



Damage to Property Procedure

Effective: 31 August 2016

1. Guiding Principles

- 1.1 If hospital property is damaged as a result of a patient's actions, the treating team are to assess the situation and make recommendations for determining the consequences of his/her behaviour.
- 1.2 The Kimberley Mental Health and Drug Service (KMHDS) reserves the right to seek financial reimbursement where damage to property occurs.
- 1.3 Where indicated, police assistance may be requested.
- 1.4 For all patients and /or carers including those who are of Aboriginal¹ origin or Culturally and Linguistically Diverse backgrounds, understanding is to be facilitated where appropriate, by:
 - 1.4.1 utilising leaflets
 - 1.4.2 using approved interpreter service
 - 1.4.3 involvement of an Aboriginal MH Liaison Officer
 - 1.4.4 involvement of carer, close family member or other personal support person (PSP).

2. Procedure

- 2.1 Any person who is observed to be causing damage to hospital or personal property must be reported immediately to the Shift Coordinator.
- 2.2 The incident may be subject to investigation to determine the consequences for the patient's behaviour.
- 2.3 The Shift Coordinator is responsible to ensure that a risk assessment is conducted and a plan is established based on the risk assessment. The plan may include the following:
 - 2.3.1 Consultation with the unit medical team
 - 2.3.2 Consultation with the Clinical Nurse Manager
 - 2.3.3 Request for police assistance
 - 2.3.4 Ensuring patients and visitors on the unit are moved to safety, away from immediate danger
 - 2.3.5 Ensuring the treatment environment is safe e.g. remove broken glass
 - 2.3.6 If the incident occurs after hours, inform the on-call psychiatrist, Broome Hospital (BH) After Hours Nurse Manager (AHNM) and the duty District Medical Officer (DMO)
 - 2.3.7 Debrief for other patients and staff who may have been affected by the incident

¹ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- 2.3.8 If a staff member is injured an on-line Safety Risk Report must be completed and form submitted to the Occupational Safety and Health Unit.
- 2.3.9 If a staff member is injured, information is to be provided regarding the Employee Assistance Program support.
- 2.4 Where an injury or harm occurs as a result of damage to property, a Clinical Incident Form is to be completed
- 2.5 Clear documentation is completed in the patient health record and includes:
 - 2.5.1 details of the incident
 - 2.5.2 a risk assessment
 - 2.5.3 details of actions taken.
- 2.6 Broome Hospital Maintenance Department is contacted if urgent assistance is required. In non-urgent situations, a request for repair form is completed and submitted to the Maintenance Department.

3. Roles and Responsibilities

3.1 Clinical Director

The Clinical Director has overall responsibility for ensuring that services are delivered in accordance with this procedure.

3.2 Consultant Psychiatrist

The Consultant Psychiatrist is responsible for the medical management of patients in accordance with this procedure.

3.3 Clinical Nurse Manager

The Clinical Nurse Manager is responsible for the implementation of this procedure.

3.4 All Staff

All staff are required to work within procedures to make sure that WACHS is a safe, equitable and positive place to be.

4. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the Public Sector Management Act.

WACHS staff are reminded that compliance with all policies is mandatory.

5. Evaluation

This procedure is to be reviewed every five years.

6. Standards

- 6.1 [National Safety and Quality Health Care Standards](#): 1.3.1; 1.5.1; 1.5.2; 1.14.1
- 6.2 [EQulPNational Standards](#): 2.13; 15.13.1; 15.16.1
- 6.3 [National Standards for Mental Health Services](#): 2.6; 2.10; 2.13; 8.7; 8.10
- 6.4 [National Standards for Disability Services](#): 1.7; 1.8; 1.9; 6.3

7. Legislation

[Occupational Safety and Health Act 1984](#)

8. References

- 8.1 Broome Mental Health Unit /Mabu Liyan Patient Rights and Responsibilities brochure
- 8.2 [RiskCover](#), Insurance Commission of WA, The Forrest Centre, 221 St Georges Terrace, Perth, Western Australia
- 8.3 [WorkCover WA](#), 2 Bedbrook Place, Shenton Park, Western Australia
- 8.4 [Patient Rights and Responsibilities Procedure – Broome Mental Health Unit \(Mabu Liyan\)](#)
- 8.5 WACHS [Employee Assistance Program](#)

9. Related Forms

Datix Clinical Incident Management System ([Datix CIMS](#)) form
WACHS [Safety Risk Report Form](#)

10. Related Policy Documents

[WACHS Adult Psychiatric Inpatient Services: Referral, Admission, Assessment, Care and Treatment Policy](#)
[Police Attendance Procedure – Broome Mental Health Unit \(Mabu Liyan\)](#)
[Patient Rights and Responsibilities Procedure – Broome Mental Health Unit \(Mabu Liyan\)](#)

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on request for a person with a disability**

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