

Security Coverage (Additional) – Interim Dedicated Security Officer in Inpatient Psychiatry

Site Applicability

SPH Mental Health Inpatient Units (8C, 9A, 2N, PASU)

Practice Level

- RN/RPN
- Physician

Need to Know

All patients admitted to inpatient psychiatry require a **Violence Risk Screen** and **Personal Safety Plan**. Both pieces of documentation are to be completed by nursing and reviewed by all clinicians providing patient care.

Please see [Table 1](#) for indications and contact information related to different levels of security (i.e., security presence, code white, urgent security, and routine/stand-by security).

Table 1. Indications and Contact Information for Various Levels of Security

	Indications	Contact
Additional Security Coverage – Interim Dedicated Security Officer	<ul style="list-style-type: none"> - With <i>team consultation</i>, and <i>operational approval</i> clinical staff may request security coverage (refer to protocol). - A request for security coverage should be based on an unusually high risk for violence, where risk may not be addressed by increasing staff resources (e.g. adding nursing workload). - Risk factors for violence may include, but are not limited to: number of psychotic patients on the unit, frequency and intensity of threatening/aggressive behaviour, number of patients with a forensic history of violence, number of patients with recent substance use, and number of patients requiring extended length of security standbys, seclusion room entries, and application of physical restraints as clinically directed. 	4777 OR 604-677-3735 (See protocol)
Code White	<ul style="list-style-type: none"> - Staff perceives themselves or others to be in danger of physical harm from an aggressive patient. - There is imminent risk. - Situation is rapidly escalating out of control. - Staff resources are deemed <i>inadequate</i> to contain the urgent behavioural situation. 	Pull personal protective device (PPD) and/or dial '7111' (state there is a code white and indicate unit). <i>Note: Ensure code is called on overhead announcement. If no announcement is made, re-dial '888'.</i>
Urgent Security	<ul style="list-style-type: none"> - Also known as a "silent code white," urgent security should be called in situations where staff believes an overhead code white announcement might escalate the situation. - There is imminent risk. - The situation requires an immediate security response. 	5800 OR 604-677-3735
Routine Security Standby	<ul style="list-style-type: none"> - Situation requiring routine security response (wait may be 15 minutes or longer). - There is NO imminent risk. - <i>E.g. giving bad news to a volatile patient, a planned 1:1 interview with an unpredictable outcome, a patient transfer to another unit, a planned entry into a seclusion room.</i> 	4777 OR 604-677-3735

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Protocol: Initiating and Terminating Security Coverage

*****Please note: Integrated Protection Services (IPS) requires notification 3 hours prior to dispatching security coverage.*****

Initiating Security Coverage

1. After team consultation, clinical staff may request security presence through the Clinical Nurse Leader (CNL) or Charge Nurse (CN).
2. The CNL or CN will contact the Operations Leader directly (by phone or in person) for approval.
Note: Outside of regular hours (i.e., evenings (1530 to 0730h), and weekends), CNs can make the decision to initiate security presence. The CN will notify both the OL and CNL of this decision (and rationale) by email.
3. Once the Operations Leader approves the need for security coverage, complete the Additional Security Request Record (see [Appendix A](#)). *You will reference the information documented on this form when calling the Paladin Operations Centre (4777 OR 604-677-3735) to dispatch security coverage. Please submit a copy of this form to your Operations Leader for archiving.*
4. Referring to the completed request form, the CNL or CN will call Paladin Operations Centre (POC) via the site based security non-emergency local (4777) or 604-677-3735, and make a request for Security Coverage.
5. The POC will either dispatch an on-site security representative to attend to the requestor's unit/area to help assess the specific circumstances or will forward the caller to the applicable security management representative. The POC will ensure request documentation is complete and appropriate, with all specific duties and functions clearly identified before processing.
6. The security representative will fax the completed request to the Paladin staffing office.
7. The requestor of the service (i.e., the CNL or CN) and his/her manager (i.e., the OL) will receive a standard service confirmation e-mail informing them of the request. This notification will provide summary information, as provided, including:
 - Name of requestor
 - Time of request
 - Location of service
 - Reason for service
 - Service start time
 - Departmental Cost Centre (if provided)
 - Time the Service is set to expire (if specified)
8. A site security officer will arrive on the unit and meet with the CNL or CN to review the Mental Health Security Coverage Expectation document (see [Appendix B](#)). At this time, the CNL or CN will also provide information related to the rationale for Security Coverage and additional patient specific information as relevant (i.e. the care plan, history of violence, triggers, precautions, etc.)
9. The role of the Interim Dedicated Security Officer is to support staff in providing high visibility

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

presence, patrols and supporting behavioral mitigation strategies when it comes to managing behaviours that pose a safety risk to patients and staff on the unit. The officer will defer to clinical staff in all matters relating to patient care.

Terminating Additional Security Coverage

1. CNL, CN, or OL will call Paladin Operations Centre (POC) via the site based security non-emergency local (4777) or at 604-677-3735, and request the coverage be cancelled. This can be done effective immediately, or at a future pre-determined time. The full name of the individual requesting the cancellation may be required.

OR

2. Security staff may also cancel Security Coverage Service on behalf of a PHC staff member who is unable to do so due to work demands. Security will advise the POC and will document the identity of the staff member who authorizes the cancellation in their notebooks and corresponding Security Incident Report.

Related Documents

1. [B-00-11-10190](#) - Code White Emergency Response
2. [B-00-11-10196](#) – Violence Prevention in the Workplace
3. [Providence Health Care Integrated Protection Services Webpage](#)
4. *IPS PHC Patient Watch Officer guidelines*

References

1. Glancy, G., & Chaimowitz, G. (2005). The clinical use of risk assessment. *Canadian Journal of Psychiatry*, 50(1), 12-17.
2. Iozzino, L., Ferrari, C., Large, M., Nielssen, O., & de Girolamo, G. (2015). Prevalence and risk factors of violence by psychiatric acute inpatients: A systematic review and meta-analysis. *PLoS ONE*, 10(6), e0128536. <http://doi.org/10.1371/journal.pone.0128536>
3. Lower Mainland Integrated Protection Services (IPS), Procedure: Use of Additional Coverage Security Services.
4. Providence Health Care Corporate Policy Manual, CPT2000: Code White Emergency Response Policy.

Definitions

Additional Security Coverage - Interim Dedicated Security Officer:

Additional security coverage is a pre-determined or emergent situation requiring a designated short-term security officer on the unit to maintain staff safety due to high acuity, where existing clinical staff resources (including an additional workload nurse) are deemed inadequate and the likelihood of drawing on site security is high. *Security presence should not be initiated where risk is perceived to be*

imminent; in such cases, a code white should be called.

Code White: A Code White is a team response to an emergency situation in which a patient/resident is behaving in a potentially dangerous manner towards him/herself, staff, or others, and the situation is beyond the staff present to safely manage and control. When a Code White is called, trained team interdisciplinary members respond to the emergency situation by using verbal de-escalation techniques or, if physical intervention is required, the least restrictive measures possible for the shortest amount of time.

Developed by:

Clinical Nurse Specialist, Mental Health

Clinical Nurse Educator, Mental Health

Clinical Nurse Leader, Mental Health

Persons/Groups Consulted

Staff Nurses on 9A, PASU

Clinical Nurse Leaders on 2N, 8C, 9A, PASU

Integrated Protection Services

Paladin Security

PHC Violence Prevention Specialist

Operations Leader, Mental Health

Mental Health Quality and Performance Improvement Committee (QPIC)

First Released Date:	JUN-2016
Posted Date:	17-SEP-2020
Last Revised:	17-SEP-2020
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Mental Health

Appendix A Additional Security Coverage Request Record



MENTAL HEALTH PROGRAM ADDITIONAL SECURITY REQUEST RECORD

Date: _____ Time: _____

LOCATION:			
Building: _____		Unit: _____	
Cost Centre additional security will be charged to: _____			
Authorized By (OL):			
Name: _____		Contact Number: _____	
REASON FOR REQUEST:			
DATE(S) AND TIMES ADDITIONAL SECURITY REQUESTED FOR:			
REQUESTED BY:			
Printed name	Signature	Date/Time	Contact number
_____	_____	_____	_____
Integrated Protection Services notified of request at: (time) _____ By: _____			
Call: 4777 OR 604-677-3635			

NOTES:

1. With team consultation, and operational approval, clinical staff may request security coverage through the CNL or CN (refer to NCS6473 Security Coverage (Additional) – Interim Dedicated Security Officer in Inpatient Psychiatry).
2. A request for security coverage should be based on an unusually high risk for violence, where risk may not be addressed by increasing staff resources (e.g. adding nursing workload).
3. The CNL or CN will contact the Operations Leader directly for approval. **Outside of regular hours**, CNs can make the decision to initiate security presence. The CN will notify both the OL and CNL of this decision (and rationale) by email.
4. Once the Operations Leader approves the need for security coverage, complete this form and use it as a reference when calling the Paladin Operations Centre (4777 or 604-677-3635) to dispatch security coverage.

Please submit this form to your Operations Leader for archiving and quality improvement purposes.

Appendix B Mental Health Additional Security Coverage Expectations

Explanation

You have been asked to provide Security Coverage on a mental health unit due to its high level of acuity. Security Coverage is intended for use during pre-determined or emergent security situations to assist in the mitigation of risks / hazards to the healthcare environments.

Unit Information

The Clinical Nurse Leader (CNL) or Charge Nurse (CN) will provide you with specific information related to the reason for Security Presence, and additional patient specific information such as behaviour, precautions, environmental limits and safety. The security officer is responsible for ensuring that this information is received and understood before engaging patient.

You are *not* expected to provide 1:1 Patient Observation.

You are expected to support clinical staff in managing behaviors that pose a risk to staff and patients. The Security Coverage Officer defers to nursing staff in all matters relating to the care of any patient. Communication with the nursing staff is paramount.

You may be expected to:

- Supplement existing security resources during an emergency or high risk incident.
- Monitor entrances to reduce risk for patient elopement.
- Monitor areas of the unit where there has been infrastructure impairment (e.g. fire alarm impairment or insecure building entrances).
- Restrict/prevent access of unwanted high risk visitors/individuals.

Breaks:

It is your responsibility to arrange breaks with your security colleagues. Do not leave the unit until you have been replaced by another security staff for your break. Ensure you provide your break relief with an adequate report and he/she checks in with the nurses at the nursing station.

Professional Conduct:

We ask that you maintain professional communication with patients at all times. Please do not engage with patients on your views of their treatment plan, medications, interventions, or what you think may help. Conversations about clinical treatment are to be initiated by the treatment team only.

Occasionally, you may recognize a patient you know from outside of the hospital. We ask that you

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

respect their privacy while they are on the unit and not ask personal questions or give personal advice.

As a professional standard the use of cell phones in patient areas of the mental health units is prohibited. Further, in accordance with safety precautions for patients on the Mental Health units, plastic bags and any glass items (e.g. glass bottles) are prohibited. Please leave your cell phones, reading material and personal belongings secured in the staff room.