



Security Procedure

Effective: 24 April 2017

1. Guiding Principles

The WA Country Health Service, Great Southern (WACHS-GS) is committed to ensuring that patients receive optimal care and that services are provided in an appropriate and safe environment for both patients and staff.

The service is compliant with the *Occupation Health and Safety Act 1984*, the *Disaster Emergency Management Act 2005* and the *Mental Health Act 2014* and WACHS [Security Risk Management Policy](#).

All Great Southern Mental Health Service staff are trained in code black procedures in stepped modules according to individual roles. Albany Hospital Acute Psychiatric Unit (APU) staff and Community Mental Health (CMH) triage staff are part of the mental health code black response team. The Clinical Nurse Manager APU and the Mental Health Liaison Nurse team respond to code black activations in all wards of Albany Hospital. APU and CMH Triage staff are trained in escape and evasion and patient restraint, other CMH staff are trained in escape and evasion.

Security Services in Albany Hospital are provided by trained security personnel employed by WACHS Great Southern who have also undergone code black training. Security personnel are based in the security office adjacent to the Emergency Department. Security measures include the use of closed circuit television, regular monitoring of the site, and response to activation of the position locating fixed and mobile duress buttons and tags.

All staff are expected to wear duress tags when on shift and having contact with clients regardless of perceived risk. These duress tags are to be signed out on the booking sheets provided and re-charged once returned. All clinical rooms have wall mounted fixed duress buttons coloured red.

2. Procedure

The Occupational Safety and Health (OSH) representative on the APU is required to audit the unit in line with the Great Southern OSH auditing schedule to identify any risks to staff and monitor patient safety and security. Any safety risks must be documented on the WACHS [Safety Risk Report form](#) and forwarded to the APU Nurse Unit Manager. The OSH representative for CMH fulfils a similar role for outpatient settings.

Patients and/or carers other than those on the Consumer Advisory Group are not permitted to access the staff only areas of the CMH clinic. The consumer Advisory Group members are permitted to access meeting rooms in staff only areas as required for meetings but must be accompanied by a staff member at all times to ensure the safety of all visitors to the clinic.

2.1 APU Visitor access

All visitors to the APU must be signed in at the nursing station. The sign in book is to register name and contact number and patient being visited. See [Visitors Procedure - Albany Hospital Acute Psychiatric Unit](#) for more information.

The main entry to the APU is controlled and access can be restricted if required. Visitors to the APU who are intoxicated and/or violent are to be refused access to the unit. APU staff are to use their duress pendant to seek assistance from the Code Black team to prevent or manage aggression from visitors who have been refused access or asked to leave the ward. The same applies to patients accessing the CMH clinic.

2.2 Access to dangerous items

Storage on the APU of chemicals, sharp knives and electrical equipment is to be avoided where possible.

- **Chemicals.** Any chemicals that must be stored on the ward must be kept in a locked cupboard. There must be a register of all chemicals stored that is checked monthly by the OSH representative. Material Safety Data Sheets (MSDS) for the chemicals must be stored with the chemicals and appropriate signage displayed.
- **Sharp knives.** Use of sharp knives may be required during Occupational Therapy (OT) cooking sessions or nurse led activities in the OT kitchen area. The senior staff member organising the activity is required to assess the risk of patients having access to sharp knives and restrict access if there is any risk that the knife may be used as a weapon or for self-harm. Other equipment that is safer for use for the chopping of food items (e.g. slice/dice machines) are to be considered if appropriate. Please see section 2.4 below for further instruction.
- **Electrical cords/cabling and equipment.** Electrical cords and cabling are ligature risks and can also be a risk for trips and falls. If electrical cabling or cords are required, efforts are to be made to attach these to walls or floors and covered in some way to make use as ligature more difficult. These measures will also reduce the risk of trips or falls. Cords/cabling must be stored away at completion of use.

2.3 Therapeutic equipment

All therapeutic equipment in the APU must be stored safely and reconciled regularly by the shift coordinator and/or Senior OT.

2.4 Occupational Therapy (OT) kitchen

- All staff using the therapeutic space are responsible for ensuring that all equipment is stored safely at all times in the OT kitchen area.
- The senior OT is to maintain an inventory of all items within the kitchen. Equipment is to be checked against this inventory at the end of sessions by the senior staff member running the session to ensure that items are returned and nothing has been damaged. Any knives issued to patients are to be formally checked in at the end of the session to ensure no knives are missing. All sharps are to be returned after use to the sharps cupboard and the sharps cupboard secured.
- Any items that have been damaged are to be removed until they have been fixed or replaced.

2.5 Treatment rooms

2.5.1 The APU Nurse Unit Manager is responsible for developing a system within the APU treatment room to monitor medication and medical equipment. It is the responsibility of all APU staff to follow procedures in place to maintain the safe working environment of the treatment room.

2.5.2 The Triage Team Leader is responsible for developing a system with the CMH treatment room to monitor medication and medical equipment. It is the responsibility of all CMH staff to follow procedures in place to maintain the safe working environment of the treatment room.

2.6 High risk patients

Patients assessed as at high risk of violence and aggression are to be managed in the APU secure unit with appropriate management strategies developed to reduce the risk of violence and aggression (e.g. pharmaceutical, de-escalation, relaxation strategies, use of a one on one nursing special and/or guard).

Patient observation as per the [Patient Observations Procedure - Albany Hospital Acute Psychiatric Unit](#) is to be implemented.

All APU staff and visiting CMH staff are required to wear a duress pendant at all times when on the APU and to initiate a Code Black in any situation where they feel under threat. CMH staff must wear a duress pendant when assessing unknown or highly changeable patients in the CMH clinic. It is recommended that CMH staff wear a duress pendant at all times when in the patient accessible areas of the CMH clinic.

In CMH all high risk patients are to be seen in Room 8, the high risk interview room. If required security presence is to be organised either before or during assessment and activity in the room supervised by way of CCTV from the reception area. CMH staff should provide two staff members for all high risk assessments to maximise personal safety.

3. Definitions

Code Black	A call for assistance when any individual (staff, patient or visitor) is at personal threat of harm from an act of aggression.
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4. Roles and Responsibilities

All Staff

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

APU Nurse Unit Manager is required to ensure that all APU staff complete annual code black training and that all incidents of patient aggression are investigated and recommendations as applicable implemented.

Team Managers, Lower GS Mental Health and Central and Upper GS Mental Health are required to ensure that all CMH staff complete annual code black training and that all incidents of patient aggression are investigated and recommendations as applicable implemented.

5. Compliance

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

6. Evaluation

Monitoring of compliance with this document is to be carried out by Manager, Great Southern Mental Health Service every two years using the Clinical Incident Management System and OSH reporting tools.

7. Standards

- [National Safety and Quality Health Care Standards](#)
1.8.3, 1.12.1, 1.13.1, 1.13.2, 1.14.1, 1.14.2
- [National Standards for Mental Health Services](#)
2.1, 2.6, 2.9, 2.10, 2.11, 2.12, 2.13.

8. Legislation

- [WA Mental Health Act 2014](#)
- [Clinician’s Guide to the Mental Health Act 2014.](#)
- [WA Occupation Health and Safety Act 1984](#)
- [WA Emergency \(Disaster\) Management Act 2005](#)

9. References

- WACHS [Safety Risk Reporting Procedure](#)
- WACHS [Safety Risk Report Form](#)
- WACHS [Safety Risk Identification Procedure](#)
- WACHS [Duress Alarm Procedure](#)
- [Emergency Response - Code Black Personal Threat - Albany Hospital](#)

10. Related Forms

- WACHS [Safety Risk Report Form](#)

11. Related Policy Documents

- WACHS [Security Risk Management Policy](#).
- [Emergency Response Code Black Personal Threat Procedure - Albany Hospital](#)
- [Visitors Procedure - Albany Hospital Acute Psychiatric Unit](#)
- [Patient Observations Procedure - Albany Hospital Acute Psychiatric Unit](#)

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

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