

Safe Working Procedure for Interviewing Clients

Effective: 29 June 2017

1. Guiding Principles

Pilbara Mental Health & Drug Service provides an assessment and treatment service to people within the Pilbara region who have a psychiatric disorder. Within the model of recovery and Aboriginal¹ care we must provide a safe place for people to plan the recovery process.

Our Vision: Healthier, longer and better quality lives for all country Western Australians

The interviewing rooms in the Pilbara Mental Health and Drug Service (PMHDS) office at the Hedland & Nickol Bay Health Campus' are out of sight and hearing range to staff offices. When activated, the duress alarm systems are not audible to PMHDS staff sitting in their offices and are therefore, unaware a response is required. This is also an issue at Newman & Tom Price services.

2. Procedure

- 2.1 Staffs are required to wear their allocated personal duress alarm when interviewing 'at risk' clients.
- 2.2 Mental Health clients with relevant risk factors are to have a red alert form completed and placed in the front of the client's medical record in addition to PSOLIS / SIMS.
- **2.3** Known clients with risk alerts are to be interviewed by two staff at all times.
- **2.4** Known clients who do not have risk alerts may be interviewed by one staff member.
- 2.5 Highly aroused clients must be interviewed in the Emergency Department (ED) following notice in advance. If required, the police are to be called to safely escort the client to the ED.

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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.

3. Definitions

At Risk Clients	Clients who have alerts on PSOLIS, are intoxicated, agitated and are highly aroused	
Personal Duress Pendant	Orange and white alarm button issued to staff, to be worn on person. When pressed this alarm notifies South Hedland Police of need to respond; it is checked weekly by receptionist.	
Wall Mounted Duress Alarm	Located in interview rooms, reception and treatment room	
PSOLIS	Psychiatric Services On-line Information System.	
Datix CIMS	Datix Clinical Incident Management System	

4. Roles and Responsibilities

- 4.1 If a client becomes disturbed during the assessment, interview staff are required to press their personal duress alarms, this notifies the security call centre who will ring reception to verify incident. The wall mounted duress alarms can also to be pressed, these are also connected to the security call centre, though Hedland's wall system is separate and advises the following staff of the incident and the location so they can respond:
 - Receptionist who is to direct the staff in the office to assist
 - Security Guard (when on duty)
 - Orderly
 - After Hours Nurse Manager
- **4.2** Staff responding are to ensure their safety before entering the room. (Re: **Code Black**) When more than one staff member is responding, a plan is to be formulated as to each person's role i.e. allocation of a spokesperson who is to approach the client and direct staff response.
- **4.3** Once the client is stabilised, a clinical assessment is to be made as to the appropriate course of action using the police as necessary.
- 4.4 Staff who are involved in the incident are to be offered first aid and further medical assistance as required. Following completion of the relevant documentation, (Datix or Safety Risk Report forms and in client's medical record) a review / debrief of the incident is to be conducted by the most senior person on site.

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- 4.5 A risk assessment is to be completed on entry for all clients of the service. If the client is an activated client of this service they are to have a review of the risk completed every three months.
- **4.6** A personal duress pendant is to be worn when interviewing 'at risk' clients.

5. Compliance

It is the responsibility of all staff present to respond to a duress alarm.

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the <u>Employment Policy Framework</u> issued pursuant to section 26 of the <u>Health Services Act 2016</u> (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

Each incident is to be reported on <u>Datix CIMS</u> or WACHS <u>Safety Risk Report Form</u> completed as required.

All incidents are to be reviewed within 72 hours post incident.

The review is to be convened by the Team Leader as soon as practicable to which the participants are to be invited, including the OSH representative.

Recommendations following the post incident review are to be discussed at the site tool box meeting.

7. Standards

EQuIPNational Standards - 15.21

8. Legislation

- WA Mental Health Act 2014
- Clinician's Guide to Mental Health Act 2014
- WA Occupational Health and Safety Act 1984

9. References

- Code Black Personal Threat Procedure Hedland Health Campus
- Code Black Personal Threat Procedure Nickol Bay Hospital
- Code Black Personal Threat Procedure Newman Hospital
- Code Black Personal Threat Procedure Tom Price Hospital

10. Related Forms

WACHS Safety Risk Report Form

11. Related Policy Documents

- Code Black Personal Threat Procedure Hedland Health Campus
- Code Black Personal Threat Procedure Nickol Bay Hospital
- Code Black Personal Threat Procedure Newman Hospital
- Code Black Personal Threat Procedure Tom Price Hospital

12. Related WA Health Policies

- Operational Directive OD 0384/12 Code Black Alpha (Infant/Child Abduction)
- Operational Directive OD 0593/15 Code Black Bravo Active Shooter

13. WA Health Policy Framework

Public Health Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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