NHS
National
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Scotland

**Security Services Standards
for NHSScotland**

Health Facilities Scotland
Facilities Management

February 2014

Contents

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NHS
National
Services
Scotland

1. Foreword

Security in the National Health Service is the concern of all of us. Providing a safe environment for patients, staff and visitors is essential and those that provide security within healthcare need to be appropriately trained, know and understand their role and provide a calm, efficient and effective service across the NHS in Scotland. Security staff play a key role in contributing to and enhancing the resilience of Health Boards, especially in relation to the Board's infrastructure. Security staff and managers therefore need to have a clear understanding of the Board's critical infrastructure and resilience plans.

These security standards have been developed to:

- support patient safety and maintain a safe environment for all;

- maintain good communication and co-ordination of people, goods and services through agreed standards;

- provide a timely and responsive service to other departments using fully trained staff and approved departmental service level agreements ensuring a consistent approach to the delivery of security standards.

The aim of these standards is to act as a single point of reference, creating a practical and consistent standard of security service and providing Boards with a minimum standard in which to further build a safe, secure and efficient security service that will support the delivery of high quality patient care in NHS Scotland.

Colin Sinclair
Director
Procurement, Commissioning and Facilities
National Services Scotland

2.   Introduction

All Security services within healthcare play a key role in underpinning the safe delivery of all services in the NHS and are often the members of staff with whom staff, patients and visitors have contact in a conflict or criminal situation.

Changes to the design and use of healthcare buildings, the need for enhanced security across the estate and the increase in technology has increased the role and responsibilities of Security staff based within healthcare settings over recent years. The demands on the services provided by Security staff have therefore changed significantly to meet these new demands as they are introduced, along with statutory and legislative requirements.

In order to provide advice, share best practice and take forward national initiatives to standardise and improve the provision of Security within healthcare settings, Health Facilities Scotland (HFS), in agreement with the Strategic Facilities Group (SFG), established a national Security Services Advisory Group.

The first meeting of the group was held on 4th December 2008. The Group recognised that the demands of Security and Security Services have changed as a result of various factors including:

- Healthcare Associated Infection;

- changes in clinical practice;

- new development in technology and associated practice;

- the increasing size and complexity of sites and organisations, as well as the growth in multi-site establishments;

- pressure on resources and new approaches to the efficient utilisation of resources;

- meeting national targets e.g. national sickness absence targets;

- new initiatives – Agenda for Change (AfC), Knowledge and Skills Framework (KSF) and Personal Development Plans (PDPs);

- training and development for Security staff and Supervisors;

- legislation.

To address the challenges facing Security within healthcare, the group, in conjunction with the Scottish Government NHS Resilience Unit and the Strategic Facilities Group, were commissioned to develop standards for the service along the lines of those already developed and implemented for other facilities services. The standards provide a minimum baseline around which Security within healthcare across Scotland can be standardised and provide a springboard for improvement.

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Security Services Standards for NHSScotland

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Services
Scotland

Responsibility for the Standards

This document has been developed to provide a minimum set of standards which are to be implemented by those responsible for the management of Security in a healthcare setting. The responsibility for ensuring that these minimum standards are correctly implemented, maintained, monitored and risks reported lies with the lead for all Security matters within the NHS Board, this may include a main Board executive or the Civil Contingencies/Resilience Lead or the Facilities Lead.

It is anticipated that those NHS Boards with outsourced Security services will also comply with these standards.

Principles underpinning the Standards

- The services provided should be clearly specified and all Security staff, Security management and service users must be made aware of the standards.

- Policies and standards must take account of Health and Safety, national and EU legislation, professional requirements and national and local union agreements.

- Policies and standards must be reviewed and updated regularly and the mechanisms for review clearly identified.

- Policies and standards must be communicated clearly to all staff and there must be procedures in place to monitor staff awareness of, and compliance with, policies and standards.

- Organisations should have a local Handbook on Security Services, describing the services provided, the management, arrangements and procedures for accessing the service and agreed standards of performance. This should be available for all service users.

About this document

This new guidance falls into three main areas as follows:

- maintaining patient safety and a safe environment through standards directly applicable to Security;

- maintaining good communication and co-ordination of people, goods and services through agreed standards;

- providing a timely and responsive service to other departments with designated staff, using standards agreed with other departments/services.

Implementation of the Standards

To support these standards and continuous improvements in the provision of Security Services, the Group is also working on a training programme for Security Services.

All NHS organisations must have policies and procedures in place to ensure proper training and induction for all Security staff such as:

- formal induction and training programmes. This must be a routine requirement for all staff;

- for the first two to four weeks new recruits should work under direct supervision accompanied by an experienced member of staff at all times;

- there should be continuing personal and professional development for existing staff that reflects the competences required;

- the Security manager is responsible for ensuring agreed training programmes are provided and for monitoring them.

3. Security Standards within Healthcare

1. Governance

Standard 1   Policies, Procedures and Instructions

2. Managing Security Services

Standard 2   Management Capability

Standard 3   Business Continuity Planning

3. Chain of Infection and Standard Infection Control Precautions

Standard 4   Infection Control (Security Services)

4. Health, Safety, Security and Maintaining Patient Safety and the Environment

Standard 5   Risk Management

Standard 6   Emergency Procedures

Standard 7   Use of Personal Protective Equipment (PPE)

Standard 8   Control of Substances Hazardous to Health

Standard 9   Waste Management

Standard 10   Security/CCTV

5. Customer Care

Standard 11   Communication

Standard 12   Appearance, Attitude and Conduct

Standard 13   Equipment

6. Auditing and Monitoring

Standard 14   Auditing and Monitoring

Standard 15   Key Performance Indicators

7. Training for Security Staff

Standard 16   Training

Standard 1 – Governance

Standard Statement	Rationale	Criteria
1. Policies, Procedures and Instructions		**Evidence Required**
1.1 The Security Service is supported by a comprehensive set of written policies/procedures and service instructions necessary for the safe and effective conduct of all Security functions in full agreement with Corporate Management, Staff Side Organisations and the specific departments to which they refer.	Due to the diversity of the environment into which Security Services are required to integrate • a clearly defined set of policies, procedures and working instructions is required to ensure that this integration is as effective as possible. • a structured training programme needs to be developed and implemented for all Security Services staff.	• Policies, procedures or instructions are required to support all of the subsequent standards as laid down in this document. • A mechanism exists involving all stakeholders, whereby the above can be agreed and / or augmented, communicated as required and reviewed according to an appropriate frequency. • Organisational policy on Occupational Health Screening prior to employment including a confirmation of fitness for employment. • Job Description. • Training programme for Security Services.

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Standard 2 – Management Capability

Standard Statement	Rationale	Criteria
2. Management Capability		**Evidence Required**
2.1 Suitably qualified managers have been appointed to control Security Services within the organisation.	To ensure safe, effective Security Services are provided to meet the needs of the organisation, in compliance with statutory and legislative requirements.	• Job descriptions for management and supervisory posts which have been suitably assessed. • Management and supervisory staff meet the provisions contained within the appropriate job descriptions.
2.2 Suitably qualified supervisors have been appointed to ensure effective operational control on a day-to-day basis within the organisation.		• Management and supervisory staff are supported in maintaining their skills and expertise through a regular programme of personal development planning and review in line with the development of the remit. Any changes in the remit are carried out in consultation with the Security Services manager. • There is access to suitably qualified persons with specialist knowledge required to meet statutory and mandatory requirements e.g.
2.3 The Security Services manager is supported in the performance of their duties by the provision of an office, clerical support and appropriate equipment.		- a dedicated or shared office in the general area where services are being provided; - shared access to confidential accommodation should be available as required; - a dedicated PC incorporating email and appropriate office systems; - access to a phone; - secure storage; - an appropriate amount (time) and level (skill) of dedicated or shared clerical support.

Standard 2 – Management Capability (Cont'd)

Standard Statement	Rationale	Criteria
2. Management Capability		Evidence Required
2.4 The Security Services manager is supported in the planning and delivery of Security Services by access to information on his/her own service and other service areas where change/development may impact on the delivery of Security Services.		The operation, monitoring and review of Security Services can only be achieved successfully with access to accurate and timely management information provided by: - budget statements; - staff reports; - service reports; - procurement information; - standard or other local operating procedures; - information from the wider organisation; - involvement in appropriate multi-disciplinary groups including operational and project groups.

Standard 3 – Business Continuity Planning

Standard Statement	Rationale	Criteria
3. Business Continuity Planning		**Evidence Required**
3.1 Security Services management has categorised and prioritised Security Services tasks and functions and uses this information to plan staff shortages/meet emergencies.	To ensure continuity of Security Services through prioritising of services.	The Security Services manager should categorise tasks and functions performed by the service, placing them in order of priority and using these priorities to form arrangements to cover staff shortages, draw up schedules, rosters and routines and develop plans to meet emergencies. • Category 1 – Action without delay e.g. Response to Incidents of Violence and Aggression • Category 2 – Daily scheduled tasks e.g. Security inspection of buildings. • Category 3 – Action within a week or according to regular arrangements • Ad-hoc tasks should also be categorised in this way.

Standard 4 – Infection Control – (Security Services)

Standard Statement	Rationale	Criteria
4. Infection Control – (Security Services)		**Evidence Required**
4.1 The reduction of Healthcare Acquired Infection (HAI) is a priority for NHSScotland, both in terms of the safety and well-being of patients and staff and of the resources consumed by potentially avoidable infections. 4.2 For the prevention and control of infection to work effectively, critical activities such as cleaning and hand-hygiene must be embedded in every day practice. 4.3 NHSScotland's Infection Control Policies and Procedures are designed to prevent and control infection.	To maintain a safe environment for patient care and a safe working environment for staff in hospitals and other healthcare settings.	• Infection control procedures; • Hand-hygiene training. An Infection Control handbook for Security staff – provided for all staff:- • use of alcohol gel; • the use of protective clothing; • routine cleaning; • cleaning materials; • spillage kits – disinfectants and dealing with spillages; • sharps injury; • Hepatitis B immunisation is advised for staff who may come into contact with blood or body fluids as part of their work. • Standard Infection Control procedures

Standard 5 – Risk Management

Standard Statement	Rationale	Criteria
5. Risk Management		**Evidence Required**
5.1 A Risk Management process is applied to Security Services.	To ensure risk management in Security Services is integrated within the overall organisation.	• The risks associated with the management of Security Services are systematically identified using a number of approaches including: - review of incidents and near misses - review of reports of inspections/monitoring/assessments of services - review of services - review of audit reports - workshops with supervisors/staff - consultation with users • The following risk management elements are in place: - all risks are documented as part of a "risk register" and are systematically assessed and prioritised - Risk Management plans are developed for Security Services and are prioritised and implemented alongside other risk management plans which are necessary to deal with the wider risks faced by the organisation - risk and effectiveness of implemented risk management are monitored and reviewed on a continuous basis - all staff, and other relevant stakeholders, are made aware of systems in place to minimise risks - appropriate staff training is undertaken - accurate and up-to-date records are maintained at all times.

Standard 6 – Emergency Procedures

Standard Statement	Rationale	Criteria
6. Emergency Procedures		**Evidence Required**
6.1 The organisation has a written policy on emergency procedures and follows a training programme for Security staff which includes annual refresher training.	To ensure that Security staff are trained to respond appropriately within the recognised timescales for emergency incidents. Compliance with Health and Safety regulations.	A operational policy/procedure is in place for major incidents and other emergencies such as: • instances of violence and aggression to staff • violent/disruptive patients • bomb or other threats • adverse weather • chemical incident • baby abduction • failure of CCTV/ two-way radio system • fire safety • missing patients • maintenance log sheets
6.2 Equipment used for emergency procedures is regularly maintained.		
6.3 Security staff have been trained on the correct use of the equipment and have knowledge of the area/site in relation to the particular emergency.		• designated trainer(s) • ensure appropriate PPE is available
6.4 Security staff receive 'Action Cards' for key roles they have been trained for in an emergency.		• training programme for all emergency procedures which includes instructions and practical demonstration
6.5 A designated member of staff with overall responsibility (i.e. this may be a different person responsible for each individual emergency or each shift). See also Preparing for Emergencies 2013		• Where appropriate, there must be clear definitions of all Security traffic control duties in relation to any of the above • emergency procedures reviewed annually

Standard 7 – Personal Protective Equipment (PPE)

Standard Statement	Rationale	Criteria
7. Personal Protective Equipment (PPE)		**Evidence Required**

The Employer will:
7.1 Using local risk assessment procedures ensure Security staff have access to and use of PPE.
 	
7.2 Provide any PPE clothing needed for the job free of charge to any employees who may be exposed to significant risks to their safety.
 	
7.3 Maintain PPE clothing in a clean state and in good order. It should be checked before being given to employees.
 	
7.4 Provide storage and disposal facilities for PPE.
 	
7.5 Provide adequate information, instruction and training to enable employees to use PPE clothing correctly. This should include an explanation of the risks, why the clothing is needed and how and when it should be worn.
	For the protection of staff and patients and to ensure compliance with the Personal Protective Equipment at Work Regulations 1992.
	
	PPE is worn to guard and protect against infection or injury.
		▪ operational procedures are in place for PPE, assessing the risk to ensure that the correct personal protection is adopted for a particular task, eliminating and/or reducing risk
		
		▪ record-keeping where appropriate
		
		▪ use British Standard recommendation i.e. BS EN 471 PPE
		
		• monitor the performance of the requirements for PPE i.e.
		  - effectiveness and suitability
		  - incidents
		  - spillages
		
		• a training programme is in place to train staff in the use of PPE

Standard 7 – Personal Protective Equipment (Cont'd)

Standard Statement	Rationale	Criteria
7. Personal Protective Equipment (PPE)		**Evidence Required**
Employees should: 7.6 Wear the PPE provided as instructed. Check and report any damage to the employer. Use the storage facilities provided when clothing is not in use. See also Decontamination of Self Presenters 2012		• monitor staff use and correct storage of PPE.

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Standard 8 - Control of Substances Hazardous to Health

Standard Statement	Rationale	Criteria
8. **Control of Substances Hazardous to Health**		**Evidence Required**
8.1 The organisation has written policies and procedures giving guidance to ensure compliance with The Control of Substances Hazardous to Health Regulations (COSHH)(2002).	Protection of patients, visitors and staff. Promote a safe working environment. Compliance with Health & Safety legislation, Control of Substances Hazardous to Health Regulations (2002) protects staff and others against risks to their health. They apply to hazardous substances, which arise in connection with work under our control or carried out on our behalf.	• An organisational policy is in place for Health and Safety, including COSHH; • Procedures for handling various types of products which fall within the scope of the COSHH regulations are in place and in use, including the use of PPE, routes and methods of transfer and storage, if appropriate, and spillage or other incident;

Standard 9 - Waste Management

Standard Statement	Rationale	Criteria
9. Waste Management		**Evidence Required**

9.1 The organisation has a written waste management policy and operational procedures, which comply with recommendations contained in Audit Scotland Waste Management Regulations and SHTN3 – Management and Disposal of Clinical Waste.	Protection of patients, visitors and staff.
	
	Promoting environmental issues.
	
	Duty of Care as prescribed in the Environmental Protection (Duty of Care) Regulations 1991 and all other relevant waste management legislation and guidance.
		• Organisational waste management policy, with designated authorised person accountable to the Chief Executive
		
		• Clearly written procedures to govern the safe and timely handling and disposal of different types of waste:
		  - clinical;
		  - radioactive;
		  - special;
		  - domestic;
		  - recycled.
		
		• policy statement recommending that all Security staff employed in the handling of waste to have and maintain Hepatitis B immunisation

9.2 A designated member of staff with overall responsibility for the organisation of waste management		• record held by Occupational Health Service
		
		• training given and records maintained for training in areas of:
		  - waste management;
		  - manual handling;
		  - PPE equipment.

9.3 Security staff engaged in waste management have been trained in appropriate procedures, manual handling and the use of appropriate equipment.		• operational procedures explaining the secure handling and segregation of waste, and identifying designated collection locations, temporary storage locations and bags/containers, e.g. confidential waste

Standard 9 – Waste Management – (Cont'd)

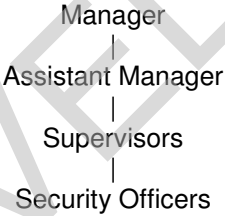| Standard Statement	Rationale	Criteria
9. Waste Management		**Evidence Required**
9.4 All waste is segregated and securely stored in designated locations and containers which are distinctively identified.		
9.5 Written procedures to Security staff concerning the use of protective equipment.		• procedures issued to Security staff concerning the wearing of protective clothing, e.g. shoes, overalls and heavy-duty gloves • record of PPE issued
9.6 Written procedures in dealing with split bags and spillages.		• procedures dealing with spillages and sharps' injuries

Standard 10 – Security/CCTV

Standard Statement	Rationale	Criteria
10. Security/CCTV		**Evidence Required**
10.1 The Organisation has a written Security/CCTV Policy and operational procedures which comply with health and safety regulations and the Data Protection Act 1998.	A commitment to provide effective Security throughout all NHS premises and activities ensuring where possible; • the personal safety of patients, staff, residents and visitors;	Security – The policies and procedures should be developed with regards to specific advice contained with the NHS Security Manual produced by the National Association of Health Authorities and Trusts. CCTV – Compliance with the Data Protection Act 1998.
10.2 Designated member of staff with overall responsibility for the organisation of Security/CCTV Services.	• the protection of personal and NHS property; • promote a safe working environment; • the smooth and uninterrupted delivery of health care services;	• organisational Security/CCTV Policies detailing the responsible person • procedures/protocols to govern the safety of patients, staff, residents and visitors • evidence of a risk-based approach to Security/CCTV management e.g. current risk register
10.3 The duties of Security staff in maintaining Security are set out in a clear written statement/protocol/procedure which includes risk assessments.	.	• record-keeping where appropriate e.g. records of Security incidents, records of police involvement, records of CCTV footage • procedures/protocols for the investigation of incidents • a written protocol setting out when, how and by whom all reported untoward incidents and breaches of Security are to be investigated
10.4 The thorough investigation of all untoward incidents and Security breaches.		

Standard 10 – Security/CCTV – (Cont'd)

Standard Statement	Rationale	Criteria
10. Security/CCTV		**Evidence Required**
10.5 Security staff employed in handling incidents involving potential infection issues will be offered Hepatitis B immunisation		• A written policy statement recommending that all Security/portering staff employed in Security duties must have and maintain Hepatitis B immunisation. Records to be held by both Occupational Health Service and the appropriate manager within the Security Department.

10.6 Security staff engaged in Security duties will undertake comprehensive training in violence and aggression control and restraint techniques and manual handling.		• A comprehensive training and refresher training given in the following areas:
		  - violence and aggression control and restraint techniques
		  - SITO training
		  - de-escalation and breakaway skills
		  - manual handling
		  - infection control
		  - PPE
		  - customer care/communication
		  - orientation of the premises
		  - Security/CCTV/Major Incident policies
		  - Health & Safety Policies
		  - report writing
		  - Security equipment, e.g. CCTV cameras, door access systems, two-way radios.
		
		• Clear written procedures issued to Security staff concerning the wearing of protective clothing, e.g. stab vests, shoes, gloves, etc., uniforms and ID badges
		• Records of PPE issued.

Standard 11 - Communication

Standard Statement	Rationale	Criteria
11. Communication		**Evidence Required**

11.1   All staff within the organisation are aware of the remit of the service and procedure for accessing it, the management structure and the agreed priorities, response times and quality standards.
 	
11.2   There will be agreed procedures for communication between:
• all departments and Security services
• Security management and Security staff
• hospital switchboard and staff involved in emergencies.
 	
Communication procedures will be part of Security Departmental Induction
 	
11.3   Security staff have access to, and be trained in, the use of communication equipment
	To enable all Managers and Heads of Departments to have access to Security Services
	
	A commitment to provide/encourage effective communication
	
	Staff adequately informed to carry out Security duties/tasks and any changes to procedures/law
	
	A structured method to disseminate information, for example:
	
	Manager
	|
	Assistant Manager
	|
	Supervisors
	|
	Security Officers
		• Security Services Handbook
		• a written schedule of tasks and functions performed by Security Services, categorised into areas of priority
		• written plans to maintain services over times of staff shortage, service developments which clearly identify the highest priority tasks/functions to be performed together with low priority tasks which may be suspended temporarily
		• Security Services specification:
		  - manpower schedule;
		  - method statement;
		  - portering instructions /routines/timescales;
		  - equipment schedules;
		  - list of key contact
		  - details of services provided.
		
		• communication e.g. procedures, handover books/diaries
		• equipment e.g. telephone, mobile phones, pagers, two-way radios
		• verbal e.g. staff, patients and visitors – Customer Care
		• a copy of the organisation's Complaints' Handling Policy

Standard 11 – Communication (Cont'd)

Standard Statement	Rationale	Criteria
11. Communication		Evidence Required
11.4 Patients, visitors and staff can expect they will always be treated with courtesy and politeness by Security staff. 11.5 Written complaints relating to Security Services are integrated into the organisation's complaints process. Verbal complaints relating to Security Services are dealt with timeously by the Security Services Manager/Supervisor.		• training/induction records show details of the mechanism of handling of complaints according to written service instruction/guidelines and this features in all staff training/induction. • ensure that all complaints made in regard to Security Services are dealt with in the required timescale and, following investigations of the complaint, draw experience to review and improve these services.

Standard 12 – Appearance, Attitude and Conduct

Standard Statement	Rationale	Criteria
12. Appearance, Attitude and Conduct		**Evidence Required**
12.1 The organisation has a written policy governing staff appearance, attitude and conduct. 12.2 The Security service recognises that patients and visitors must always be treated courteously and with respect to their privacy and dignity and actively seeks to ensure that Security staff conduct themselves accordingly. 12.3 The Security service recognises that colleagues must always be treated courteously and with respect.	Protection of patients, visitors and staff.	• Written organisational procedure, setting required standards for Security staff appearance, attitude and conduct, presenting a positive image of herself/himself and the service. Procedure to include reference to the wearing of identity badges, uniform and Personal Protective Equipment (PPE) • Organisational policy on the use of PPE • Record of PPE issued • Evidence of staff training/induction, particularly addressing the practical implementation of good inter-personal courtesy guidelines • All Security staff must wear the uniform provided and ensure that their ID badge is on display at all times • Written policy on employee conduct, e.g. Dignity at Work

Standard 13 - Equipment

Standard Statement	Rationale	Criteria
13. Equipment		**Evidence Required**
13.1 The organisation has written operational procedures in regard to the provision of appropriate equipment.	Protection of patients, visitors, staff and safe movement of goods and services.	• operational procedures explaining appropriate use of equipment
13.2 Security staff engaged in transportation of goods and services have been trained in manual handling techniques and the appropriate use of equipment.		• training given and records maintained for training in the following areas: - manual handling; - PPE; - use of equipment; - infection control.
13.3 All equipment is stored in designated locations.		• adequate storage provided
13.4 All equipment is cleaned, inspected and maintained on a regular basis.		• cleaning schedule
13.5 Instruct Security staff in the use of PPE.		
13.6 All faulty equipment should be removed from service and reported.		• system to log defects and removal from operation

Standard 14 – Auditing and Monitoring

Standard Statement	Rationale	Criteria
14. Auditing and Monitoring		**Evidence Required**
14.1 Security Services systematically monitors and audits delivery of its services in key areas against pre determined performance standards.	To ensure Security Services meet the expectations of service users and response times in the Security Services Business Plan and to ensure there is a mechanism in place for continuous improvement in the quality and effectiveness of the service.	• a written schedule is in place setting out the agreed monitoring and audit programme within Security Services which identifies the topics addressed, the staff responsible for conducting the audit, the frequency of investigations • copy of audit form

Standard 15 – Key Performance Indicators

Standard Statement	Rationale	Criteria
15. Key Performance Indicators		**Evidence Required**
15.1 Key performance indicators are a component of the measuring of Security Services.	To ensure Security Services continue to meet established objectives contained within the Security Services Business Plan.	• the organisation has performance targets appropriate to Security Services, which are available to all staff; • Security Services maximises the value of key indicators by benchmarking themselves against similar organisations, both NHS and non-NHS.

Standard 16 - Training

Standard Statement	Rationale	Criteria
16. Training		**Evidence Required**
16.1 Security staff attend corporate and local induction and training which is based on written specification of Security staffs' responsibilities, duties and functions. 16.2 A minimum level of mandatory training is essential prior to commencement of full duties. 16.3 Departmental Induction to be completed within 2 weeks.	Protection of patients, visitors and staff. A commitment to provide effective training. Promote a safe working environment. Compliance with Health & Safety legislation. The smooth and uninterrupted delivery of healthcare services.	A written organisational policy is in place for induction. - Attendance is mandatory. The department has a written procedure which stipulates the appropriate level of training required. Job description, KSF post outline. A mandatory training programme is in place to train Security staff in all aspects of Security duties, i.e., Security Services Workbook. Examples of appropriate training are: • departmental induction; • mentoring; • communication and customer care; • wearing of uniform and PPE; • infection control – including cleaning of equipment; • equipment; • vehicles and driving; • major incidents;

Standard 16 – Training (Cont'd)

Standard Statement	Rationale	Criteria
16. Training		**Evidence Required**
16.3 Continued		• Security; • fire; • systems, e.g. DATIX, CCTV, door access; • decontamination.
16.4 Maintain records of training requirements, dates undertaken and refresher/update dates.		• staff training records; • use of PPE; • risk assessments.

4. References

Control of Substances Hazardous to Health Regulations 2002, as amended

Data Protection Act 1998

Decontamination of Self Presenters 2013

Department of Health Uniforms and Workwear – an evidence base for developing local policy 2007

Driver & Vehicle Licensing Agency – guide to the current medical standards of fitness to drive

Environmental Protection Act 1990

The Fire (Scotland) Act 2005, as amended

The Fire Safety (Scotland) Regulations 2006

Health and Safety at Work Act 1974 and supporting legislation

Health and Safety (Display Screen Equipment) Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002

Managing the Risk of Healthcare Associated Infection in NHS Scotland, HDL(2001)53

Manual Handling Operations Regulations 1992, as amended

NHS Scotland Uniform Policy – evidence based principles to inform local policies for staff

Personal Protective Equipment at Work Regulations 1992

Preparing for Emergencies 2013

The Provision and Use of Work Equipment Regulations 1992

The Road Traffic Act 1991

Scottish Health Planning Note 00-07 – Resilience Planning for the Healthcare Estate

Workplace Health, Safety and Welfare Regulations 1992

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Security Services Standards for NHSScotland

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5. Appendix: Membership of Security Standards Short Life Working Group

Name	Title	Organisation
Abigail Cork	Facilities Support Manager	Health Facilities Scotland
Andrew Fowler	Security Manager	NHS Forth Valley - Serco
Andrew Russell	Portering & Security Manager	NHS Greater Glasgow and Clyde
David Bedwell	Assistant Director – Facilities Services	Health Facilities Scotland
James McNee	Site Logistics Manager	NHS Lothian
Les Jolly	Operational Services Manager	NHS Ayrshire and Arran
Michael Everden	Facilities Support Manager	Health Facilities Scotland
Mike Healy	Head of NHSScotland Resilience Unit	Scottish Government
Muriel Blake	Support Services Manager	NHS Fife
Neil Redhead	Facilities Support Manager	Health Facilities Scotland
Ray De Souza	Deputy Head of NHSScotland Resilience Unit	Scottish Government
Stephen Fleming	Physical Security Manager	The State Hospital