	Mental Health Service Staff Safety In The Community Procedure	Procedure Number *CHC-MHS-0079*	Version Nos: **1**

1. Purpose

This Procedure outlines the arrangements for keeping staff safe in the West Coast District Health Board (WCDHB) community mental health and emergency teams, and forms part of their Service Provision Framework. It is based on the general WCDHB Visits to Community Based Patients-Clients Procedure and may be read in conjunction with these.

2. Application

This Procedure is to be followed by all WCDHB staff working in the community.

3. Definitions

For the purposes of this Procedure:
ETR is defined as the expected time of return.

4. Responsibilities

For the purposes of this Procedure:

All staff working in the community are responsible for following the safety considerations and procedures in this document.

Clinical/District Managers (or the Duty Nurse Manager where applicable) are responsible for initiating the safety response when indicated.

Reception staff (or the telephonists after hours, where applicable) are responsible for alerting the appropriate Manager if the safety procedure indicates there may be an issue.

5. Resources Required

This Procedure requires:

- Cell phone (and pager/satellite phone where available)
- Location board
- Appropriate comfort equipment for long distance travel

6. Process

<u>1.00</u> <u>Awareness</u>

1.01 Staff are, at times, working in acute or rapidly changing situations both at the office base and when mobile in the community. They need to maintain a constant awareness of the safety of themselves and others. *Note: It is acknowledged that many properties on the West Coast have firearms. Staff may not always have knowledge of this and their presence should be the default assumption when working in the community.*

1.02 The initial risk assessment occurs at triage. Staff will:
- Select a suitable interview space
- Ensure other staff are aware of situations where increased risk is apparent
- Seek additional staff (or for DAOs/TACT, Police) attendance where necessary

1.03 Ensure all initial assessments of unknown clients take place at the Mental Health Service offices at Grey Base Hospital, Buller CMH, or Westland CMH (or a medical centre at other outlying regions), unless a community based assessment is required under the provisions of the Mental Health Act

<u>2.00 Regular Safety System – In the Community</u>

2.01 Staff are to carry cell phones (and pagers/satellite phones where available) and have them turned on. *Note: There is limited cell phone coverage in many parts of the West Coast.*

2.02 Destination risk is assessed before the visit occurs.

2.03 A community visit may occur alone in situations where risk is deemed low (e.g. visits to staffed houses, follow up visits to situation of stable low risk).

2.04 Two staff will always attend situations which are deemed to pose current potential risk (personal, professional or physical risk), including clients with a past history of violence. *Note: context and pattern of past risk history will be taken into account when assessing current risk.*

2.05 The location board in reception must be filled in each day by all staff. It provides details of
- appointment time
- address/contact number
- names or NHI of clients being seen
- estimated time of return to the office (ETR)
- contact cell phone/pager number

These details will facilitate finding staff if they go missing in the community.
Note: Where it is not possible to record this information on the location board, a locally adapted system will be implemented that fits the principle of rapid location of staff if needed.

2.06 Staff will check in with reception either in person or by phone, in the morning, at lunchtime, and at the end of the day. *Note: Please refer to Section 6.0 if ETR is after hours*

<u>3.00 Safety Response – When A Colleague Doesn't Return As Planned</u>

3.01 If a staff member out on a community visit is delayed by more than 60 minutes s/he will phone reception, giving updated details of location, and expected time of return. This new information will be updated on the location board by the receptionist.

3.02 If a staff member has not returned as planned, has not contacted to update the location board, and is more than 60 minutes late, the safety in the community response will commence

3.03 Receptionist will inform the clinical/district manager (or delegate) who will take the following steps until the staff member is located safely

- attempt to make contact with the staff member by cell phone
- phone clients listed on the location board to determine the last known whereabouts of the staff member
- contact any other staff in the area and request that s/he attempts to locate their colleague
- if there is no response or success, contact the local Police

4.00 Working Alone In The Building

4.01 Every endeavour is made not work alone in a building; however there may be occasions which necessitate staff working alone.

4.02 External doors will be locked if alone in the building.

4.03 If a lone staff member needs to see a client in the office after hours, s/he will notify colleagues to discuss appropriate safety measures.

4.04 If other staff are finishing work for the day and are aware that the staff will be alone in the building with a client, and arrangements have not been made, the staff member/s leaving will phone and put a safety plan in place.

5.00 Visiting Or Seeing Clients Where Risk May Be High

5.01 All new clients will be seen at Mental Health Service offices, or an appropriate staffed facility or medical centre in outlying areas.

5.02 A clear assessment and consideration of risk will be made and as much information gained as possible, before visiting known clients. If the situation is potentially risky staff will work in pairs.

5.03 When making community visits, staff will ensure there is a clear exit (including considering parking for a easy departure), their cell phones are turned on, and that the staff at their Mental Health Service base are aware of their whereabouts.

5.04 If there are safety concerns about visiting particular clients in the community, the staff will have a prearranged agreement with reception (or other appropriate staff) to phone at a specified time (for example when s/he arrives at address, and within 15 minutes of entering the client's home). If the staff fails to make this call and doesn't respond to a phone call from reception, the clinical manager will notify the Police.

6.00 After Hours

6.01 In addition to the above, solo outings will be minimised, and TACT staff on duty will keep their on duty colleague aware of planned movements. A record will be left on the TACT whiteboard of all planned visits and ETR.

6.02 If the activity and/or ETR will be after hours, the telephonist (where applicable) will be given details on the location board, and the regular safety procedure will apply.

6.03 Where necessary, the Telephonist will contact the Duty Nurse Manager (where applicable) to implement the safety plan as above.

7.00 Safety When Traveling

7.01 From time to time, significant amounts of time are spent with clients in cars and this is particularly problematic if transporting a distressed person to the Grey Hospital (travel time may be up to 4 hours).

7.02 Two staff are involved in transfers of distressed persons for clinical care, with the client always seated in the left rear of the vehicle and another staff member on his or her right to maximise driver safety.

7.03 The child-proof lock on the left rear door (beside the client) is engaged.

7.04 If three people are required to assist with the transfer, the client sits in the rear middle of the vehicle with a person on either side.

7.05 When traveling long distances, arrangement for the comfort of travelers is important. Blanket, water, sick bowls, and pillows are to be carried in the car.

7. Precautions And Considerations

- ➔ In rare circumstances, it may be appropriate to utilise the Safe Area with two staff being present. This may be most appropriate in the immediately following a period of seclusion.
- ➔ The Safe Area is not seclusion, but does require a staff member to be in attendance at all times while a patient is being managed in this lowered stimulus environment.

8. References

- ACC Health and Safety Guide to Working in Isolation in the Health and Disability Sector, (ACC5259).

9. Related Documents

- WCDHB Visits to Community Based Patients-Clients Procedure

Revision History		
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