



Security Personnel - Patient Guarding and Surveillance Procedure

1. Guiding Principles

This document is intended as a guide for security including WA Country Health Service (WACHS) South West employees and external providers undertaking guarding or surveillance duties.

While mainly focused on duties at the Bunbury Hospital, it also applies to all hospitals within the WACHS-SW.

In the course of performing duties as contractors, all security personnel are bound by the same legislation, policies, directives and Public Sector Standards as are all employees of WACHS.

Where standards, guidelines, policies or legislation are referred to, but not included in this procedure, such information is to be supplied on request or as soon as possible at commencement of duties.

All guidelines and attachments are subject to change / review as directed by the Department of Health, WACHS or individual hospitals. Changes are to be conveyed to service providers as they become available.

2. Procedure

Pre-requisite for providing surveillance / security services at WACHS hospitals, security personnel must:

- possess a current Security Officer's Licence
- undertake a Hospital Induction session conducted by the Security Department or delegate. Induction must be completed prior to employment at a WACHS site. It is a requirement for external contractors to acknowledge and confirm induction attendance by signing the training register.
- be provided with a WA Health Code of Conduct and complete a WACHS Confidentiality agreement prior to employment
- be available for the required shift length
- have successfully completed a Basic First Aid Certificate and provide evidence
- have a current Working with Children Clearance Card.

External security personnel must have basic knowledge in personnel restraint and de-escalation techniques.

WACHS Security employees are to be deemed competent in PART techniques (Predict, Assess, and Respond to Aggressive / Challenging Behaviour).

2.1 Detention and Physical Restraints

- Nothing in this section prevents security personnel from protecting themselves, staff, clients or visitors, provided such action and the degree of force used is reasonable and proportionate.

2.2 Personal Presentation

- Security personnel are to be polite, courteous, obliging and non-judgmental in their approach to staff and clients (as per the Department of Health [Code of Conduct](#)).
- Personal presentation and application to duties is to be completely professional in every respect.
- A uniform is to be worn unless 'civilian' clothing is specified by clinical staff of the area.
- Dress presentation is to be clean, neat and tidy at all times, whether in uniform or civilian clothing.
- No protruding body piercings (studs, spacers, rings, spikes etc.) are permitted. Hats, beanies or sunglasses are not permitted to be worn while on duty.
- No weapons of any kind are to be carried.
- Use of personal mobile phones is not permitted under any circumstances while on duty.
- No laptop computers, devices or games consoles are to be brought on site.
- Appropriate reading material may be brought on site.

2.3 Identification / Licence

- A **current** Security license is to be worn - on clear display, at all times.
- Evidence of a current security licence or Working with Children Check may be requested by nursing management, the Hospital Coordinator - After Hours (HCAH) , Support services, WACHS security staff or members of the police
- In exceptional circumstances, it may be requested that the security licence be concealed.

2.4 Confidentiality / Need to Know

- Confidentiality is to be maintained in line with Department of Health and WACHS policy.
- Clinical staff attending the patient must advise security personnel exactly and precisely what the officer is, or is not to do.
- Security personnel are required to carry out any lawful instruction received, expediently and efficiently within their scope of practice.
- Copies of the Security Activation Forms / Surveillance reports are not permitted; they are confidential and must remain with the patient records.
- Security personnel are to be informed of what is required of them.

- Some examples of information to be provided is as follows:
 - Are they there to protect persons and property, a patient, or all of these?
 - Is the patient a threat to themselves, or any staff member or client?
 - Under the WA [Mental Health Act 2014](#), has the patient been placed under "Forms" and if so, what is required of the security personnel in relation to the clinical management of the patient.
 - To maintain confidentiality standards, security personnel are to be provided with the first name of the patient being guarded but no other personal details, except as per section [2.6 Infection Control](#).
 - Security personnel are to confine communications with patients to topics not related to the patient's current health condition or reason for admission.
 - Under no circumstances is personal information to be exchanged between the patient and security personnel. This includes, but is not confined to, names, addresses, and telephone numbers.

2.5 Duty of Care / Occupational Safety and Health (OSH)

- Security Personnel are to be aware of their responsibilities in regard to duty of care and OSH legislation, in accordance with WACHS policies, procedures, and guidelines. This includes the completion of a WACHS [Safety Risk Report Form](#) as required under the guidance of the Shift Coordinator.
- External security personnel are to be aware of their reporting responsibilities to both WACHS management and their employer.
- On commencement of duty, external security staff are required to present to the Shift Coordinator for direction regarding the roles and responsibilities.
- Concerns or issues must be escalated directly to the primary nurse or Shift Coordinator. Security personnel must be orientated to the staff assist call bell, patient assist bell and duress alarms at the commencement of each shift.
- Security personnel are to be oriented to the hospital's Emergency Procedures (in particular, Code Black).
- The primary nurse caring for the patient and the Shift Coordinator must be identified to the security personnel.

2.6 Infection Control

- Security personnel are to be aware of, and comply with, Department of Health and WACHS infection control policies and local hospital procedures.
- Clinical staff must inform security personnel if infectious precautions are required and supply the appropriate personal protective equipment (PPE) e.g. disposable gloves, mask, glasses etc.
- Security personnel must adhere to Infection Control guidelines and utilise PPE as instructed by clinical staff.

2.7 Shift Lengths and Records to be kept

- Requests for security services/personnel must be submitted via the Support Services Coordinator, S/C, NUM or HCAH.
- Officer's shifts commence from the time they sign the time record sheet, and cease at the time they sign off.
- The minimum shift or 'call-in' time is a period of four (4) hours. If external security personnel are no longer be required for the call-in prior to the expiration of four hours, the HCAH, Support Services and hospital security staff are to discuss redeployment options or release the security personnel from duties.
- As a general rule, officer's shifts for guarding/surveillance are to be a maximum of eight (8) hours, inclusive of any work performed elsewhere prior to reporting for duty at the hospital.
- Shift times may need to be flexible to the extent of an officer staying on shift longer than that period of time, due to exceptional circumstances.
- The HCAH and S/C in consultation with the Support Services Coordinator together will determine the ruling on "exceptional circumstances".
- Security personnel reporting for duty are to present to the Security Office .
- A confidential time record sheet is stored in the Security Office and is to be used for external security personnel to sign on at the commencement and completion of each shift.
- Time and Shift sheets are legal documents and as such, any errors are not to be corrected using products commonly known as 'white out' or 'liquid paper'.
- Corrections on either sheet are to be made by ruling one (1) line through the error, initialling the same, and recording the correct information alongside or on the next column, if necessary.
- Time and Shift records remain the property of the hospital and information contained there-in may only be released in accordance with Department of Health policies. Security personnel are required to record incidents of significance, including the time and details there-of and a copy of this record is to be provided to the Support Services, HCAH, S/C or NUM in a timely manner.

2.8 Instructions / Directions / Requests

- Any lawful and reasonable instruction / direction / request of security personnel, within the scope of security / guarding duties are to be complied with.
- Security personnel are not to engage in any conversation, assessment, or communication with a patient while medical / clinical staff are talking to the patient unless assistance is specifically requested.
- Security personnel are required to document in the Security Observation Report. This report is only to contain factual comment (no personal or derogatory comments about the patient's condition are to be made).
- Security Observation Reports are considered part of the patient's Medical Records.

- Interaction with the patient is to be restricted to non-clinical topics as per the guidelines on the Security Surveillance Form.
- Any information observed, received or heard must remain strictly confidential.
- Security personnel are to refer any family or visitor enquires to the clinical staff.

2.9 Property / Equipment and Personal Mobile Phones

- Hospital owned equipment (e.g. two-way radios) supplied are to be used as required and returned in good condition.
- Two-way radios are only to be used for essential communication while ensuring patient confidentiality at all times.
- Damages or faults are to be reported to the hospital security officers.

2.10 Ward / Area Guarding

- Security personnel are to be in view of hospital staff at all times and a reasonable distance from the patient while still ensuring close surveillance.
- Patients are not to be left unguarded unless authorised by the Shift Coordinator / nursing staff / medical officer or psychiatric team member.
- If security surveillance is no longer required, the Security Activation Form must be authorised and documented by appropriate clinical staff.
- WACHS health sites do not permit smoking anywhere on hospital grounds.

2.11 Patient Escorts

- Security personnel are not to escort patients alone under any circumstances.

2.12 Duty Breaks

- Subject to the hospital security officer's workload on that shift, every effort is to be made to provide a break at intervals not exceeding four (4) hours.
 - Eating food or drinking hot fluids is not permissible at the patient's bedside.
 - WA Health sites do not permit smoking anywhere on hospital grounds.

2.13 Liaison / Disputes / Complaints

- External Security personnel are to initially liaise with the hospital security officer (for signing on) and thereafter act under the instruction of the medical staff, HCAH, PLN, Nurse Unit Manager or Shift Coordinator.
- In consultation with the NUM, S/C, HCAH, Support Services, WACHS hospital security officers, any issues are to be assessed, managed and escalated as appropriate.

3. Definitions

HCAH	Hospital Coordinator – After Hours
NUM	Nurse Unit Manager
PART techniques	Predict, Assess, and Respond to Aggressive / Challenging Behaviour
PLN	Psychiatric Liaison Nurse
PPE	Personal Protective Equipment
S/C	Shift Coordinator
SRRF	Safety Risk Report Form

4. Roles and Responsibilities

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

6. Evaluation

Security personnel performance is to be monitored by the NUM, HCAH, Shift Coordinator, or senior clinician on duty.

A Security Observation Report form is to be completed for every duty roster.

7. Standards

[EQUIPNational Standards](#) - Standard 15 - Corporate Systems and Safety 15.21.1, 15.21.2. 15.23.1

Australian Standards:

[AS 4485.1 Security for Health Care Facilities – General Requirements](#)

[AS4485.2 Security for Health Care Facilities – Procedures Guide](#)

[AS/NZS 4421:2011 Guards and Patrol Security Services](#)

8. Legislation

WA [Mental Health Act 2014](#)

WA [Security and Related Activities \(Control\) Act 1996](#)

WA [Occupational Safety and Health Act 1984](#)

WA [Occupational Safety and Health Regulations 1996](#)

9. Related Forms

[MR3a WACHS-SW Security Surveillance Activation Form](#)

[MR3b WACHS-SW Security Surveillance Report](#)

WACHS [Safety Risk Report Form](#)

10. Related Policy Documents

WACHS [Security Risk Management Policy](#)

WACHS [Staff Identification Procedure](#)

WACHS [Infection Prevention and Control Policy](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Nurse Unit Manager Critical Care Directorate (D.Clement)		
Directorate:	Nursing and Midwifery Services	TRIM Record #	ED-CO-14-49499
Version:	2.00	Date Published:	7 June 2016

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.