STANDARD OPERATING PROCEDURE
FORENSIC – INCIDENT RESPONSE, PERSONAL ALARMS AND LOCATORS

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
2.0	*4/9/13*	*5.1.5 insert monthly test by reception staff.5.2.1 insert process for ward not to carry a locator.5.2.3 remove requirement for Swale staff to carry a Shark knife*
3.0	*2/10/13*	*5.1.5. Insert weekly testing of beacons by wards and reception control team*
4.0	*22/9/2020*	*New format, amendments to ward names and procedure at Pineview*
4.1	*06.01.21*	*Added process for allocation of responder and informing coordinating manager*
4.2	*06/06/22*	*Approved by the Forensic Security Committee - no significant changes*
4.3	*30/12/22*	*Reviewed - Updated details, new title and guidance on emergency response section added. Approved by Forensic Security Committee (9 January 2023).*

Contents

1. INTRODUCTION

Safety of patients, staff and visitors is of paramount concern to the service. This procedure offers guidance on the operation of the personal alarm and locator system, including the response team and the responsibilities of the response team.

2. SCOPE

This procedure is intended to guide the practice of all staff working at the Humber Centre and at Pine View (including South West Lodge) who have successfully completed a Security Induction and have been allocated security equipment.

3. DUTIES AND RESPONSIBILITIES

All staff will be aware of this procedure and ensure that they adhere to it in the way in which they use their personal alarms and locators and respond to incidents.

The personal alarm system is an essential component of the security of the service, and central to the way in which patients, staff and visitors are kept safe. It is important that the way in which the equipment is used optimises its effectiveness, and that it is always used appropriately and safely.

This procedure is intended to ensure that staff can use their personal alarms and locators effectively.

4. THE RESPONSE TEAM

4.1. Composition of the response team.

The response team will comprise a member of suitably skilled staff from each ward at the Humber centre (4) and Pine View (2), the duty manager and a member of the security team (during the day Monday to Friday). On weekends and throughout the night, the 6 individuals will include the Duty Manager and will not have a member of the security team. This team will be compiled from the duty roster, by the duty manager on the previous shift and a copy will be available within the reception control room. If any changes are required to the team's make up, this can be discussed and altered, if necessary, at the daily staffing meeting.

4.2. Allocation of locators to the response team

One member of staff on each ward will always wear a locator, meaning that four at Humber Centre, and two for Pineview. Under no circumstances will the locator not be in the possession of an identified member of staff. The nominated member of staff will be identified by the duty manager from the previous shift and recorded by the nurse in charge

4.3. Actions when the alarm is activated

- When the alarm is activated, every member of the response team, including the duty manager and, where available the security staff, will attend to the destination indicated on the locator.

- On arrival at the site of the incident, the team will assess the situation and, where possible, get a handover from ward/unit staff.

- The ward staff will manage the incident with support from the response team.
- The duty manager will coordinate the intervention along with the ward staff.
- If more staff are required to manage the incident, this will be coordinated by the Duty Manager
- Response staff must not leave the incident until instructed to do so by the Duty Manager and the alarm is cancelled

4.4. Actions if a second incident alarm sounds

- Should staff be alerted to a second incident, the Duty Manager will deploy members of the response team to the second incident.
- The duty manager will only leave the first incident when it is safe to do so, or if the second incident requires their immediate intervention.
- If it is not safe for the response team members to be redeployed to a secondary incident, the Duty Manager will coordinate and communicate with the wards and reception/control room for the movement of staff between wards to assist in the management of the ongoing incidents.

4.5. Actions following the conclusion of an incident

- When the Duty Manager feels the incident has been safely managed and the area is safe, they can cancel the alert and attending staff may be returned to their original wards.
- It is the responsibility of the Duty Manager, along with the nurse in charge to ensure all Datix entries are made and that the well-being of all staff and patients involved is assessed.
- A debrief of the incident may be held informally with staff immediately after the incident or the Duty Manager may wish to coordinate a more formal debrief at a later time.
- The Duty Manager will ensure that the incident is effectively logged for handover to the on-coming Duty Manager.
- The reception/control room should be notified by the Duty Manager at the conclusion of the incident

5. PROCEDURES

5.1. Personal alarms

5.1.1. Training

Training in the use of personal alarms will be incorporated in the service Security Induction. Only after successful completion of the security induction will staff be given use of a personal alarm (prior to that they will be visitors and always escorted).

5.1.2. Storage/Issue

Personal alarms will be stored in reception and issued to staff in exchange for ID card. This exchange will take place in the reception airlock. The reverse process will take place when leaving the building.

When being issued with their alarm, staff are expected to verify that they have been given their allocated set of equipment, and that there is no obvious sign of malfunction (e.g. display is functioning, symbols are showing, lead is attached, etc.).

5.1.3. Wearing/Use/Removal

Personal alarms will be attached as described in security induction before leaving the airlock, and always worn whilst in the building with the following exceptions:

- Being used as a teaching aid (in a non-patient area) as part of the security induction
- In staff changing rooms
- Whilst engaged in sporting activities in the sports hall (see below)

The method of alerting the team to an emergency of whatever type should be via the use of the push button or the man-down function. **Do not rely solely on your alarm to summon assistance**. Shout to colleagues for assistance and/or use a whistle where these have been supplied.

The pull cord is for alerting the team of the theft of an alarm from the person and not for calling for assistance, though this method may be employed if other methods are not available.

Personal alarms will be activated by staff when they require additional staff to support for any manner of reasons. This may include:

- Fire
- Interpersonal violence
- Barricade
- Hostage taking
- Urgent security issues
- Medical emergency
- Failure of equipment (e.g. door failure leading to staff being unable to progress through the building), etc.

5.1.4. Settings

Personal alarms will be set to:

- Man-down, and
- Pull cord

The profile will **never** be set to silent.

Group numbers will always be set to 888.

If the personal alarm is being used as a locator, the group number should be set to 999 as well as 888. At the end of the shift, the 999 setting will be cancelled. As a minimum standard, the nurse in charge of each ward will have their alarm set as a locator. Use of personal alarms as locators will only occur after the Charge Nurse has formally discussed a rationale with the Security Group and will purely be to ensure staff within a ward are aware of alarms on that ward.

5.1.5. Maintenance/Testing

The Ascom system is self-testing. Additional tests of equipment are undertaken by reception staff (includes weekly testing of individual units, and of beacons). A testing regime will be maintained by reception staff wherein each unit is tested every month.

If staff have any concerns about the functionality of their personal alarm, they can request a diagnostic test by reception staff, which can usually be done immediately (subject to reception traffic).

Staff have an ongoing individual responsibility to care for their personal alarm, and to report any actual or potential defects.

All wards will test the ceiling-mounted beacons each week as part of the regular checking regime. This is done by signing out PAPU 1, which beeps each time that it is updated by a beacon. If any beacon is not operating, it is to be defect logged via reception.
Beacons on non-ward areas will be tested weekly by the reception control room team.

5.1.6. Sporting Activity

Clearly, personal alarms cannot safely be worn during certain sporting activities in the sports hall. At those times:

- At least one member of staff will not participate in activity, and will continue to wear all security equipment, as well as carrying a handheld radio,
- All other security equipment (as removed by other staff) will be locked in the store cupboard in the sports hall.

5.2. Locators

5.2.1. Purpose

Locators are carried by staff to allow them to offer support to colleagues/other areas when it is required. There will be always a minimum of four locators in circulation at the Humber centre, and two locates in circulation at Pineview. If, for service delivery reasons, it is felt that any area should not carry a locator, this can be addressed in two ways:

- Short-term (i.e. shift by shift) can be discussed and agreed at the daily risk/communication meeting and contingencies agreed by the Duty Manager
- Longer term (i.e. for other than acute/crisis reasons) can be proposed at Security Committee and a fixed period agreed, including review processes – to be communicated through a security brief

5.2.2. Responding to Emergency Situations

All alarms will be responded to with urgency, and the assumption will be that it is an actual emergency situation. Each incident will be fully attended by all support team members prior to any decision to describe it as a false alarm.

In the event of an alarm at Pine View, Humber Centre response staff will report to reception. The receptionist or Duty Manager will attempt to contact Pine View to confirm the nature of the incident. Refer to SOP for Emergency Access to Pine View.

Under no circumstance will any locator be set to silent.

Qualified staff holding medication keys are not to carry responder.

The Duty manager will hand the Duty manager keys into reception to be held on the Pineview emergency access key slot, when responding to an alarm at Pineview. In return the Duty manager will be given the emergency access keys. Reception staff will log in the daily record the person or location of the Duty manager keys at all times.

5.2.3. Training

Training in the use of locators will be incorporated in the service Security Induction. Only after successful completion of the security induction will staff be expected to wear a locator. support staff (i.e. those wearing locators) will be trained in the service model of physical intervention and either Immediate Life Support (qualified nurses) or Basic Life Support (all other staff).

5.2.4. Use of Personal Alarms as Locators

If a ward is using personal alarms as locators, this will be in addition to use of locators – not as a substitute system. This will ensure that a designated member if staff will respond to alarms in other wards/areas of the building.

5.2.5. Maintenance/Testing

If staff have any concerns about the functionality of the locator that they are carrying, they can request a diagnostic test by reception staff, which can usually be done immediately (subject to reception traffic).

Staff have an ongoing individual responsibility to care for the locator that they are carrying, and to report any actual or potential defects.

6. IMPLEMENTATION

All staff will be required to read the service procedures as part of their service security induction and security refresher.

7. MONITORING AND AUDIT

For annual review by the Security Committee (SC).