**Canberra Health Services**

**Procedure**

**Occupational Violence (OV)**

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| Purpose |

The purpose of this procedure is to provide Canberra Health Services (CHS) staff, students, volunteers and contractors with clear direction on Occupational Violence (OV) prevention and management including:

* Governance structure for the management of OV
* Strategies for the prevention of OV in the workplace
* Response to actual or potential high-risk OV
* OV training requirements for staff
* Reporting and investigation of OV incidents
* Support for staff following an OV incident
* Staff and Consumer awareness

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| Scope |

This procedure applies to CHS staff, patients, contractors, visitors and others (e.g. volunteers, students on clinical placement at CHS). All staff have a responsibility to be compliant with this procedure and the associated OV Policy.

For the purposes of this procedure:

* patient means ‘patient, client, consumer, person’.

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| Section 1 – Governance |

1. **Organisational Commitment**

CHS is committed to the prevention and management of OV. The CHS Chief Executive Officer (CEO), Executive and Management demonstrates this commitment to preventing and managing OV by remaining aware of OV risks within their area of control and taking action to minimise those risks.

1. **CHS Peak Work Health and Safety (WHS) Committee**

The CHS Peak WHS Committee provides oversight in the prevention and management of OV Functions of the CHS Peak WHS Committee include:

* Monitoring the implementation of the CHS OV Strategy 2020-2022
* Reviewing statistical reports of OV incidents, training and emergency response
* Developing strategies to improve prevention and management of OV in consultation with executive, management, staff, patients, carers and other stakeholders
* Ensuring alignment with Whole of Government OV procedures and initiatives

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| Section 2 – OV Strategy |

The *CHS OV Strategy* *2020-2022* describes the strategic goals, outcomes and key actions relevant to the prevention and management of OV across the following eight domains.

1. Governance
2. Prevention
3. Training
4. Response
5. Reporting
6. Support
7. Investigation
8. Staff/Consumer awareness.

The development of the CHS OV Strategy followed extensive consultation with internal and external stakeholders, including frontline staff (medical, nursing, midwifery, allied health, support and administrative staff), Health and Safety Representatives (HSRs), unions and consumer/carer advocacy groups.

Progress on the implementation of the OV Strategy is regularly reviewed by the CHS Peak WHS Committee with updates provided to the CHS executive. The CHS Peak WHS Committee will ensure that a review of the OV Strategy occurs every three years and involves consultation with internal and external stakeholders.

The OV Strategy is available on the HealthHub - [Occupational Violence | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Occupational-violence%282%29.aspx)

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| Section 3 – OV Prevention and Management  |

CHS aims to prevent and minimise OV by adopting a risk based and multifaceted approach. Key goals in OV prevention and management are to ensure that:

* OV risks are identified, assessed and managed with the aim to eliminate (where possible) and minimise OV risks
* There are effective tools and strategies available to management and staff to assist in OV prevention and management
* Consultation and communication occurs with managers, staff and HSRs when implementing OV prevention and management strategies and tools, at the local level. These staff have a direct understanding of their work environment and are the mostly likely to be exposed to OV.

In this section a variety of tools, strategies and information is provided to assist in OV prevention and management.

1. **Work Unit Level - OV Risk Assessment**

**Occupational Violence Risk Assessment Tool (OVRAT)**

The OVRAT is used at a work unit level to systematically identify and manage OV risks and hazards using key criteria including:

|  |  |
| --- | --- |
| * Identification of OV risks
 | * Security systems and processes
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| * Building design and facilities
 | * Environment
 |
| * Response to an OV incident
 | * Training completion and availability
 |
| * Reporting processes
 | * Support to staff postOV incidents and
 |
| * Incident Investigation
 | * Staff/Consumer Awareness.
 |

The OVRAT must be completed for all CHS work areas that have patient contact including face to face, including telehealth/video conference and/or over the phone. This also includes relatives and visitors.

The frequency of completing an OVRAT for a work area is detailed in Table 1 based on the level of risk identified in the:

* First ever OVRAT of the work area - the level of risk identified in the first ever OVRAT e.g. and existing work area never assessed before or a new work area

OR

* Most recent OVRAT – the level of risk identified in a future risk assessments following the first ever OVRAT for the work area.

Table 1: OVRAT Frequency

|  |  |
| --- | --- |
| **Risk level** | **Timeframe** |
| Lower risk | Every 3 years |
| Medium risk | Every 2 years |
| Higher risk | Annually |

Please note - the frequency of completing an OVRAT in Table 1 is the minimum timeframe. It is recommended to complete an OVRAT more frequently if required e.g. an increase in reported incidents of OV, changes to the work environment, moving to a new location, new services added to the work area, requested by staff or a HSR, etc.

The completion of the OVRAT, including the implementation of the action plan developed, is to occur as follows:

* The Work Health Safety (WHS) team will lead the development of the initial OVRAT for each work area where an OVRAT is not already in place
* Development and finalisation of all OVRATs is to occur through consultation with local management, HSRs and staff
* When an OVRAT is finalised, the work area Manager is responsible for ensuring that all actions detailed in the action plan are implemented in a timely manner
* The OVRAT is to be tabled at the Divisional WHS Committee where the implementation of the action plan is to be monitored until actions are completed
* As per table 1 above, the completion of future OVRATs are the responsibility of and are to be led by the work area manager and the WHS team will provide support upon request

The OVRAT form (WHSF.55) is available on the HealthHub at the following location:

[OVRAT | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Occupational-violence%282%29.aspx)

Note: The OVRAT includes a comprehensive list of risk factors that can be used for risk assessments and other WHS activities such as incident investigation and building design.

1. **Individual Patient OV Risk Assessment** (OV risk factors and indicators)

Clinical OV risk assessments for individual patients are used to identify, prevent and manage OV risks for that individual. Clinical OV risk assessments for individuals include static and dynamic risk assessments.

**Note**:

It is important to involve Aboriginal Liaison Officer (ALO) expertise early when considering tailored patient OV strategies (including the Tiered Behaviour Management Sanctions listed below and in Attachment 1) for Aboriginal and Torres Strait Islander people, to ensure planning and support is provided in a culturally safe manner.

* 1. **Static Risk Assessments**

Static risk assessments are used to identify OV risks using indicators specific to the patient that tend to not change over time, and that are important to consider at any time during contact with the client. Examples may include:

* History of OV incidents
* History of self-harm and/or harm to others
* Forensic history
* History of breaching court ordered treatment such as medication regime under a Psychiatric Treatment Order
* History of carrying weapons in a health facility
* History of having access to weapons in the home setting
* Current diagnosed conditions which affect mental function and can cause a greater potential for OV e.g. Dementia, drug dependence, delirium, head injury/trauma, cognitive impairment.

Staff who are caring for a patient should review patient information for static risk factors and indicators that may be available in the following sources:

* + Alerts Management System (AMS) – patient alerts on Clinical Portal including the following alert categories:
* Behaviour and safety alert, such as aggressive/violent behaviour or carries weapons
* Home environment alerts, such as two staff recommended
* Clinical alerts, such as management plan.

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| Note: It is important that the alerts on the patient profile in the Alert Management System are up to date and regularly reviewed to ensure the alerts reflect the patient’s current needs and care requirements. Alerts that are out of date but left active on the patient’s profile can affect the care delivered to the patient. To reduce the risk of this occurring the alerts on a patient profile should be reviewed at commencement, during and at the completion of patients episode of care. |

* Existing assessments and information - Admission paperwork, such as admission assessments, triage assessments, Pre Home Visit Risk Assessments, history component of HCR-20 (Historical Clinical Risk management – 20). A clinical tool used for forensic mental health populations.

To ensure effective static risk assessment for OV, staff must:

* Remain vigilant when reviewing patient information for static risk factors and indicators
* Pay particular attention to critical risk information indicating a higher risk of OV e.g. OV Alert for a patient on the AMS
* Ensure that static risk factors are recorded appropriately to alert other staff of potential OV risks e.g. enter relevant OV alerts on the AMS as soon as possible.

Staff should use this information to determine any appropriate risk mitigation measures to prevent and reduce the risk of OV. The staff member caring for the patient would implement relevant strategies, discuss further with the treating team or escalate the identified OV risk to a more senior staff member or manager for guidance and/or assistance.

* 1. **Dynamic Risk Assessments**

Dynamic risk assessments use certain patient behaviours to predict short-term risk of OV. Dynamic risk assessments are relevant to a period of time during care or treatment and are important to consider during contact with a client. Examples include:

* Observation and assessment of the individual for known indicators often associated with and occurring prior to an OV incident e.g. agitation, confusion, and/or threats to others
* The condition, stage of treatment or recovery of the individual and associated factors that may increase the likelihood or potential for OV e.g. acute intoxication, delirium related to medication, acute head injury, or waking from anaesthetic.

While there are many dynamic risk assessment tools, some common behaviours of concern used to identify risk of OV include agitation, confusion and verbal or physical threats. Investigation and management of underlying causes of the behaviour are required to effectively prevent an OV incident. This includes addressing patient needs such as pain control, untreated psychiatric symptoms or delirium, social stressors, anxiety, and basic needs such as toileting. Tools used across CHS include the following:

Table 2: Dynamic Risk Assessment tools used in CHS

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| **CHS location** | **Tool** |
| Emergency Department | Broset Violence Checklist |
| Intensive Care Unit | Richmond Agitation Sedation Scale |
| Geriatrics (11A/B) | Geriatrics Agitation Scale |
| Adult Mental Health (12B) | Broset Violence Checklist |
| Adult Mental Health Unit | Broset Violence Checklist |
| Mental Health Short Stay Unit | Broset Violence Checklist |
| Dhulwa Mental Health Unit | Dynamic Appraisal of Situational Awareness: Inpatient Version (DASA-IV) |
| Neurosurgery (9B) | Broset Violence Checklist (incorporated into the BoC chart) |
| Adolescent Ward | Paediatric Behavioural Assessment, Observation and Management chart |
| General Medicine (7A/6A)\* | Broset Violence Checklist (incorporated into the Behaviours of Concern (BoC) chart) |
| University of Canberra Hospital\* | Broset Violence Checklist (incorporated into the BoC chart) |

\*These locations are currently implementing the BoC chart with finalisation of implementation expected to be completed by June 2022.

There are multiple tools which assess risk in other aspects and are used for targeted patient cohorts. Examples include but are not limited to:

* Comprehensive Care Planning Assessment and Risk Screening tool
* History Clinical and Risk management – 20 (HCR-20)
* Clinical Risk Assessment and Management
* Brief Risk Assessment
* 4AT Assessment for Delirium and Cognitive Impairment
* Abbreviated Mental Test and Delirium Screen
* Home Visit Pre-Assessment
* Referral and Consent for Treatment – Hospital in the Home
* Hospital in the Home Checklist
1. **Individual Patient - OV Plan and Risk Controls**

Individual Patient OV plans and risk controls are to be developed in partnership with the patient, their carer, nominated person or other relevant family members where appropriate.

Partnering with the patient and others will assist in gathering adequate information to best support the patient’s needs, prevent episodes of OV and to effectively intervene with least restrictive methods.

Examples of Individual Patient OV plans and risk controls include:

1. **Behaviours of Concern (BoC) Safety Management Plan** - can be utilised to document a plan for:
* Prevention and management of identified OV risks from an individual patient consumer
* Sharing information around a patient’s known triggers/drivers, communication strategies, signs of escalating behaviour, de-escalation/early intervention plan and planned response/Code Black
* The Behaviour Chart – Geriatric form can be used to document triggers and strategies for geriatric patients.
* In a mental health setting patients may have an Advance Agreement in place that details a patients preference for future mental health treatment, care and support. This agreement may include information for strategies to manage signs of escalating behaviour
1. **Procedures relating to behaviours of concern –** can be implemented to address specific conditions or behaviours that increase the risk of OV e.g. delirium, dementia and cognitive impairment, mental illness, alcohol, nicotine and/or drug withdrawal, chronic pain management, neurological conditions, family violence, etc. Examples include**:**
* Management strategies for patients with behavioural disturbance associated with acute delirium and/or dementia such as music therapy, exercise, etc
* Short term medical management of acute behavioural disturbance e.g. use of low stimulus environments such as de-escalation spaces or seclusion rooms, sedation protocols, etc
* Working with patients who present with drug and/or alcohol intoxication such as alcohol withdrawal management in conjunction with groups, mindfulness, cooking, etc
* Management of patients with acute or chronic mental health conditions such as group therapy, sensory modulation, exercise, cooking and art therapy.
1. **Other Initiatives**

CHS will consider trials and implementation of initiatives that will prevent and minimise OV subject to consideration to operational arrangements and funding available.

An example is Safewards which has been implemented in the CHS General Medicine ward (7B) and the Adult Mental Health Unit (AMHU).

Safewards is aimed to limit the occurrence and impacts of Occupational Violence (OV), as well as broader culture change strategies that seek to ingrain respect, inclusion and collaboration.

The Safewards interventions when implemented together have proven to reduce conflict and containment incidents from occurring, these interventions include:

* ‘Know Each Other’- Patients and staff share some non-sensitive information with each other which assists to build rapport, respect and common humanity
* ‘Clear Mutual Expectations’- Patients and staff work out mutually agreed aspirations that apply to both groups equally to counteract some power imbalances
* ‘Positive Words’- Staff use positive objective language in clinical handover by using psychological explanations for challenging behaviours, to increase positive appreciation and helpful information about working with patients
* ‘Reassurance’- Staff debrief every patient every time after a conflict on the ward, used to increase patients sense of safety and further reduce conflict
* ‘Bad News Mitigation’- Staff understand, plan for & mitigate the effects of bad news received by patients which reduces the likelihood of conflict
* ‘Soft Words’- Staff rethink limits on patients, by reducing limits and/or increase options and respect in limit setting, promotes respect, choice and dignity
* ‘Calming Methods’- Staff use patients own strengths and coping strategies, or explore new ones, before using medication, which strengthens patient coping, skills and resources
* ‘Talk Through’- Staff use consistent de-escalation process emphasising self-control, respect and empathy, with a focus on clarifying issues and finding resolution together. This promotes respect and mutually positive outcomes
* ‘Discharge Messages’- Patients leave messages of hope for other patients which strengthens patient community and hope
* ‘Mutual Help Meeting’ Patients offer and receive mutual help and support in a group environment which strengthens patient community and coping.

Safewards interventions adapted for use in non-mental health settings e.g. Emergency Departments and General Medicine include:

* ‘Smart and Tidy’- Staff and patients maintain a clean and tidy ward, which sends an important message about the efficiency and effectiveness of the staff and patients who share this space.
* ‘Senior Safety Round’ – Senior Staff regularly ‘round’ on every patient, every day, ascertaining patients sense of safety and satisfaction of their inpatient experience which presents as a useful opportunity to assess patients health and wellbeing.

Information regarding Safewards can be found on the ACT Health intranet at the following location: [Safewards | ACT Health Intranet](https://health.act.gov.au/safewards).

1. **Recording and Communicating OV risks to other staff**

OV risk is critical information to handover and privacy concerns should not prevent appropriate communication of risk to other CHS staff or external organisations.

* During shifts - information on OV risks must be communicated as it arises, including any strategies to address the risk. For example:
* Verbally reporting to other staff detailing OV concerns e.g. identified escalation or precursors to escalation or Static risks e.g. previous history of violence in a healthcare setting
* In OV risk assessment tools (e.g. Broset Violence Checklist)
* In clinical notes e.g. parents unable to visit and patient becomes angry.
* During clinical handover - OV risk is to be highlighted in the relevant sections of ISBAR (Introduction, Situation, Background, Assessment and Recommendations) such as:
* Static risks in ‘Background’ e.g. previous history of violence in a healthcare setting
* Details of an OV incident on the previous shift under ‘Situation’ and
* Control measures that are being recommended to address the risk in ‘Recommendations’ e.g. two staff attend, discussions regarding medication to occur with Doctor if possible (as patient becomes angry).
* Transfer of Care - when a patient is transferred or discharged to another organisation, OV risk and management plans must be communicated.
* A Memorandum of Understanidng (MOU) exists between some services such as between ACT Policing, ACT Ambulance Service, Calvary and CHS. Examples of when this occurs includes between CHS and:
* Correctional facilities such as the Alexander Maconochie Centre (AMC)
* Aged Care Facilities
* ACT Policing
* ACT Ambulance Service
* Private health services
* Interstate health services
* Community Settings – when staff provide care for patients in a community setting such as a patient’s home. Examples include:
* Risk of OV is communicated to other community-based healthcare staff by completing the CHS Home visit pre-assessment form
* On discharge to a community based team, the treating team ensure risk is communicated within the referral and an alert is added to the AMS.
1. **Tiered Behaviour management sanctions (Written warnings and other measures)**

The use of behaviour management sanctions may be necessary when a patient or visitor is involved in significant, frequent or ongoing episodes of OV directed towards staff.

It is recommended to use the sanctions listed below in the order listed and only to move to the next level of sanction if the undesired behaviour/incidents continue. This is to give the person the opportunity to reflect and change their behaviour.

1. Verbal warnings
2. Written warnings
3. Alternative Treatment Arrangements
4. Conditional Agreement
5. Workplace Protection Order (WPO)
6. Withholding of treatment

A more serious sanction may be selected at an earlier stage depending on the incidents and the behaviour and impact on staff and patient safety. For example, some situations may require more limiting sanctions early such as a Workplace Protection Order due to the serious nature of the OV and impact e.g. a visitor who becomes extremely violent and/or significantly impacts staff/patient safety and operational service delivery.

Refer to Attachment 1 for details on each Behaviour Management Sanction, Attachment 2 for the Written Warning template and Attachment 3 for the Conditional Agreement template.

1. **Safety in design - Building and Facilities**

The application of safety in design principles in the building design phase is essential to identify and address OV risks, provides a higher level of risk control and reduces the potential for expensive fixes/modifications after build e.g. installation of dual egress in an interview room after the build.

CHS will ensure that OV risks are considered in the design of new buildings or refurbishment of its facilities with the goal to ensure that patients, visitors and staff feel safe and secure in CHS settings. This will be achieved by:

* Referring to and applying the Australasian Health Facility Guidelines
* Applying the principles of Crime Prevention Through Environmental Design (CPTED) to deter and reduce crime and enhances building security. The key principles are as follows:
	+ ‘Territorial reinforcement’ such as using clearly CHS branded wayfinding resources to define staff only access areas and public areas
	+ ‘Access Control’ such as defined boundaries between staff only and public areas (via the use of physical barriers, signage or markings) natural surveillance, clear line of sight, lighting, minimal hidden or screened areas
	+ ‘Maintenance’ such as well-maintained and visually appealing facilities, which sends a message that people notice and care about what happens in the area
* Ensuring that all relevant stakeholders are consulted regarding building design such as staff including HSRs theWHS team), consumers and carers, unions, etc
* Utilising gaps identified during an OVRAT for future builds or refurbishments
* Identifying safety in design specific OV risk controls may include but are not limited to:
	+ Clear line of sight to patients, staff and visitors. Where line of sight is obstructed utilise appropriate risk controls, e.g. dome mirrors or viewing panels in doors
	+ High visibility and controlled access to interview/treatment rooms
	+ Dual access/egress points for staff, visitors and patients in identified high risk areas
	+ Room layout that does not permit obstacles between staff and the door
	+ Furniture is arranged to avoid staff from becoming trapped or cornered
	+ Doors which are outward opening to avoid barricading
	+ Comfortable but minimal furniture
	+ Staff parking is within safe, designated areas and includes access control, traffic slowing measures, adequate lighting, CCTV and separate footpath/vehicle routes
	+ Furniture that cannot be thrown (e.g. fixed to the floor or weighted)
	+ Furniture that does not have sharp edges
	+ Reception areas are anti-jump and anti-vault and allow for natural surveillance, with open fields of view
	+ Use of safety/laminated glass in identified high risk areas
	+ Use of gun safe for the temporary storage of ACT Policing firearms
	+ Flush mounting of fixtures and fittings, including for wall-mounted or enclosed TVs
	+ Separate entries for staff where access to portable duress is available before entering the clinical area, in high-risk locations
	+ Accessible and secure locations for staff to retreat to in an emergency
	+ Security systems as listed in the section below.

**Note**: The above risk controls require examination and review in new building, refurbishment and renovation design.

1. **Security response and systems**

To apply safety in design principles effectively security response systems should be considered during the design phase and reviewed regularly to identify improvements. Examples of security systems that are effective in the prevention and management of OV include the following:

* Security audits and risk assessments that are conducted bi-annually, as per the ACT Government Protective Security Policy Framework
* Security arrangements are specifically tailored to the site and assessed OV risk
* Security Officers are part of the response team to incidents of OV and are essential staff in the prevention and management of OV
* Security-trained personnel are available to participate in incident investigation
* Comprehensive CCTV surveillance coverage of CHS sites
* Security-trained personnel conduct regular foot patrols through designated areas of the health service according to the assessed OV risk
* Access points to clinical and staff only areas are controlled via access control
* Security systems that can effectively differentiate between those who have authorised access and those who do not
* Inpatient and outpatient areas must be capable of being locked down. Access to inpatient units during a lock down situation should be by access card or a combination of intercom call and CCTV acknowledgement, managed from a select staff station located within the unit
* Electronic access control systems provide the ability to immediately lock-down areas and contain OV incidents
* Bollards to restrict vehicle access near public entrances to the health service
* Front of house/reception areas provide a comfortable, spacious waiting area with enough seating for peak demand times
* Security and reception staff can see all areas using CCTV and/or mirrors
* Duress alarms – fixed and mobile across CHS, including community health centres, other off campus health services and staff car parks
* Fixed duress buttons are positioned in high-risk areas (as determined by a risk assessment) and linked to Closed Circuit Television (CCTV) as an alarm event
* Portable duress alarms (personal duress) are available for use in high-risk areas where staff members are mobile during a shift.
* Community Duress Devices are available for staff who conduct home visits or transport patients in vehicles to appointment or on leave from an inpatient facility
1. **Work Environment and Processes**
* Staff should consider needs of patients receiving care who are from a non-English speaking background or are deaf and utilise resources such as interpreters, advocates or liaison officers to ensure effective communication
* Secure storage and checking process for potentially dangerous items, such as kitchen and occupational therapy equipment
* Removing or changing the activity that precipitates the risk
* At staff/nurses’ stations, clinical areas and desk spaces are kept clear of any items that could be used as a weapon, such as vases, staplers, pamphlet holders or scissors
* Staff should be clearly identified such as wearing identification (ID) badges with triple-break lanyards
* Staff communicate with patients and visitors in waiting areas about wait times and concerns about access to treatment.
* Conducting home visits with two staff
* Treating a patient in an alternative setting such as a community health centre or Canberra Hospital campus
* Two person home visits or home visits with ACT Policing in attendance
* Staff consider the location of patients in vehicles when taking on leave from an inpatient facility or transporting to an appointment
1. **Personal Safety**
* Staff may consider enhancing their security settings on social media such as making private, not using a photo of themselves and use of a pseudonym instead of using a real name. Staff should not share personal details with patients such as home address and personal mobile numbers
* Staff should use the ‘hide number’ setting on your phone when making calls on personal mobile phones
* If working from home, staff should not voluntarily disclose this to patients
1. **Training**

As a method of prevention and management of OV Training is detailed in Section 4.

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| Section 4 – OV Training Education and Training Framework |

All CHS staff must be provided with appropriate training to understand, assess and manage OV risks relevant to their role, interaction with patients, services they provide and work environment.

All staff are required to complete 5 mandatory eLearning OV modules on commencement.

Face to face training is a tiered approach which varies in format and includes some or all the following OV training modules for specific teams:

* Module 1 – Awareness
* Module 2 – De-escalation
* Module 3 – Protect with or without restraint.

CHS recognises that not all staff are required to complete all face-to-face learning modules. To ensure staff are appropriately trained, work area managers should refer to the training requirements and guide listed in Table 1, 2 and 3. Face to face training allocation (Tier 2 and 3) is based on the likelihood of OV risk and roles that require frequent patient interactions in settings where vulnerable population groups are present and cared for. This will be allocated to applicable teams via HRIMS.

**Table 1 – OV Training Tiers**



**Table 2 – CHS Staff OV Training Requirements**

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| **MANDATORY TRAINING** |
| **Level - Tier 1** | **Who**  | **Frequency** | **Refresher** |
| OV eLearningon-line Training(5 modules) via HRIMS | Mandatory for all Staff clinical and non-clinical | Once upon commencement | As neededOptional to complete Module 6 – Personal Safety and Post-Incident |
| **Course Details** |
| Module 1 – Risks, Rights & ResponsibilitiesModule 2 – Understanding Human BehaviourModule 3 – Positive Interactions & ChoicesModule 4 – Dynamic Risk Assessment & Decision MakingModule 5 – Skills Preventing Escalation |
|  |
| **REQUIRED TRAINING - FOR SPECIFIC ROLES ONLY**  |
| **Level - Tier 2** | **Who**  | **Frequency** | **Refresher** |
| CHS OV face to face(includes practical training and competency based training)1 Day training without restraint | Required for all Nurses/midwives, Doctors, Allied Health, and non-clinical staff with direct patient contact \*MHJHADS Community– Justice Health, Alcohol and Drug Services, Emergency Department, Acute/sub-acute Geriatric, General Medicine , Acute Neurosurgical, Walk in Centres and teams who conduct home visits. | Once only | Team based OV refresher training recommended every 6 months (minimum). Trainers and / or managers lead practice sessions using role play/drills/simulation techniques relevant to OV risks for unit.  |
| **Course Details** |
| Module 1 – AwarenessModule 2 – De-escalationModule 3 – Protect excluding restraint |
|  OR |

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| **REQUIRED TRAINING - FOR SPECIFIC ROLES ONLY** |
| **Level - Tier 3** | **Who**  | **Frequency** | **Refresher** |
| CHS OV face to face(including practical and competency based training) 2 Day Training with Restraint *Note – Tier 2 is not required as a pre-requisite for Tier 3* | Required for direct clinical staff – Nurses/midwives, Doctors, Allied Health, Wardpersons and Security Officers who are likely to be required to assist in physical restraint techniques. \*Mental Health Inpatient Units (Adult and Child and Adolescent), Security and Wards persons, Emergency Department De-escalation team. | Once only | Team based OV refresher training recommended quarterly (minimum). Team based OV Trainers lead practice sessions using role play/drills/simulation techniques relevant to OV risks for unit.  |
| **Course Details** |
| Module 1 – AwarenessModule 2 – De-escalationModule 3 – Protect including restraint |

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| **OTHER OV TRAINING OPTIONS** |
| **Level** | **Who**  | **Frequency** | **Refresher** |
| Equivalent to Tier 2 or 3 | Any work area or team.On request or recommendation. | Once | As needed |
| **Course Details** |
| The OV Training team can provide tailored OV training on request or as recommended for a specific work area or team.This may include face to face training, support to team-based OV Trainers who have completed the Train the Trainer Program and tailored OV training developed in collaboration with the clinical and Work Health and Safety teams. Contact the OV training team at CHS.OVandMHtraining@act.gov.au. |

\**Contact the OV training team for further information if unsure of training Tier requirements:* *CHS.OVandMHtraining@act.gov.au**.*

**Context-specific consideration for including restraint training**

While verbal de-escalation should be the primary response to escalating behaviours, it also needs to be acknowledged that it may not always be successful in diffusing crisis or conflict. Therefore, when deciding whether to train staff in physical restraint, considerations must be made in relation to:

* circumstances that warrant restraints, i.e., prevent one from harming themselves or others, providing treatment under treatment orders
* environment where physical restraints are applied
* availability of appropriately trained staff to perform restraints, i.e., wardspersons, security officers
* characteristics and vulnerabilities of patients as recipients of physical restraints, particularly involuntary patients.

**Patient-specific consideration for specialised behavioural management training**

In addition to core training described in Table 2, staff may require specialty training to engage with vulnerable populations, such as people with adverse childhood experiences, dementia, delirium, and brain injury. This is the responsibility of the work area to determine and provide specialised training. Examples of specialised training could be but are not limited to:

* Trauma-informed care
* Strengths-based approach in managing conflict and challenging behaviours
* Safewards™
* Non-pharmacological behavioural management of patients with dementia, delirium, or brain injury.

**Workforce Capability OV Training Team and OV Train the Trainer**

The OV Training team provide face to face training, support to team-based OV Trainers who have completed the Train the Trainer Program and tailored OV training developed in collaboration with the clinical and Work Health and Safety teams.

The Train the Trainer (TTT) program is in place to ensure the OV Training team is supported by team-based OV Trainers who have current clinical experience with the specific patient cohorts. Team-based OV Trainers are provided ongoing support, certification, OV training resources and a Community of Practice (CoP) by the OV training team.

Recognition of Prior Learning (RPL) will be considered please contact the OV training team at CHS.OVandMHtraining@act.gov.au.

**Evaluation**

Evaluation and benchmarking are essential to monitor effectiveness of training provided. OV training face to face modules are evaluated via electronic survey at 4 time points before and after training. Training evaluation includes a 3-month post completion survey to measure participant confidence, and a 6-month post completion survey to measure participant application to practice.

OV training evaluation reports are completed yearly, with a clear reporting pathway for the measures described above.

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| Section 5 – Response |

1. **Prevention and Early Intervention response (Prior to Code Black Response)**

It is important to recognise potential for OV that may be due to treatment, social factors,

illness/health issues and put strategies in place to manage risk. The image below shows that in CHS a Code Black might be called when an OV risk has escalated, and it is often too late for de-escalation strategies to work.



**Image 1 – OV Escalation**

By intervening early (i.e. the green X in Image 1) there is a higher likelihood for de-escalation and a lower risk of harm to staff, patients and others in the area. Examples of how to intervene early can include:

* Planning how to break ‘bad’ news to a patient and family
* Developing a BoC safety management plan with a patient and carer when an alert identifies the person has a previous history of OV
* Planning for the next appointment with security or wardsperson presence
* Responding to patient agitation early using communication skills, diversion strategies, offering to take to a low stimulus environment, offering Pro re Nata (PRN) medication, etc. PRN medication refers to medication that does not have a scheduled time but taken as needed, as prescribed by a medical officer e.g. medication for pain or agitation

Refer to Section 3 for strategies to identify, prevent and manage OV risk and refer to Attachment 4 – Signs of Violent or Aggressive Behaviour.

1. **Code Black Responses**

Code Black refers to any form of personal threat towards staff, building invasion, armed intrusion, etc. Activation of Code Black should occur when de-escalation has failed or as soon as there is any threat or physical violence towards staff, patients or members of the public, which is unable to be contained by staff in the immediate vicinity. Code Black responses address OV incidents that impact on the safety of staff, patients or others.

OV incidents where a Code Black may be called are grouped into three main areas:

1. Unarmed confrontation e.g. threat, escalating behaviour or assault
2. Armed confrontation e.g. person wielding a weapon or improvised weapon
3. Illegal occupation e.g. siege or riot.
4. **Recommended Composition/Makeup of Code Black Response Team\***

Detailed below is recommended composition/makeup of the Code Black Response team.\*

* Number of staff - to manage the incident safely depending on the availability of staff and the circumstances and potential for harm to staff or others e.g. Dhulwa Mental Health Unit have a minimum requirement of 5 staff to attend a code black whereas other areas may have less numbers depending on the type of service and availability of staff
* Training of staff - ideally all respondents are appropriately OV trained including in de-escalation strategies and the management of an OV incident according to current OV training

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| *Note\**It is important to note that this is the ideal composition/makeup of the Code Black Response team and it is recognised that this is often not possible to meet this due to the availability and training of available staff. For this reason any response should occur with available staff according to the urgency of the situation, risk to staff and others and in accordance with current OV training principles. |

CHS staff who work in services where an appropriately staffed Code Black response is not possible due to limited staff numbers or training must in the first instance follow processes to activate an emergency response by

* Contacting police on 000 or 131444
* Containing or isolating the area
* Consideration of utilising lock down functions, as required.

CHS community health staff providing care in a patient’s home must follow processes to activate an emergency response, such as:

* using the community duress device (CDD) as detailed under the Community Duress Device Procedure and
* leaving the home if safe to do so and contacting their nominated contact person or emergency services as necessary

**Note:** Emergency Plans are available on the HealthHub at the following location - [Emergency Plans and Responses | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Emergency-plans-and-responses.aspx)

1. **Special Emergency Response Team (SERT)**

The Special Emergency Response Team (SERT) attends a Code Black that has exceeded normal clinical response capabilities (i.e. extreme violence and use of non-bladed weapons and immediate risk of serious injury to staff and others), but not yet requiring intervention by police.

The use of SERT is for exceptional circumstances where an intervention with the patient is required due to immediate risk or potential risk of serious injury to staff and others, such as forcible giving of medication to keep the patient and staff safe.

SERT employs special safety equipment and tactics, such as the use of a soft shield and protective headwear and body suits, to confidently restrain a violent patient and allow clinicians to safely care for them.

SERT operators ideally will maintain a reasonable level of fitness, participate in regular practice drills with each other and undertake refresher training with other agencies, such as corrections and police.  The use of the SERT aims to improve the outcome for the patient by reducing the chance of injury to staff, patients and others involved and therefore providing a less traumatic experience than may occur with emergent police involvement.  A similar model is used in other health jurisdictions.

The use of the SERT must be authorised by an Operational Director, Director of Nursing or a Senior Director within the affected business area. Out of hours authorisation should be arranged using on call arrangements. Please contact Security Operations to discuss further with a security supervisor on 512 45145.

1. **Weapons Management**
* If a weapon is found during a search of property or environmental check, staff are advised to contact Security Operations 512 45145 to assist with disposal.
* The Australian Federal Police Better Practice Guide (AFPBPG) recommends that police officers do not wear accoutrements (such as firearms, batons, chemical agents or conducted energy weapons) into mental health facilities. CHS mental health facilities have accoutrement storage facilities in the following locations:
* Adult Mental Health Unit
* Adult Mental Health Rehabilitation Unit
* Gawanggal Mental Health Unit
* Mental Health Short Stay Unit
* Dhulwa Mental Health Unit.
* As per the AFPBPG, Emergency departments are not considered mental health facilities and it is at the discretion of the responding police officer if accoutrements are removed and stored. This information is documented in more detail in the Memorandum of Understanding between Canberra Health Services, Australian Federal Police and ACT Ambulance Service 2020.
1. **Threatening or Unwelcome phone calls**

If staff receive threatening or unwelcome phone calls on a desk phone, the ‘Report a Caller’ function should be activated (previously known as Malicious Called Identification – MCID). This function will be different for each model of desk phone, so Managers of work areas should ensure that staff are made aware of and become familiar with how to use this function on their allocated phone.

1. **Operational Debriefing**

Operational debriefing involves reviewing organisational responses following an incident. The aim is to:

* learn from those involved in the incident
* review the emergency response, including processes and systems, following an OV incident and
* be part of a post-incident response.

Debriefing can be provided by management or by engaging Employee Assistance Program (EAP). EAP providers can provide debriefing or Critical Incident and Significant Event Management.

Details of Operational Debriefing can be found in the [CHS Psychological Support for Staff – A Managers Guide](https://actgovernment.sharepoint.com/sites/Intranet-CHS/Shared%20Documents/Forms/AllItems.aspx?id=/sites/Intranet-CHS/Shared%20Documents/Psychological%20support%20for%20staff%20%E2%80%93%20Manager%E2%80%99s%20guide.pdf&parent=/sites/Intranet-CHS/Shared%20Documents) on the HealthHub or the Operational Debrief Factsheet - [Operational Debriefing factsheet | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIntranet%2DCHS%2FShared%20Documents%2FOperational%20Debrief%2Epdf&parent=%2Fsites%2FIntranet%2DCHS%2FShared%20Documents).

Details of ACT Government EAP providers is available on the intranet under Support for Staff - [Support for Staff - EAP | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Support-for-staff.aspx#employee-assistance-program).

1. **Review of patient**

A comprehensive review with the patient must be completed by the multidisciplinary team (MDT) and an updated management plan and medication review completed (as required).

The MDT should create an alert or review any existing alerts in the clinical record once the review has taken place using the AMS. Where appropriate, the person who was reviewed should be made aware of an alert.

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| Section 6 – Reporting OV |

CHS adopts a ‘no blame’ approach to incident reporting. All incidents of OV need to be reported (including ‘near misses’ and threats) as a staff incident in Riskman.

1. **Staff incident reporting**

In the event of an OV incident, a Staff Incident Report on the RiskMan Incident Reporting System must be completed. Staff incidents need to be reported whether the incident is considered to be deliberate or an intentional act, e.g. when a patient hits a staff member during care who is unaware of their actions due to cognitive impairment. The following table details the types of incidents that should be reported as OV.

**Table 5 – Types of incidents that should be reported as OV**

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| Form of OV | Examples |
| Physical | * **Any form of physical attack,** including hitting, punching, kicking, grabbing, spitting, shoving, pinching, throwing items, pouring things onto staff, biting, striking, pulling, slapping, tripping, scratching, pushing, kneeing, head butting, threatening with any object, attempts to undress, inappropriate touching, ripping/grabbing clothing, being followed, stalking
* **Attempts to perform a physical attack,** including if they miss
* **Physical intimidation,** for example, standing over someone or striking intimidating poses
* **Injury/fall/slip/trip etc. that occurs when responding to or avoiding occupational violence,** for example, during the ‘break up’ of an altercation or escaping/guiding clients from a threatening environment
* **Injury that occurs during restraint, forcible giving of medication or seclusion**
 |
| **Verbal** | * **Verbal intimidation,** including threats, yelling, verbal abuse, aggressive swearing, road rage
* **In person or over the phone**
 |
| **Other** | * **Written,** including emails, social media, text message
* **Witnessing** violence including a family violence incident or two people fighting
* **Damage to property** when no other people are present including kicking/punching walls, damaging furniture
 |

Refer to [Staff Incident Reporting | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Staff-incident-reporting.aspx) for resources and factsheets for completing a Staff Incident Report in Riskman.

1. **Reporting to ACT Policing**

**Note:**  CHS has a clear expectation that any OV involving a criminal offence is to be reported and pursued through police action.

For all **incidents of assault of a person, theft, robbery or damage to CHS property**, staff are to be supported by CHS management with their decision to report to ACT Policing.

* CHS will encourage staff, patients, carers and visitors who experience serious OV incidents to report these to ACT Policing with the possibility of laying charges.
* If appropriate, this will be demonstrated by in-person support by CHS senior executive, or delegate, to staff who report a serious OV incident to ACT Policing, including accompanying the staff member to make a statement and during court proceedings.
* CHS has designated staff members responsible for liaison with ACT Policing. If required contact Security Operations or Work Health Safety for support with OV related incidents.
* Please refer to Attachment 5 for ACT Policing Contact Phone Numbers and Attachment 6 for a Checklist of Information Required When Making a Statement to ACT Policing.

For **threats to staff, CHS or the ACT Government**

* Ensure the manager or team leader is notified immediately of any threats to the organisation.
* The staff member who receives the threat needs to contact the police to report the threat on 131 444 and support is provided by management to the staff member to do so.
* The staff member records the police reference number.
* The staff member puts a staff incident report into Riskman, including the police reference number.
* WHS will provide security with a copy of the staff incident report.
* The Team Leader or Manager contact Security Operations and provides the police reference number.

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| Section 7 – Support to staff |

1. **Immediate support**

When it is safe to do so, managers must ensure that everyone is safe, and that the area is secure. Management is to ensure that all staff exposed to OV receive immediate post-incident support that includes the following components:

* A person-centred approach, with support tailored to individual needs and preferences
* Psychological first aid (early assistance to people who have experienced a very stressful or traumatic event) and medical treatment is provided as necessary. This should be enabled by the manager or senior staff member to those involved or affected by the incident. The approach used is to:
* reduce initial distress
* address basic needs (comfort, information, practical and emotional needs)
* encourage engagement with existing social and professional supports
* Managers contact the Occupational Medicine Unit (OMU) for blood and bodily fluid exposures such as scratches, bites and being spat on
* Enable staff to attend OMU for blood and bodily fluid exposures
* Allow immediate relief from work duties for staff affected by OV incidents and who feel that they cannot continue to work
* Obtain accurate details about what happened from a reliable source to assist with coordinating a response and ongoing support for all staff and patients involved, this should be recorded in the Staff incident report on Riskman
* Help staff to complete incident reports on Riskman
* Ongoing post-incident support is provided to staff, patients, carers and visitors who are directly involved or witness an OV incident, and those involved with colleagues in distress following an incident
* Support is provided to all patients and visitors who have witnessed or experienced an OV incident.

Refer to [Manager Response to an OV Incident Factsheet](https://actgovernment.sharepoint.com/%3Ab%3A/r/sites/Intranet-CHS/Shared%20Documents/Manager%20response%20to%20an%20OV%20incident.pdf?csf=1&web=1&e=w8Z7wZ) and [CHS Psychological Support for staff – a Managers Guideline](https://actgovernment.sharepoint.com/sites/Intranet-CHS/Shared%20Documents/Forms/AllItems.aspx?id=/sites/Intranet-CHS/Shared%20Documents/Psychological%20support%20for%20staff%20%E2%80%93%20Manager%E2%80%99s%20guide.pdf&parent=/sites/Intranet-CHS/Shared%20Documents).

1. **Follow-up support**

Follow-up support occurs for all staff involved in OV incidents:

* Ongoing practical and emotional support is provided to affected staff (e.g. working from a different location, escort to and from carpark, provide a private location to discuss incident, encourage self-care and refer to support services available)
* Managers should contact the staff member as soon as possible after an incident and determine how and when contact will be maintained e.g. if the staff member will not be at work for a few days, they may feel comfortable with phone or text contact at agreed intervals. Managers should maintain regular contact with the staff member (including those who return to work immediately)
* Managers should determine what support is required for the staff member to return to work as early and safely as possible.
* Assist staff to engage with support services, counsellors, or other health providers by providing details following the incident, regardless of whether staff indicate they might engage. This includes the Employee Assistance Program (EAP). Skilled counselling is available through the EAP if required for individuals.
* Details of ACT Government EAP providers is available on the intranet under ‘Support for Staff’ - [Support for Staff | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Support-for-staff.aspx)
* Alternatively resources for managers to support staff can be found on the MyHealth page on the HealthHub under the Emotional tab - [MyHealth | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/MyHealth.aspx)
* Early Intervention Physiotherapy referrals may be appropriate for some staff, depending on the nature of their injury - [Early Intervention Physiotherapy | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Early-intervention-physiotherapy.aspx)
* Organise leave or ensure other alterations to work are in place. After an OV incident, the Executive Director may support up to five days “other” leave. This would be based on “early intervention” to support the staff member with time to recover without having to use their personal leave entitlement. If more than five days leave is needed, the staff member will need to make an application for workers compensation.

**Note:**  Staff have the right to apply for workers compensation at any time including in the 5-day ‘other’ leave.

* CHS staff may wish to lodge a claim for workers compensation. The Injury Management team, People and Culture, can provide information on the workers compensation process and can be contacted on chs.injurymanagement@act.gov.au or 02 5124 9620.
* Staff are supported to report the matter to ACT Policing, and if necessary, with any subsequent legal processes e.g. giving evidence in court.
* Senior managers check on the wellbeing of managers by providing post-incident assistance to ensure they receive appropriate support.
1. **Other considerations**
* Staff members can be refered to Workplace Resolution and Support for ongoing support including court support. The WS&R team can be contacted on CHS-HDWorkplaceResolution@act.gov.au
* Affected CHS staff may require support in their recovery and return to work. Injury Management, People and Culture, provides advice and support on injury management including early intervention, workplace rehabilitation and return to work services and workers compensation. The Injury Management Team can be contacted on chs.injurymanagement@act.gov.au or 02 5124 9620.
* Chief Minister, Treasury and Economic Development Directorate’s (CMTEDD) Injury Management Team deliver injury management, rehabilitation and return to work services to CHS staff through their rehabilitation case management services model. The Injury Management Team forms the link between CHS and CMTEDD’s Injury Management Team.
* Managers are mindful of possible cumulative effects of exposure to multiple OV incidents over time and provide early intervention to staff in these circumstances.
* Post-incident support procedures are regularly reviewed and recommendations for improvement are implemented.

Refer to [Manager Response to an OV Incident Factsheet](https://actgovernment.sharepoint.com/%3Ab%3A/r/sites/Intranet-CHS/Shared%20Documents/Manager%20response%20to%20an%20OV%20incident.pdf?csf=1&web=1&e=w8Z7wZ) and [CHS Psychological Support for staff – a Managers Guideline](https://actgovernment.sharepoint.com/sites/Intranet-CHS/Shared%20Documents/Forms/AllItems.aspx?id=/sites/Intranet-CHS/Shared%20Documents/Psychological%20support%20for%20staff%20%E2%80%93%20Manager%E2%80%99s%20guide.pdf&parent=/sites/Intranet-CHS/Shared%20Documents).

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| Section 8 – Investigation of OV incidents |

1. **Systematic investigation of all OV incidents**

All incidents of OV are investigated according to Section 9 - Management and Investigation of Hazards and Incidents of the CHS Work Health Safety Management System (WHSMS), available on the CHS intranet at the following location: [Work Health and Safety Management System | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/%3Aw%3A/r/sites/Intranet-CHS/Shared%20Documents/CHS%20%20Work%20Health%20Safety%20Management%20System%20%28WHSMS%29%20FINAL%20%28004%29.docx?d=w87599f38e96344a09187a7aeb514081d&csf=1&web=1&e=lifOeA).

1. **The investigation**

In relation to OV, the investigation should include the following components:

* Events leading up to the incident
* Adequacy of response and post incident support provided
* Evaluation of prevention strategies recommended

The following steps should be taken when investigating an incident:

* Determine the level of investigation required e.g. by manager only or formal investigation by, or supported by, the Work Health Safety team, with a HSR.
* Identify and arrange to meet with staff involved and witnesses, keeping records of the discussion and determine how consultation with staff will be undertaken
* Gather facts regarding the lead up to the incident, during and post incident. This may include the following:
* Medical record review
* Equipment reviews
* Review of training records
* Policy/procedure review
* Review of CCTV footage
* Duress system review
* Identify key causal factors such as system issues, design, environmental factors, behavioural or management factors.
* Identify control measures that aim to address the causes of the incident using the hierarchy of control (refer to section 2 - Prevention). This should be done in consultation with staff.
* Implement and monitor controls to ensure they address the risk and don’t introduce other risks to staff.

Refer to the Managers response to OV factsheet for prompts used during an investigation, on the HealthHub at the following location - [Fact Sheet for Manager Response to an OV incident | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/%3Ab%3A/r/sites/Intranet-CHS/Shared%20Documents/Manager%20response%20to%20an%20OV%20incident.pdf?csf=1&web=1&e=w8Z7wZ).

Staff members and patients involved in the incident are included in the incident investigation, where appropriate. All OV incidents must have investigations completed and have the findings and recommendations for control measures documented in the Staff incident report in Riskman.

Where medico-legal concerns are apparent, consider seeking assistance from the Medico-legal team within the CHS Insurance and Legal Liaison Unit.

Contact details are available on the intranet at the following location: [Insurance and Legal Liaison | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Insurance-and-legal.aspx).

1. **Review of organisation-wide implications of incidents**

It is important that incident reviews undertaken within a Division/Branch consider organisation-wide implications of such incidents and communicate information appropriately to other relevant areas.

1. **Feedback to staff**

Managers should follow up with staff and provide feedback to staff. Staff have access to all incidents they have reported in Riskman and may follow the progress of the incident at any stage of the investigation or review.

Automated alerts are set up in Riskman to notify staff when the manager has reviewed the incident report i.e. completed the investigations and controls fields.

Once a review of an investigation is complete, managers should inform staff of the controls that have been put in place. De-identified feedback should be provided to the team. Investigation reports can be tabled at WHS Committees.

1. **Investigation outcomes**

If any work area processes require change following an incident investigation, staff consultation must occur. Once changes are made, they should be documented and then communicated to staff accordingly.

A corrective action plan can be used to document, monitor and review control measures during implementation. The corrective actions plan (Form number WHSF.38) can be accessed on the CHS intranet at the following location, in Part D: [Work Health and Safety Management System | Canberra Health Services Intranet](https://actgovernment.sharepoint.com/%3Aw%3A/r/sites/Intranet-CHS/Shared%20Documents/CHS%20%20Work%20Health%20Safety%20Management%20System%20%28WHSMS%29%20FINAL%20%28004%29.docx?d=w87599f38e96344a09187a7aeb514081d&csf=1&web=1&e=lifOeA).

The WHS team is responsible for reviewing the outcome of all incidents relating to OV. Implemented actions are evaluated for effectiveness, staff feedback is reviewed, and both are reported to the CHS Peak WHS Committee. At a local level, outcomes from OV incidents can also be monitored at the Divisional WHS Committee.

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| Section 9 – Staff / Consumer Awareness |

CHS aims to promote respectful relationships between all people working in, accessing or visiting CHS health services, including during home visits, in community health centres and during inpatient or outpatient care. It is expected that all people involved in health care, including staff, display behaviour that supports a safe working environment and promotes a culture of respect for all staff, patients, carers and visitors.

1. **Communication of standards of acceptable behaviour for staff, patients/consumers and visitors**

CHS uses a variety of mechanisms to convey expectations about acceptable behaviour to staff, patients/consumers, families and visitors including:

* CHS staff behaviour expectations are aligned with the organisational values of Reliable, Progressive, Respectful and Kind
* Consideration given to discussions with patients/consumers and carers regarding consequences of continuing behaviours of concern such as family meetings, development of a BoC Safety Management Plan or verbal warnings
* Respect our staff posters prominently displayed in all CHS locations.
1. **Consumer input**

CHS works in partnership with consumers to incorporate their views and experiences into OV prevention and management strategies, including training and education for staff.

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| Evaluation  |

**Outcome**

* OV Lost Time Incident Frequency Rate is calculated on a monthly basis at CHS level and Divisional level.
* OV Risk Assessments (OVRATs) completed for each work area as per Section 3.
* OVRATs are reviewed by the required timeframe, based on risk level.
* OV staff incident reports on Riskman are followed up by managers.
* Staff have completed the mandatory eLearning in Capabiliti (OV Training – All Staff).
* Staff have completed the required OV face to face training as per Section 4.

**Measures**

* CHS Peak WHS Committee is provided data on the above from WHS and Workforce Capability.

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| Related Policies, Procedures, Guidelines and Legislation |

**Strategies**

* ACT Government Managing Occupational Violence Strategy 2019-2022
* ACT Government Work Health, Safety and Public Wellbeing Strategy 2019-2022
* CHS Work Health Safety Strategy 2018–2022
* CHS Occupational Violence Strategy 2020-2022

**Frameworks**

* ACT Government Respect, Equity and Diversity Framework
* ACT Government Protective Security Policy Framework

**Standards**

* National Safety and Quality Health Service Standards – second edition

**Policies**

* ACT Government Managing Occupational Violence
* CHS Work Health and Safety Policy
* CHS Incident Management
* CHS Protective Security
* CHS Closed Circuit Television (CCTV) Policy
* CHS Restraint of a Person – Adults Only
* CHS Risk Management
* CHS Essential Education
* CHS Operational Policy, Searching of a consumer’s person or property
* CHS Dhulwa Mental Health Unit (DMHU) – Searching Policy
* CHS Family Violence
* CHS Security Services – Use of Force
* CHS Smoke Free Environment
* CHS Consumer Feedback Management
* CHS Consumer Privacy

**Procedures**

* CHS Incident Management
* CHS Alerts Management
* CHS Protective Security (Personnel Security)
* CHS Risk Management
* CHS Use of Force by ACT Health Security Officers
* CHS Security Standard
* CHS Work Health and Safety Management System (WHSMS)
* CHS Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS), Multi-agency Response Guide
* CHS Identification, Mitigation and Management of Aggression and Violence for MHJHADS
* CHS Seclusion of Persons with Mental Illness or Mental Disorder Detained under the Mental Health Act 2015
* CHS Emergency Department and Mental Health Interface
* CHS Increased Nursing Patient Care and/or Supervision
* CHS Management of People Subject to Section 309
* CHS Seclusion of persons with Mental Illness
* CHS Code Black Plan, Personal Threat Canberra Hospital
* CHS Code Black Plan, Personal Threat University of Canberra Hospital
* CHS Prisoners or Detainees as Inpatients
* CHS Dhulwa Mental Health Unit (DMHU) – Use of Force
* CHS Dhulwa Mental Health Unit (DMHU) – Searching Procedure
* CHS Dhulwa Mental Health Unit (DMHU) – Clinical Risk Assessment and Management – Aggression and Violence
* CHS Dhulwa Mental Health Unit (DMHU) – Safety and Security During Meal Times
* CHS Missing Person
* CHS Identifying and Responding to Family Violence
* CHS Security Services – Use of Force
* CHS Managing Nicotine Dependence Procedure
* CHS Consumer Feedback Management

**Guidelines**

* CHS Psychological Support for Staff – A Managers Guide
* CHS Managers Consultation Guideline
* ACT Health Challenging Behaviour Guideline for ACT Health Services
* ACT Health Isolated or Remote Worker Guideline for ACT Health Services
* ACT Mental Health Consumer Network My Rights, My Decisions Form Kit
* MHJHADS The Plain Language Guide for the Mental Health Act 2015 (ACT)

**Memorandum of Understanding**

* Mental Health, Emergency, Ambulance and Police Collaboration Memorandum of Understanding between The ACT Ambulance Service, The Australian Federal Police – ACT Policing, Canberra Health Services and Calvary Public Hospital Bruce ACT regarding people requiring mental health care.

**Legislation**

* *Crimes Act 1900 (ACT)*
* *Discrimination Act 1991 (ACT)*
* *Health Records (Privacy and Access) Act 1997 (ACT)*
* *Human Rights Act 2004 (ACT)*
* *Mental Health (Secure Facilities) Act 2016 (ACT)*
* *Mental Health Act 2015 (ACT)*
* *Personal Violence Act 2016 (ACT)*
* *Victims of Crime Act 1994 (ACT)*
* *Work Health & Safety Act 2011 (ACT)*
* *Work Health and Safety Regulations 2011 (ACT)*
* *Crimes (Health Directorate) Authorisation 2018 (No.1)*
* *Public Sector Management Act 1994*
* *Australian Charter of Health Care Rights*

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2. National Institute for Health and Care Excellence (NICE) (2015), Violence and Aggression Short-term management in mental health, health and community settings, <https://www.nice.org.uk/guidance/ng10>
3. Safewards Model, <https://www.safewards.net/model/lay>
4. Workplace Health and Safety Queensland (2019), Prevention and management of work-related violence and aggression in health services <https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0021/21639/prevention_management_health_services.pdf>
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| Definition of Terms |

**Behaviours of Concern (BoC):**

Behaviours of Concern (BoC) are behaviours that can create a risk to the health and safety of others such as staff, patients and visitors. The types of behaviours include aggression, violence and self-harm.

**Broset Violence Checklist (BVC):**

The Broset Violence Checklist is a checklist that assists with the prediction of imminent violent behaviour within the next 24 hours.

**Dynamic Appraisal of Situational Awareness: Inpatient Version (DASA-IV)**:

The DASA is an observer rated risk assessment used to assess the likelihood of imminent aggression within the next 24 hours in mental health inpatient settings.

**Nominated Person**:

The role of a ‘nominated person’ is to help a person living with a mental illness or mental disorder by making sure their interests are respected if they require treatment, care or support for their condition. The nominated person can receive information, and be involved in (and consulted about) decisions in relation to a person’s treatment, care or support. The nominated person must be notified and supplied with information when various things are done under the Act. A nominated person can be a close relative or close friend, a carer, neighbour or any other individual. A person may also nominate another individual as an ‘alternate nominated person’.

**Occupational Violence (OV):**

Occupational Violence includes any situation where a staff member is abused, threatened or assaulted by a patient, consumer or visitor in circumstances relating to their work. It can also include violence that occurs away from work but is a result of work.

Examples includes verbal aggression such as shouting or threatening, as well as physical violence such as hitting, spitting, grabbing or inappropriate touching as well as targeted violence such as stalking.

It **does not include** instances of bullying, harassment, aggression or violence between staff members. Violence between staff members is addressed in the *ACT Government Respect, Equity and Diversity Framework (2010)* and the *Public Sector Management Act (1994).*

**Occupational Violence Risk Assessment Tool (OVRAT):**

The OVRAT is a risk assessment tool developed by CHS to assess and manage risk of OV at a team level.

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| Search Terms  |

Violence, Aggression, Occupational Violence, OV, OVA, Occupational Violence and Aggression, Physical Violence, Verbal Aggression, Assault, OV Policy, OV Procedure, OV Strategy, home visit, Behaviours of Concern, BoC, DASA:IV, Broset, Challenging Behaviours

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| Attachments |

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**Disclaimer**: *This document has been developed by Canberra Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Canberra Health Services assumes no responsibility whatsoever.*

*Policy Team ONLY to complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval*  |
| *17 January 2022* | *Complete Review* | *Kalena Smitham, EGM-P&C* | *CHS Policy Committee* |
| *6 April 2022* | *Reference to the OV Prevention and Management committee (OVPMC) removed and replaced with the CHS Peak WHS Committee)* | *Daniel Guthrie- Director Work Health and Safety* | *Senior Director Policy Planning and Government Relations* |
| *14 September 2023* | *Changes to Section 4 outlining updated training requirements for staff* | *Frances Kaye, Director Work Health and Safety* | *CHS Policy Team* |

*This document supersedes the following:*

|  |  |
| --- | --- |
| *Document Number* | *Document Name* |
| *CHS20/062* | *Occupational Violence Procedure* |
|  |  |

## Attachment 1: Tiered Behaviour Management Sanctions

The following strategies are used when there is significant, frequent or ongoing OV incidents towards staff. There are two types of strategies:

1. Warnings (Verbal and Written) and
2. Strategies that limit or withdraw services (Alternative Treatment Arrangements, Conditional Agreement, Workplace Protection Order and Withdrawal of Treatment).

If the patient is accessing services across clinical divisions a collaborative meeting should be set up to ensure communication of the risk and that a coordinated approach is taken when implementing behaviour management sanctions such as more than one warning letter is sent by each division.

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| Note: While the application of this section applies to all patientsany action taken in relation to behaviour management sanctions is to communicated to or communicated via a legal aged adult e.g. directly to a patient who is an adult or to a patient who is not an adult via a parent, guardian or carer |

**Warnings**

1. **Verbal Warnings**

A verbal warning is an action before the use of written warnings, alternative treatment arrangements, conditional agreements, Workplace Protection Orders (WPO) and the withholding of treatment. A verbal warning:

* Is clearly communicated as close to the time of the behaviour of concern as possible
* Is communicated by the staff member caring for the patient if they are comfortable to do so, or escalated to a more senior staff member at their discretion. Refer to note below in respect of community healthcare staff
* Is only given if the patient or visitor can understand the issues associated with their behaviour and can change their behaviour or is able to understand English or there is an appropriate interpreter present
* Must clearly explain the behaviours that are of concern and the effect the behaviour has on staff, other patients/consumers and visitors
* Identify the preferred and expected behaviours of the person(s)
* Must be followed by an opportunity to respond
* Must be documented in the clinical record and
* If OV occurs when giving a verbal warning complete a staff incident report in Riskman

|  |
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| Note: staff conducting community health services are to exercise extreme caution when considering giving a verbal warning to a patient when working alone in the community |

1. **Written Warnings**

A written warning is given when a patient or visitor has not changed their violent or aggressive behaviour following a verbal warning. Before issuing a written warning, the following teams should be consulted with:

* Senior management of the treating unit such as the Clinical Director, Director of Nursing/Assistant Director of Nursing and Director of Allied Health
* The treating team including those in other clinical divisions when a patient/consumer has more than one treating team
* Work Health Safety team.

A written warning letter template (see Attachment 2) is to be used to provide the warning and is signed by the Executive Director of the Division. It can be given in person or mailed to the patient.

* When giving the letter in person, consideration should be given as to who is best to provide the letter and have a discussion with the patient e.g. Supervisor of affected staff member, senior member of treating team, Executive Director, Security, etc.
* The staff member affected by the OV incident(s) should not be required to provide the written warning letter unless they specifically request to do provide the letter and this is approved by their manager (e.g. staff member may feel as though they are not at risk in providing the letter and it is important to maintain the relationship and trust with the patient).

Following the written warning, the patient or visitor should be given the opportunity to respond and agree to a timeframe for reviewing the warning (which will be no longer than three months).

The written warning is to be reviewed when the patient’s circumstances change.

A copy of the written warning is to be documented in the clinical record and should include:

* A description of the incident that required the written warning.
* The witnesses to the incident.
* The rationale for the written warning and
* Statements by the patient/consumer or their advocate explaining their behaviour.

A copy of the written warning should be provided to the WHS team via the Senior Director, WHS.

**Strategies that limit or withdraw access**

There are several ways that CHS can limit access and treatment of patients/consumers or visitors who pose a significant OV risk for the health service. This form of action is not taken lightly but will be used when all reasonable attempts have been taken to address behaviour that is an unacceptable risk to staff.

1. **Alternative Treatment Arrangements (patients/consumers only)**

At any time, an alternative treatment arrangement can be considered. It may be possible for the patient/consumer to be treated elsewhere. Initially, this is to be discussed with the area’s manager or operational director and escalated to the Executive Director if necessary. Consultation with the patient/consumer and their carer should then occur to determine:

* The facility and location where the treatment will be provided and
* The specified time/s for treatment.

A record of the alternative treatment arrangements must be kept in the clinical record by the treating team and a copy provided to the WHS team.

1. **Conditional Agreement (CA)**

A Conditional Agreement (CA) states the conditions on which CHS will provide a service to an individual or access to an area for visiting purposes. A CA may be made when a patient/ visitor continues violent or aggressive behaviour following verbal and written warnings.

A CA may be required in situations where the patient or visitor has a history of violence and aggression including, but not limited to:

* Threatening or carrying out violence against staff, patients or visitors in CHS facilities
* Use of alcohol or other drugs, during treatment in an CHS facility, that leads to violent, aggressive or disruptive behaviour
* Being accompanied by people whose behaviour is disruptive
* Being accompanied by people who have a history of violent behaviour towards others.

It is important to determine the most appropriate contact person listed in the CA (eg certain staff member, security officer or section) and have an alternative reporting contact if the person is unavailable.

Written CAs are signed by the Executive Director of the Division and given in person to the patient/visitor by a manager of the area following consultation with senior management of the treating team. A copy should be provided to the WHS team.

Patients/visitors must be advised that they have the right to seek a review of this decision and be given the opportunity to respond and agree to a timeline for review of the warning that does not exceed three months, or review when consumer circumstances change.

1. **Workplace Protection Order (WPO)**

Workplace Protection Orders (WPOs) can be used to protect employees at a workplace from personal violence, and may be an appropriate option where less formal options have failed.It is not to be used to deny the patient/consumer treatment by CHS. Before making a WPO, serious consideration must be given to the outcome that is hoped to be achieved.

While a WPO is effective in preventing violence in some cases, it may not be appropriate in all circumstances. The success of the WPO is dependent on the consumer subject to the order having the capacity and inclination to comply with it. Examples of conditions will generally be:

* Not entering the workplace (except for medical purposes)
* Not being within 100 metres of the workplace (except for medical purposes)
* Not contacting a person at the workplace (except by phoning a specific number e.g. Case Manager).

The CEO, as the CHS employer representative, is responsible for the WPO application or may provide written authorisation to others to make the application. This written authority may need to be provided to the ACT Magistrate’s court. It is important to act in a timely manner. All details of the event that occurred must be documented including providing details of the strategies employed by CHS under the Tiered Behaviour Management Sanctions that have failed.

Application to obtain a WPO against a patient/consumer is made through the CHS Insurance and Legal Liaison Unit (ILLU) via a request for legal advice. The ACT Government Solicitors Office (GSO) will assist in completing the necessary documentation. Specific instructions are to be given if the person is to continue treatment with CHS.

1. **Withholding of Treatment (patients only)**

The decision to withhold treatment is a serious one resting with the CEO of CHS and is determined on a case-by-case basis. It is only considered for exceptional circumstances.

A request to withhold treatment to the CEO from an Executive Director must include:

* A clinical assessment supporting the proposal from the relevant senior manager and the consultant or senior member of the treating medical team
* Documentation of the history of incidents and other CHS strategies to manage violence and aggression have been tried and failed. Records of incidents will be available in the staff and clinical incident register. Records of previous strategies will be documented in the clinical record (including safety management plans, written warnings and any conditional agreements)
* Evidence that continuing to provide care is a significant risk to staff and others
* Wherever possible details of alternative treatment arrangements by another organisation or provider.

A notice of intent to withhold treatment must also be sent to the patient/consumer’s treating doctor(s) and nominated GP at the same time as the letter being forwarded to the patient/consumer to advise them of the intention to withhold treatment.

**Note**: Treatment cannot be withheld for a period of more than three months without review.

## Attachment 2: Written Warning Template

<NAME>

<ADDRESS>

Dear <NAME>

You are receiving this letter due to an incident that occurred during your visit to Canberra Health Services at <AREA OF THE ORGANISATION> on <DATE> and the unacceptable behaviour that you displayed

During this incident, you exhibited behaviour that was unacceptable towards one or more staff members.

It was reported that you <INSERT BRIEF DESCRIPTION THAT MATCHES the CLINICAL RECORD OF THE INCIDENT e.g. threatened a staff member >. This was witnessed by others present (delete if not applicable>.

Our staff, yourself and other consumers and visitors need to feel safe in Canberra Health Services facilities. Your behaviour was not acceptable, and Canberra Health Services does not tolerate this type of behaviour.

Should you need to be cared for by Canberra Health Services again in the future, please be aware a repeat of this unacceptable behaviour may result in:

* Treatment being conducted with Security present
* Treatment being conducted in a different Canberra Health Services setting
* Being escorted off the premises by Security
* A behavioural alert being placed on the clinical record, which will alert staff to your previous behaviours
* The matter being reported to ACT Policing, with possible legal action.

Canberra Health Services will take these steps to protect you and other consumers, staff and visitors.

If you would like to this letter with a Canberra Health Services representative, please phone <PHONE NUMBER>. A copy of the Australian Charter of Health Care Rights and our consumer complaints procedure is enclosed for your information.

Yours sincerely,

**<Signature Block of Executive Director of the Division>**

**<Date>**

Original (signed) to the Patient, Consumer or Visitor.

Copies are to be provided for:

Clinical record of the Patient or Consumer

The treating consultant of the Patient or Consumer

The GP of the Patient or Consumer

Executive Director of the Division

Canberra Health Services CEO

Senior Director Work Health Safety

Note: not all are required for a visitor

## Attachment 3: Conditional Agreement Template

<NAME>

<ADDRESS>

Dear <NAME>

During your <treatment at/visit to> Canberra Health Services, there have been repeated occasions where your behaviour was unacceptable.

You are receiving this letter due to an incident that occurred while at <AREA OF THE ORGANISATION> on <DATE>.

During this time, you exhibited unacceptable behaviour towards one or more staff members/patients/visitors <delete types that are not applicable>. It was reported that you <INSERT BRIEF DESCRIPTION THAT MATCHES the CLINICAL RECORD OF THE INCIDENT e.g. threatened a staff member >. This was witnessed by others present (delete if not applicable>.

Previously, Canberra Health Services sent a letter (dated <DATE OF WRITTEN WARNING>) where we asked you to stop this behaviour for the safety of yourself and others. You were warned about your unacceptable behaviour and the potential consequences of any future unacceptable behaviour. Canberra Health Services must now take steps to make sure that other consumers, staff and visitors are safe.

**< Any further health care treatment may only be given under the arrangements described in the attached Conditional Agreement (CA).**

**OR**

**Any further visits to Canberra Health Services may only be given under arrangements described in the attached Conditional Agreement (CA) >**

If your behaviour continues to be unacceptable or you do not follow the agreed arrangements, Canberra Health Services may have to take other steps to protect staff, other consumers and visitors. For example, you may not be able to visit a ward area or your treatment may be withheld. Violence and/or aggressive behaviour towards staff, other consumers or visitors may result in police involvement and/or legal action against you.

If you wish to discuss the contents of this letter with a representative from Canberra Health Services, please phone <PHONE NUMBER>. A copy of the Australian Charter of Health Care Rights and our consumer complaints procedure is enclosed for your information.

**<Signature Block of Executive Director of the Division>**

**<Date>**

**CONDITIONAL AGREEMENT**

**ONGOING ACCESS TO AND USE OF CANBERRA HEALTH SERVICES FACILITIES AND SERVICES**

**THE CONDITIONS**

I, \_\_\_\_\_<FULLNAME>\_\_\_\_\_ \_\_ agree to treat all staff, consumers and visitors politely and with respect at all times.

I understand that threats, intimidating behaviour, verbal abuse, physical violence and other anti-social behaviour are unacceptable. Staff, consumers and visitors of Canberra Health Services are entitled to a safe environment free of violence, threats and intimidation.

I accept that I will be restricted to the treatment area or ward where I am a consumer or visiting.

On every occasion I will report to <NOMINATED, POSITION, SPECIFIC PERSON, SECTION OR SECURITY AT THE RECEPTION DESK> before proceeding to the treatment area or ward. I understand a security guard may be <on the ward/in the area> during my treatment or visit.

I agree to visit the <AREA OF THE ORGANISATION> on <DAYS> only and between the hours of <TIME> and <TIME>

If I am enquiring about a relative (if I am next of kin) using Canberra Health Services, the request for information may be made through the <CONSUMER LIAISON> officer or after-hours administrator.

[ADD ADDITIONAL CONDITIONS IF WARRANTED]

**Consequences**

If I don’t comply with this agreement, Canberra Health Services may withdraw treatment and/or take out a Workplace Protection Order (WPO) against my return to <AREA OF THE ORGANISATION> or return under strict legal conditions.

**<Signature Block of Executive Director of the Division>**

**<Date>**

**Agreement**

I agree to the conditions above and am aware that failure to comply with these conditions will result in my eviction from this hospital. I have been given a copy of this agreement.

I understand that if I breach any of the conditions CHS Security may evict me from the hospital and/or contact the ACT Policing to enforce the eviction.

Consumer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original (signed) to the Patient, Consumer or Visitor.

Copies are to be provided for:

Clinical record of the Patient or Consumer

The treating consultant of the Patient or Consumer

The GP of the Patient or Consumer

Executive Director of the Division

Canberra Health Services CEO

Senior Director Work Health Safety

Note: not all are required for a visitor

## Attachment 4: Common Signs of Violent or Aggressive Behaviour

A variety of behaviours referred to as ‘escalation’ may indicate actual or impending aggression and the presence of a calming support person can often de-escalate the patient/consumer or situation.

| **Factor**  | **Descriptions**  |
| --- | --- |
|  |  |
| Precursors for Escalation    | The four emotive/behavioural states commonly displayed on presentation of aggression are:  * Fear
* Frustration
* Manipulation
* Intimidation
 |
| Individuals - Behavioural warning signs of escalation   | A variety of behaviours may indicate impending or actual aggression/violence.    * Reported anger or violent feelings
* Tense or angry facial expressions
* Discontentment
* Unclear thought processes
* Poor concentration
* Fear or hyper vigilance, anxiety/panic attacks
* Person themselves reporting violent feelings or expression of intent to harm others
* Increase volume or content of speech - loud clipped or angry speech
* General Irritation, agitation or over arousal e.g. increased or prolonged restlessness, body tension, pacing, erratic movements, erratic movements, unwilling to sit or cooperate
* Repetitive behaviours – pacing, clenched fists, running hands through hair, tapping or banging
* Escalating behaviours – Demanding or argumentative, glaring, prolonged eye contact, refusal to communicate,
* Verbal threats or gestures or physical actions e.g. Biting, scratching or spitting throwing things, use of weapons, self-harming behaviours, covering self/ others in body fluids
* Signs of intoxication or disinhibition
* Clinical signs – persecutory ideation, delusions or hallucinations with violent content, psychosis or paranoia e.g. a delusional or perceived belief that the person is being persecuted or threatened
* Known personal triggers e.g. Blocking escape routes.
 |
| Anger  | Anger can be due to:  * Humiliation
* Rejection
* Interpersonal deregulation
* Feelings of being ignored
* Concerns or request dismissed
* Antisocial, explosive or impulsive personality traits or disorder
 |
| Stress  | Stress can be due to: * Grief e.g. to potential or perceived loss
* Frustration/helplessness
* Pain both acute and chronic
* Agitation secondary to depression
* Inadequate finances
* Side effects from medications which cause neurological agitation
* Dependency and withdrawal
 |
| Diminished capacity  | Poor compliance to instructions or capacity to self-regulate emotions can be affected by: * Disrupted sensory process due to developmental issues
* Intellectual disability
* Acquired brain injury
* Cerebral Vascular Accident (CVA)
* Transient Ischemic Accident (TIA)
* Dementia
 |
| Disinhibition  | Disinhibition can be decreased due to:  * Confusion or shock
* Neurological disorders e.g. acute stroke, epilepsy
* Intoxication of alcohol or substances
* Disinhibiting medication, including diazepam
* Poor impulse control e.g. in some people with a developmental disability
* Alcohol, nicotine or other substance withdrawal.
 |

## Attachment 5: Contact Numbers for ACT Policing

Police can be contacted on 000 (0-000 from landline) when an incident is ongoing and police assistance is required immediately. Staff should call 131 444 for any other situation, noting that the response can be escalated if you call 131 444 and an emergency response is needed.



## Attachment 6: Checklist of Information Required When Making a Statement to Police

* Time and date of incident
* Exact location of the incident
* Exact details of the incident (e.g. X punched Y in the right side of the face with a closed fist and yelled “…”)
* Descriptions or names of potential offenders including identifying marks etc.
* Witnesses to the incident and contact details (to corroborate evidence)
* Any contemporaneous notes made directly after the incident (e.g. RiskMan entries, etc.)
* Photographs of bruises/marks etc. or weapons/items (photographed in situ if possible).

|  |
| --- |
| Note: Staff should not divulge personal health information, such as illness or disability of the patient, without patient consent unless disclosure is considered in accordance with privacy principle 10.2.(d) - (d) the record keeper believes, on reasonable grounds, that the disclosure is necessary to prevent or lessen a serious and imminent risk to the life or physical, mental or emotional health of the consumer or someone else. |