

STANDARD OPERATING PROCEDURE FORENSIC - USE OF THERAPY TOOLS AND UNIT WORKSHOP SECURITY

Document Reference	SOP20-046
Version Number	1.3
Author/Lead Job Title	Thomas Greenwood Health, Safety, and Security Lead
Instigated by: Date Instigated:	Security Committee (Forensic Services) September 2020
Date Last Reviewed:	13 March 2023
Date of Next Review:	March 2026
Consultation:	Paula Phillips, General Manager of Forensic Services Pattie Boden, Clinical Lead of Secure Services Helen Courtney, Modern Matron Michelle Snee, Modern Matron Richard Weldrick, Service manager Security Committee
Ratified and Quality Checked by: Date Ratified:	Director sign-off (Paula Phillips) 13 March 2023

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

CHANGE RECORD

Version	Date	Change details
1.0	Sept-20	New Local SOP.
1.1	Aug-21	Reviewed – approved at ODG.
1.2	July 2022	Reviewed at ODG.
1.3	Mar 2023	Reviewed and approved by director sign-off (Paula Phillips – 13/03/23).

Contents

1. INTRODUCTION	3
2. SCOPE	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES.....	3
4.1. Clinical Risk Assessment.....	3
4.2. Secure Storage of Equipment / Tools.....	4
4.2.1. Shadow Boards	4
4.2.2. Secure Containers	4
4.2.3. Occasional-use Tools	5
4.2.4. Gardening Tools	5
4.3. Monitoring of Tools	6
4.3.1. Security.....	6
4.3.2. Facilitator Responsibilities.....	6
4.3.3. Security Lead Responsibilities	6
4.3.4. Usage Logs	6
4.4. Missing Tool/s.....	6
4.5. Training.....	7
4.6. Patient accessing the workshop.....	7
5. REFERENCES	8

1. INTRODUCTION

The purpose of this standard operating procedure is to identify the access, storage, monitoring and security arrangements of all tools used with patients as part of their treatment and activity programmes. This includes equipment used in sessions at the secure service such as woodwork and gardening. The standard operating procedure identifies the safe methods of working so patients can access a range of equipment important for their ongoing therapeutic pathways.

2. SCOPE

The procedure is aimed at all staff who use therapeutic equipment and tools with patients and /or access areas where these are stored. The equipment considered in the procedure involves items that are restricted due to the risks they may pose to the safety and security of service users and staff. This document outlines the responsibilities of staff in the management of these, including procedures for missing tools.

The procedure does not cover tools used by the general assistant for maintenance within the forensic service. It does not cover the use of tools by the facilities department or by outside contractors. It does not cover the use of tools / equipment in therapy and ward kitchens, which has a separate procedure.

Examples of the types of therapeutic equipment covered in this procedure are outlined below. Please note that this list should be used as guide only and is not exhaustive:

Examples:

- Scissors / cutting equipment
- Craft tools - sewing needle, glue, knitting needles, paints
- Wood work - hammer, sanding machine, nails, varnish, screw drivers
- Garden tools - Spade, forks, trowel

3. DUTIES AND RESPONSIBILITIES

Individual staff are responsible for following this standard operating procedure when they use restricted therapeutic tools with patients. In a ward environment, ward managers are responsible for ensuring that staff follow this procedure.

4. PROCEDURES

4.1. Clinical Risk Assessment

This section relates to restricted equipment that can be considered to present a risk of harm to self and others:

- All patients should have a MDT clinical risk assessment prior to receiving access to an identified item of equipment: The item, along with a clear rationale for the decision should be documented in the MDT notes.
- If the above is agreed then a risk assessment and management plan should be completed prior to the activity utilising the equipment. This may be completed by a member of registered staff or the occupational therapy team and should be

documented in the MDT notes. Relevant risk and functional issues, the level of tools that can be used and any associated management plans should be formulated.

- Facilitators should be aware of risk and functional issues and any associated management plans prior to starting sessions with a patient.

4.2. Secure Storage of Equipment / Tools

This section provides the standards in which equipment and tools should be stored and transported:

4.2.1. Shadow Boards

Shadow boards are used in areas where tools are permanently stored:

- Shadow boards consist of a locked cabinet with a shadow outline for each tool. The name or description of each tool is placed next to its associated shadow. The front of the cabinet is clear and constructed out of polycarbonate sheet. This allows for the quick identification of missing tools.
- The key for the cabinet is stored in reception and is issued according to the key procedure.
- All staff accessing the shadow board are responsible for monitoring that it is compliant with safety standards. The security team will monitor the boards and complete a check on a weekly basis.
- Tools can only be added to the cabinet following agreement with security team, and after a shadow has been created.
- All tools must be returned to the shadow board at the end of therapy sessions. No tools can be lent out or used for any purpose other than therapy sessions. There are exceptional circumstances where this is permitted.
- If a tool requires permanent removal from the cabinet (in the case of damage or replacement). This must be authorised by a member of the security team / or leadership team. A notice should be fixed to the shadow outline and a security brief should be issued immediately.
- Before each therapy/ activity session and prior to a patient/s entering the area, the person facilitating the session must check that all tools are present. This must be recorded in the usage log.
- All tools must be returned to the shadow board and counted/checked prior to the patient/s leaving the area. This must be recorded in the usage log.

4.2.2. Secure Containers

Lockable containers / toolboxes are permitted for safe storage and the transportation of restricted equipment across the service.

- Tools that are used across the forensic service in several areas or in rooms that have a multi-purpose, are stored in a locked toolbox. The key for the toolbox is stored in reception and is subject to the key protocol.
- When not in use, the toolbox must be stored in a locked area such as a storeroom or cabinet.
- A list of contents and a log of usage must be stored in the toolbox.
- All staff who utilise the toolbox will be responsible for ensuring that the inventory reflects the content of the box prior to and following use.

- No extra tools must be added to the toolbox without agreement from the security team. The extra tool must be added to the content list before the tool is used by patients.
- All tools must be returned to the toolbox at the end of therapy sessions. No tools can be lent out or used for any purpose other than in therapy sessions. There are exceptional circumstances where this is permitted (see section 4.6 on 'exceptional use of tools').
- Only the security team can permanently remove a tool from the tool box, in the case of damage or for replacement. If a tool has been permanently removed, the content list must be changed by the nominated person.
- Before each therapy/ activity session and prior to a patient/s entering the area, the person who has the toolbox key must check that all the tools are present. This must be recorded in the usage log.
- All tools must be returned to the toolbox and counted/checked prior to the patient/s leaving the area. This must be recorded in the usage log.
- The toolbox must remain locked when transported to and from therapy/activity sessions.
- Sharps used for ward based cooking session can be stored in a lockable container in the ward storeroom. In this instance the boxes must be checked hourly as part of the ward security checks. The key for the lock on the toolbox is to be stored in the wards key press. It is important to note that any tool box containing sharps should not be transported through a clinical area without the knowledge and agreement of the nurse in charge.

4.2.3. Occasional-use Tools

Occasional-use tools are those that are:

- used infrequently
- too bulky or impractical to shadow board
- too large to fit in a toolbox

They include: sewing machines and pyrography etc.

Occasional-use tools must be locked in a cupboard/cabinet with the key stored in reception and subject to the key procedure.

- A contents list must be clearly displayed on each cupboard/ cabinet.
- No extra tools can be added to the cupboard/cabinet without agreement from the security team. The extra tool must be added to the contents list before the tool is used by patients.
- No tools can be lent out or used for any other purpose than for use in therapy sessions.
- Before each therapy/ activity session and prior to a patient/s entering the area, the person facilitating the session must check that all tools are present and recorded in the usage log. All tools must be returned to the cupboard/cabinet and counted/checked prior to the patient/s leaving the area. This must be recorded in the usage log.

4.2.4. Gardening Tools

- All Gardening tools will be stored in a locked storeroom
- There is to be a record of all gardening tools stored in each storeroom
- Ward based storerooms must be checked every hour to ensure all gardening tools are accounted for.
- All gardening tools must be accounted for before and after an activity.

4.3. Monitoring of Tools

4.3.1. Security

Facilitators of patient sessions should be aware of the location of tools and the manner in which they are being used, at all times.

4.3.2. Facilitator Responsibilities

Staff facilitators of patient sessions are responsible for adhering to tool monitoring procedures as outlined in section

4.3.3. Security Lead Responsibilities

The Head of Security must ensure that shadow boards and tool inventories are included in the regular security checks carried out in the building.

4.3.4. Usage Logs

- The usage log must be completed when items are taken from and returned to the cupboard/cabinet outside of therapy sessions. The usage log must include the date, time, printed name and signature of the person who has signed for the key to the cupboard/cabinet. These do not need to be completed during therapy sessions as shadow boards are in use.
- The usage log for toolboxes must record that the tools are accounted for at the beginning and at the end of the session. It will include the Date, Time, and the signature of the person who has signed for the key to the toolbox. The nominated person must ensure that these are being completed by staff who use the area and/or use tools.

4.4. Missing Tool/s

- If a tool is missing, either before a session is facilitated, as part of the daily security checks for shadow boards or during the weekly checks, then the following must be followed:
- Inform all ward areas that have patients who access the area or tools. Inform the nurse in charge and co-ordinating/Health, Safety, and security lead.
- Carry out a search of the area where the tool is stored following the search procedure.
- If the tool is not located in the initial search of the room it is stored in: a search of the patient rooms and all accessed areas must be initiated. The search plan should be formulated by the senior managers/area Manager/co-ordinating manager/shift leader based upon the available intelligence.
- Ascertain the last person who has signed out the relevant keys and contact them.
- The shadow board, toolbox or cupboard/ cabinet must not be accessed, nor a session facilitated, until the missing tool is accounted for.
- If the tool is not located staff should follow the trust Lockdown procedure
- Complete Datix.

- If the tool is found to be missing at the end of a therapy/ activity session, then the following must be followed:
- Initial search of the room must be completed (with patient/s present wherever possible).
- If the tool is not located, then assistance must be gained to remove the patient/s to a sterile area. They should then be searched as per the search protocol.
- A full room search must be completed when the patient/s has left as per the search protocol.
- If the tool is not located in the search of the room or of the patient/s, then a search of patient rooms and all accessed areas must be initiated. A search plan must be formulated by the senior managers/area Manager/Co-ordinating manager /shift leader based upon the available intelligence.
- The shadow board, toolbox or cupboard/cabinet should not to be accessed, nor a session facilitated, until the missing tool is accounted for.
- Complete Datix.

4.5. Training

- All staff using the area and/or tools must have had physical and verbal induction of this security procedure. They must be fully aware of the procedure before using the area/tools with patients.
- The nominated person must be fully aware of his/her responsibilities in relation to this security procedure and the safe running of the area and use of tools.

4.6. Patient accessing the workshop

- The workshop is a high risk environment, thus any patient must have an individual risk assessment before having access. The patient's multidisciplinary team must review the assessment and agree if access can be granted.
- Any patient accessing the workshop must have a risk assessment reviewed monthly, and clearly documented in the MDT agenda that this has taken place and that it is safe for the access to continue.
- Only patients that have a clear therapeutic purpose for using the workshop can be granted access, quality of life is not a clear therapeutic rationale. As this is a high risk area, and the risks are greater than the therapeutic purpose.
- Only one trained staff member can facilitate activities in the workshop, identified by the occupational therapy team, it is their responsibility to manage the safety and the security of the workshop, and complete all the checks identified in this standard operating procedure.
- All patients accessing the workshop must be in receipt of a health and safety induction facilitated by the workshop technician
- All access to equipment must be graded by the technician and based upon an occupational therapy assessment of the individuals' functional skills.
- When patients are in the workshop both access doors must be unlocked, both are on the "A" key suit.
- No patient can access the workshop if they are on heightened levels of engagement for management of violence and aggression. Due to the area being high risk. However the multidisciplinary team can request that this patient can have access at the secure service clinical network for agreement, there must be a clear rationale for this and an additional management plan in place. This will then be documented in the patients MDT agenda and safety plan.

- If a patient poses risk of harm to self, then the multidisciplinary team must consider if the patient would require a personal search after a session, the decision to be documented in the patient MDT agenda and safety plan.
- Some equipment in the workshop requires specialist training to use, for example the circular saw. This equipment is not for patient use and can only be operated by the woodwork technician only. –
- Woodwork technician should provide training and supervision for all tools used in the workshop. No equipment should be used unsupervised.

5. REFERENCES

- Key procedure
- Search procedure