

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



Health
 Illawarra Shoalhaven
 Local Health District

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AUTHOR	District Manager Security & Fire Safety
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FUNCTIONAL GROUP OR HUB	District
NSQHS STANDARD	Standard 1
SUMMARY	Procedure provides guidelines to Security and Health and Security (HASA) staff who may need to respond to an aggressive incident. This document must be read in conjunction with the MoH Policy and Standards for Security Risk Management in NSW Health Agencies Protecting People and Property Manual 2013 with particular reference to Chapters 14, 25, 26 and 27

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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

1. POLICY STATEMENT

Protecting people and property - [MoH Policy and Standards for Security Risk Management in NSW Health Agencies](#) [Protecting People and Property Manual 2013](#) outlines appropriate management strategies to reduce the risk of injury and loss of property in health facilities, and addresses the most appropriate standards for responding to violence and threats within the workplace.

This procedure provides specific guidelines for security and related staff to follow in aggressive incident situations where a physical response may be required.

2. BACKGROUND

Definitions:

Code Black	The colour code allocated by the Australian Standard AS4083-2010 <i>Planning for emergencies – health care facilities</i> for Personal Threat (Armed or Unarmed Persons Threatening Injury to Others or to Themselves, or Illegal Occupancy)
Incident	Any unplanned event resulting in, or having a potential for injury, ill-health, damage or other loss.
Patient	A person under health care whether waiting for, receiving or has already received that care.
Restraint - physical	Hands-on immobilisation or physical restriction of a patient, by staff, to prevent the patient from harming themselves or endangering others, or to ensure the provision of essential medical treatment. Only the minimum amount of force required to respond to a situation must be used. Except in specified emergency situations a decision to use restraint must only be made by a clinician.
Violence	For the purpose of this document, violence is defined as any incident in which an individual is abused, threatened or assaulted.
Zero Tolerance	ISLHD staff have the right to work in a violence free workplace. NSW Health has adopted a zero tolerance response to all forms of violence in the workplace or any other place where health related activities are carried out.

3. RESPONSIBILITIES

- 3.1 Employees will:** (Security and related staff) will: Follow this procedure and attend relevant training.
- 3.2 Line Managers will:** Ensure staff are aware of this procedure, and appropriate training is arranged and attended on orientation and on a regular basis, and competencies monitored.
- 3.3 Network Managers/ Service Managers will:** Monitor compliance and request written feedback in every incident that requires a physical response. An evaluation of the incident will be required and reported to the relevant Tier 2.

4. PROCEDURE

4.1 General guidelines in physical response situations

Staff dealing with aggressive behaviour need to have attended specific training and have the ability to:

- Have specific expertise in identifying precursors to violent behaviour
- Be non-judgemental in their approach
- Identify with the individual's situation
- Be respectful and sensitive in their approach
- Communicate effectively

First stage

The first line response in management of aggressive or resistive behaviour is the **use of de-escalation skills**. The early identification of escalating behaviour is essential in “talking-down” / de-escalating a situation.

Resorting to physical restraint must only be considered when these strategies have failed or are assessed by the relevant employee as not being appropriate.

Second stage

The second line response (only after all other prevention strategies have been attempted) involves the **nominated Team Leader, security staff and / or other staff to be available to assist** if physical restraint becomes necessary.

Except in certain specified emergency situations, as outlined in the section below, a decision to use restraint on a patient **must only** be made by a clinician, who may then request the assistance of security staff **as part of the restraint team**.

Third stage

The third line of response involves the **use of physical restraint**. This type of restraint to be applied must be the least invasive and least limiting of the individual's freedom which

will achieve the minimum amount of control needed and can only be undertaken on patients under the direction of a relevant clinician.

4.2 Principles of use of physical restraint

At all times, all staff involved in a restraint, are responsible for adhering to the following three principles:

- 1 Safety of the patient being restrained, as well as the safety of others.
- 2 Using only reasonable force i.e. the minimum amount of force required to achieve safety of the patient and others.
- 3 Using force for only as long as is absolutely necessary to prevent injury or to allow a clinician to perform a medical procedure.

What is reasonable will depend on the circumstances but in all circumstances only the minimum amount of force required to respond to a situation must be used.

Inappropriate responses to aggression by staff could result in disciplinary action or in extreme cases criminal charges being laid against staff.

4.3 Using Physical Restraint on patients on a clinician's directive

Sometimes it is necessary for persons to be restrained to protect them from hurting themselves or others when all efforts to deescalate the situation have failed. At all times the principles of safety to the person and principles of "reasonable force" is to be adhered.

Security staff have specific expertise in identifying precursors to violent behaviour and it is therefore beneficial that, wherever possible, input from security staff is sought during clinical risk assessments, as part of a multidisciplinary team approach to the care of patients.

Except in certain specified emergency situations, as outlined in the section below, a decision to use restraint on a patient must only be made by a clinician, who may then request the assistance of security staff as part of the restraint team.

Restraint may be required for the purpose of managing a patient who is receiving care and treatment under the Mental Health Act 2007(NSW), it may be a response to a violent incident where there is a risk of harm to staff, the patient or to others if they are not restrained, or it may involve assistance with a patient to allow the clinician to perform a medical procedure, for example, administering sedation.

Where security staff are acting under the direction of a clinician in using restraint on a patient, it would be generally reasonable for security staff to assume that the decision by

the clinician to use restraint on the patient is lawful. The incident and the request should be recorded after the incident.

- It is the responsibility of clinical staff to ensure that the decision to use restraint is lawful, i.e. it is used to prevent a patient from harming themselves or others, or to prevent a patient from leaving the facility; or in an emergency situation where a patient is acting in such a way as to cause a risk of serious harm to themselves or others.
- Security staff are responsible for ensuring that their actions involve only the use of reasonable force.
- Specific training “Violence Prevention Management (VPM) will be provided to Security and Clinical Staff required to participate in restraint situations and this training will encompass a range of restraint techniques that reduce the risk of injury to the both the staff and the person being restrained such as:
 - Maintaining a clear airway to allow breathing;
 - Grasping limbs, if required, near a major joint in order to reduce the risk of fracture or dislocation of small bones;
 - Avoiding pressure on the persons neck, throat, chest or abdomen;
 - Avoiding positional asphyxia; and
 - Monitoring the person’s ability to breathe by monitoring movement, colour, and respiratory rate and by talking to the person.

4.4 Using Physical Restraint on patients without a clinician’s directive

Using physical restraint on a patient without a directive from a clinician will be a rare event and will only occur in the circumstances where:

- There are no clinicians in the immediate vicinity or unable to assist as they themselves are injured / incapacitated **and**
- Where failure to act immediately will **clearly** result in injury or trauma
- The requirement to use ‘reasonable force’ will be the overriding principle in such a situation

4.5 Using Mechanical Restraints on patients will only be used under a senior clinician’s directive.

4.6 Using Physical restraint on non-patients in ISLHD facilities

The use of restraint of any other person must **only** occur:

- When all other de-escalation actions have failed or are not appropriate in the circumstances **and**
- **In response to a violent incident that is in progress and**

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- Where failing to immediately restrain the person could result in imminent injury to security staff or to others

In these circumstances, restraint must only be used until the risk of harm is reduced (i.e. the person is calm) or the police have arrived and assumed control of the situation and

- The principles around restraining patients will apply equally to restraint of all others, in that only reasonable force must be applied and only for as long as is necessary to prevent harm to themselves or others.
- The police must be called prior to or by the officer's colleagues at the time of the incident, and alerted to the emergency situation
- The incident will be reported immediately to the relevant in charge and Facility / General Manager and documented in the Handidata Security Incident Reporting System and IIMs Incident Reporting System.

5. DOCUMENTATION

- Risk Assessment form
- Security Incident
- Termination of Licence template (to provide letter to offender)
- IIMs

6. AUDIT

Any use of physical force or response will need to be reported in Handidata, the Security Incident process, but also immediately to the Site Manager in every instance.

7. REFERENCES

[ISLHD OPS PROC 14 – Security – Termination of Licence](#)

[MoH Policy and Standards for Security Risk Management in NSW Health Agencies
Protecting People and Property Manual 2013](#)

8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
2006	3	PD_110 developed by Security Management
2011	4	Current policy endorsed and approved for release by ISLHD Director Finance
2014	5	Name changed from 'Aggressive incident Physical Response'. Document number unchanged. Approved by Director Finance
2017	6	Author Security Manager Approver Director Finance