



Duress Alarm Procedure

1. Guiding Principles

Alarms may be necessary at some health sites, for the personal security of staff members whose duties may expose them to the risk of violent acts, as defined in the WA Health [Prevention of Workplace Aggression and Violence Policy 2004](#). Where fitted, a duress alarm system supplements other protective strategies such as video surveillance, access barriers and withdrawal areas.

In order to ensure that staff are afforded maximum protection from security measures in place at sites, the responsible person is to ensure:

- effective response procedures are in place and maintained for duress alarms, where such systems are provided. It should be noted that duress alarms in some WA Country Health Service (WACHS) sites may alarm silently to a security company.
- a Code Black Emergency Management site procedure is developed to address the threat of violence.

This procedure is to be read in conjunction with related WACHS policy and Emergency Management site procedures.

2. Procedure

- The Code Black Emergency Management site procedure is to define the actions an employee at risk is to take before, during and after an alarm is activated.
- The procedure is to define the actions other employees at the site must take after they become aware that an alarm has been activated.
- Employees are to be trained how, when and when not to activate duress alarms and are to be informed about the nature of the response they can expect after an alarm is activated.
- Where fitted, hard-wired duress alarms are to be as unobtrusive as possible.
- Verification or call-back codes to the security monitoring company are not to be displayed near the duress alarm or in plain view.
- The responsible person is to ensure that following the security event they either make a copy of any CCTV coverage or prevent the CCTV coverage being overwritten with automatic backup procedures (if CCTV monitoring is in place).
- Any upgrades to a health site are to consider, on the basis of cost and risk, the inclusion of a duress system that alerts respondents to the location of the employee activating the alarm.
- The person responsible for duress alarm testing is to ensure that duress alarms are tested:
 - weekly for sites with a high risk of violence to employees, or
 - monthly for all other sites.

- The person responsible for duress alarm testing must ensure the duress alarms are re-set and functional.
- The security monitoring company is to be advised prior to the conduct of a test.
- The responsible person is to ensure that the testing of duress alarms is recorded and reported to the Occupational Safety and Health (OSH) Committee at each meeting.
- The responsible person is to ensure that any duress alarm found to be defective upon testing is promptly removed and replaced as soon as possible, with appropriate steps taken to mitigate any risk that might arise in the interim.

3. Definitions

Alarm	means either: <ul style="list-style-type: none">- fixed duress alarm means a hard-wired alarm system with duress buttons strategically placed throughout the building, or- pendant duress alarm means a portable device linked to the hard-wired alarm system in the building.
Responsible person	in the context of this procedure means: <ul style="list-style-type: none">- the line manager- the person in control of the workplace where this is not the line manager.

4. Roles and Responsibilities

Please refer to the WACHS [Security Risk Management Policy](#) for identification of Roles and Responsibility.

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

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

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

6. Evaluation

Target: 100% of duress alarms are tested and reported to the OSH committee.

7. Standards

[EQulPNational Standards](#) : 15.21.2

8. References

[Australasian Health Facilities Guidelines](#), Part C – Design for Access, Mobility, OHS and Security (2010). HCAMC and UNSW, Sydney, NSW.

[Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities \(2003\)](#). NSW Department of Health, Sydney, NSW. Standards Australia, (1997). [AS/NZ 4485.1:1997 - Security for Health Care Facilities \(General Requirements\)](#). Homebush, NSW.

Standards Australia (1997). [AS/NZ 4485.2:1997 Security for Health Care Facilities \(Procedures Guide\)](#). Homebush, NSW.

Standards Australia, [AS/NZS ISO 31000:2009 - Risk Management](#). Homebush, NSW.

9. Related Forms

WACHS [Safety Risk Report Form](#)

10. Related Policy Documents

WACHS [Access Control Procedure](#)

WACHS [Key Control Guideline](#)

WACHS [Safety Risk Reporting Procedure](#)

WACHS [Security Risk Management Policy](#)

WACHS [Video Surveillance Policy](#)

WACHS [Emergency \(Disaster\) Management Arrangements Policy](#)

11. Related WA Health Policies

[WA Health Risk Management Policy and Framework](#). WA Health, Perth, WA.

[Prevention of Workplace Aggression and Violence Policy 2004](#). WA Health, Perth, WA

12. WA Health Policy Framework

[Employment Policy Framework](#)

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Contact:	Work Health and Safety Manager (K.McClean)		
Directorate:	Workforce	TRIM Record #	ED-CO-15-2123
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