiveness at intervals not exceeding one year or when a significant change in circumstances occurs and following any incident.

Line managers must ensure that monitoring complies with the risk assessment recommendations and control measures set out by the Trust. Line managers must communicate these measures clearly to employees. Ensuring all untoward incidents are reported via agreed systems (see Incident reporting and management policy).

Line managers must ensure that other agencies are informed of risk assessments, any subsequent reviews and changes to the work plan, especially when planning changes in service provision, which take account of possible risks to safety and make arrangements for their avoidance or control.

Line managers must monitor reports of incidents or potential incidents to ensure that correct action is taken to prevent a recurrence.

4.7 All CWP staff
All CWP staff will be expected to fully familiarise themselves with contents of this policy.

Following an incident the employee must ensure details of the incident are recorded in accordance with the Trust's Incident reporting and management policy.

Trust staff will be expected to co-operate in any enquiry into such incidents or where losses by theft or otherwise, is or may be expected.

5.   Appendix 1 - In-patient hostage and siege incident

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                        ┌──────────────┐    ┌────────────────────┐    ┌──────────────┐
┌──────────────┐        │      NO      │◄───┤ HOSTAGE AND SIEGE  ├───►│     YES      │
│  SIEGE ONLY  │◄───────┤              │    │     INCIDENT       │    │              │
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┌──────────────────┐                                            ┌────────────────────────────┐
│ CLEAR IMMEDIATE  │                                            │ DO NOT ENGAGE IN           │
│ AREA CONTACT     │                                            │ NEGOTIATIONS               │
│ BLEEP HOLDER     │                                            └──────────────┬─────────────┘
└──────┬───────────┘                                                           │
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       ▼                                                            ┌────────────────────────────┐
┌──────────────────┐                                                │ CONTACT BLEEP HOLDER       │
│ NEGOTIATE IF     │                                                │ EVACUATE AREA/WARD         │
│ SAFE TO DO SO    │                                                └──────────────┬─────────────┘
└──────┬───────────┘                                                               │
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       ▼                                                    │ CONTACT        │◄┤ CONTACT THE     │
┌──────────────────┐                                        │ EXECUTIVE      ├►│ POLICE          │
│ INCREASED RISK   │───┐                                    │ ON CALL        │ │                 │
│ OF INJURY        │   │                                    └───────┬────────┘ └────────┬────────┘
└──────┬───────────┘   │                                            │                   │
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       ▼         ┌──────────┐                          ┌────────────────────┐           │
┌──────────┐     │    NO    │                          │ ANY SERIOUS        │           │
│   YES    │     │          │                          │ INJURIES TO        │           │
└────┬─────┘     └────┬─────┘                          │ HOSTAGE OR         │           │
     │                │                                │ HOSTAGE TAKER      │           │
     ▼                ▼                                 └──┬──────────┬──────┘           │
┌──────────────┐ ┌──────────────┐                         │          │                  │
│ CONTACT      │ │ DISCUSS PLAN │                      ┌───▼──┐  ┌───▼──┐               │
│ POLICE       │ │ OF ACTION    │                      │ YES  │  │  NO  │               │
│ CONTACT      │ │ WITH BLEEP   │                      └───┬──┘  └───┬──┘               │
│ EXECUTIVE    │ │ HOLDER       │                          │         │                  │
│ ON-CALL      │ │ CONTACT      │                          ▼         │                  │
│ CONTACT      │ │ TIER 3 ON    │            ┌────────────────┐      │                  │
│ PARAMEDICS   │ │ CALL         │            │ CONTACT        │      │                  │
│ HAVE MEDICAL │ └──────┬───────┘            │ PARAMEDICS     ├──►┌──▼──────────────────▼──┐
│ AID READY    │        │                    │ HAVE MEDICAL   │   │ WAIT FOR POLICE        │
└──────┬───────┘        │                    │ AID READY      │   │ ARRIVAL                │
       │                │                    └────────────────┘   └───────────┬────────────┘
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│ WAIT FOR     │        │                                          ┌────────────────────────┐
│ POLICE       │───┐    │                                          │ SUPPORT ALL            │
│ ARRIVAL      │   │    ▼                                          │ PATIENT/STAFF          │
└──────────────┘   │  ┌──────────────────┐                        └───────────┬────────────┘
                   └─►│ SUPPORT ALL      │                                     │
                      │ PATIENT/ STAFF   │───┐               ┌─────────────────┘
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                                     │ COMPLETE DATIX         │
                                     │ INCIDENT FORM          │
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