

PERSONAL SAFETY AND SECURITY AT WORK

Background

While inevitably patients and carers can be ill, confused, frightened or upset, abusive, aggressive and violent behaviour should not be tolerated. It is totally unacceptable that any member of a healthcare team should be subject to verbal threats or physical violence.

Any risks can be minimised by actions both by individual doctors and their employers.

Keeping safe as a foundation doctor

Foundation posts must be well supervised and are usually in acute settings where the presence of other staff minimises risks. Risks may, however, be greater in community settings (see specific guidance below on psychiatry).

When might doctors be at risk?

- Travelling to and from work, or between sites, especially at night
- After hours consulting with little or no support staff
- Being stalked (e.g. nuisance phone calls, text messages, being followed)
- Lone home visits (generally not part of foundation training)
- Drug seekers demanding prescriptions
- Consultation with aggressive or unstable patient

How to minimise risk

Are you safe at work, and getting to and from work?

- Examine room layout, door and escape route. Having your chair between the patient and the door enables a rapid exit.
- Secure items that might be used as weapons (e.g. computer monitor, printer) or store away (e.g. scissors, letter openers)
- Only consult when another staff member is nearby or in earshot
- Ensure adequate lighting when walking to your transport
- Park closer to the building at the end of the day or at night.
- Can your trust's security team help, for example by watching you on CCTV as you return to your car or the bus stop at night?
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Can you call for help?

- Is there a list of emergency numbers near the phone?
- Keep a phone charger at work, home and the car
- Ensure emergency numbers are programmed for speed dial on your mobile phone
- Is there an alert button in the consultation room (eg monitored by reception and security) or can others be alerted via on-line phone surveillance?
- Is there an alarm that you can wear eg when you are alone and in situations where you believe your personal safety is at risk? Some alarms are worn and activated by pulling the transmitter out of its retaining pin, which sends a signal to security rather than just making a noise.

Does someone know where you are or when to help you?

- Some units have protocols and action plans on how to manage a duress call from reception or a consulting room (eg one that contains a coded message to let you know that you need help, but will not alert a person threatening you).
- Link a speaker phone to a one-dial automated process so that reception can hear what is going on in the consultation room
- Advise someone knows your anticipated time of return if you attend patients out of hours

Anticipate and plan

- If you are aware of a potentially difficult encounter, agree on a time when a staff member is to knock and enter to check.
- Seek additional professional support if a patient threatens suicide

Keep appropriate professional boundaries

- Listen carefully and take patients' concerns seriously
- Learn about conflict resolution and de-escalation tactics
- Dress professionally rather than provocatively or flamboyantly
- Be aware of local professional policies, for example around accepting gifts
- Friendly is not the same as a friend
- Do not use personal mobile to call patients
- If you give patients and carers your professional e mail address, use a separate one linked to any social media you use (eg Facebook)
- Programme a 'caller number display' on your mobile and landline, and use an ansaphone to screen calls
- Consider having a home phone number ex-directory, and use a professional rather than home address for GMC etc.
- Document all text/ phone calls in the patient record

Responsibilities of employers

Things to consider:

Safety of:

- Environment – eg are doctors asked to carry samples around an unlit site at night? Is the route to staff accommodation well lit and secure?
- Multi-site working – if doctors are expected to cover 2 or more sites at night several miles apart, how can they travel between them? Many new doctors cannot drive, public transport may not be operative and cycling in these circumstances may not be safe.
- Home visits

Risk assessment and controls:

- Assess if measures can be taken to increase workplace security
- Incident logging and review:
- Record as soon as possible
- Ensure appropriate debrief for all staff if a safety issue occurs

Complaints procedure:

- Can defuse tension

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- Needs to be visible and acted upon

Policy on violence:

- Personal safety and security as regular agenda item for staff meetings
- Human resources policies on lone workers, bullying, harassment and violence at work

In out-patient settings and emergency departments robust safety measures should be in place, such as adequate and well-functioning alarm systems, clear exit facilities, and arrangements for support by other staff in cases of emergency.

Safety for trainees in psychiatry*

Induction course

At each new placement trainees should attend an appropriate induction course which should include:

- a tour of the site and relevant buildings, including the on-call residence
- written information about relevant local safety policies
- guidance about maintaining personal safety and privacy
- instruction on the recognition, de-escalation and management of violent incidents
- written information on safety, management of imminent violence and risk assessments
- provision and use of alarm systems and mobile telephones when having to travel between different sites.

Personal appearance (local dress codes may also apply)

Professional appearance engenders confidence and trust in the doctor. Overly flamboyant or sexually provocative clothing is not only unprofessional but may be misinterpreted by a patient and provoke an assault. Clothing should not be too tight in case the psychiatrist has to move quickly. Remember that scarves, ties, long hair and loose items of clothing or jewellery could be used to strangulate or injure. It is best to avoid taking personal belongings, such as an address book, into patient areas

Isolation when on call

Trainees seeing patients, particularly when asked to interview a recently admitted patient when on call and at night, should ask for as much information to be provided to them beforehand, and to be accompanied by another member of staff. When conducting a physical examination it is advisable to have a chaperone present in order to avoid risks of assault and of being subjected to allegations of inappropriate behaviour.

Trainees should avoid walking alone in poorly lit areas, either inside or outside buildings, and in all circumstances should have the means to raise the alarm in an emergency, or be able to request a security guard or porter to accompany them.

Some trainees may prefer to drive the short distance between the on-call accommodation and the hospital as a safety measure. Trainees should not hesitate to inform hospital management if their accommodation does not meet satisfactory

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safety standards. Trainees should not be expected to make assessments alone in the community in an emergency or at night, and should seek the support of a senior colleague if requested to do so.

Alarms

It is the trainee's responsibility to wear a personal alarm at all times if this is provided. Battery-operated personal attack alarms are not recommended because they may not be heard. Trainees should be aware of where there are alarms in each interviewing room, and be prepared to use them when necessary, making sure that they sit close to them when they enter the room and that they have a free space to exit the room if necessary.

Breakaway techniques

Training in breakaway techniques should be available every 6 months, in order to benefit trainees new to psychiatry, and as a refresher for those who have already been trained, at least once a year. This training should include practical and theoretical aspects of safety.

Breakaway techniques are important, but they cannot be relied upon solely for personal protection. Some nursing staff are trained in control and restraint techniques, and trainees should avoid interfering if these techniques are being used. If staff cannot control a disturbance the police should be called without delay.

References

First part adapted from Australian Federation of Medical Women <http://afmw.org.au/>

*Safety for psychiatrists <http://www.rcpsych.ac.uk/files/pdfversion/cr134new.pdf>
Royal College of Psychiatrists Council Report January 2006