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# Use of the Secure Unit Family Meeting Room Procedure

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## 1. Guiding Principles

Effective: 02/12/2019

Section 19 of the [WA Occupational Safety and Health Act 1984](#) imposes a duty of care obligation on the WA Country Health Service to provide workplaces and systems of work that are as free as practicable from hazards and the risk of harm.

Great Southern Mental Health staff face a number of hazards related to providing inpatient mental health treatment to those whose illness and symptoms may increase agitation and potential for aggression.

The secure unit family meeting room is located adjacent to the secure unit within the Albany Hospital Acute Psychiatric Unit (APU). It is used for two purposes, meetings between clinical staff, family members and patients to discuss the treatment of both voluntary and involuntary patients admitted to the secure unit within the APU and for patients in the secure unit to safely meet with their family members.

In order to maintain the safety of all involved in these meetings the following procedure must be followed.

## 2. Procedure

### 2.1 Clinical treatment meetings

When planning a meeting in the secure unit family meeting room, the following steps must be taken:

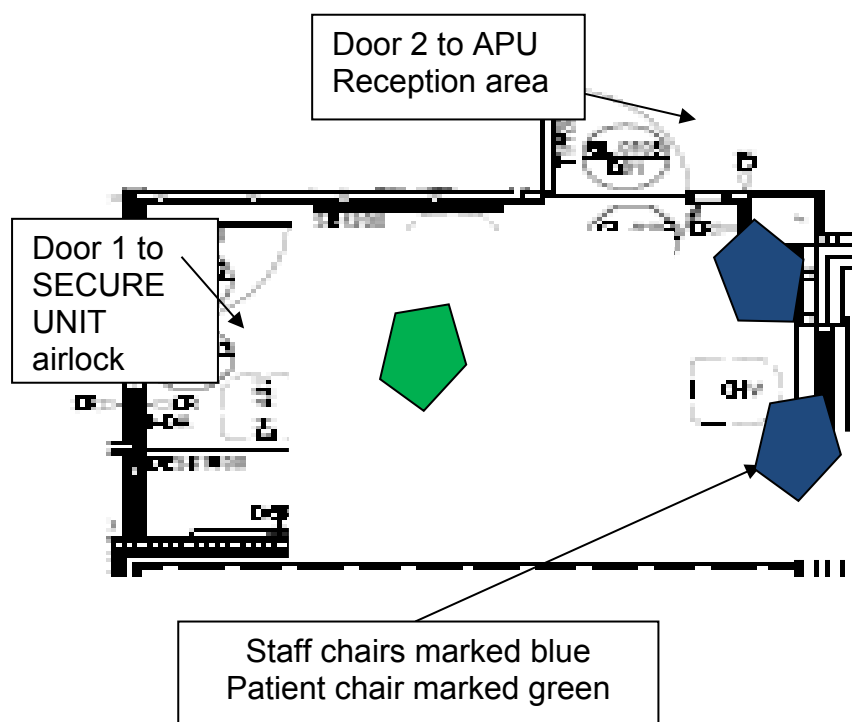
1. Notify the shift coordinator of the time of the meeting, those who are to be present and the likely duration of the meeting.
2. Ensure the secure unit family meeting room and secure unit airlock are free from potential hazards (eg plastic chairs, rubbish bins, bags)
3. If it is assessed that the patient may escalate in behaviour as a consequence of the meeting, contact security/orderlies to be present on the secure unit, in the airlock or outside door 2 in the APU entry foyer, on stand-by for prompt response to code black.
4. Utilise CCTV in the handover room which is to be monitored by other nursing staff and/or security during the meeting
5. The APU administrative staff member and nursing staff located in the handover room are responsible for ensuring that visitors to the unit are moved quickly through the waiting area to ensure the area is kept vacant in case a Code Black is activated.
6. A staff member or security officer is to remain in the secure unit airlock to provide safe access for the patient back into the secure unit
7. Ensure that all staff members involved in the meeting are wearing a duress pendant and are familiar with how to activate a Code Black.

8. Ensure that the meeting room is set up in the following way:
  - staff members are placed on the side of the room next to door 2, the closest door to the APU reception area (see diagram below)
9. If the patient becomes distressed, the patient can leave via door 1 into the secure unit airlock and return to secure unit through the airlock.
10. In the event of a Code Black, staff are to leave via door 2 into APU reception and retreat to the safety of the staff handover room.
11. Another staff member must be deployed in the corridor leading to the APU, via the OT group room, to ensure no visitors enter the unit until the Code Black has been stood down.
12. The waiting area of the APU cannot be exited without proximity card. If a secure unit patient has managed to leave via door 2 into the reception area they are not to be able to leave the unit. In this event, the Code Black response team is required to escort the patient safely back into the secure unit via the airlock.

## **2.2 Family visiting**

- Refer to APU Visitors procedure (see references) for information regarding sign in/access for visitors
- The secure unit family meeting room can be used for visitation if not already in use for a clinical treatment meeting. In this instance, notify the patient, secure unit staff and shift coordinator of the visitor and the meeting arrangements.
- Prior to the meeting property brought in by any visitors is to be searched by staff, with the consent of the visitor, prior to entry into the secure unit family meeting room. All items not permitted for safety reasons are to be removed before family members enter the family room. If the family member refuses permission to conduct a search of items they can be returned to their vehicle or left in the handover room and returned to the visitor at the end of the meeting. If this is also refused the meeting is not to proceed.
- At the conclusion of the meeting, if not prohibited any removed items or items surrendered can be returned to the family as they leave the APU.
- Visitors are only to be given access to the secure unit family meeting room through door 2 off the APU reception area, and advised the visit is monitored via CCTV. They are to be given information about how to access staff to request assistance to exit the secure unit family meeting room at the end of the visit.
- Patients are to be given access to the secure unit family meeting room through door 1 within the airlock, and only after door 2 from reception is secure unit is securely closed
- A staff member is to remain in the secure unit airlock to facilitate transfer of the patient back to secure unit at the conclusion of the visit. Staff in the handover room are to monitor the visit on CCTV for the duration.

- Once the visit is over, the patient is to return first to the secure unit through door 1 via the airlock. After the patient is securely returned to the secure unit, visitors can then be assisted to exit through door 2 and into the APU reception to then leave the APU via the door leading to the main hospital.



### 3. Definitions

<b>Code Black</b>	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

**APU Clinical Nurse Manager:** To ensure that all staff receive an orientation to the safety processes associated with use of the secure unit family room.

### 5. Compliance

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 [Integrity 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

Monitoring of compliance with this document is to be carried out by the APU Clinical Nurse Manager, every two (2) years following a review of incident reports in relation to the use of the room.

## 7. Standards

[National Standards for Mental Health Services](#) 2.6, 2.12, 6.16, 7.2, 10.1.1, 10.1.7

[National Safety and Quality Health Service Standards](#) (Second Edition 2017) 1.7, 1.10, 1.29, 1.30, 5.13, 5.33. 5.34

## 8. Legislation

[Mental Health Act 2014](#)

[WA Occupational Safety and Health Act 1984](#)

## 9. References

[National Standards for Mental Health Services](#) 2010, Commonwealth of Australia

[Emergency Response - Code Black Personal Threat - Albany Hospital](#)

[Visitor Procedure - Albany Hospital Acute Psychiatric Unit](#)

## 10. WA Health Policy Framework

[Mental Health Policy Framework](#)

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

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