

TRUST-WIDE CLINICAL POLICY DOCUMENT

STAFF ACTION FOLLOWING CONCERNS REGARDING WEAPONS IN THE COMMUNITY

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Lead Executive Director:	Executive Director of Communications and Corporate Governance
Lead Author(s):	Head of Safety & Security

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2018 – Version 3

Striving for perfect care for the people we serve

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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 Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ</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	
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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 February2016
Version 3	Amendments to lead executive director, policy author and procedures	October 2018

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 adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child 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/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 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 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.
- 1.3 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.

2. AIMS AND OBJECTIVES

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 each case is different and the response will have to be individually considered, taking into account the context of the situation.

3. SCOPE

- 3.1 The is policy applies to all frontline staff and 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 Mersey Care NHS Trust and Merseyside Police have worked in partnership to devise this policy and procedure to ensure appropriate information exchange takes place thus allowing an informed risk assessment to take place, resulting in an appropriate and measured response.

4. DEFINITIONS

What constitutes as 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).

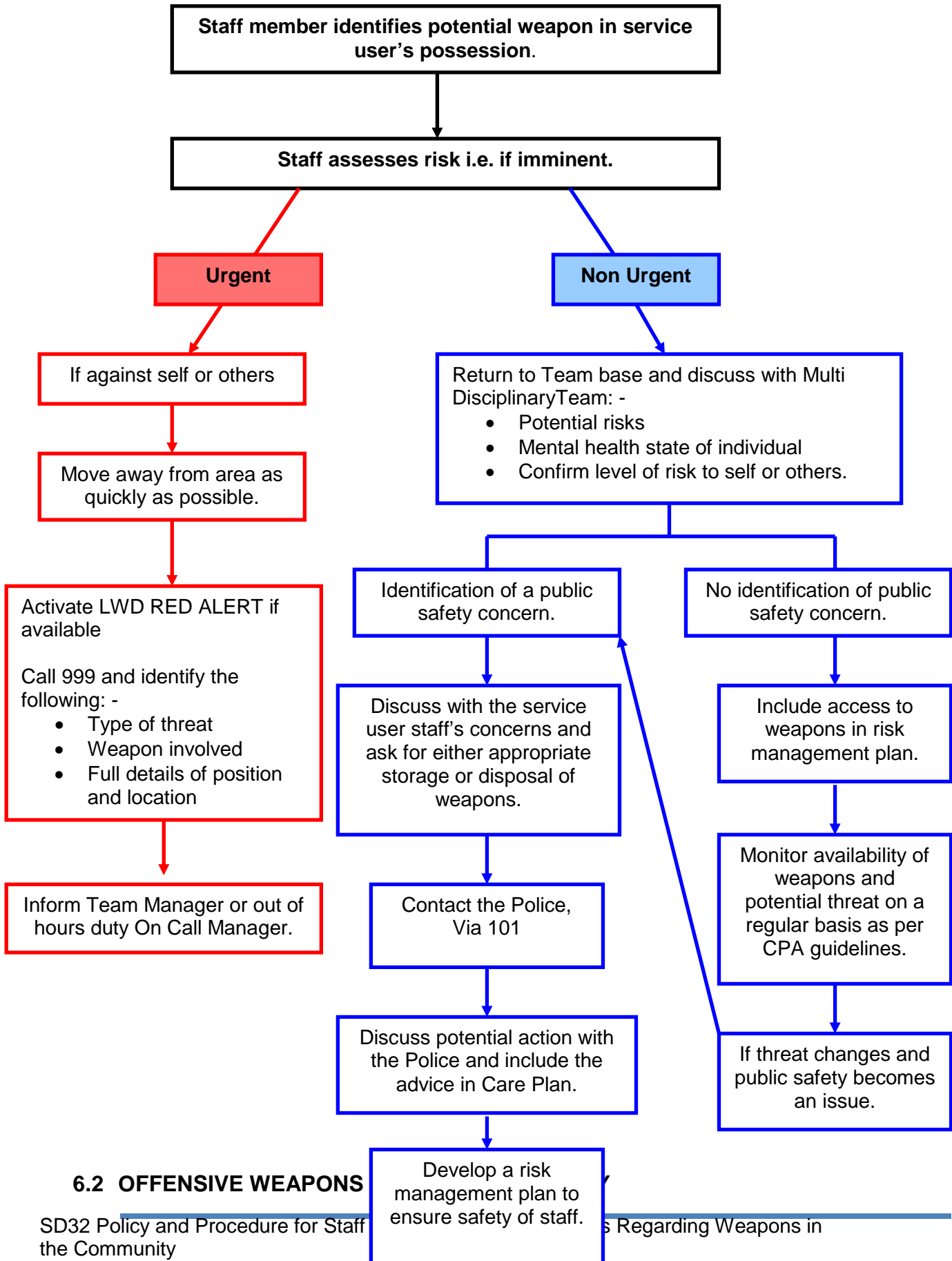
- 4.2 This is important as even non-threatening carriage of these items, could cause members of the public to be concerned and call the Police thus creating a danger / distress for the service user.
- 4.3 An **offensive weapon** is legally defined as any article made or adapted for use to cause injury 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. Possession of a firearm is a serious criminal offence.
- 4.5 An **imitation firearm** means anything, which has the appearance of being a firearm. Possession of replica firearm is a serious criminal offence.
- 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 **Executive Director of Communications and Corporate Governance (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 Communications and Corporate Governance 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 **Head of Health & Safety (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
- 5.3 **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.
- 5.4 **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.

6. PROCESS

6.1 Flow Chart Process



- 6.3 Where an offensive weapon, e.g. a knife or firearm is discovered on a person, staff must consider the safety of themselves and all other persons in the immediate area. If there is a perceived threat, the police must be called using local arrangements.
- 6.4 If a firearm is discovered on Trust property, the Police must be contacted immediately. They should be given as much relevant information about the situation as possible, e.g.
- Your name and work address
 - The nature of the firearm (handgun, rifle, shotgun, etc.);
 - Who has possession or constructive possession of it;
 - Description and where known, the name of the armed person;
 - The state of the person (calm, confused, injured, etc.);
 - What they are wearing;
 - Where they are located;
 - Whether any shots have been fired;
 - Any persons injured;
 - Any other service users in a critical situation in the area, such as unconscious or
 - Wounded people.
- a) If it is safe to do so, move other staff, service users and visitors away from the area, seeking local support where practical. Alternately, it may be practical under some circumstances to isolate the offender.
- b) Under no circumstances should staff attempt to unload or otherwise neutralise any firearm, whether they are qualified to do so or not.
- c) Follow Police instructions until they say it is safe to return to the normal routine.
- d) Inform Line Manager and On Call Director
- e) Implement trust adverse incident (Lockdown) procedures
- f) Complete an incident form once the incident has been controlled
- 6.5 **OFFENSIVE WEAPONS IN PATIENT HOMES**
- 6.6 In the event that an employee is in a service users home or some other place which is not on the Trust's property and they discover a firearm or weapon which causes them any concern, staff should use common sense in deciding whether they should vacate the premises at the earliest practical opportunity.
- 6.7 Quite often, such items might be on display and may be antique. There is normally no need for an immediate Police response to such incidents and advice can be sought from the Merseyside Firearms Licensing Department, if the matter involves a firearm. (Refer to Appendix 1 contact details)

- 6.8 For other weapons, staff should make a routine report to the Police by calling **101**.
- 6.9 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 NeighbourhoodPolice.

6.10 **If an imminent risk is perceived (Urgent Action)**

Staff must take the following actions:-

- a) Remove themselves and where possible others to a safe place.
- b) Activate a Red Alert using their lone working device (if available).
- c) Phone 999 immediately from a place of safety 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).
- d) Follow safety instructions provided by police.
- e) Inform Line Manager and On Call Director
- f) Complete an incident form

6.10 It is not advisable to make any attempt to detain the offender(s); however the Trust supports the right of all employees to reasonably and proportionally defend themselves.

6.11 The service manager must re-asses the risk of continuing visits to the service user's home. Support and advice can be obtained from the Local Security Management Specialist.

6.13 **No Perceived Risk or Immediate Threat (Non-Urgent)**

6.14 This is where staff recognises that a service user has access to weapons but there is no perceived immediate threat to self/others. Only if the situation allows:-

- 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.

7.0 **MANAGING THE RISK (MDT Clinical Strategy)**

7.1 The decision as to how to manage risk must be taken by the multi disciplinary team within 24hrs. The MDT should consider the issues below in order to identify whether there is a risk to staff and public safety. 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?
- h) Should the service user be placed on the High Risks Persons Register?
- i) Should the service user be reported to the police for possible inclusion on the Police National Computer (PNC)?

7.2 **No Imminent Public Safety Concern**

7.3 If the team do not assess that a public safety issue exists at this point, then the following should be undertaken / considered: -

- j) Formally risk assess the situation and include actions and decisions within clinical records.
- k) Discuss any concerns and management arrangements with service user.
- l) Advise service user on how they can gain advice / guidance on Safe management of their weapon.
- m) Advise service user on why removal / disposal would be appropriate.
- n) Advise service user on requirements regarding storage during community visits.
- o) Continue to review risks associated with weapons as per CPA Policy.

7.4 **Public Safety Concern**

7.5 If the team believe that a public safety issue exists, then it is clear that staff **must** share concerns with the Police with the aim of: -

- p) Clarifying natures of weapons and its / their risk.
- q) Providing formal guidance to the service user regarding storage / legality of ownership.
- r) Facilitating potential removal.
- s) Developing use of HRAMM or MAPPA Processes.

7.6 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 individual should be placed on the High Risk Person Register.

8.0 CONFIDENTIALITY / INFORMATION SHARING

8.1 The fundamental principles of the *Data Protection Act 1998*, the *Human Rights Act 1998* and the Trust's various Information Governance Policies are for the protection of personal information and basic human rights. There are exceptions within the Data Protection Act and Information Governance Policies that allow data (which includes manually stored and computer data) to be released in the furtherance of a criminal investigation by a competent authority.

8.2 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 which advocate that information sharing takes place when there is a risk to others is identified.

8.3 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.

9.0 INFORMATION RECORDING

9.1 All actions, discussions and / or meetings will be recorded as soon as possible in accordance with Trust standards on record keeping.

9.2 The content of all informal discussions with the police will be logged by the police for audit and informing future risk assessments.

9.3 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.

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.

10. CONSULTATION

10.1 This policy has been developed and consulted with the following groups

- Health and Safety Committee
- Staff Side Health and Safety Representative
- Community service leads
- Merseyside Mental Health Investigators (Merseyside Police Force)

11. TRAINING AND SUPPORT

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

12. MONITORING

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

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

What are the intended outcomes of this work? *Include outline of objectives and function aims*

the aims and objectives are;

- (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.

Who will be affected? *e.g.staff, patients, service users etc*

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.

Evidence

What evidence have you considered?

Equality Information as published on the website in relation to the content of this policy

Disability (including learning disability)

This policy takes into account the increased risk to any person(s) with a disability

Sex

No significant issues

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

No significant issues

Age *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.*

No Significant issues

Gender reassignment (including transgender) *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.*

No significant issues

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

No significant issues

<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)	Use not engaged if Not applicable Supportive of HRBA.
Right of freedom from inhuman and degrading treatment (Article 3)	Use supportive of a HRBA if applicable 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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<p>Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i></p>
<p>This was the annual policy review and other than being taken to the Local Security Management Specialist group and liaison with Merseyside Police</p>

<p>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></p>
<p>Eliminate discrimination, harassment and victimisation</p> <p>Where appropriate the policy is supportive</p>
<p>Advance equality of opportunity</p> <p>Where appropriate the policy is supportive</p>
<p>Promote good relations between groups</p> <p>Where appropriate the policy is supportive</p>

<p>What is the overall impact?</p> <p>The overall impact on the implementation on this policy review is minimal</p>
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<p>Addressing the impact on equalities</p> <p><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></p>

<p>Action planning for improvement</p>

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:

Carlton Brooks (Head of Health Safety Fire & Security)

Date assessment completed:

October 2018

Name of responsible Director:

Executive Director of Communications and Corporate Governance

Date assessment was signed:

October 2018

Emergency Contacts and Actions

Internal:

Carlton Brooks (LSMS)
Head of Safety & Security
Tel: 0151 472 4071

External:

For firearms

Merseyside

Firearms Licensing Department
PO Box 59
Canning place
Liverpool
L69 1JD

Contact the Firearm Registry on 0151 777 8479/8 or 0151 777 8336. You can also email MSOC.Firearms.Licensing@merseyside.police.uk

For other weapons, staff should make a routine report to the Police by calling **101**.

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)