Anti-Barricade Devices: risk of ineffectivity in certain circumstances

Summary

Anti-barricade devices may have been fitted to doors to manage the risk of barricade situations occurring. Some of these devices may be rendered ineffective in certain circumstances. This increases the risk of avoidable harm and self harm until the room can be accessed.

Anti-barricade devices include mechanical fittings such as latches, hinges and special locks used to prevent doors being used as barricades. Violence and aggression risk controls should work together with all other key performance needs, e.g. therapeutic, fire, privacy, equality, infection control.

Action

1) Bring this alert to the attention of all appropriate managers, staff and specialist advisors (refer to suggested distribution, page 3).

2) Identify rooms where aggressive situations are likely to occur and review the effectiveness of existing anti-barricade protection, e.g. mechanical fittings including latches, hinges, and special locks which are used to prevent doors being used as barricades. Evaluation criteria for anti-barricade devices should include tamper resistance.

3) Where anti-barricade devices are found to be missing or ineffective:
   a) Carry out a collaborative multi-disciplinary risk assessment in-situ at department level.
   b) Identify and implement suitable mitigation measures, e.g. alternative means of gaining access to the identified rooms.
   c) Ensure violence and aggression risks work together with all other key performance needs, e.g. therapeutic, fire, privacy, equality, infection control. If any compromises are necessary, these and their mitigations should be recorded by the multi-disciplinary group.
   d) Test a range of likely circumstances in-situ.

4) Arrange a schedule of periodic collaborative multi-disciplinary reviews of procedures, devices and environments for managing risk. Identify and implement suitable risk assessment and risk management plans for individual patients and ensure that they are treated in the most appropriate environment. Include the suitability of existing mitigation measures, e.g. anti-barricade devices, taking account of any changes to safe systems of working as well as to each space’s purpose or layout.
5) Collaborative multi-disciplinary reviews should also be carried out if there is a significant change, e.g. clinical or service modifications, physical alterations, refurbishment and maintenance activities.

6) Schedule and carry out routine testing and maintenance in accordance with manufacturer’s instructions.

**Action by**
- Estates/Facilities
- Health & Safety
- Risk Management

**Deadlines for action**
- Actions underway: 11 September 2017
- Actions complete: 19 February 2018

**Problem / background**

There are some environments in which staff are more likely to be exposed to violence and aggression. A risk assessment would normally include identifying rooms in which an aggressor might use furniture or their body weight to barricade the door.

Anti-barricade devices can be used to mitigate these situations. There are a number of different designs which work in different ways. New retrofit systems are also becoming available and they may offer a better level of protection when compared with existing devices.

An incident occurred in a hospital ward in which an aggressor attacked a member of staff and barricaded the door by pushing against it. This prevented colleagues from accessing the room when the emergency attack alarm was activated to assist.

The 2-way swing door was fitted with an anti-barricade device. The device functions by allowing a door stop (Figure 1) to be pushed-in, allowing the door to open outwards so that staff can access the room. The device relies on low friction between the surfaces to function correctly.

It is believed the force exerted by the aggressor caused sufficient friction to prevent the stop sliding. Contributory factors may have included over painting of the door frame, and components of the anti-barricade mechanism may have rotated slightly and jammed in the housing. As a result, the aggressor was able to maintain the barricade for around three minutes, during which the attack continued. Staff were able to gain access eventually but the delay meant that the staff member sustained injuries that may have been avoided.

There are many different designs of anti-barricade devices which are commercially available including latches, hinges and special locks.

**Suggested distribution**

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Enquiries

This alert has been compiled under a partnership arrangement by the organisations below and it has been distributed across the UK. Enquiries should be directed to the appropriate Regional Office quoting the alert reference number.

England

Enquiries should quote reference number EFA/2017/002 and be addressed to:- nhsi.mb-defectsandfailures@nhs.net

Reporting adverse incidents in England
Defects or failures should be reported on this system: http://efm.hscic.gov.uk/

The web-based D&F reporting system is managed by the NHS and Social Care Information Centre on behalf of the Department of Health. For further information on this system, including obtaining login details, please contact the efm-information Helpdesk. Tel 0300 303 5678.

Northern Ireland

Enquiries and adverse incident reports in Northern Ireland should be addressed to:

Northern Ireland Adverse Incident Centre, CMO Group, Department of Health, Social Services and Public Safety
Tel: 028 9052 3868 Email: niaic@health-ni.gov.uk
http://www.health-ni.gov.uk/niaic

Reporting adverse incidents in Northern Ireland
Please report directly to NIAIC using the forms on our website.

Scotland

Enquiries and adverse incident reports in Scotland should be addressed to:

Incident Reporting and Investigation Centre (IRIC)
Health Facilities Scotland, NHS National Services Scotland
Tel: 0131 275 7575 E-mail: nss.iric@nhs.net

Reporting adverse incidents in Scotland
Use our online report form or download the PDF form
Independent facilities providing private care should report to the Care Inspectorate.

Wales

Enquiries and adverse incident reports in Wales should be addressed to:

Simon Russell, Principal Engineer, NHS Wales Shared Services Partnership – Specialist Estates Services, 4th Floor, Companies House, Crown Way, Cardiff CF14 3UB
Tel: 029 2090 4100 E-mail: Simon.Russell@Wales.nhs.uk

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