POLICY NO: D0396

PREVENTING AND RESPONDING TO **CHALLENGING BEHAVIOUR POLICY DIRECTIVE**

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Government of South Australia
SA Health

Contents

1. Policy Statement

Challenging behaviour is any behaviour with the potential to physically or psychologically harm another person, or self or property. It can be deliberate or unintentional and ranges from verbal abuse, through to acts of physical violence.

Ultimately, regardless of its level of extremity, challenging behaviour is a barrier to the delivery of care in a way that is safe for the patient and worker.

This policy directive sets out an overarching rationale for the prevention and response to challenging behaviours across SA Health and represents a shared vision for action. In particular it:

- is a visible commitment to the prevention of the harm that can result to patients, workers, and others in South Australian public health services
- outlines the expectation that health services will be committed to the implementation and support of actions primarily to prevent and then safely respond to challenging behaviour using person-centred, evidence-based care and treatment as a key strategy
- recognises SA Health's duty of care to all its workers in reducing exposure to challenging behaviour, and the responsibility to provide safe, lawful, high quality care and uphold the rights and dignity of patients.

This policy directive is to be read in conjunction with the:

- accompanying challenging behaviour toolkit resources
- Challenging Behaviour Safety Management – WHS Policy Guideline
- Work Health, Safety and Injury Management (WHSIM) Policy Directive
- Minimising Restrictive Practices in Health Care Policy Directive
- Restraint and Seclusion in Mental Health Services Policy Guideline

This policy directive is accompanied by a series of tools and resources to support implementation (Challenging Behaviour Toolkit). These are referred to as applicable throughout this document.

This policy directive extends to the working relationships that SA Health services have with partners including but not limited to South Australia Police; emergency services such as Royal Flying Doctor Service and MedSTAR; Non- Government Organisations (NGO) and aged care providers; Department of Human Services, National Disability Insurance Scheme (NDIS); Department of Correctional Services; and local government.

Interactions or conflicts that do not involve a patient, carer and consumer or visitor but occur between two or more workers are not in scope. These are dealt with through SA Health Workforce policies, policy guidelines and local workforce procedures.

For further information:

- Prevention and Management of Workplace Bullying and Harassment Policy Directive
- Respectful Behaviour Policy Directive
- Management of Disrespectful Behaviour Policy Guideline

2. Roles and Responsibilities

The roles, responsibilities and accountabilities defined in this policy directive must be read in conjunction with those described in the Challenging Behaviour Safety Management – WHS Policy Guideline.

2.1 Executives

The Chief Executive of the Department for Health and Wellbeing – SA Health, will take reasonable and practicable steps to:

- ensure that executive management for health service organisations within SA Health support the requirements for prevention and management of challenging behaviour in accordance with this policy directive, Service Agreements, National Safety and Quality Health Service Standards and legislative requirements
- ensure that the legal obligation and primary duty of care as defined in the Work Health and Safety Act 2012 and its regulations are met
- exercise due diligence to ensure compliance with the intent of this policy directive and accompanying policy guideline.

Deputy Chief Executive Commissioning and Performance, Corporate and System Support Services, System Leadership and Design, and relevant Departmental Deputy Chief Executives and Executive Directors will take reasonable and practicable steps to:

- establish, maintain and review coordinated systems and associated processes for best practice prevention and response to challenging behaviour at a state level
- provide advice to Local Health Networks (LHNs) and Chief Executive Officers (CEOs) in response to specific queries about policy and legislative requirements
- coordinate timely reporting of relevant information to external bodies, including the community
- provide advice to the CE and Minister for Health on issues of organisational risk, public concern/media or public attention
- provide support to LHNs where legal opinion, advice or representation is required
- ensure that other government agencies including but not limited to South Australia Police, Department of Correctional Services, Australian Government Department of Social Services, Department of Health Ageing and Aged Care, and aged care providers, are aware of this policy directive and the implications for the management of challenging behaviours by SA Health services.

Local Health Network Chief Executive Officers, Governing Boards and Chief Operating Officers (COO) of Local Health Networks (LHNs) or SA Ambulance Service (SAAS) will take reasonable and practicable steps to:

- support patient, family and carer participation in patient care and in the design, planning and evaluation of relevant parts of the service
- allocate sufficient human and material resources, and delegate day-to-day responsibility to enable effective programs to operate, appropriate data to be analysed to inform planning and evaluation, patient engagement and workforce training to occur
- provide advice to their LHN Governing Board, CE, Minister for Health on issues of organisational risk, public concern / media or public attention
- ensure that the design of new services, facilities and redevelopments, changes to work practices and purchase of new equipment are in accord with best evidence for prevention and safe response to challenging behaviour
- ensure that there is a governance structure that includes Work Health Safety, Security and Safety and Quality expertise, and receive advice and recommendations
- exercise due diligence to ensure compliance with the intent of this policy directive and accompanying policy guideline.

The Chief Psychiatrist will take reasonable and practicable steps to:

- monitor and report as required on the treatment of mental health patients, including the use of restrictive practices, and patient and care feedback
- develop, monitor and review standards and best practice guidance for mental health services and health services providing care for mental health patients
- monitor the Mental Health and Emergency Services Memorandum of Understanding - SA Health, SA Ambulance Service, Royal Flying Doctor Service and South Australia Police 2010 and raise issues regarding challenging behaviour (*Mental Health Act 2009* Part 9, Section 59).

2.2 Managers

LHN Clinical Governance Committees/Clinical Councils (or equivalent) will take reasonable and practicable steps to:

- exercise due diligence to ensure compliance with the intent of this policy directive
- ensure that the legal obligation and primary duty of care as defined in the *Work Health and Safety Act 2012* and its regulations are met.
- be accountable to the respective LHN Governing Board,CEO, and/ or COO for Challenging Behaviour strategies and activities
- evaluate outcomes of challenging behaviour strategies in meeting the requirements of SA Health policies and NSQHC Standards
- support the respective Health Service's Challenging Behaviour Prevention and Response Committee(or equivalent) in
  - resolving organisation-wide challenging behaviour matters as required,
  - use Tool 3 Example Terms of Reference for a health service's challenging behaviour prevention and response committee to guide the roles and responsibility of the committee, and
  - use Tool 2 Organisation-wide Self-assessment Audit Tool for challenging behaviour committees to identify gaps and risk, and guide development of an action plan annually.
- review data, measures and information including but not limited to, incidents, worker numbers and skill mix, case mix, training schedules, worker surveys, patient and carer and consumer feedback and experience. Use Tool 7 Evaluation and Metrics to guide

General Managers, Directors, Managers of health services or divisions/business units will take reasonable practicable steps to:

- lead or participate in mechanisms for governance and accountability; engaging workers, patients, carers, consumers and the community; and supporting the implementation of this policy directive, accompanying policy guideline and toolkit
- develop, implement and monitor local systems and procedures, including but not limited to, incident data reporting and analysis, quality improvement, worker training, and engagement with patients, carers, consumers and the community.

Managers - Safety and Quality, Risk and Work Health Safety and Injury Management (WHSIM) will take reasonable and practicable steps to:

- assist the LHN CEOs and COOs to fulfil their responsibilities, accountability and duty of care
- promote this policy directive, accompanying policy guideline and toolkit, and relevant local procedures
- assist others to meet their obligations, including incident reporting, investigation and management of serious and complex incidents, use of data for quality improvement and risk management, and education and training
- assist with evaluation strategies to monitor practice and outcomes, and participate in the design of appropriate quality improvement activities
- support the work of the Peak/Clinical Governance committee.

Workforce professionals (WHSIM and HR consultants, and/or equivalent) will take reasonable care to:

- promote and support the implementation of this policy directive, and accompanying policy guideline and toolkit in their relevant LHN/Health Service
- provide information about hazard identification, risk management, and outcomes relative to challenging behaviour to executives, managers, workers and key interested parties
- provide guidance, support and assistance to workers in formal workforce processes, including WHS, EAP and other support services for example, post- incident support, injury management, claims and rehabilitation
- support the work of the respective Challenging Behaviour Committee (or equivalent).

Managers/ Advisors of Security Services will take reasonable and practicable steps to:

- develop procedures for activities/roles of authorised officers (Security Officers) including but not limited to, emergency and evacuation plans and regular drills, testing and maintenance of communication and duress equipment
- lead analysis of threat and security planning
- ensure that Security Officers have skills, knowledge and expertise to:
  - maintain public order, as hospital by-laws authorised officers
  - respond to and assist clinical teams to provide care with minimal risk to all people present
  - apply their legal authority
- ensure that records are kept of Security Officer's activities, on the Safety Learning System Security module, in relation to challenging behaviour and maintenance of public order. Ensure that this data is reviewed and used to inform planning in collaboration with clinical governance and risk management
- provide advice to CEO, COOs on issues of organisational risk, public concern, media or public attention.

Clinical Educators will take reasonable and practicable steps to:

- ensure that workers have access to theoretical and practical education and training appropriate to their roles and health setting risk profile, to enable them to have and demonstrate positive behaviours and attitudes, and have skills, knowledge, and understanding required to prevent, assess risk, de-escalate, respond to and manage challenging behaviour, using Tool 5 Education and Training Framework
- ensure that workers complete the mandatory SA Health Digital Media Introduction to Preventing and Responding to Challenging Behaviour eLearning module at induction
- ensure workers understand relevant legislative, policy and reporting obligations required by their role and the health setting and the clientele serviced.

Line Managers/ Team Leaders and Supervisors will take reasonable care to:

- promote and support the implementation of this policy directive, accompanying policy guideline and toolkit to workers in their area of delegated authority and responsibility
- model positive behaviour and practice, and promote a culture of safety, respect, integrity and accountability in fostering a positive and supportive environment for workers, patients and carers
- ensure the allocation and use of human resources to effectively manage challenging behaviour
- intervene appropriately to address challenging behaviour when it occurs in health care and support business services
- manage complaints and grievances, open disclosure and de-briefing with workers, patients, carers, families and other persons promptly and in a sensitive and confidential manner
- demonstrate an understanding of, and commitment to the systematic hazard identification and risk management for each of the four stages of challenging behaviour (prevention, early intervention, during and post incident)
- ensure safe working procedures are developed and maintained for identified areas of risk
- report and support workers to report identified hazards, and implement control measures determined from the risk assessment process and the patterns of incidents, and maintain associated registers
- evaluate and review the effectiveness of existing risk controls, strategies and treatments in their areas of delegated authority and responsibility
- contribute to and support the LHN/Health Service Prevention and Response to Challenging Behaviour Committee (or equivalent), as relevant.

2.3 All SA Health workers

This includes persons who provide health services on behalf of SA Health. These workers must adhere to the principles and standards described in this policy directive, accompanying policy guideline and toolkit, and will take reasonable and practicable steps to:

- act in a manner that will not place at risk the safety of themselves or any other person
- ensure that they have and demonstrate positive behaviour and attitudes, understanding, and relevant knowledge and skills to provide care in accordance with the policy, policy guideline and best practice recommended in the toolkit
- implement risk control measures for any immediate hazard if practicable and safe to do so
- take an active role in the risk assessment, hazard management processes, including quality improvement activities
- follow safe work procedures relevant to any of the four stages of challenging behaviour, including stepped response, de-escalation and communication strategies related to challenging behaviour
- ensure that all relevant hazards and incidents where challenging behaviour occurs, or results in a restrictive practice being applied, or worker or patient are harmed, are reported into the Safety Learning System
- participate in review of worker and patient incidents, and work health safety and quality improvement activities.

2.4 Patients, Carers, Families, and Visitors will take reasonable care to:

- ensure that they respect all workers, other people and property during access to health services and abide by laws, and Incorporated Hospital By-laws
- acknowledge that health services may take action against all persons who knowingly or intentionally caused physical or psychological harm to workers or people in the care of SA Health.

Further information is available:

- Your Rights and Responsibilities: A Charter for Consumers of the South Australian Public Health System
- Tool 9 Consequences of challenging behaviour.

3. Policy Requirements

An integrated systems approach, and collaborative use of the appropriate expertise is required within a health service to ensure that there is:

- effective prevention (reducing the risk of challenging behaviour occurring)
- safe, effective and timely response to protect people and property (reducing the risk of harm when challenging behaviour occurs)
- effective resolution of incidents and promotion of recovery.

3.1 Principles

The key principles underpinning this policy directive, accompanying policy guideline and toolkit are providing health care in a way that minimises risk of physical or psychological harm to patients, health workers and other people. This means:

- delivering workforce and training strategies that result in skilled, high performance multidisciplinary teams with expertise tailored to the clinical context and health service risk profile in which they work
- providing person-centred care and respecting all rights of patients, including health care rights
- identifying best practice clinical care and using this as a key strategy in reducing challenging behaviours
- providing a health service physical environment that supports safety for workers, patients, residents in care, carer and consumers, and families
- supporting the rights of workers to a safe workplace, and appropriate care in the event of their involvement in an incident of challenging behaviour
- supporting the rights of the patient to be treated in the least restrictive environment to the extent that it does not impose serious risk to the patient, worker and others
- implementing processes for ongoing monitoring, evaluation and reporting on trends and targeted improvements.

3.2 Standards

SA Health Local Health Networks and Health Services must ensure that they meet the requirements of the National Safety and Quality Health Service Standards (NSQHS) and the National Mental Health Standards and relevant legislation, and that there is:

- a governance structure and systems in place to identify, implement and monitor primary, secondary and tertiary risk control measures, and recovery strategies
- carer and consumer participation in the planning, design and evaluation of services
- patients, and their carers and family participate as appropriate in the development of their individual health care plans, and this is documented
- patients report that their health care rights are upheld
- workers have access to policies, procedures and other relevant resources, including training and equipment to support their role and responsibilities
- workers participate in relevant education and training (theoretical and practical), based on the requirements of their role and health setting risk profile
- clinicians provide screening, assessment and care that is provided in accordance with policy requirements and best practice
- application of any restrictive practice is authorised and lawful, used only as the last resort and with minimal frequency and duration, and is least restrictive for maintenance of safety
- incidents are reported into the Safety Learning System (incident management system)
- data is used to inform planning and monitoring of improvement activities.

Further information about evaluation and monitoring against the standards is available:

- Section 4 of this document
- Tool 7 Evaluation and Metrics
- Quality Information and Performance Hub Challenging Behaviour Dashboard.

3.3 Stages of an incident

For the purpose of describing strategies or interventions, it is useful to consider an event or incident in stages - before, early, during and after. The aims of patient care at each stage are summarised in Table 1.

These stages can overlap, not all stages are present in any single incident, and an intervention can be applicable over more than one stage. In some situations, for example emergency services, workers have limited or no opportunities for prevention with an individual but use skill, knowledge and dynamic situational assessments to manage a heightened situation.

Table 1 Stages of an incident, and aims of patient care

Stage	Recommended content of training	
Before	Screen and assess	Recognise risk. Predict and prepare for care
	Plan care	Planning care with the patient and their family, and the clinical team around prevention, pre-emptive and proactive strategies
	Provide effective treatment	Manage symptoms and triggers. Use comfort strategies Reduce the likelihood of challenging situation or behaviour developing at all
Early intervention	Early intervention	Reduce the risk that challenging behaviour will increase. Monitor behaviour and mental state. De-escalate, manage symptoms and triggers
During	Challenging behaviour commenced	Reduce the risk that harm to patient or worker will result Reduce the use of, or need for restrictive practices
	Application of restraint or seclusion	Minimise harm/adverse outcomes to patient and/or worker if this occurs
After	Recovery	Optimise recovery of patient, workers and witnesses
	Evaluation and improvement	Reduce the risk that there will be recurrence

3.3.1 Before an event – prevention and preparation

All health services must implement prevention strategies appropriate to their health settings, taking into account the diversity in care and treatment settings. The Challenging Behaviour Safety Management (WHS) Policy Guideline steps through this process using a risk assessment framework, focussing on worker safety.

Tool 2 *Organisation-wide self-assessment tool for challenging behaviour committees* must be used at least annually to undertake gap analyses and to identify risk factors including workplace design and security. It must be used by the LHN/Health Service Challenging Behaviour Committee (or equivalent), in consultation with workers, patients, carers and consumers, as relevant. Part 6B can be used to document a Risk Treatment Action Plan that must be submitted for approval by the LHN/Health Service Challenging Behaviour Committee(or equivalent), to the LHNs peak decision making committee, for respective CEO and Governing Board endorsement.

The four main action areas aimed at preparing for and preventing challenging behaviour are:

- health system design
- building workers skills, communication and teamwork
- predicting clinical risk, and
- providing effective treatment and care.

3.3.1.1 Evaluate the health system design, including the physical space and sequential movement of people within it related to service delivery and security in emergency situations.

Health services must undertake processes (including using Tool 2 Organisation-wide self-assessment tool for challenging behaviour committees) to inspect, audit and analyse the physical environment, the workflow and patient flow and security threat. Worksite safety inspections, internal audits and risk assessment(s) are key preventative strategies.

Further information is available:

- Tool 4 Clinical Guidelines and additional resources – section Understanding the health care settings where challenging behaviour may be more common
- Security threat analysis tool (Security and Facilities Managers)
- Challenging Behaviour Safety Management – WHS Policy Guideline.

3.3.1.2 Identify gaps in worker skills or expertise, and build workers communication and teamwork.

Health services must ensure that all workers have current skills and knowledge related to challenging behaviour that is applicable to their roles. This includes the clinical teams, non-clinical workers, security officers and others as applicable.

Further information is available:

- Tool 5 Education and Training Framework enables analysis of educational requirements and design of training.

3.3.1.3 Predict and prepare for care

Predict and prepare for care of the people who interact with the health service as patients and carers. Health services must:

- use incident and other data to identify individuals and groups, and plan risk reduction strategies
- use risk screening tools at pre-admission or admission to identify those with conditions such as dementia or delirium, and those at risk of self harm or aggression. (NSQHS Standard 5)
- use flagging to communicate risk to other workers for example, by using precaution orders in Sunrise EMR (NSQHS Standard 6)
- review documentation of treatment orders, plans and agreements such as Advance Care Directives, guardianship, mental health or other orders, comfort plans (personal prevention and safety plans) (these latter examples are used in mental health settings).

Further information is available:

- Tool 4 Clinical Guidelines and additional resources – section Understanding the person who is exhibiting challenging behaviours.

3.3.1.4 Provide effective care planning and treatment for patients, and respect for their health care rights:

Health services must plan and anticipate care to reduce distressing symptoms, triggers and contributing factors using tools such as Top 5 and comfort plans with patients, family and carers to identify known triggers, early warning signs and comfort strategies (NSQHS Standard 5). Plan care around what the patient would like to happen in order to prevent and optimise self-control, pre-emptive and proactive strategies.

Further information is available:

- Tool 4 Clinical Guidelines and additional resources.

3.3.2 Early Intervention

Early intervention to reduce escalation of behaviour includes four main strategies:

- observation, assessment and monitoring
- de-escalation
- teamwork and clinical communication
- provide best care.

Further information is available:

- Challenging Behaviour Safety Management Policy Guideline - Table 2.

3.3.2.1 Observation, assessment and monitoring

Health services must monitor the mental state of those at risk using a monitoring method that quickly and accurately identifies deterioration, and facilitates triggering of appropriate escalation and action to investigate and relieve distress (NSQHS Standard 8).

3.3.2.2 De-escalation

All workers must have knowledge and skills in de-escalation appropriate to their role and contact with patients and other consumers.

The behaviours and attitudes, understanding, knowledge, capability and skills required to de-escalate a situation are included in a variety of theoretical and practical training programs, ranging from improving customer service to those aimed at negotiation and de-escalation in critical incident situations.

Further information is available:

- Tool 5 Education and Training Framework
- Challenging Behaviour Safety Management (WHS) Policy Guideline.

3.3.2.3 Teamwork and clinical communication

Health services must comply with requirements of NSQHS Standard 6 and with SA Health Clinical Communication and Patient Identification Clinical Directive.

Teamwork makes use of team members' range of skills, and requests additional expertise from outside the team if required, for example, requests for expert advice from Drug and Alcohol Services (DASSA) for a patient with increasing agitation during withdrawal may pre-empt challenging behaviours.

At this stage of a developing incident Tool 10 - A Stepped Response to Challenging Behaviour by a Patient recommends;

- requesting a senior team member to jointly review, the patient and the care plan. In the case that the person exhibiting challenging behaviour is not a patient a senior team member can assist with de-escalation of the person
- calling a team huddle to plan the best approach or response to an escalating situation
- requesting an urgent medical review and/or multidisciplinary review of the patient and care plan.

Further information is available:

- NSQHS Standard 6
- Clinical Communication and Patient Identification Policy Directive
- TeamSTEPPS 2.0 AU

3.3.2.4 Provide best care

Please refer to 3.3.1.4 and Challenging Behaviour Safety Management Policy Guideline (Table 2).

3.3.3 During an incident

SA Health workers have the duty of care and responsibility to take reasonable care for their own health and safety, and to not place themselves or others at risk through their actions or omissions. (*Work Health and Safety Act 2012* (SA) and its regulations).

SA Health workers must have knowledge and skills relevant to their role about how and when to call for additional assistance (Tool 10 A Stepped Response to Challenging Behaviour), and also how to engage with the Emergency Response Team (ERT or equivalent), as required.

An ERT must have a senior clinical lead who provides authorisation for any restraint or seclusion.

The ERT clinical lead must engage with the patient's usual team for exchange of relevant clinical information, on arrival and after the incident.

Members of an ERT must be provided with the opportunity to practice skills together (Tool 5 Education and Training Framework).

Further information is available:

- Challenging Behaviour Safety Management (WHS) Policy Guideline section 3.4
- Tool 10 A Stepped Response to challenging behaviour by a patient
- Tool 1 A quick guide to policy and legal information relating to challenging behaviour

It is important to know the patients decision-making capacity and therefore their ability to provide informed consent, because this affects the legality of possible actions, particularly application of restrictive practices.

Inappropriate behaviour exhibited by workers when responding to a patients challenging behaviour may result in initiation of an investigation and disciplinary process.

Further information is available:

- Tool 9 Consequences of challenging behaviour.

3.3.3.1 Safe practice in the initial application of restrictive practices

Restrictive practices are a last resort. In some situations the use of restrictive practices such as restraint or seclusion, may be required in order to protect a person (worker, patient, other) from imminent harm. Restrictive practices must only be used when the risk of not using them outweighs the risk of using them.

Minimisation of the use of restrictive practices is required by SA Health Policy, NSQHS Standards, National Mental Health Standards, and the Chief Psychiatrist's Standards (draft).

Physical and mechanical restraint or seclusion must only be applied by workers with relevant training who are familiar with the correct and safe selection and use of equipment and monitoring of the patient.

Mechanical devices used for restraint must be approved by the Chief Psychiatrist.

Care provided to the restrained or secluded patient is described in the Minimising Restrictive Practices in Health Care Policy Directive and toolkit. This must commence immediately it is safe to do so. Ongoing monitoring, de-escalation and care is intended to reduce further harm and minimise the duration of a restrictive practice.

Further information is available:

- Restraint and Seclusion in Mental Health Services Policy Guideline and fact sheets
- Chief Psychiatrist Standard- eliminating restrictive practices in mental health services (draft).

3.3.4 After an incident

3.3.4.1 Immediate actions

Health services must implement and evaluate procedures for immediate actions to ensure safety of all persons, notification of appropriate managers, security, SA Police as required, and evidence preservation if required, in accordance with Challenging Behaviour Safety Management WHS Policy Guideline.

Health services must implement and evaluate procedures for promoting recovery of all people affected by the incident, in accordance with Challenging Behaviour Safety Management WHS Policy Guideline.

3.3.4.2 Promoting recovery of workers

A single serious incident or a series of lesser incidents can have a significant effect on the people involved. All health services must implement and evaluate procedures to ensure that physical and psychological recovery is supported. Tool 8 Challenging Behaviour Violence and Aggression - Post incident support guide for workers, managers and leaders must be used to guide actions.

Further information is available:

- Challenging Behaviour Safety Management WHS Policy Guideline.
- Work Health, Safety and Injury Management (WHSIM) Policy Directive.

3.3.4.3 Promoting recovery for patients, carers, family and witnesses

Health services must have procedures for actions to promote recovery for patients, carers, family and witnesses. Open disclosure principles guide de-briefing and discussion with patients, carers and family post event (Patient Incident and Open Disclosure Policy Directive and toolkit). The ability to participate in open disclosure may be limited in some settings such as ambulance service, but it must be pursued where practicable, including at a later stage in the person's health care.

De-briefing allows recovery for patients and witnesses, by restoring a positive relationship with the health service. Patients report long-term issues such as insomnia, nightmares, lack of trust in the system and fear of confined spaces after restraint and seclusion.

The timing of de-briefing or open disclosure will depend on the individual and their response to the event. Immediate post incident debriefing or open disclosure may not be appropriate due to the mental state of the patient.

Consumers must be made aware of mechanisms for consumer feedback or complaints in accordance with Consumer Feedback Management Policy Directive.

Discharge planning and preparing for the service user's possible return to the service must be considered.

Further information is available:

- Patient incident management and Open Disclosure Policy Directive and Toolkit
- Office of the chief Psychiatrist Factsheet: Trauma-informed post incident conversation guide

3.4 Reporting and investigation of the incident

SA Health services must collect and analyse relevant data to inform planning and improvement to the safety and quality of services and work environment and to reduce risk. Wards, units, divisions and teams must review their data, and the LHN/Health services peak committee, clinical governance body must review overall data. (Tool 3 – Example Terms of reference for a health service Challenging Behaviour Prevention and Response committee). The Quality Information and Performance (QIP) Hub will provide a dashboard of indicators.

All incidents must be reported into the Safety Learning System (incident management system), then investigated, reviewed and action taken to minimise risk of recurrence:

- Incidents arising from challenging behaviour where there is potential or actual harm to worker(s) or other person such as a visitor are reported in the worker module.
- Incidents of patient challenging behaviour are reported in the patient module classified as challenging behaviour. However, if the incident results in the application of restraint or seclusion, the incident is classified as restraint or seclusion.
- Incidents where security services attend (e.g. Code Black and security assist) are reported by them into the security module. Services without security officers will delegate those with responsibility to report security incidents. The designated clinical manager, and security manager when appropriate, will review these incidents.

Documentation of all incidents and the care provided must occur in the patients' medical record (or Sunrise EMR) outlining:

- the clinical treatment and management during an incident, for example medications given
- the participation of the patient, family and carer in open disclosure and care planning
- any precaution orders, for example, alerts/flags of challenging behaviour risk

Further information is available:

- Work Health, Safety and Injury Management (WHSIM) Policy Directive
- Patient Incident Management and Open Disclosure Policy Directive
- Tool 6 Guide to incident reporting and review of challenging behaviour incidents
- Tool 7 Evaluation and Metrics.

3.5 Other

Health services must use the following approaches, as applicable, to support and enable effective prevention and appropriate responses to challenging behaviour:

- De-escalation
- Person-Centred Care
- Health rights-based care (Health and Community Services Commission) Charter of Health and Community Services Rights policy directive
- Communication and therapeutic relationships
- Partnership in care, shared decision-making
- Supporting cultural differences
- Supporting people with limited English proficiency
- Supporting people with limited health literacy
- Customer service principles
- Respectful Behaviour policy directive
- Trauma informed care.

3.5.1 Management of complaints and feedback

Health services must respond appropriately to consumer feedback and complaints (NSQHSS Standard 1)

- Consumer Feedback Management Policy Directive
- Consumer Feedback Management Guideline

3.5.2 Teamwork, clinical communication

Effective inter-professional teamwork and clinical communication is a requirement of NSQHS Standard 6 and essential for prevention and managing challenging behaviours. Health services must provide training for workers, and use strategies such as team huddles and structured handover to improve safety and optimise the contribution from each team member and the patient.

TeamSTEPPS® 2.0 AU is an effective, evidenced based program designed to improve teamwork and communication leading to a culture of continuous improvement and patient safety.

Further information is available:

- Clinical Communication and Patient Identification Clinical Directive and toolkit.

3.5.3 Patient safety culture

Health services must monitor safety culture (NSQHSS Standard 1). A health service's patient safety culture comprises the attitudes held within a workplace from executive leaders to frontline workers. Where safety culture is strong, there are better outcomes for workers and patients because there is:

- collaboration to seek solutions to patient safety issues, including learning from analysis of incidents (Patient Incident Management and Open Disclosure Policy Directive)
- an organisational commitment and appropriate governance structure to respond to behaviours that undermine a culture of safety and provide resources to address safety concerns (Tool 3 Example Terms of reference for a health service challenging behaviour prevention and response committee)
- support for workers who have been involved in harmful incidents for example through an Employee Assistance Program (Work Health Safety and Injury Management Policy Directive).

3.5.4 Education and training requirements

Health Services must meet their obligations to ensure that the workforce, including but not limited to, workers, managers, temporary workers, young healthcare professionals, rotating shift workers and volunteers, have appropriate access to training, instruction and supervision to enable them to work safely.

Delivery and attendance at education programs must be supported by allocated time and resources and reported to senior management.

All workers must complete the SA Health Digital Media Introduction to Preventing and Responding to Challenging Behaviour eLearning module at induction.

Education and training programs must ensure that all workers have the skill, capabilities, knowledge and behaviour to prevent and respond appropriately to challenging behaviour, relevant to their role. In particular:

- All workers must have training in
  - recognising a potentially challenging situation
  - de-escalation
  - stepped response to getting help and their response to an emergency situation
- Managers and supervisors must understand their role in post incident support of workers and investigation of incidents

Workers without the necessary skills must not participate as members of an ERT, or apply mechanical devices.

Health services can use Tool 5: Education and Training Framework to:

- guide annual analysis of training needs that must be provided to the peak committee responsible for challenging behaviour strategies
- guide the selection or procurement; development; and delivery of effective learning programs (both theoretical e Learning and physical skill courses).

3.5.5 Legislation and Policy guiding the response to challenging behaviour

A number of Acts, standards, policies, guidelines, regulations and codes define and detail how health services manage the safe provision of health care services while ensuring the health, safety and wellbeing of all those involved in the provision of care and those receiving care. These include:

- patients health care and human rights to safe and least restrictive care
- worker health, safety and wellbeing
- the conduct, powers and authority of health professionals and other workers for example treating doctors, nurses and other health professionals, ambulance and security officers who provide care, or assist in situations where:
  - the patients capacity to consent and/or the patients ability to cooperate with treatment is limited, particularly where there are no legal orders in place
  - the health and or safety of the workers, patient and/or people in the immediate vicinity is of immediate or long term concern
  - where force or restrictive practices are used during care or transport, to restore public order, or protect public health.

Medical practitioners, ambulance paramedics, nurses and midwives who authorise the use of restraint or seclusion must have knowledge of the relevant Acts.

Security officers must have knowledge of their roles and powers as authorised officers (see respective LHN/Health Service Intranet for Incorporated Hospital By -laws).

Mental health workers must have knowledge of their roles and powers under the Mental Health Act, relevant to their role.

Further information is available:

- Tool 1 Quick guide to Policy and legal information relating to challenging behaviour.
- Tool 9 Consequences of challenging behaviour, violence and aggression

4. Implementation and Monitoring

To evaluate the safety and effectiveness of strategies for preventing and responding to challenging behaviour, health services clinical governance must establish and maintain a range of relevant, fit for purpose indicators and measures.

A risk management approach to all areas of the prevention and recognition of challenging behaviours across SA Health is required, and must be integrated into day to day business of health services. (Challenging Behaviour Safety Management (WHS) Policy Guideline).

Health services must undertake audits, regular monitoring and evaluation to demonstrate that they meet the requirements of the NSQHSS Standard 1 Clinical Governance, Standard 2 Partnering with Consumers, Standard 5 Comprehensive Care and Standard 8 Recognising and Responding to Acute Deterioration.

The Safety Learning System (incident management system) records the number of challenging behaviour incidents for patients and workers, and the activities of security throughout the health services. The Quality Information and Performance Hub (QIP Hub) is used to display this information for challenging behaviour and restrictive practices.

Measures	Data Source	
Clinical management of challenging behaviour	Rate of appropriate preventative interventions, including screening, monitoring, care planning, successful de-escalation, personal protection plans/ comfort plans Rate of documentation of the clinical monitoring of any application of force, restraint and/or seclusion	Sunrise EMR, medical record audit or patient report from (SAAS) CCME and CBIS non-inpatient charts, records – community and mental health.
Worker safety	Rate/number of harm to workers Rate/number of notifiable incidents and claims resulting from challenging behaviour incident Number of closed cases.	SLS Worker Incident module. SAAS (IRQA Incident Report and Quick Assessment).
Patient centred care	Rate of Patient feedback indicating that their rights are supported and they are treated with dignity and respect, and other relevant feedback Consumer and family/carer involvement in care planning Number/rate of harm to patients	SLS consumer feedback SA Consumer Experience Surveillance System. Lived experience register (Mental Health) Sunrise EMR, medical record audit.
	Rates of de-briefing with patients , and the use of open disclosure after incidents	SLS patient incident module.
	Number and rates (per 1000 OBD) of: > restraint or seclusion > restraint less than 4 hours, over 8 hours, over 12 hours for adults in mental health or general inpatient > restraint and/or seclusion applied for over 30 minutes to a child 17 years and younger > Mental Health Critical incidents (reportable to Office for the Chief Psychiatrist) > repeated restrictive practices to patient.	SLS patient incident module and medical record audit.

Restrictive Practices	Rates/numbers of Code Black, duress calls Number/rates of incidents where SA Police attendance required. Proportion of Security 'attend only' with successful de-escalation. Number of occasions where Security officers applied physical force, escorted a person from the premises, searched a person or their possessions. Proportion of Code Black calls where restraint/ seclusion was an outcome.	SLS patient incident module.
Security services and Emergency Response Teams	Rates of incident with management review and action. Risk assessment and action plan.	SLS Security incident module.
Clinical Governance	Strong safety culture throughout the organisation.	SLS all relevant modules Risk register Staff patient safety culture survey
Education and training programs	Completion of training program – numbers, types, proportion of relevant workers completed, frequency, training offered.	Clinical educators records/other training records

5. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed the **National Safety and Quality Health Service Standards (the Standards).**

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

This Policy Directive links to:

Standard 1- Clinical Governance

> Standard 1.29 – designing healthcare environments to maximise safety

Standard 2 – Partnering with Consumers

> In part, systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose.
  - healthcare rights and informed consent
  - sharing decisions and planning care

Standard 5 – Comprehensive Care

> Standard 5.33 – health service organisation has processes to identify and mitigate situations that may precipitate aggression.

> Standard 5.34 – health service has processes to support collaboration with patients, carers and families to identify patients at risk of becoming aggressive and violent, implement de-escalation strategies, safely manage aggression, and minimise harm to patients, carers, families and the workforce

> Standard 5.35 – where restraint is clinically necessary to prevent harm, the health service has systems to minimise, and where possible eliminate the use of restraint, govern the use of restraint in accordance with legislation, report restraint to the governing body

> Standard 5.36 - where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service has systems to minimise, and where possible eliminate the use of seclusion, govern the use of seclusion in accordance with legislation, report seclusion to the governing body.

Standard 8 – Recognising and Responding to Acute Deterioration (physical and mental state) in part

> Standard 8.5 – The health service organisation has processes for clinicians to recognise acute deterioration in mental state

> Standard 8.6 – The health service has protocols that specify criteria for escalating care, including in part , agreed indicators of deterioration in mental state

> Standard 8.7 – the health service has process for patients, carers, and families to directly escalate care

> Standard 8.8 – the health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance

> Standard 8.9 – the workforce uses the recognition and response system to escalate care

National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
☒	☒	☐	☐	☒	☒	☐	☒

6. Definitions

In the context of this document:

Advance Care Directives: Under the Advance Care Directives Act 2014, these are legal documents in which competent adults can:

- record their instructions, wishes and preferences for future health care, residential, accommodation and personal matters and/or
- appoint one or more adult Substitute Decision-Makers to make decisions on their behalf, if they are unable to do so.

Adverse event: See Harmful incident.

Assault: An unlawful physical attack and/or attempt to do violence to another (*Criminal Law Consolidation Act 1935*).

Authorised officers: There are several Acts which provide for the appointment of authorised officers, and the purpose, powers and role of an authorised officer varies between the Acts.

- Under the *Mental Health Act 2009* an authorised officer is a person who has power to take the person into care and control to facilitate an assessment (see also Care and Control)
- Under the *Health Care Act 2008* authorised officers act to prohibit disorderly or offensive behaviours within the hospital or its grounds. These include some security officers.

Other Acts include *South Australian Public Health Act 2011*, *Tobacco Product Regulation Act 1997*, *Public Intoxication Act 1984* and *Controlled Substances Act 1984*. Refer to the Acts themselves or to the Policy Directive Appointment and Administration of Authorised Officers under legislation committed to the Minister for Health; Minister for Ageing and the Minister for Mental Health and Substance Abuse.

Capacity: See Decision-making capacity.

Care and Control: Care is defined as the responsibility for and treatment of a person with an illness. Control is defined as influence and authority over a person. For section 56 under the *Mental Health Act 2009*, care and control is the use of vocal, social and physical presence to influence and manage a person, to facilitate their assessment and/or treatment. A person you have made subject to section 56 powers is legally obliged to follow your instructions. (Factsheet Section 56 – Care and Control, SA Health Office of the Chief Psychiatrist standards and policy.).

Challenging Behaviour: Actions and/or behaviours that may or have potential to physically or psychologically harm another person, self or property. Challenging behaviours and/or actions can be deliberate/intentional or unintentional and can take different forms, any of which can:

- potentially or actually stop, interrupt or limit the ability for health service or care to be provided in a way that is safe for both consumer and workers
- result in a person or people feeling unsafe or threatened or feeling that intervention, or retreat / withdrawal, is warranted to avoid, or limit, physical or psychological harm to someone, or property.

Clinical handover: The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis (Australian Commission on Safety and Quality in Health Care).

Code Black: Code Black is defined by Standards Australia as being used 'For personal threat (armed or unarmed persons threatening injury to others or themselves, or illegal occupancy).

The Code Black signal can be triggered through a duress alarm, emergency phone number, or other local mechanism. The equivalent code for SA Ambulance Service is Code 51. In practice, it is initiated by a health worker(s) when they feel that their safety is threatened, and it is a request for urgent assistance from a team that includes clinical and security expertise, where possible.

Comfort plan: (also Ulysses agreement) A patient's documented plan for aspects of their care. These are used in Mental Health to provide services with an understanding of the person's wishes in relation to treatment and management during periods where their mental state may preclude them from making informed decisions. They are not legally binding and do not replace, rescind or over-ride an Advanced Care Directive.

Competent: (see also Decision-making capacity) Competence is a legal term used to describe the mental ability required for an adult to complete a legal document. An adult is deemed to be either competent or not competent to complete the document. Competence is assumed unless there is evidence to suggest otherwise. Competence is a requirement for completing a legal document that prescribes future actions and decisions, such as an Advance Care Directive. A competent adult must understand what the document is, what it will be used for and when it will apply.

Consent: See Informed consent.

Consumer Centred Care: (also patient centred care , person centred care) Healthcare that is respectful of, and responsive to the preferences, needs and values of patients, consumers and the community, and includes the dimensions of respect, emotional support, physical comfort, information and communication, continuity and transition, coordination of care, involvement of family and carers, and access to care.

De-briefing: These can be formal or informal discussions after an incident intended to exchange information, provide support and plan actions. Consumers, managers and workers can participate. Mental Health Fact Sheet 7 – Trauma Informed Care Post Incident Conversation following an incident of restraint and/or seclusion

Decision-making capacity: A person's decision-making capacity relates to their ability to make a particular decision and this can fluctuate over time. Decision-making capacity is required in order to provide informed consent to medical treatment. A person has decision-making capacity, in relation to a specific decision, if they can:

- understand information about the decision
- understand and appreciate the risks and benefits of the choices
- remember the information for a short time.
- tell someone what the decision is and why they have made the decision.

(Consent to *Medical Treatment and Palliative Care Act 1995*, Consent to medical treatment and Health Care Policy Guideline and Providing Medical Assessment and / or Treatment where Consent cannot be obtained Policy Directive).

De-escalate: To reduce the level or intensity of a conflict, threatening or dangerous situation, primarily using verbal and non-verbal communication skills and techniques.

Duty of care: the extent to which a healthcare provider must reasonably ensure that no harm comes to a patient, themselves or other persons under the provider's care or in their acts or omissions.

Emergency medical treatment: Treatment that is necessary to meet an imminent risk to life or health (Consent to *Medical Treatment and Palliative Care Act 1995*).

Emergency response team: The team of medical, nursing, security and other health professionals with high level skills and knowledge of management in situations of challenging behaviour. This team responds to Code Black calls and similar with the primary aim of de-escalation and use of least restrictive practices to maintain safety and provide care, or further escalate to police or other agencies as indicated.

Escalation: With reference to challenging behaviour, this term can be used in either of the following ways:

- An increase in the intensity or seriousness of something; for example, intensification or an escalation of aggression.
- An increase in the response sought to a situation, where a low level response has failed to resolve the situation.

Harmful incident: An incident that led to patient harm. This term is used interchangeably with 'adverse event'. Such incidents can either be part of the healthcare process, or occur in the healthcare setting (i.e. while the patient is admitted to, or in the care of, a health service organisation). (Australian Commission on Safety and Quality in Health Care)

Incident: Any event or circumstance which could have (near miss) or did lead to unintended and/or unnecessary psychological or physical harm to a person and/or to a complaint, loss or damage (Incident Management Policy)

Informed consent: A process of communication between a patient who has decision-making capacity and their medical officer that results in the patient's authorisation or agreement to undergo a specific medical intervention. Consent obtained freely, without coercion, threats or improper inducements, after:

- •appropriate description to the consumer of the nature of treatment involved, the range of other options, including not having any treatment, and the possible outcomes and implications such as the success rates and/or side effects for the consumer and others
- questions asked by the consumer have been answered
- provision of adequate and understandable information in a form and language demonstrably understood by the patient or substitute decision-maker.

(Refer to Consent to medical treatment and health care policy guideline).

Intoxication: Means a temporary disorder, abnormality or impairment of the mind that results from the consumption or administration of intoxicants and will pass on metabolism or elimination of intoxicants from the body. (*Criminal Law Consolidation Act 1935*)

Least restrictive: An environment or intervention which places the least amount of restriction on freedom of movement while maintaining the safety of the person and others. (*Mental Health Act, 2009*)

Mental impairment: Includes a mental illness; or an intellectual disability; or a disability or impairment of the mind resulting from senility, but does not include intoxication (*Criminal Law Consolidation Act 1935*).

Patient: a person receiving medical assessment, medical treatment and care, and may also include, residents in care, NDIS participants, and other consumers of health services

Restraint: Means the intentional restriction of an individual's voluntary movement or purposeful behaviour by physical, chemical, mechanical or other means. A plain English definition for restraint is action that uses, or threatens to use force:

- to stop a person doing something they appear to want to do (whether or not the consumer resists), where the consumer's actions are putting themselves or others at risk of harm, intentionally or unintentionally
- to restrict a person's movement, so that something can be done to them. This is most commonly to enable safe provision of lawful and necessary health care or transport to a health care facility (where there is consent or a legal order).

Restrictive practices: This term encompasses a range of methods, including seclusion, to either restrict movement or disengage from harmful behaviour. The term includes all the types of restraint and also the use of voice or language (sometimes called emotional restraint) and physical or mechanical barriers (sometimes called detainment or containment) to restrict a person's liberty or to seclude a person in a designated space.

Seclusion: The confinement of a consumer at any time of the day or night alone in a room or area from which free exit is prevented10.Seclusion is not the deliberate isolation for the purpose of infection prevention and/or control, or during radio/chemotherapy.

Trauma informed care: A reconceptualisation of traditional approaches to health and human service delivery. Trauma-informed services are alert to the possibility of the existence of trauma in the lives of all patients, irrespective of whether it is known to exist in individual cases. Child and adult trauma survivors are sensitised to stimuli that may trigger the fright fight or flight response. In order to minimise challenging behaviours, practice needs to be aimed at preventing this fear response. Key principles of trauma informed care include safety, trustworthiness, choice, collaboration and empowerment.

Wandering: Ambulation or mobility that appears to be lacking in purpose or intent.

Worker(s): For the purposes of this document staff are referred to as workers or health care workers, including, but not limited to, employees, contractors, subcontractors, employees of contractors/subcontractors, employees of labour hire companies that have been assigned to work in the business, an apprentice or trainee, security officers, students (including dental, medical, nursing students contributing to health service provision and students gaining work experience) and volunteers.

7. Associated Policy Directives / Policy Guidelines and Resources

7.1 South Australian Legislation

- *Advance Care Directives Act 2013*
- *Carers Recognition Act 2005*
- *Children's Protection Act 1993*
- *Civil Liability Act 1936*
- *Consent to Medical Treatment and Palliative Care Act 1995*
- *Criminal Law Consolidation Act 1935*
- *Disability Services Act 1993*
- *Guardianship and Administration Act 1993*
- *Health and Community Services Complaints Act 2004*
- *Health Care Act 2008*, (including the appointment and administration of authorised officers for hospitals incorporated to prohibit disorderly or offensive behaviours within the hospital or its grounds)
- *Health Practitioners Regulation National Law Act 2010*
- *Health Care Regulations for the Health Care Act 2008 (SA)*
- *Mental Health Act 2009* (including the appointment of an authorised officer who has power to take the person into care and control to facilitate an assessment- see also Care and Control)
- *Public Intoxication Act 1984*
- *Return to Work Act 2014*
- *South Australian Public Health Act 2011*
- *Work Health and Safety Act 2012 (SA)*
- Work Health and Safety Regulations 2012 (SA)
- *Workers Rehabilitation and Compensation Act 1986*

7.2 Australian Legislation and other resources

- *Aged Care Act 1997*
- *Australian Human Rights Commission Act 1986*
- CPI – *Management of Actual or Potential Aggression ® training program*
- *Disability Discrimination Act 1992*
- *National Health and Medical Research Council –Care After a Suicide Attempt*
- MTU Training Concepts – *Predict, Assess and Respond to Challenging Behaviour (PART)*
- *Racial Discrimination Act 1975*
- *United Nations: Universal Declaration of Human Rights*

7.3 SA Health Policies

- Appointment and administration of Authorised Officers under legislation committed to the Minister for Health; Minister for Ageing and the Minister for Mental Health and Substance Abuse Policy Directive (Tool 1)
- Charter of Health and Community Services Rights Policy Directive (Tool 11)
- Clinical Communication and Patient Identification Clinical Directive
- Partnering with Carers Policy Directive
- Consent to Medical Treatment and Health Care Policy Guideline (Tool 1)
- Consumer Feedback Management Policy Directive
- Consumer Feedback Management Guideline
- Employee Assistance Program Policy Directive
- Framework for Active Partnership with Consumers and the Community
- Guide for Engaging with Consumers and the Community Policy Guideline
- Management of work related injury - illness (WHSIM) Policy Directive
- Mental Health Services Pathways to Care Policy Directive
- Mental Health Services Pathways to Care Policy Guideline
- Minimising restrictive practices in health care Policy Directive and Toolkit
- Patient incident management and Open Disclosure Policy Directive and Toolkit
- Challenging Behaviour Safety Management - WHS Policy Guideline
- Protective Security Policy Directive
- Providing Medical Assessment and/or Treatment Where Patient Consent Cannot be Obtained Policy Directive (Tool 1)
- Remote or Isolated Work Health and Safety (WHS) Policy Guideline (Tool 2)
- Remote or Isolated Work Safety (WHS) Policy Directive (Tool 2)
- Respectful Behaviour Policy (Tool 11)
- Restraint and Seclusion in Mental Health Services Policy Guideline (Tool 1)
- Roles, Responsibilities and Governance (WHSIM) Policy
- Smoke-free Policy Directive (Tool 1)
- Work Health, Safety and Injury Management (WHSIM) Policy Directive
- Work Health and Safety Reporting and Investigation Policy Directive

7.4 Australian Commission on Safety and Quality Health Care Resources

- National Safety and Quality Health Service Standards: second edition
- National Safety and Quality Health Service Standards: Guide for Hospitals
- National Consensus Statement : Essential elements for recognising and responding to deterioration in a person's mental state
- Recognising Signs of Deterioration in a Persons Mental State (Gaskin and Dagley report)
- Recognising and Responding to Deterioration in Mental State: A Scoping review
- Australian Open Disclosure Framework 2013

7.5 Standards, codes and other resources

- Code of Ethics for the South Australian Public Sector
- Good Medical Practice: A Code of Conduct for Doctors in Australia Guard and patrol security services AS/NZS 4421:2011
- Planning for emergencies in emergency facilities AS 3745-2010

7.6 Work Health and Safety resources

- SafeWork Australia Model Codes of Practice
- Work-Related Violence: Preventing and responding to work-related violence Work Health and Safety Consultation, Cooperation and Coordination Managing the Work Environment and Facilities
- How to Manage Work Health and Safety Risks Guide for Handling and Transporting Cash
- Prevention and management of customer aggression: A guide for employers
- Prevention and management of aggression in health services: A handbook for workplaces

7.7 References

- The Care of Confused Hospitalised Older Persons program (CHOPs) 2014 NSW Agency for Clinical Innovation (ACI).
- Australian Institute of Health and Welfare 2013. Dementia care in hospitals: costs and strategies. Cat. no. AGE 72. Canberra: AIHW.) www.reboc.com.au/
- Australian and New Zealand Society for Geriatric Medicine Position Statement 13 Delirium in Older People Revised 2012
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- Restrictive physical intervention and therapeutic holding for children and young people – guidance for nursing staff, 2010 Royal College of Nursing UK.
- Fallot, R & Harris, M 2009, ‘Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol’, Washington, DC. Community Connections.
- National Mental Health Seclusion and Restraint Project, National Mental Health Commission.

8. Attachments

- Map of documents and tools for challenging behaviour and restrictive practices

Challenging Behaviour Toolkit

- Strategic framework for preventing and responding to challenging behaviour
- Challenging Behaviour Safety Management - WHS Policy Guideline
- Tool 1: Quick Guide - Policy and Legal Information relating to Challenging Behaviour
- Tool 2: Organisation-wide self-assessment tool for challenging behaviour committees
- Tool 3: Example Terms of Reference for a Health Service Challenging Behaviour Prevention and Response Committee
- Tool 4: Clinical Guidelines and additional resources
- Tool 5: Education and Training Framework
- Tool 6: Guide to reporting and review of challenging behaviour incidents
- Tool 7: Evaluation and metrics for challenging behaviour and restrictive practices
- Tool 8: Challenging behaviour, violence and aggression - post incident support toolkit
- Tool 9: Consequences of challenging behaviour (NEW)
- Tool 10: The STEPPED RESPONSE to challenging behaviour by a patient

Other associated resources

- Accreditation resource guides for the second edition of NSQHSS
- eLearning courses
  - Introduction to Preventing and Responding to Challenging Behaviour (mandatory for all workers at Induction)
  - Minimising restrictive practices (mandatory where any restraint or seclusion used)
  - Sunrise EMR and PAS user guide
  - What is Safety and Quality?
  - Aboriginal Cultural Learning (builds cultural competency)
  - Communication and Teamwork – TeamSTEPPS® 2.0 AU
  - Patient incident management and open disclosure

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