POLICY
Aggressive, Offensive and Inappropriate Behaviour Management

Scope (Staff):	All
Scope (Area):	CAHS (Valid at PCH)

Aim

This policy provides direction to Child and Adolescent Health Service (CAHS) staff on how to manage aggressive, offensive or inappropriate behaviour by a parent, patient, carer or visitor.

Risk

Breach of legislative requirements including Duty of Care responsibilities under the WA Occupational Safety and Health Act 1984[1] and WA OSH Regulations 1996[2]. There is an increased risk of employee injury and illness if OSH prevention management is not followed.

Definitions

Bullying: overt bullying examples can include: abusive, insulting or offensive language, behaviour or language that frightens, humiliates, belittles or degrades, including criticism that is delivered with yelling and screaming.

Inappropriate Behaviour: behaviour that is considered aggressive, offensive, or threatening, verbally or physically, to another person.

Non-physical violence: verbal abuse, intimidating and threatening behaviour and postures, may also significantly affect a person's health and wellbeing. Threats may be perceived or real and there does not have to be physical injury for the violence to be a workplace hazard. Employees may be affected by non-physical workplace violence even if they are not directly involved.[4]

Physical violence: the use of physical force against another person or group that may result in physical or psychological harm. It includes, but is not limited to, punching, pinching, biting, pushing, spitting, slapping, kicking, beating, shooting and stabbing. This can also include ignoring staff members or refusing to acknowledge them.[4]

Psychological violence/Threat: the use of power against another person or group that may result in psychological harm. This includes, but is not limited to, verbal abuse, suggestive behaviour, belittlement, threats of physical abuse, intimidation and bullying. Risk of intimidation to staff by clients through the use of cyber media.[4]

Visitor: a person visiting the hospital/workplace- Parent, carer, relative, or other.

Workplace aggressive behaviour: incidents, perceived or real to individuals, when they are abused, threatened or assaulted in circumstances arising out of, or in the course of their employment, involving an explicit or implicit challenge to their safety, health or wellbeing.[4]

Workplace violence: an action or incident that physically or psychologically harms another person. It includes situations where employees and other people are threatened, attacked or physically assaulted at work.[4]

Zero Tolerance: a complete refusal to tolerate aggressive behaviours.[4]

Principles

- CAHS will provide and maintain a safe work environment in order to prevent workplace aggression and violence and complies with the WA Department of Health (DOH) Prevention of Workplace Violence and Aggression Policy and Guidelines and WA Health Preventing and Responding to Workplace Bullying Policy.

- All Staff must comply with the Local Management Process for their relevant area as outlined in Appendix 1.

- Employees have the right to work in an environment free from aggressive behaviour and violence. [4]

- Patients and visitors have the right to visit or receive health care, in a therapeutic environment free from risks to their personal safety.[4]

Reporting

- All incidents involving aggressive, offensive and inappropriate behaviour must be reported via the relevant channel and documented accordingly.

- Incidents involving patient/clients must be documented in the medical/health record.

  o Datix CIMS – to be completed for clinical incidents where health care could have or did lead to unintended and/or unnecessary harm to a patient/client/consumer.[5]

  o OSH Incident Form - to be completed by employees immediately following an incident or identification of a workplace hazard, including violence.

  o Security Incident Form – Code Black Personal Threat Offender ID Form to be completed for incidents where staff are subject to aggressive, offensive and inappropriate behaviour by patients/clients and/or visitors. Refer to Code Black - Personal Threat.

Roles and Responsibilities

CAHS Executive/Executive Directors

- CAHS Executive/Executive Directors are responsible for:

  o the occupational safety and health of all CAHS employees

  o supporting and facilitating a safe work environment.

Manager / Supervisor

- All Managers and supervisors are responsible for:

  o implementing and maintaining a safe work place and work practices including environmental and hazard management

- o ensuring all staff comply with mandatory training requirements
- o completing OSH investigations, action planning, and feed back to affected employees, in regards to reported hazards and incidents
- o complying CAHS, OSH and site policies
- o promoting a workplace free of aggressive behaviour and violence
- o management of incidents involving aggressive behaviour and violence by a parent, patient, carer or visitor.

Employee

- All CAHS employees are responsible for:
  - o protecting their own safety and health and that of others at work by following relevant OSH instructions
  - o reporting hazards and incidents to relevant line manager immediately
  - o cooperating with CAHS on safety and health issues.

Visitors & Volunteers

- All CAHS volunteers and visitors are responsible for:
  - o treating staff with respect and dignity
  - o cooperating with CAHS policies and procedures as instructed by staff.

OSH Department

- The OSH Department is responsible for:
  - o providing consultation and advice on OSH issues
  - o providing assistance with worksite review when required
  - o providing assistance with risk assessments when required.

OSH Prevention Management System

- All Staff must comply with OSH Prevention Management System.

System	Context	Potential Mechanisms
People	- Face-to-face communication - Phone call communication - Clients with licit or illicit substances	- Staff training - Client cohort – checking of alert information systems

Environment	• Interview / consulting rooms • Mental health facilities • Emergency Department + • Home visit	• Crime Prevention Through Environmental Design (CPTED) incorporated resources • Access to entry/exit door of interview room kept clear • Consider dual egress in interview room for CAMHS sites • Staff areas located separate to client areas as far as practicable • Safe refuge area available (e.g. nurses station) • Increased visibility and good lighting • Waiting areas to be comfortable and spacious • Clear path to popular common-use fittings (e.g. water dispensers) and work environment • Home visiting policy
Equipment	What equipment is in place	• Duress alarms: personal or hardwired • CCTV • Furniture arranged to allow for staff to have unobstructed access to door and client to have easy access to leave room • Client access to equipment that can be used as a potential weapon to be minimised • Wide counters and reception barriers considered depending on risk assessment of the area • Secured fixtures and accessories e.g. clocks, art work • Furniture minimised but sufficiently robust
Policy and procedures	What procedures	• Clinical review prior to acceptance of the patient • CRAM/ client risk Assessments completed • Treatment / Management plan, including specific triggers and de-escalation strategies • Policies and procedures including client restraint • Code Black response procedure • Code Black drills

		• Critical and Clinical Event Debrief Policy • Written duress response procedures • ISOBAR process • Home visiting procedures
Organisation		• Staffing numbers and skill mix appropriate for client /patient cohort • Patient/Clients serviced in appropriate clinical work areas • Patient/Clients serviced within defined catchment areas that reflect team size. • Adequate staffing levels • Staff working together when a risk is identified with staff member working alone • Clear communication • Aggression prevention posters • Employees and casual staff appropriately trained and inducted to site • Management of Aggression training • Therapeutic Crisis Intervention training • Workplace Hazard Inspections • Workplace aggression audits conducted • Facilities reviewed and updated for staff and client safety • Security personnel assistance as required requested via manager of service • Development of relationships and protocols with local police/external stakeholders • Employee Incident/Hazard report forms and Security reports reviewed for trends and preventive measures

Related internal policies, procedures and guidelines
Incident and Hazard Reporting (CAHS OSH Policy)
Occupational Health and Safety (CAHS OSH Policy)
Clinical Incident Management (CAHS Policy)
Critical and Clinical Event Debrief (CAHS Policy)

Code Black - Personal Threat (CAHS Policy)
Critical Incident Stress Management for Staff (CACH Procedure)

References
1. WA Occupational Safety and Health Act 1984
2. WA Occupational Safety and Health Regulations 1996
3. WA Code of Practice Violence, Aggression And Bullying at Work 2010
4. WA Health Preventing and Responding to Workplace Bullying Policy
5. CAHS Clinical Incident Management Policy

Useful resources (including related forms)
CAHS OSH Incident Form
https://www.safeworkaustralia.gov.au/workplace-violence
WA Mental Health Act 2014
WA Criminal Code Act Compilation Act 1913
WA Health Employee Grievance Resolution Policy
WA DOH Clinical Incident Management
Australian Risk Services ICAM Training

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

Appendix 1: Local Management Process Pathways

PMH/PCH Inpatient Setting, CACH and CAMHS– Management Pathway

- Person identifying behaviour will inform the person/s that they are in breach of acceptable behaviour and that this behaviour is to cease as you feel unsafe/intimidated/threatened and will leave if the behaviour continues.

  o Attempt de-escalation techniques.

- A code black is to be initiated, and/or duress alarm activated, if staff require assistance to safely manage the situation.

- Where the behaviour continues the person/s is to be informed that the visit will be terminated

- For Visitors Security will determine if further actions are required e.g. escorting off premises.

  o Police to decide if charges will be laid.

- The incident must be documented on the appropriate form depending on the type of incident.

  o A Security Incident Form, Datix CIMS if the incident involves the patient/client and OSH Hazard Incident Form if the incident involves the visitor and staff and documented in the patient's medical record and alert placed on PSolis.

- The incident should also be documented and communicated at handover

- Shift Coordinator or HCM must coordinate immediate debriefing of staff and/or patients if required, follow up with EAP information if necessary

- Shift Coordinator to inform the treating team or Registrar and HCM, escalate to Executive.

PMH/PCH Hospital in the Home (HiTH) and Post Acute Care Program – Management Pathway

- Inform the person/s that they are in breach of acceptable behaviour and that this behaviour is to cease, you feel unsafe/intimidated/threatened and will leave if the behaviour continues.

  o Personal alarm activated and / or Police contacted for assistance.

- Where the person/s refuse to comply, the person makes the patient safe and exits

- Nurse informs HiTH Coordinator / Manager and patient Medical Team and Management immediately and arranges/assists with inpatient care and treatment for the patient.

- Nurse documents in the clinical notes/electronic notes, handover protocols, OSH Hazard Incident Form.

- An alert of incident should also be identified via patient medical/health record.

- Shift Coordinator or After Hours HCM should coordinate immediate debriefing of staff

and/or patients if required.

- Shift Coordinator to inform the Duty Medical Officer of the incident.

- Handover to HITH Manager, then Manager to meet with Director to determine management plan and further visiting schedules and behaviour contract to be drawn up with aggressor.

- When family re-engaged, initially two nurse visits (no exceptions).