Safety for Trainees in Psychiatry

Report of the Collegiate Trainees’ Committee Working Party on the Safety of Trainees

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1. Summary

In 1997 the Royal College of Psychiatrists’ Collegiate Trainees’ Committee (CTC) formed a working party on the safety of trainees to update the previous CTC safety recommendations made in 1991. A literature review was undertaken and a survey was made of the safety training provided by scheme organisers in the UK. Advice on personal safety was prepared for trainees, together with recommendations on safety in clinical practice and training, with a view to improving the safety of both trainees and senior colleagues.
2. Introduction

Background

According to the Health and Safety Executive (HSE; 1997), staff working in health care appear to be at a higher risk from work-related violence than the general population. Violence is now the third cause of injuries at work in the health service, after falls and needle accidents. The National Audit Office (1996) reported that physical assault was involved in 14% of recorded accidents to trust and contract staff. The most stressful adversities experienced during psychiatric training are assault by a patient and suicide of a patient (Kozlowska et al, 1997). An assault may range from a verbal threat to actual physical violence. The HSE (1997) has defined violence as “any incident in which an employee is threatened or assaulted by a member of the public in circumstances arising out of the course of his or her employment.”

The Health Services Advisory Committee (1987) survey found that 25% of junior psychiatrists had reported an episode of violence in the past year. This may underestimate the size of the problem, as Kidd & Stark (1992) found that junior psychiatrists reported only 50% of assaults made upon them.

Legislation

In the UK, the Health and Safety at Work Act 1974 requires employers to protect the health and safety of their employees at work, and to protect the health and safety of others who may be affected by the way employees go about their work.

In the UK, the Management of Health and Safety at Work Regulations 1992, requires employers to assess the risks to employees, identify the precautions needed, make arrangements for the effective management of precautions and provide information and training to employees. So trainees must be properly trained in safety issues and take responsibility for attending such training.

In the Republic of Ireland, the relevant safety legislation is the Safety, Health and Welfare at Work Act 1989.

Government policy in the UK

The White Paper Working Together (Department of Health, 1998) set targets which all NHS employers must achieve. By April 2000, every employer will have to have in place:

(a) Systems to record and monitor workplace accidents and violence against staff.
(b) Published strategies to achieve a reduction in such accidents and incidents.
(c) Policies and procedures to tackle harassment.
(d) Occupational health services and counselling available to all staff.

**CTC survey of safety training**

In 1997, the CTC formed a working party on the safety of trainees to update the previous CTC recommendations (Collegiate Trainees’ Working Party, 1991). The CTC surveyed 400 training scheme organisers and received 136 responses. They found that the most usual form of safety course was breakaway training, followed by risk assessment and self-defence. One hundred and twelve scheme organisers provided some written safety information with an average length of three pages (range 1–22). Some booklets were comprehensive, including detailed information on community work, reporting of violent incidents and counselling available after a violent incident. Others produced one page of fire safety precautions, stress management or no information at all.
3. Practical advice on safety

Safety is of paramount importance and is a fundamental aspect of training. The following advice is intended to guide trainees.

Personal privacy
Violations of personal privacy, for example, access to a trainee’s home address or telephone number may be very unpleasant and place a trainee at risk. It is advisable to avoid revealing personal information to patients. Hospital switchboards must not release a doctor’s telephone number to anyone without the doctor’s prior permission. Trainees should be aware that in the UK telephone numbers might be traced by dialling 1471 after the call is received. This facility can be blocked temporarily by dialling 141 before making the call or by arrangement with the telephone company. Trainees may prefer to have an ex-directory telephone number. Nuisance calls should be reported to the police. The Medical Directory carries the names and addresses of many doctors in the UK and it is widely available in public libraries. So consideration should be given to providing a work address and telephone number, rather than a home address (Royal College of Psychiatrists, 1995).

Personal appearance
A professional appearance engenders confidence and trust in the doctor (Gledhill et al., 1997). Expensive, flamboyant or sexually provocative clothing may be misinterpreted by a patient and lead to a personal attack. Clothing should not be tight in case the trainee has to move quickly. Remember that scarves, ties, long hair and loose items of clothing may be used to strangulate. It is best to avoid taking personal belongings, such as an address book, into patient areas.

Personal behaviour
It is essential to be polite and considerate at all times to patients and carers. It is advisable to introduce yourself, to use the patient’s correct title and to speak clearly. Arrange for an interpreter to be present if needed. Allow plenty of space between the patient and yourself especially if the patient is aroused or suffering from a psychosis. Prolonged eye contact may be threatening and a balance must be reached in case the doctor appears uninterested. Note-taking is best avoided if the patient is suspicious. As far as possible acknowledge the patient’s concerns and attempt to identify their problems. Terminate the interview at any time if you feel threatened (Royal College of Psychiatrists, 1999).
Isolation
Trainees are advised to check the level of risk that the patient presents before deciding where to conduct an interview. Whenever possible, information from the referrer and the medical notes should be obtained before seeing the patient. The trainee should arrange for other staff to be present during the interview whenever appropriate. Remember, even if the patient is well known to the doctor, their mental state may have deteriorated since the last assessment. When conducting a physical examination, trainees should consider arranging for a chaperone to be present, to reduce the risks of being assaulted and of being subjected to false allegations of impropriety. It is essential to be able to raise the alarm in an emergency. Isolation significantly increases the risk in the event of an attack. It is worth remembering that relatives and carers may be violent too.

On-call
At night, trainees should avoid walking alone in poorly lit, isolated areas either inside or outside buildings. Under these conditions they should request a security guard or porter to accompany them. Some trainees may prefer to drive even short distances from the on-call accommodation to the hospital. Trainees should not hesitate to inform the hospital management if the residential accommodation does not meet satisfactory safety standards.

Accident and emergency
Trainees should be particularly aware of the potential dangers of working in accident and emergency departments, especially when asked to assess intoxicated and disturbed people. It is reasonable to make a request for a continuing police presence if the patient has already been violent. Trainees must have a suitable place to interview the patient. A member of staff should accompany the trainee or remain nearby to assist if required.

Community visits
Trainees should not be expected to make assessments alone in the community in an emergency or at night. Prior to a community visit, trainees must assess the level of risk and avoid placing themselves in situations which will compromise their safety. If a trainee decides not to enter a situation that is potentially unsafe, they should seek the support of a senior colleague whenever appropriate. Trainees should notify a responsible person of their destination and the time they expect to return, so that the alarm can be raised if they do not return within a specified period.
Emergency situations

It is the trainee’s responsibility to wear a personal alarm if this is provided. Battery operated personal attack alarms are not recommended because they may not be heard. Although breakaway techniques are important, trainees should not solely rely on them for personal protection. If the trainee feels afraid or is being threatened, they should terminate the interview immediately and leave the room. The trainee may decide to activate the alarm system. Some nursing staff are trained in control and restraint techniques. Trainees should avoid interfering if these techniques are being used. If staff cannot control the disturbance, the police should be called without delay.
4. Recommendations

Safety training
To benefit trainees who are new to psychiatry, training in breakaway techniques should be held every six months, soon after trainees begin their new placements. At least one session of safety training should be provided by a recognised trainer and be repeated by trainees once a year. One session of theoretical safety training should be provided once.

Induction courses
At each new placement, trainees should attend an appropriate induction course which should include the following.

- A tour of the site and relevant buildings, including the on-call residence.
- Written information about relevant local safety policies.
- Guidance about maintaining personal safety and privacy.
- Instruction on the recognition, de-escalation and management of violent incidents.
- Written information should be provided, such as the chapter on safety in the *Handbook for Inceptors* (Royal College of Psychiatrists, 1999), the College booklets on the management of imminent violence (Royal College of Psychiatrists' Research Unit, 1998) and risk assessment (Royal College of Psychiatrists Special Working Party on Clinical Assessment and Management of Risk, 1996).

Local policies and procedures

- Trainees should be informed about local safety policies, including the management of violent incidents.
- Trainees should be included in the monitoring and alarm systems which are given to other disciplines, especially for community work.
- Trainees should not be expected to make emergency assessments alone in the community or alone at night.
- A mobile telephone should be available for trainees to use while travelling on-call and as a precaution when working on dispersed or isolated sites.

In the event of an assault

- Trainees should receive guidance about what to do in the event of an assault.
In the first instance, it is recommended that trainees should contact their educational supervisor, College tutor or the consultant on-call to discuss the violent incident.

Debriefing is recommended following a violent incident. As near as practicable to the time of the incident, a meeting should be held during which the events and their antecedents are discussed. The aim is not to apportion blame, but to offer support to the staff concerned and to learn ways in which such incidents might be avoided in the future (Royal College of Psychiatrists, 1998).

Educational supervisors or College tutors should encourage trainees to have psychological support in the event of a serious violent incident. If preferred, this should be arranged outside the local area.

Leave of absence and a phased return to work should be available to a trainee, whenever appropriate.

Serious consideration should be given to pressing charges against the perpetrator of the violence. As the decision to take legal action may be complex, trainees are advised to discuss this course of action with a trusted senior colleague and to take legal advice from a solicitor or medical defence society whenever appropriate.

College Approval visits
The CTC recognises the important work of the Basic and Higher Specialist Training Committees in monitoring the safety of working conditions, during College approval visits to training schemes, throughout the UK and the Republic of Ireland. The CTC requests the College to consider the following safety recommendations.

Interview rooms

Trainees must have safe working conditions and should not be expected to interview patients in isolated rooms. Interview rooms should be situated close to main staff areas.

All interview rooms should have a readily accessible panic button or an emergency call system, with policies for staff to respond rapidly to the alarm when it is activated.

The exit to all interview rooms should be unimpeded. Doors must not require a key to exit. Ideally doors should open outwards.

The furniture should be suitable and the room should be free of clutter.

It is advisable to have an internal inspection window, to permit viewing when the room is occupied.

The standard of interview rooms in the accident and emergency department should be at least as high as in the psychiatric unit, bearing in mind the severity and level of disturbance which may occur.
On-call accommodation

- On-call accommodation should be situated in a safe area and access should be properly lit, especially at night.
- The standard of security of the building should be satisfactory and include a good quality lock for the front door and individual locks for each bedroom.
- There should be a working telephone in the sitting room and in each bedroom. Members of the public should not have direct access to the trainee by telephone, in the on-call residence.
- Accommodation must comply with fire safety regulations

Violent incidents

- Violent incidents involving doctors should be recorded and presented at every College Approval visit.
- In situations of repeated violence, college tutors must gain the support of the trust management team to reduce further risk to trainees.
5. Further recommendations

- The CTC supports the College in the production of a video on safety training, *The Mind’s Eye* (Royal College of Psychiatrists' Video Working Party, 2000), with an accompanying training package, for use during induction courses.
- The *Handbook for Ineptors* should continue to contain a chapter on safety.
- The CTC supports the Chief Examiner in examining safety issues in the MRCPsych examination.
- The CTC should continue to review safety issues and bring them to the attention of other committees of the College.
- Research into safety issues should be encouraged.
References


Health Services Advisory Committee (1987) *Violence to staff in the Health Services*. London: HMSO.


Appendix 1

Members of the Working Party on the Safety of Trainees

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Appendix 2

Council Report CR62, *Not Just Bricks and Mortar* (Royal College of Psychiatrists, 1998) focuses on the size, staffing, security, structure, and siting of new acute in-patient units for adult mental health. Recommendations are made which may also be applicable to existing units. Some of these are summarised on pages 8 and 9 of CR62. We recommend that CR62 is read in conjunction with this Council Report.

Extracts from the summary in CR62

Recommendation 16. Security should not be treated as an isolated issue, but considered as an integral factor in all aspects of service and building development and design.

Buildings

Recommendation 20. Psychiatric units should have only one point of public entry or exit. There are increasing advantages to having the entry point manned by a receptionist or security staff, 24 hours a day.

Recommendation 21. Consideration should be given to the use of CCTV in corridor areas and staircases.

Recommendation 25. Comprehensive alarm systems must be installed in all new units. Fire precautions should be negotiated with security issues in mind.

Recommendation 27. Intensive care provision should be designed into all new units. Seclusion facilities should be available in every unit.

Staffing

Recommendation 14. A minimum of three registered nursing staff must be able to attend a disturbance without depriving other wards of safe cover. For a three ward unit this suggests a minimum staffing during the day of three registered nurses per shift.

Training

Recommendation 29. Appropriate levels and training of staff are essential. An inadequate ratio of trained to untrained staff seriously threatens security.
Recommendation 30. Particular training with regard to leave and parole, special observations, security matters in general, and relevant mental health law should be undertaken on a continuing basis with all nursing staff.

Recommendation 31. All clinical staff and support workers must be trained in breakaway techniques. All registered nursing staff should be trained in control and restraint techniques.

Policies

Recommendation 32. Clear policies are needed on restricting visitors, carrying out searches and requesting police assistance. Each unit should negotiate liaison arrangements with the principal local police station.