

Healthcare Security Operational Management System

HSOMS | VERSION 1.0

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Introduction

This document is intended to support initial discussions about the HSOMS and its potential use by NHS Trusts, healthcare security providers and organisations involved in security management and training.

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1. Why the HSOMS was developed

Safe healthcare security depends upon competent people, clear governance, effective multidisciplinary working and safe systems of work.

Higher-risk healthcare security activities can involve physical force, restriction of movement, detention, restraint and other coercive interventions. These foreseeable risks require more than training alone. They require documented operational arrangements that define roles, authority, safeguards and accountability.

The HSOMS has been developed to provide an integrated governance framework for undertaking such activities safely, lawfully and consistently.

The central proposition

A healthcare security service should be able to demonstrate that its higher-risk operational activities are governed by an approved Safe System of Work, supported by appropriate training, staffing, supervision, communication, equipment, reporting and review.

Intended outcomes

- Greater consistency in operational practice and decision-making.
- Clearer boundaries between clinical and security responsibilities.
- Improved identification and management of foreseeable risks.
- More demonstrable organisational oversight and accountability.

2. Purpose and scope

The HSOMS establishes a governance framework for operational activities undertaken by Healthcare Security Officers where there is a foreseeable risk of injury to patients, staff, visitors or the public.

Activities within scope

- Clinical requests for security assistance and patient observation.
- Patient escorting, missing-patient responses and clinically authorised restraint support.
- Searches, seizure of dangerous items and removal from Trust premises.
- Managing violence, disorder and enforcement of Trust policies.
- Other operational activities involving foreseeable coercive intervention.

Fundamental principles

- Clinical leadership and defined professional boundaries.
- Identifiable lawful authority for interventions.
- Necessary, reasonable and proportionate use of force.
- Least restrictive practicable options and ongoing risk assessment.

The complete system contains detailed requirements for applying these principles to specific operational activities.

3. How the system fits together

Governance framework

The overarching HSOMS defines operational responsibilities, command and control, deployment requirements, safety constraints, governance, audit and continuous improvement.

Ten Operational Safety Rules

A common set of rules establishes the baseline expectations applying across operational deployments. Their headings are shown on the next page; the operative requirements are reserved for the licensed system.

Fifteen Standard Operating Procedures

Activity-specific SOPs translate the overarching framework into defined operational arrangements for foreseeable higher-risk tasks. The full index is included on page 6.

Assurance and review

The HSOMS provides for compliance audit, incident learning, review of operational arrangements and incorporation of improvements into procedures and practice.



4. Ten Operational Safety Rules

The full HSOMS sets out the requirements underpinning each rule. (This commercial overview provides the headings only.)

- **Rule #1:** Compliance with the HSOMS and Standard Operating Procedures
- **Rule #2:** Working Within Competence
- **Rule #3:** Clinical-to-Security Briefing
- **Rule #4:** Operational Capability
- **Rule #5:** Safe Staffing
- **Rule #6:** Physical Restraint
- **Rule #7:** Continuous Risk Assessment
- **Rule #8:** Body Worn Video
- **Rule #9:** Reporting of Physical Force
- **Rule #10:** Post-Incident Debrief.

5. Standard Operating Procedure library

A Operational Deployment

001 Violence Risk Evaluation on Presentation
002 Emergency Department Security Patrols
003 Patient Observation
004 Patient Escorting
005 Supervised Smoking Breaks

B Operational Powers

006 Patient Searches
007 Visitor Searches
008 Staff & Contractor Searches
009 Seizure of Property
010 Removal from Trust Premises
011 Enforcement of NHS Trust Policies

C Incident Management

012 Missing Patients
013 Preservation of Evidence and Crime Scenes
014 Operational Use of Body Worn Video

D Clinical Support Operations

015 Clinical Restraint Support

6. SOP Structure

Each SOP is designed around a consistent structure so that operational requirements can be located, understood and reviewed.

- Purpose and scope
- Definitions and responsibilities
- Preconditions and minimum staffing requirements
- Required equipment, where applicable
- Operational procedure and escalation arrangements
- Post-incident actions and documentation requirements.

Example: SOP 001 – Violence Risk Evaluation on Presentation

Standard Operating Procedure 001 - Violence Risk Evaluation on Presentation addresses the identification of foreseeable violence risks when patients present for assessment or care, and the need to establish appropriate clinical and operational arrangements before security support is undertaken.

Its scope includes arrivals by ambulance, police, prison and probation services, transfers from other healthcare providers and self-presentation.

7. Governance and Operational Assurance

The HSOMS is designed to support organisational oversight of higher-risk healthcare security operations through defined procedures, training and competence arrangements, incident reporting and structured review.

Governance

- Maintenance of suitable operational policies and approved SOPs.
- Appropriate training, assessment and periodic reassessment of competence.
- Investigation of incidents and incorporation of lessons learned.

Audit

The complete system envisages regular review of compliance, staffing, training records, use-of-force reporting, patient safety incidents, governance deficiencies and corrective actions.

Continuous improvement

Annual review is envisaged, together with additional review following serious incidents, significant changes in law or guidance, changes in operational practice or emerging risks.

8. Next steps

If you'd like to find out more about the HSOMS and its suitability for your organisation's operational environment, please get in touch.



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