

LEAVE PROTOCOL FOR SECURE SERVICES – SSOP15
APPENDIX 1 (June 2015)

ESCORTING GUIDELINES – EPUT SECURE SERVICES
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1.0 Definitions for Escorting

There are different types of leave of absence of patients from their respective wards which may require different escorting arrangements. They are:

- 1.1 **Ground leave (Brockfield House only)** – where a patient has been granted leave into or around the hospital or unit's grounds (courtyards) by their multidisciplinary team. In the case of Brockfield House this may include perimeter leave. Such ground leave provides an opportunity to assess patients in terms of how they conduct themselves off the ward environment, as well as providing some exercise and fresh air for patients.
- 1.2 **Community Leave** – where a patient has been granted section 17 leave for a therapeutic or rehabilitative activity to take place outside the boundaries of the unit or hospital where the patient is detained. If the patient is on a restriction order, permission must be sought from the Ministry of Justice before such leave can take place.
- 1.3 **Singleton escorting** – where a single member of staff is responsible for escorting the patient / patients during the leave.
- 1.4 **Multiple escorting** – where two or more staff are responsible for escorting the patient / patients. Multiple escorts may be required either because of the risk presented by a single patient or where a group of patients are being escorted together. The ratios for safe escorting of groups of patients in the community are to be found in the leave policy (SSOP 15) under paragraph 12.9.

2.0 Requirements for Internal Escorting
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- 2.1 In order to carry out escort duties in the hospital grounds, nursing staff must be familiar with the secure services operational protocol for leave, SSOP 15, and have undertaken security and escort training.
- 2.2 Before escorting for the first time, staff should shadow a colleague carrying out an internal escort duty and be familiar with the hospital layout.
- 2.3 If you are unable to comply with points 2.1 and 2.2 (above) you must not escort patients. If you are asked to escort a patient, you must inform the nurse in charge, immediately, of this inability.
- 2.4 Always carry a radio which is switched on and charged. A radio check should be performed, immediately prior to leaving the ward, and intermittently during the leave.
- 2.5 Enquire with the nurse in charge, before you leave the ward, whether someone is suitable for leave and has received MDT approval for leave.
- 2.6 Staff must possess some knowledge of the patient they are expected to escort and have received a handover prior to escorting.

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- 2.7 Staff should be familiar with the physical boundaries and lay-out of the unit.
- 2.8 Staff must be aware of the Trust's formal observation and engagement policy (in regard to level 3 observations which are expected whilst escorting patients).
- 2.9 Staff should maintain appropriate boundaries during the leave and ensure patients do likewise. Leave is part of the assessment process so try and engage patients in conversation and make it an enjoyable experience for both the patient and escorting staff.
- 2.10 Staff must be clear about how patients are expected to behave during the leave and must intervene if patients' behave inappropriately during the leave.
- 2.11 Staff must radio for assistance during the leave, if the situation demands it.
- 2.12 The leave should be documented in the patients clinical notes either on return to the ward or in the end of shift notes

3.0 Escorting to Therapy sessions

- 3.1 Staff must seek confirmation that the session is going ahead prior to leaving the ward with patients.
- 3.2 Staff must ensure that the patient / patients walk directly to and from the session.
- 3.3 Staff must give a brief handover to the session facilitator and make arrangements for the return of the patients to the ward after the session (escorted, if necessary).
- 3.4 Staff must ensure that patients are not left unaccompanied at any time.

4.0 Requirements for Group escorting

- 4.1 When escorting more than one patient, the group of patients should stay close together as a group and not walk ahead
- 4.2 Staff escorting a group should regularly keep a head-count of all patients, especially through doors, on and off transport or in between areas.
- 4.3 If you are on your own with a group (singleton escort), walk at the back and make sure all patients are in your field of view, at all times.
- 4.4 For group occupational / vocational activities in a ward/department garden, courtyard area, or elsewhere in the hospital grounds, patients should not be left unattended at any time. Nursing and other supervising staff need to be observant at all times. The number of staff required for observation purposes during the activity will be determined by the nurse in charge, in consultation with the OT/vocational lead therapist for the activity and the MDT.

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5.0 Escorting in the Community

- 51 Prior to going out alone on escort duties in the community for the first time, staff must be familiar with operational protocol SSOP15, have attended the relevant mandatory training and have shadowed a colleague performing this duty.
- 52 A pre-leave risk assessment must always be undertaken (as per paragraph. 2.5 and 2.6 above). All security aspects are to be complied with (as for internal leave). A Trust mobile phone must be collected at reception and checked to be in working order, prior to leaving. If staff have any concerns during the leave they must phone the ward for advice and instructions. During the leave staff must act in an appropriate and professional manner at all times.
- 53 Staff must change from uniform (or cover it up well) before departure. However, the name badge must be taken, as proof of identity should a problem occur during the leave. Upon return, staff should ensure a detailed entry of the leave is recorded in the patient's notes.