

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**WEAPONS (INCLUDING KNIFES, FIREARMS)
AND HOSTAGE TAKING**

1.0 Trust Staff Response

- 1.1. Staff must **not** attempt to disarm a user suspected of having a weapon without the assistance of the police.
- 1.2. If it is suspected that a user has a weapon then the police must be informed immediately using 999, and giving the location and an explanation for the grounds for suspicion.
- 1.3. If possible and appropriate evacuate the area as quickly and calmly as possible, ensuring the safety of other patients / residents, staff and visitors is paramount.
- 1.4. If possible and appropriate close and lock any doors in the immediate vicinity to help isolate and contain the area, the aggressor and situation. In the event of hostage taking it may be more appropriate to leave doors open and/or unlocked.
- 1.5. Observation of the immediate area should be maintained if it is possible to do so without endangering the staff carrying out the observation.
- 1.6. The Senior Manager (Manager on call) responsible for the unit, the Consultant (or Consultant on call) responsible for the patient and the Associate Director (or Director on call) for the Service must be contacted.
- 1.7. In all instances where the Police and other emergency services are called to manage an incident involving weapons or hostage taking then the following must be informed.
 - Chief Executive
 - Medical Director
 - Trust Chair
 - Clinical Director for the relevant Directorate
 - Communications Manager
 - LSMS
- 1.8. The Senior Manager or Associate Director will take over from the Nurse in Charge in the management of the Trust's response to the incident and also take over liaison with the police.

2.0 Police liaison and management of the situation

- 2.1. Once the police arrive the nurse in charge should establish with the police the appropriate course of action. In most instances it will be appropriate for the police to lead the effort to disarm the user.
- 2.2. The nurse in charge must provide the police with a full risk assessment on the individual concerned so that the response of the police is proportionate and appropriate.
- 2.3. The Police will set up a perimeter which they control in order to ensure the safety of police officers and others who may already be within the perimeter or entering it.
- 2.4. If the police are called to attend a serious incident involving weapons or a serious incident involving hostage taking the Trust's Major Incident Policy must be activated and a Major Incident Control Centre established. The following factors will be considered:
 - Ongoing police liaison
 - Movement in, around and out of unit site
 - Potential risks for adjoining units
 - Evacuation and relocation plans
 - Contact with relatives
 - Press liaison
 - Communication with the Health Authority and PCTs
- 2.5. The police must be provided with:-
 - A list of patients / residents and staff on the unit concerned (including ancillary staff)
 - A secure and private area for the use of specific officers
 - Access to staff with detailed knowledge of environment or individuals concerned.
- 2.6. The incident may last for lengthy period of time and management plans for staff arriving on and going off duty will need to be made. In addition the welfare of other patients / residents will need to be considered up to and after the incident has been resolved.
- 2.7. Once the user has been disarmed, his/her room and all his/her belongings must be searched in order to establish that no other weapons are hidden.
- 2.8. Urgent consideration should be given to placing the patient / resident in a more secure environment if the patient / resident are currently residing on an open unit. A full risk assessment on the user concerned must be carried out.