

Reference Number: UHB 526 Version Number: 1	Date of Next Review: 27.10.2025 Previous Trust/LHB Reference Number:
Control of Ignition Sources in Hafan y Coed Procedure	
Introduction and Aim	
<p>It is essential to minimise the risk of fire within the mental health inpatient areas, reducing the harm to staff, patients and the environment. To achieve this, a strict control of ignition sources and managed smoking areas are implemented.</p> <p>The Mental Health Clinical Board inpatient units allow service users to smoke in designated areas in ward gardens/courtyards. This is an exemption included in the Smoke-free Premises etc. (Wales) Regulations 2007 issued under the authority of the Health Act 2006 and is written into the Health Board Smoke Free Environment Policy.</p> <p>The purpose of the procedure is to provide guidance on the management of ignition sources in the inpatient environment at Hafan y Coed, ensuring safety of service users, staff and the public.</p>	
Objectives	
<p>The objective Control of Ignition Sources in Hafan y Coed Procedure provides a clear framework which will;</p> <ul style="list-style-type: none"> • Provide guidance on the management of ignition sources in the inpatient environment in Hafan y Coed. • Effectively and actively monitor ignition sources that are brought in to the building by service users. • Provide a safe environment by safely managing ignition sources whilst at the same time upholding individuals' human rights. • Reduce the likelihood of accidental or deliberate fire setting. 	
Scope	
<p>This procedure applies to all staff in Hafan y Coed including those with honorary contracts.</p>	
Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has not been completed. This procedure has been written to support the Health and Safety Policy and Fire Safety Policy.
Documents to read alongside this Procedure	No Smoking and Smoke Free Environment Policy Search of Patients Policy
Approved by	Mental Health Clinical Board Controlled Document Oversight Group 27.10.23

Document: Control of Ignition Sources in Hafan y Coed Procedure	2 of 8	Approval Date: 27.10.2023
Reference Number: TBC		Next Review Date: 27.10.2025
Version Number: 1		Date of Publication: 19.04.2024
Approved By: Mental Health Clinical Board		

Accountable Executive or Clinical Board Director	Director of Operations for Mental Health Services
Author(s)	<i>Fire Safety Officer Service Manager, Inpatients and Rehabilitation</i>
<u>Disclaimer</u>	
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <u>Governance Directorate</u>.	

Page Break

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	27.10.2023	19.04.2024	<i>New Document</i>

Document: Control of Ignition Sources in Hafan y Coed Procedure	3 of 8	Approval Date: 27.10.2023
Reference Number: TBC		Next Review Date: 27.10.2025
Version Number: 1		Date of Publication: 19.04.2024
Approved By: Mental Health Clinical Board		

Contents

1	INTRODUCTION	4
2	DEFINITION	4
3	AIMS	4
4	GOVERNANCE	4
5	SCANNERS	5
6	PROCESS	6
7	SEARCH OF PATIENTS PERSON AND BELONGINGS	6
8	RESTRICTION OF IGNITION SOURCES	7
9	VISITING INPATIENT WARDS	8
10	TRAINING	8

Document: Control of Ignition Sources in Hafan y Coed Procedure	4 of 8	Approval Date: 27.10.2023
Reference Number: TBC		Next Review Date: 27.10.2025
Version Number: 1		Date of Publication: 19.04.2024
Approved By: Mental Health Clinical Board		

CONTROL OF IGNITION SOURCES HAFAN Y COED PROCEDURE

1. INTRODUCTION

In 2007 the Smoke-free Premises etc. (Wales) Regulations 2007, issued under the Health Act 2006, came into effect and banned smoking in public places, including workplaces. On 1 March 2021 the Smoke-free Premises and Vehicles (Wales) Regulations 2020 came into force extending the smoke-free requirements to more places and settings in Wales. The additional changes mean that hospital grounds are required to be smoke-free. The legislation only covers smoking tobacco - cigarettes, pipes, cigars, herbal cigarettes and waterpipes (often known as hookah or shisha pipes) etc. It does not include e-cigarettes.

The legislation requires all Mental Health Units in Wales to be smoke-free from September 2022. Mental Health Services in Cardiff & Vale University Health Board (CVUHB) did not provide any indoor designated smoking rooms when services were moved from Whitchurch Hospital to the Llandough site. Designated areas for smoking within garden spaces have been provided for inpatients but it was the intention for these to be removed in a phased manner resulting in CAVUHB mental health units becoming entirely smoke-free on 01 December 2023.

2. DEFINITION

1.1 The Mental Health Act 1983 (MHA(1983)) is the legislation governing the formal detention and care of mentally disordered people in hospital.

1.2 The service user's property is any possession that they bring into hospital with them and items subsequently acquired. The term "service user's person" refers to their currently worn clothing and body.

3. AIMS

- To reduce risk to life – patients, staff & visitors
- To reduce the incidence of fire
- To reduce the impact on service delivery disruption from fire.
- To reduce the incidence of smoking related incidents by restricting access to ignition sources.

4. GOVERNANCE

4.1 The MHA (1983) Code of Practice for Wales 2016 (revised) advocates no blanket restrictions and that the least restrictive option is always followed.

4.2 The Human Rights Act (1998) protects an individual's rights as a citizen of the UK. Article 8 protects the right of respect for private and family life, home and correspondence. The right to private life embraces personal

Document: Control of Ignition Sources in Hafan y Coed Procedure	5 of 8	Approval Date: 27.10.2023
Reference Number: TBC		Next Review Date: 27.10.2025
Version Number: 1		Date of Publication: 19.04.2024
Approved By: Mental Health Clinical Board		

autonomy, the right to make choices regarding one's own life without interference.

- 4.3** The Health Board recognises the need to balance the privacy, dignity and safety of patients it provides care for whilst at the same time upholding their fundamental human rights. This procedure aims to provide a safe environment by safely managing ignition sources whilst at the same time upholding patients' human rights. This means striking a balance between respecting service users' right to privacy and family life under Article 8 of the European Convention on Human Rights (ECHR) and ensuring the Health Board maintains a safe environment by protecting everyone's right to life under Article 2 of the ECHR. This procedure will be operated in a non-discriminatory manner in compliance with Article 14 of the ECHR which prohibits discrimination ensuring that other Articles of ECHR are applied regardless of sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. During the operation of this procedure where concerns for the safety of an individual or others require an individual's rights or privacy to be curtailed this should be proportionate to the degree of risk assessed, for as short a period as is possible and should be undertaken in such a way that the service user's dignity is maintained.

5. SCANNERS

Scanners have been installed across the unit in order to detect contraband being brought into the ward areas or the Emergency Assessment Suite (EAS). The devices are currently located in the airlocks of:

- EAS
- Alder
- Beech
- Cedar
- Hazel
- Maple
- Oak
- Willow

The device is located in the car park entrance of the EAS. When entering the EAS staff are encouraged to use the car park entrance to ensure that the person goes through the scanner before entering the unit.

If the entrance off the corridor to EAS is being used the person is to be escorted through the unit to the scanning device before being taken to the waiting area/interview room.

Document: Control of Ignition Sources in Hafan y Coed Procedure	6 of 8	Approval Date: 27.10.2023
Reference Number: TBC		Next Review Date: 27.10.2025
Version Number: 1		Date of Publication: 19.04.2024
Approved By: Mental Health Clinical Board		

When using the secure enclosed entrance at the rear of Maple Ward the patient is required to go use the scanning device in the airlock. If the patient is not willing to engage in this process they are to be taken to the High Care Room for the appropriate search to be carried out in accordance with the Search of Patients Persons and Belongings Policy.

In order to mitigate the risk of contraband being bought into Hafan Y Coed for those who enter the building via the main entrance. The Shift Coordinator (Self-presenters) or the Crisis Team (crisis team assessments) must be notified upon arrival and will be required to escort the person to EAS in order to use the scanner before being shown to the waiting area.

6. PROCESS

- A poster will be displayed prominently by every inpatient facility advising patients, service users and visitors that lighters / matches etc. are not permitted on the ward to maintain the safety and security of those on the ward and the service provided.
- All patients and service users will be asked to hand in their lighters / matches etc. upon admission. These items must be stored securely and returned when the patients or service user has leave / is discharged from the ward.
- The Scanner should be used on entry to the mental health ward to detect any hidden contraband.
- Patients/Service users will be asked upon return to the ward to hand in any ignition sources.
- Visitors will be reminded of the risks of supplying lighters to patients/service users where this is known. They are to be asked to take the items away.
- Patients/Service users found smoking in any area may be liable to prosecution.
- Patients/Service users who are known to smoke, but who decline to hand in an ignition source should be escalated to the ward management and for the ward management/service leads to address in the best interest of the safety of all the users within the area, as with any other risk that may be identified.
- Where ignition sources are found within a patient or service users bedrooms/wards they must be removed for safe keeping.

7. SEARCH OF PATIENTS PERSON AND BELONGINGS

The searching of an individual patient or patient's property is a delicate procedure and should be managed with the utmost integrity and highest professional standards. It

Document: Control of Ignition Sources in Hafan y Coed Procedure	7 of 8	Approval Date: 27.10.2023
Reference Number: TBC		Next Review Date: 27.10.2025
Version Number: 1		Date of Publication: 19.04.2024
Approved By: Mental Health Clinical Board		

must be emphasised that it is a potentially provocative procedure and might be construed as degrading by the individual.

Reference should be made to the Search of Patients Person and Belongings Policy and Procedure which outlines the steps that should be taken to facilitate the greatest practicable attention being paid to the dignity and welfare of patients at all times.

8. RESTRICTION OF IGNITION SOURCES

- 8.1** Ignition sources are prohibited in the mental health and learning disabilities inpatient services. Staff have a duty to provide a safe environment. Patients are requested on admission to hand in lighters, matches or any other form of ignition sources whilst they are on an inpatient unit. These items are stored safely and returned when the patient is discharged or when they go on leave.
- 8.2** Staff assess the patient's level of risk through an individual risk assessment, taking into consideration risk factors i.e. history of fire setting or smoking in prohibited areas. Staff should consider the imminence of the risk and ensure action taken is proportionate to the level of risk posed. For example, conduct a person search or increase observations of a patient to reduce risk if this is deemed necessary to maintain a safe environment.
- 8.3** Staff are not to carry their own personal lighters whilst they are on duty and are asked to keep them in a secure place.
- 8.4** Staff are to store ignition sources found or seen within the units and place them in a secure location. The reasons for this action should be explained to the patient and/or carers/relatives.
- 8.5** Patient ignition sources (including vapes) are to be managed by the nursing team and are to be stored in the designated safe place on each ward. The nursing staff are to ensure that these items are labelled with the patient details. If appropriate, nursing staff will hand ignition sources out to the patient upon leaving the ward but must ensure that these items are retrieved upon return.
- 8.6** On admission to the inpatient unit, staff should:
- Identify patients who smoke
 - Inform patients of the No-Smoking policy
 - Offer and provide NRT to support patients to abstain from tobacco during their stay
 - Refer to smoking cessation support during their inpatient stay (if appropriate)

Document: Control of Ignition Sources in Hafan y Coed Procedure	8 of 8	Approval Date: 27.10.2023
Reference Number: TBC		Next Review Date: 27.10.2025
Version Number: 1		Date of Publication: 19.04.2024
Approved By: Mental Health Clinical Board		

- Refer to smoking cessation support in the community on discharge (if appropriate)

9. VISITING INPATIENT WARDS

- 9.1** Each ward has a designated visiting area for family and friends to visit, which is not always staffed. If there is a suspicion that a visitor is bringing in ignition sources then staff may ask the visitor to go through the scanner. It is important to note that UHB staff do not have authority to conduct a search on a visitor. However, it is likely that they will be refused entry if they do not go through the scanning device. Staff may need to consider supervised access at future visits or refuse a visit if the risk is significant.
- 9.2** If a visitor is refused entry, a DATIX must be completed, the senior member of staff on duty informed and the incident recorded in the patient's case notes.

10. TRAINING

All staff required to use the scanning devices must have received the relevant training. It is the responsibility of the Ward Manager to ensure this training has been undertaken and to ensure training records are retained and monitored.