

INTERNAL ONLY
ISLHD PROCEDURE
NUMBER -



Health
Illawarra Shoalhaven
Local Health District

NAME OF DOCUMENT	The Role of the Security Staff in the Management of Children and Adolescents within ISLHD Facilities
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	ISLHD Executive Director Clinical Operations
AUTHOR	Facility Support Manager Northern and Southern Illawarra Hospital Group
KEY TERMS	Child (up to 16 years of age - Adolescent (16 years -18 years)
FUNCTIONAL GROUP OR HUB	Security – Patient Safety
NSQHS STANDARD	Standard 5 and Standard 6
SUMMARY	<p>The need to manage behavioural disturbance in children/adolescents in ISLHD Facilities is achieved utilising a multi-disciplinary approach.</p> <p>The roles and responsibilities of staff, including when a child/adolescent requires observation, seclusion and restraint, are set out in this document. Underlying this document is the principle that children/adolescents must be treated in the least restrictive manner possible with the use of restraint an option of last resort.</p>

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to ISLHD-CorporateGovernance@health.nsw.gov.au

1. POLICY STATEMENT

At times it is necessary for a child or adolescent to be restrained while in hospital. Children and adolescents sometimes require treatment and detention under the [Mental Health Act 2007](#).

In order to keep the Child or Adolescent patient safe, or receive medical/nursing care if a patient is required to be restrained, it is important that health workers do not put themselves, their colleagues or mental health consumers at unnecessary risk.

Where it has been determined that restraint of a child/adolescent is necessary, this restraint will be undertaken by clinical/nursing staff in the first instance, with supplementary assistance provided by security staff if the situation escalates beyond the control of the clinical/nursing staff.

1:1 Nursing (Specialling) for the activity is to be undertaken by clinical staff and Close personal monitoring for the activity to be undertaken by security staff. Security Staff must **never** undertake 1:1 nursing/specialling, but may assist in the close personal monitoring of the staff member allocated to the patient who is being specialled, to assist with protecting staff members.

2. BACKGROUND

This procedure provides greater clarity for staff in their roles and responsibilities, applicable to the restraint and 1:1 nursing / specialling/ close personal monitoring of children / adolescents in hospital.

3. RESPONSIBILITIES

3.1 Clinical (Nursing) Staff will:

- Read, understand and comply with the requirements of this policy and procedure.
- Be aware of the hospitals security duress alert response and in Mental Health units the 'Mental Health Interpersonal Response Team response' (MHIRT)
- Initiate and or undertake restraint where that is necessary' and 'understand the role of security staff in NSW Health.
- Provide leadership in any interventions designed to manage disturbed or aggressive behaviour.
- ALWAYS be present during interactions/observation of the patient.
- Adhere [to Seclusion and Restraint Workflow Procedure ED-CLIN-PROC-08](#)

3.2 Non-Clinical Staff will:

- Comply with the requirements of this policy and procedure.
- Follow the direction of clinical staff in the management of disturbed or aggressive behaviour if it is safe to do so.

3.3 Line Managers/ Operation Managers/Facility Support Managers will:

- That Hospital Managers will monitor this document and ensure that staff comply with its requirements.

3.4 Mental Health Department:

- That Mental Health Managers will monitor this document and ensure that staff comply with its requirements in our 'Declared' Mental Health facilities.

4. PROCEDURE

4.1 Security in the hospital – Referring to Security Staff and Health and Security Assistant (HASA)

When requested /instructed by the Senior Clinician, hospital staff are responsible for the care and the management of behavioural issues. Where the person's behaviour presents a risk to themselves or others, hospital staff may engage the assistance of Security Staff by activating the hospitals security 'Alert Response Team' or in Mental Health units the Mental Health Interpersonal Response Team response (MHIRT). Where the level of risk is unable to be safely managed, police may be called upon to assist.

If following a joint assessment at the handover of a patient it has been agreed that the patient does not present a risk to public safety the police will withdraw. However if a patient's behaviour subsequently escalates security staff may be involved in assisting clinical/nursing staff to manage this behaviour, to the extent of their role, or they may assist with removing/keeping other patients and staff out of the immediate vicinity until the police attend.

Role of Security Staff in Restraint:

Security staff can engage in a physical restraint when it is safe to do so, and where there is sufficient staff to manage safely, after less restrictive methods including de-escalation techniques have failed. This restraint is an option of last resort and is limited as far as follows:

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- Physically restrain a person who has assaulted or is threatening to assault staff, another patient or a visitor and where security staff believe the restraint is necessary to defend themselves or others.
- Physically restrain a person who has destroyed or damaged or is threatening to destroy or damage hospital property and where the security staff believe the restraint is necessary.
- Physically restrain a person who is incapable of giving consent, on the direction of a clinician, for the purposes of carrying out urgent and necessary medical treatment to save the person's life or to prevent serious harm to the person or to others.

Security Staff may also assist other staff in carrying out these tasks.

Restraint should only be used to respond to an immediate risk of harm with no more force used than is reasonable and necessary to deal with the risk of harm. Restraint should only ever be used as the last resort to deal with a risk of harm.

Security staff must not place themselves at unnecessary risk in carrying out their duties. In practice, there may be times when the duty of care to patients or others may require intervention but at **no time** should the duty of care override a staff member's right to safety.

Role of Security in Staff in Detaining a Patient

Security staff must only stop a person from leaving a hospital where directed to do so by a clinician, and where that person is lawfully detained and unlawfully attempting to escape or abscond from their detention, and it is safe to do so. **The onus is on the clinician to ensure that the direction to retrieve the patient is lawful.**

A patient who is NOT detained under the Mental Health Act should not be prevented from leaving the hospital by security staff. If there are serious concerns about the safety of a person who leaves, the police should be informed.

The legal protection of Health Staff (including Security Staff) assisting in the detention and/or restraint of a child or adolescent is outlined in the following Legislation;

[HEALTH SERVICES ACT 1997 - SECT 139A](#) - Liability of certain persons assisting in the exercise of functions under the [Guardianship Act 1987](#) and the [Children and Young Persons \(Care and Protection\) Act 1998](#):

(1) Any person who is a member of staff of the NSW Health Service who, in good faith, assists a registered health practitioner who is exercising a function that is conferred or imposed on the practitioner by or under [Guardianship Act 1987](#) or [Part 1 of Chapter 9 of the Children and Young Persons \(Care and Protection\) Act 1998](#) is not personally liable for any injury or damage caused in assisting the practitioner in exercising any such function

(2) If subsection (1) prevents liability attaching to a person, the liability attaches itself instead to the local health district, statutory health corporation, in which the member of the NSW Health Service was employed at the time the assistance was rendered.

4.2 Procedure for Restraining Child or Adolescent Patient (Referenced from Principles for Safe Management of Disturbed and/ or Aggressive Behaviour and the Use of Restraint PD2015_004 Section 3) - [disturbed-or-aggressive-behaviourpdf.pdf](#)

Prior to Restraint:

- Assess the patients current behaviour and any risk to self, others or property as a result of same.
- This should involve the preparation of a risk assessment on the patient. (Behavioural Assessment Tool) Any risk assessment should be a consultative process between clinical/nursing staff and security.
- Attempt less restrictive and confrontational options for controlling behaviour, as appropriate (refer to [disturbed-or-aggressive-behaviourpdf.pdf](#))
- Clinical leadership and decision making is required for planning restraint and sedation. Adequate numbers of VPM trained staff should be present in the restraint of the Child or Adolescent patient. Activating the hospitals security 'Alert Response Team' or in Mental Health units the 'Mental Health Interpersonal Response Team' response (MHIRT) may assist in ensuring an appropriate response.
- Prior to restraint, communication within the team of staff engaged in the restraint of a child/adolescent is necessary to ensure all members understand their role and responsibility under this procedure.
- Where it has been determined that restraint of a child/adolescent is necessary, this restraint will be undertaken by clinical/nursing staff in the first instance, with supplementary assistance provided by security staff if the situation escalates beyond the control of the clinical/nursing staff
- Ideally the parent/guardian should be present prior to any seclusion and restraint in order to give consent. This is consistent with the management of children in community and inpatient models of care. The parent/guardian can then be moved to safe zone whilst the procedure is undertaken.

During Restraint:

- The Restraint Team should be assembled as per Violence Prevention Management Training (VPM), with Security Staff on standby in case the situation escalates beyond the control of the clinical/nursing staff
- Restraint should be implemented quietly and swiftly as practicable.
- The nurse or medical officer in charge, co-ordinating the restraint, will engage the patient verbally and inform the patient that there is a need for safety and for the restraint process.
- At all times during restraint staff should remain calm, talking in a reassuring manner.

After Restraint:

Assessment and monitoring a patient / individual who is placed in restraint:

- It may not be possible to assess the patient / individual before the restraint procedure is being applied. Immediately after the patient/ individual is being restrained, a clinical assessment must be undertaken by a medical officer to identify and treat any underlying clinical condition that may have caused the aggressive behaviour.
- If the patient/ individual is under the [Mental Health Act 2007](#), or will likely be, the Nurse in Charge should be in attendance, and the Psychiatric registrar be contacted to attend as a matter of priority.
- Patients should not be left alone and must be monitored by nursing staff continuously. Children and adolescents will be managed in an appropriate clinical manner according to District procedures and policy guidelines, recognising the possible trauma and anxiety of being held in the facility.
- The appropriate restraint register and/or seclusion register must be noted with the details of any clinical direction to restrain children as per the same process for adults. ([Refer ED CLIN PROC 08 Seclusion and Restraint Workflow Guideline - Emergency Department](#))

Procedure for Seclusion of a Child or Adolescent Patient

- Seclusion is defined as: The confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented, and the Key elements are :
 1. The consumer is alone (i.e. isolated from other consumers)
 2. The seclusion applies at any time of the day or night
 3. Duration is not relevant in determining what is or is not seclusion
 4. The consumer cannot leave of their own accord.

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_004.pdf

5. Preventing, minimising and managing disturbed behaviour in mental health facilities in NSW p33)

- Security staff will NOT be engaged for direct close protective monitoring of the child or adolescent, but can be utilised to ensure the safety of the staff directly involved of the care of the child or adolescent. This process must involve the allocation of a dedicated clinical/nursing staff member to manage any direction to restrain or ensure compliance from the child or adolescent. **There must be a dedicated clinician/nurse remaining with the patient/consumer at all times.**

5. DEBRIEFING

- An appropriate debriefing following restraint should be offered to the patient by the Nurse in Charge explaining why a restraint was necessary. The patient should be given the opportunity to voice their concerns on how the restraint process made them feel. Staff should discuss with the patient, strategies that would reduce the need for a restraint in the future.
- Debriefing should also be offered to the staff involved in the restraint, focussing on the cause of the incident and the response, and any areas for improvement in the process.

5.1 Security and Patient Documentation (Mandatory):

- Security Handidata report to be completed.
- Behavioural assessment tool (BAT form).
- Patient medical record to be noted specifically about the restraint process.
- Restraint and seclusion registers must be noted.
- Debriefing mechanism to be used as an education tool to improve the response to future incidents.

Issues relating to the management of high risk patients including Child and Adolescent patients must be the subject of consultation with triage and clinical leads, security and NSWPF/NSWA. Every effort will be made to allow NSWPF to leave the site when correct management of patient has been agreed upon by all stakeholders as per the [NSW Health – NSW Police Force Memorandum of Understanding \(MOU\) 2018](#).

On occasion, the assistance of police may be required to manage incidents within health facilities which pose a threat to public safety.

6. DOCUMENTATION

- Behaviour Assessment Tool
- Seclusion & Restraint Register
- HandiData Incident Report
- IMS+(when required)

7. AUDIT

Not required.

8. REFERENCES

- [Crimes Act 40/1900 Section 418 Self Defence](#)
- [Civil Liability Act 22/2002 Section 52 No civil liability for acts in self-defence](#)
- Mental Health Act 8/2007
- [Guardianship Act 1987 No 257 - NSW Legislation](#)
- [HEALTH SERVICES ACT 1997 - SECT 139A Liability of certain persons assisting in the exercise of functions under Guardianship Act 1987 and Children and Young Persons \(Care and Protection\) Act 1998](#)
- [Security Industry Act 1997 No 157 - NSW Legislation](#)
- [Security Industry Regulation 2016](#)
- [Children and Young Persons \(Care and Protection\) Act 157/1998](#)
- [Children and Adolescents – Safety and Security in NSW Acute Health Facilities. PD2010_033](#)
- https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_004.pdf
- [Children and Adolescents – Guidance for Care in Acute Care Settings. PD2010_034](#)
- https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2015_007.pdf
- [ED CLIN PROC 08 Seclusion and Restraint Workflow Guideline - Emergency Department](#)
- Use of Behaviour Assessment Tool.
- [NSW Health – NSW Police Force Memorandum of Understanding \(MOU\) 2018.](#)
- [Protecting People and Property NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies June 2013, Chapter 14 Role of Security Staff in NSW Health.](#) NSW Health Role of Security Staff Information Sheets
- Alert Team Response Procedure
- Mental Health Interpersonal Response Team (MHIRT)

9. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
October 2017	0	Facility Support Manager SHH
July 2019	1	Facility Support Manager NIHG Senior Security Officer TWH
September 2019	1	Approval/Date: Corporate Policy Recommendation Committee – September 2019
October 2019	1	Approval/Date: Executive Director Finance – October 2019
November 2021	2	Author: Facility Support Manager NIHG/SIGH Approval/Date: Corporate Policy Recommendation committee / November 2021 Approval/Date: Executive Director Clinical Operations / November 2021