

TRUST-WIDE CLINICAL POLICY DOCUMENT

**STAFF ACTION FOLLOWING
CONCERNS REGARDING
WEAPONS IN THE COMMUNITY**

Policy Number:	SD32
Scope of this Document:	Community Staff
Recommending Committee:	LSMS meeting
Approving Committee:	Executive Committee
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Lead Executive Director:	Executive Director of Finance (Deputy CEO)
Lead Author(s):	Head of Safety & Security

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2016 – Version 2

Quality, recovery and
wellbeing at the heart
of everything we do

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**POLICY AND PROCEDURE FOR
STAFF ACTION FOLLOWING
CONCERNS REGARDING
WEAPONS IN THE COMMUNITY**

Further information about this document:

Document name	SD32 Policy and Procedure for Staff Action Following Concerns Regarding Weapons in the Community
Document summary	<p>This policy and procedure will provide guidance to community staff in the actions that should be taken when they identify that service users have access to weapons.</p> <p>This policy and procedure has been developed in association with the Police and provides direction as to the issues that should be considered prior to making risk management decisions.</p> <p>The policy separates action into urgent and non urgent.</p>
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Published by Copies of this document are available from the Author(s) and via the trust's website	<p>Mersey Care NHS Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ</p> <p>Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk</p>
To be read in conjunction with	<p>SD03: Lone working SD18: Support of service users who present with challenging behavior (formerly recognition, prevention and management of aggression/violence) SA29: Management of Security Systems</p>
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Version 1	Version 1: amendments made by Merseyside Police and forwarded to Local Security Management Meeting for approval	22 nd Jan 2016
Version 2	Version 2 : Following the policy committee of 23 rd Feb 2016, Change approving / ratifying committee, insert paragraph numbers	23 rd February 2016

SUPPORTING STATEMENTS

this document should be read in conjunction
with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

- 1.1 The use of and access to weapons by individuals in society is recognised nationally as being problematic. There have been high profile incidents that have involved individuals who have had a diagnosed mental illness, either injuring people with a weapon or being injured because they did or were thought to have a weapon.\
- 1.2 This Policy and Procedure is aimed at providing direction to staff as to how the potential risk of individuals having access to weapons should be considered and managed in a measured way. It is recognised that staff are not expected to be experts or even knowledgeable in the identification of weapons and their legality. It is important that staff recognise that the availability of weapons needs to be considered and evaluated as part of a risk management process, particularly if and / or when the individual experiences an exacerbation of their illness. The observation of a service user having access to weapons including firearms does not necessarily require reporting to the Police. It will depend on the assessed risk to the individual and / or the wider society.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

3. SCOPE

- 3.1 This Policy and Procedure has been drawn up to support staff actions when: -
- a) They become aware that a service user has access to a weapon in the community.
 - b) The discovery of such items causes concern, which requires action.
- 3.2 It is recognised that each case is different and the response will have to be individually considered, taking into account the context of the situation.
- 3.3 Mersey Care NHS Trust and Merseyside Police have worked in partnership to devise this Policy and Procedure. This process has been developed to ensure appropriate information exchange takes place thus allowing an informed risk assessment to take place, resulting in an appropriate and measured response.
- 3.4 Reporting to the police may not lead to any direct action from them, but could and should provide the care team with advice and guidance as to how manage the situation.

4. DEFINITIONS

What constitutes a weapon:

- 4.1 It is recognised that any object involved in threat or attack can be described as a weapon and commonly include knives, broken glass, needles and other sharp objects. Also seemingly innocent household items could easily be utilised to threaten or cause injury e.g. Cutlery, baseball bat, chair

leg etc. This Policy and Procedure relates specifically to the observation of more clearly defined and specifically manufactured weapons (even if made by the individual owner).

- 4.2 This is important as even none threatening carriage of these items, could cause members of the public to be concerned and call the Police thus creating a danger / distress for the service user.
- 4.3 An **offensive weapon** is legally defined as any article made or adapted for use to cause injury to a person, or intended by the person having it with him for such use.
- 4.4 A **firearm** is a lethal barreled weapon of any description from which any shot, bullet or other missile can be discharged.
- 4.5 An **imitation firearm** means anything, which has the appearance of being a firearm.
- 4.6 **Prohibited weapons** include any air rifle, air gun, air pistol which uses or is designed or adapted for use with a self contained gas cartridge system.
- 4.7 **Knives** - It is an offence to be in possession in a public place of any article, which has a blade or is sharply pointed (Including a folding pocket knife if the cutting edge of its blade exceeds 3 inches).

5. DUTIES

- 5.1 **Security Management Director (S.M.D.)** - This role is a mandatory role outlined by NHS Protect to provide a strategic approach to improving security within the organisation. The Executive Director of Finance currently undertakes this role which includes monitoring the number and type of security breaches. Analyzing trends and considering the appropriateness of management arrangements.
- 5.2 **Team/department managers** will ensure that staff have access to this policy and that systems and processes are in place to ensure staff are able to raise risks regarding service users having access to weapons. Managers must ensure that staff are aware of the need to identify relevant risks and have an up to date care plan which includes actions as outlined in this policy. Team Managers / Leads should be aware of the Police Opening Code so that they can share with staff.
- 5.3 **Local Security Management Specialists** will proffer specialist advice in relation to the contents of this policy, they will ensure: -
 - a) That the Police are fully up to date with the contents of this policy.
 - b) Review any occasions when this policy was used to ensure it was effective.
- 5.4 **Clinical staff** will ensure that they are up to date with this policy and that they have a duty to recognise the risks both to the service users and the wider security of them having weapons in their possession.
- 5.5 **On call managers** must be aware of the Police Opening Code to provide staff as and when appropriate staff.

6. PROCESS

Urgent Action

Finding / observing a weapon and being feeling / under threat

- 6.1 If an imminent risk is perceived, the following actions should be undertaken. Upon finding, suspecting or being told that a service user has a weapon/s the staff should: -
- a) Remove themselves and where possible others to a safe place.
 - b) Phone 999 immediately and provide the police with as much information as possible (It is essential that as much accurate information regarding individual, risk, weapon, potential victims etc, is shared. This will be used to grade/prioritise the police response).
 - c) Follow safety instructions provided by police.
 - d) Inform Line Manager /silver on-call.
 - e) Implement trust adverse incident procedures and complete an incident form.

Non-Urgent Action

- 6.2 This is where staff have recognised that the service user has access to weapons but where there is no perceived immediate threat to self/others.
- a) Consider discussion with service user, as there may be an explanation that will inform future actions and decisions.
 - b) Identify and record the situation in which the weapon was found i.e. in a locked cupboard, on coffee table, used as an ornament.
 - c) Assess the current mental state of the service user who has access to the weapon, paying particular attention to any imminent risk factors associated with the weapon.
 - d) The decision as to how to manage this situation should be taken within the multi disciplinary team. If it is not possible to convene a full meeting, then discussions with team members should take place to ensure: -
 - Actions agreed are representative of all staff involved.
 - All staff are aware of their responsibilities, in relation to the agreed action.
 - Risk of a public safety concern is considered objectively.

Risk Issues to Consider

- 6.3 The Multi Disciplinary Team should consider the issues below in order to identify whether there is a public safety issue. The risk issues identified are not prescriptive or exhaustive but will help facilitate a full consideration of the risks.
- a) Is the weapon safely stored / secured?
 - b) Is the item accessible by children or other vulnerable people?
 - c) Would an exacerbation of the individual's illness – question the rational use of the weapon.
 - d) Is there a history or potential history (if the person is unknown to the Trust) of the service user misusing weapons in the past?
 - e) Has the individual previously shared ideas / thoughts of injuring people in using any method?
 - f) Is the access to a weapon a new pattern of behaviour and associated with their symptoms of mental illness i.e. increasing level of paranoia?
 - g) Have the service user's family / carers raised concerns about access to / storage of weapons?

No Imminent Public Safety Concern

- 6.4 If the team do not assess that a public safety issue exists at this point, then the following should be undertaken / considered: -
- a) Formally risk assesses the situation and includes actions and decisions within clinical records.
 - b) Discuss any concerns and management arrangements with service user.
 - c) Advise service user on how they can gain advice / guidance on Safe management of their weapon.
 - d) Advise service user on why removal / disposal would be appropriate.
 - e) Advise service user on requirements regarding storage during community visits.
 - f) Continue to review risks associated with weapons as per CPA Policy.

Public Safety Concern

- 6.5 If the team believe that a public safety issue exists, then it is clear that staff can and should share concerns with the Police with the aim of: -
- a) Clarifying natures of weapons and its / their risk.

- b) Providing formal guidance to the service user regarding storage / legality of ownership.
 - c) Facilitating potential removal.
 - d) Developing use of HRAMM or MAPPA Processes.
 - e) Sharing information when there is an assessed risk is supported by Section 29 of the Data Protection Act and / or Section 115 of the Crime and Disorder Act.
- 6.6 Where possible/appropriate the service user/carer should be informed of the care - teams concerns, and the requirement to inform the police for advice and guidance.
- 6.7 Contact the police via 101. On contacting the police, you should state clearly: -
- a) From Mersey Care NHS Trust
 - b) Your name
 - c) In relation to Operation ----- Opening Code -----.
- 6.8 You will then be asked to provide all relevant information (see guidance sheet Appendix 2; Staff Prompt Sheet – Contacting the Police for Emergency Assistance).
- 6.9 The Police will make a decision which will be based on the information provided and any other information available that is reasonable, proportionate and justifiable as to what action is required.
- 6.10 You will also be asked for your contact details and your availability, consideration should be given who should be contacted once you are off duty (As this is non-urgent, the police response may not be on the same day).
- 6.11 Once the initial need has been identified to report to the police, a full discussion of the situation and clinical implications should be taken within a multi disciplinary meeting. The risk management plan / care plan should be amended to take into account any newly assessed risks .If the risks are deemed to be high then the use of a H-RAMM should be considered.

N.B.

- 6.12 Staff must **NEVER** handle or take possession of anything, which is or looks like a firearm. Staff should only take other weapons away from service users with their permission. Disposal of any weapons should be via the local Neighbourhood Police.

Recording Information

- 6.13 All actions, discussions and / or meetings will be recorded as soon as possible in accordance with Trust standards on record keeping.
- 6.14 The content of all informal discussions with the police will be logged by the police for audit and informing future risk assessments.

6.15 Within documentation the team needs to show that it has considered whether the availability of the weapons will or could constitute a public safety issue. As previously stated this relates to the risk that this individual may pose to others or themselves.

6.16 Issues to consider: -

- a) Previous history of violence.
- b) Previous history of using weapons.
- c) Concerns from family / carers regarding a new and unusual interest in and / or collection of weapons.
- d) Stability of mental health and symptom associated with violence to self or others.

Informing Carers/Family

6.17 Where staff believe that individuals are at specific risks, then it is appropriate that they are informed of this.

6.18 The decision as to whether to inform individuals regarding potential risks will frequently be undertaken via HRAMM and MAPPA meetings. On occasion there may be an urgent need to inform cited individuals. Section 29 of the Data Protection and Section 115 of the Crime and Disorder Act, support and advocate that information sharing takes place when there is a risk to others is identified. Where possible any sharing of information should be undertaken with guidance / advice from the Police.

7. CONSULTATION

7.1 The identification of a public safety issue is not always easy or clear; it is recognised that teams may require assistance to make a decision that is rationale and measured.

7.2 It is recommended that where different views are held by team members or the discussion is not clear then advice and guidance should be sought. This can include involvement of the Police at an advisory level or provision of a legal opinion. On other occasions, it may be simply a case of accessing a third party opinion that will help add objectivity to the proceedings.

7.3 If help is required to obtain appropriate guidance, please contact any of the following: -

- a) Tony Crumpton
Head of Safety & Security
Tel: 0151 472 4071
- b) Hayley Sherwen
Police Mental health Liaison Officer
Tel: 0151 777 1389

- c) Mark Sergeant
Operational manager for CJLT & Hospital Mental Health
Tel: 0151 255 0040

8. TRAINING AND SUPPORT

- 8.1 The Personal Safety Service provide training in the prevention and management of violence (See Policy SD18). Training for inpatient staff and lone workers includes weapons. Further advice and support can be gained from your Local Security Management Specialist or contact the Head of Safety & Security on 01514724071

9. MONITORING

- 9.1 All security incidents are recorded on Datix and will be reviewed in accordance with Trust policy SA03, Reporting Management and Review of Adverse Incidents

10.

Equality and Human Rights Analysis

Title:	Staff Action Following Concerns Regarding Weapons in the Community (SD32)
Area covered:	Working in inpatient areas, day services / clinics and in the community

<p>What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i> the aims and objectives are;</p> <ul style="list-style-type: none"> (a) to ensure compliance with the statutory, common law, and trust minimum performance standards. (b) to eliminate or implement appropriate control measures arising out the trust's work activities to reduce identified risk to as low as is reasonably practicable.
<p>Who will be affected? <i>e.g. staff, patients, service users etc</i> Applies to all activities and functions undertaken by, or on behalf of, the trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the trust.</p>

<p>Evidence</p>
<p>What evidence have you considered? Equality Information as published on the website in relation to the content of this policy</p>
<p>Disability (including learning disability) This policy takes into account the increased risk to any person(s) with a disability</p>
<p>Sex No significant issues</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> No significant issues</p>
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i> No Significant issues</p>
<p>Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i> No significant issues</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i> No significant issues</p>

<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. No significant issues</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities. Pregnant workers are subject to a risk assessment to minimise the risk of harm</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. No significant issues</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. No significant issues</p>
<p>Cross Cutting implications to more than 1 protected characteristic No significant issues</p>

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>Use not engaged if Not applicable</i> Supportive of HRBA.
Right of freedom from inhuman and degrading treatment (Article 3)	<i>Use supportive of a HRBA if applicable</i> Supportive of HRBA.
Right to liberty (Article 5)	Supportive of HRBA.
Right to a fair trial (Article 6)	Supportive of HRBA.
Right to private and family life (Article 8)	Supportive of HRBA.
Right of freedom of religion or belief (Article 9)	Supportive of HRBA.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Supportive of HRBA.

Right freedom from discrimination (Article 14)	Supportive of HRBA.
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Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
This was the annual policy review and other than being taken to the Local Security Management Specialist group and liaison with Merseyside Police there was no formal engagement

Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
Eliminate discrimination, harassment and victimisation Where appropriate the policy is supportive
Advance equality of opportunity Where appropriate the policy is supportive
Promote good relations between groups Where appropriate the policy is supportive

What is the overall impact? The overall impact on the implementation on this policy review is minimal

Addressing the impact on equalities <i>There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups</i>
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Action planning for improvement
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Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment:

Tony Crumpton

Dave Berry

Mark Clayton

Date assessment completed:

15/02/2016

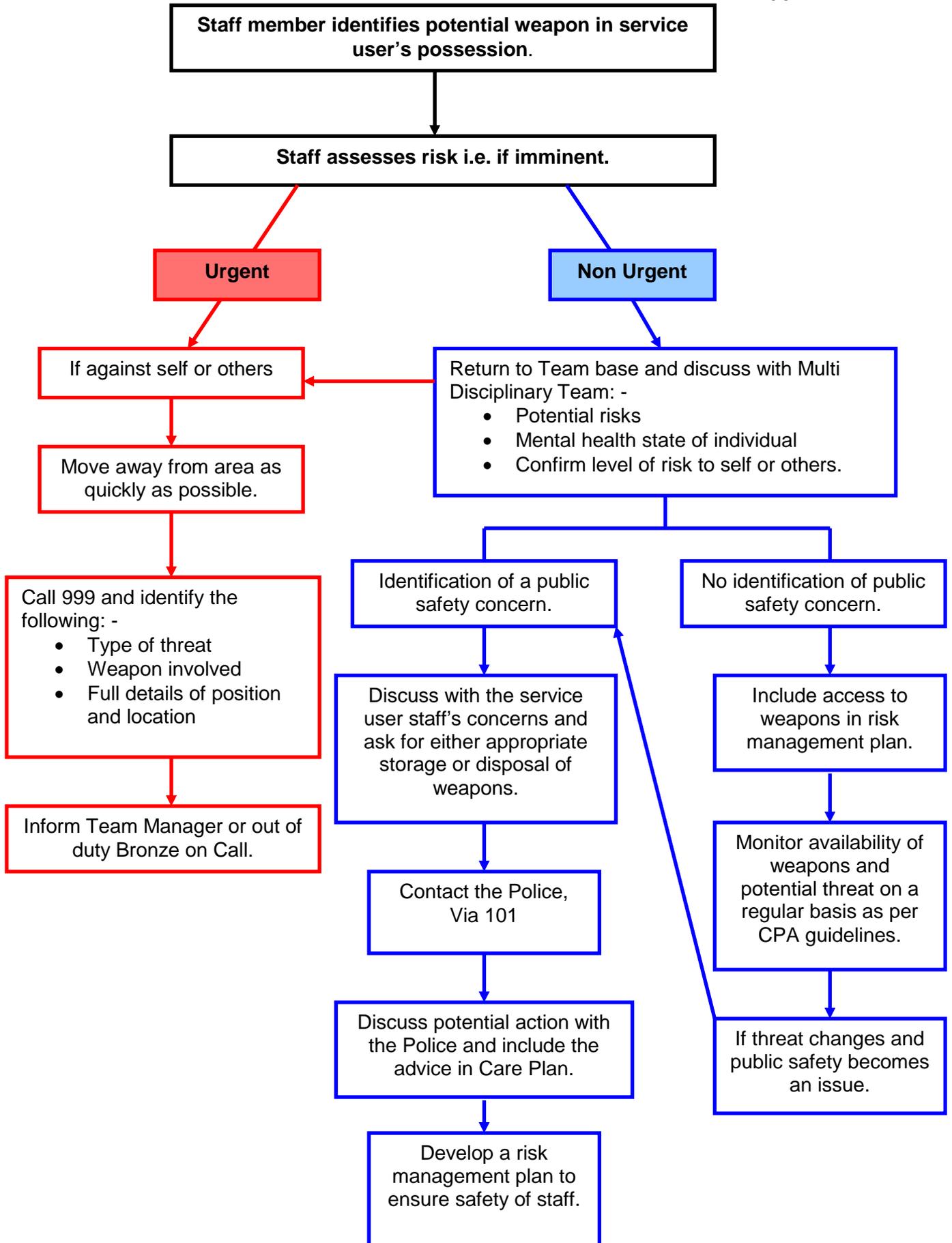
Name of responsible Director:

Deputy

Deputy Director of Estates

Date assessment was signed:

12/02/16



Staff Prompt Sheet – Contacting the Police for Emergency Assistance

On contacting the police via 999 the following information will provide a complete picture upon which the police can decide the most appropriate response:

Incident Information

- Nature of incident - (threats of Violence / Assault / Barricade / Hostage)
- imminent risk to persons or property (Yes / No) (try and have as much detail possible regarding persons threatened)
- weapons involved: (Yes / No), Type of weapon
- Location of weapon
- Are you aware of any preparatory acts relating to the threat/weapon etc, e.g. has recently purchased a weapon, has researched violence on internet
- Time
- Location of unit

Patient Information

- Name
- Date of Birth
- Address
- Phone number
- Who else is present the address
- Is there easy access to the address eg, if it is flats does the bell/buzzer work
- Is the patient likely to answer the door to the police
- Previous history of violence
- Intoxication
- Hallucination / delusional beliefs
- Is able to understand requests or not
- Will police siren aggravate situation or should arrival be unobtrusive

(NB; Consider who will meet / provide access to building)

Staff Member Information

- Staff member contact details
- If the staff member goes off duty, provide details of on call manager who has knowledge of this incident (there MUST be one)