

Practice and personal security

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Under the Health and Safety at Work, practice owners have to ensure the safety of staff and other using the premises. This duty to provide a safe environment extends to the actual security of the workplace premises and includes protection from break ins, intruders, assault, abuse or theft.

The practice policy should clearly set out the approach to security - staff must read it, follow the clear procedures set out within and know what to do when such breach happens. Employees and other people working at the practice must familiarise themselves with the procedures, raise any concerns and report any untoward incidents.

The practice will also carry out physical security risk assessments and risk assessments relating to staff, including lone working.

Building issues

Since COVID-19, burglars have changed their methods and now attempt burglaries where occupation is not a constraint, for example... non-residential burglary (UCL – Jill Dando Institute). While most premises cannot be made 100% secure, effective physical security will deter most intruders.

People working and attending practices should be able to go about their business, so reasonable levels of security must be balanced against the need to keep the practice welcoming and user-friendly. Practices should establish an environment where staff are aware of security issues and take sensible measures to protect against them.

Physical security barriers need to be sufficiently difficult and time-consuming for an intruder to overcome and include security lighting, fences, walls, gates, windows and doors. Other deterrents include burglar alarms – the advertising of which often acts as a deterrent in itself - and CCTV, although there are strict rules governing its use.

The practice should regularly risk-assess all security issues including:

- **Lighting and visual access** – staff and patients should access the practice in relative comfort and security – as such, inadequate lighting levels creating dark, ill-lit areas and isolated walkways should be avoided
- **Building upkeep** – many burglaries involve no forced entry, with intruders entering through unsecured windows and doors, with ground floor ones at the rear of premises being the most vulnerable. In addition, fences and walls should be checked for damage and weaknesses
- **Outbuildings** – sheds and garages are often targeted, as they frequently contain potentially valuable items. The CQC often details insecure premises which are used for patient record or clinical waste storage.

However, security is not just about keeping intruders out; security must also be maintained inside the practice to protect information, medicines, equipment and other valuables:

- **Information** – personal and patient dental/medical records should be filed in lockable cabinets or in secure areas
- **Medicines** – drugs should not be left in surgeries, with prescription pads being locked away when not in use
- **Equipment** – expensive items should be locked away in cupboards or sited in lockable rooms, with PCs secured to walls/desks
- **Valuables** – staff should be responsible for their own and should be asked not to bring large amounts of money/other valuables to work.

People

Violence to staff is connected with ‘attempting to detain thieves, robbery, disputes over goods/queues, and drug use by customers’ and dental practices can suffer similar issues; in practices, staff security matters may arise from threats and aggression by patients or their families.

The three main types of aggression are:

- **Verbal** – be aware of tone and pitch and try to speak calmly, slowly and clearly

→ **Non-verbal signals** – be aware of body language and never invade someone’s personal space nor touch someone who is angry

→ **Physical attack** – move away to an area where there are other people and, if this is not possible, shout, scream and use alarms.

A practice could provide training on skills needed and the Suzy Lamplugh Trust provides useful guidance on avoiding dangerous situations and handling aggression in the workplace.

In addition, there will be occasions when members of the dental team will be required to work by themselves and, where this is unavoidable, the practice must assess the lone worker’s environment to reduce, as far as is reasonably practicable, any risks. In addition, it must be remembered that “lone workers” include those working at their main place of work where they are the only person is working on the premises; where they work separately from others, for example, in different locations; and where they work outside normal hours, for example, cleaning staff.

When these situations arise, personal security should be observed in the first instance – doors and windows should be closed and secured as appropriate, to restrict access into the practice.

For cleaning and reception staff, the practice must provide training on the potential hazards within the practice, for example contaminated dental instruments, equipment and hazardous waste and must display the associated cautionary information where relevant.

However, should an emergency situation arise – for example, violence from a patient, an attempted break-in, or a fire occurs, the member of staff should feel empowered to summon the relevant emergency services.

All staff members must always report any incidents and near-misses, including incidents where they felt threatened, to the practice manager to be investigated further and provide future learning. ♦

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