

Assaults or Threats towards Mental Health and Addictions Service staff

Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions
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Target Audience	Mental Health and Addictions Service staff
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
04	Rachael Aitchison	July 2015	Inclusion of assault victim complaint guidance
4.1		November 2016	Formatting in appendices corrected
05	Kylie Balzer	May 2020	Inclusion of flow chart for process
06	Kylie Balzer	October 2023	Flow chart changed to table of actions to be completed Inclusion of additional support options for staff

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1 Overview

1.1 Purpose

The purpose of this procedure is to ensure that all assaults or threats to staff are addressed promptly and in a way which supports the complainant. It also outlines a process for making a complaint which staff should follow if they are assaulted by a tāngata whaiora or other person within the practice environment.

1.2 Staff group

This procedure applies to all assaults or threats made towards any Mental Health and Addictions staff member.

1.3 Patient / client group

Mental Health and Addictions tāngata whaiora and staff.

1.4 Exceptions / contraindications

Nil exceptions.

1.5 Definitions and acronyms

Assault	Means “the act of intentionally applying or attempting to apply force to the person of another, directly or indirectly, or threatening by any act or gesture to apply such force to the person of another, if the person making the threat has, or, causes the other to believe on reasonable grounds that he / she has present ability to effect his purpose” Crimes Act 1961
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2 Clinical management

2.1 Roles and responsibilities

All Staff

Completion of incident notification and a witness statement

Managers

Follow up of the incident and implementation of actions in response to any identified learnings.

2.2 Competency required

- Incident notification and review
- Completion of witness statement

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2.3 Equipment

- Clinical record
- Employee Assistance Programme Information
- DATIX incident reporting system
- Emergency trolley if assessed as necessary
- Te Whatu Ora Waikato Wellbeing Intranet page

2.4 Procedure

All assaults are a serious matter, and depending on the seriousness of the assault, these matters need to be escalated and managed appropriately. The below aligns with the current SAC assessment criteria: corporate consequence for staff / contractor / visitor utilised within our work place.

Severe	Major	Moderate	Minor	Minimal
SAC 1	SAC 2	SAC 3	SAC 4	
Death(s) of staff member contractor or visitor	Permanent disability or loss of function to staff member, contractor or visitor; requires major additional medical or surgical intervention Notifiable to Worksafe	Staff member, contractor or visitor requires extended treatment	Staff member, contractor or visitor requires short term treatment only with no lost time or restricted duties	Staff member, contractor or visitor requires nil or first aid treatment only

Assault/threat occurs
<p>Ensure all people involved in the incident are supported appropriately, this may include;</p> <ul style="list-style-type: none">• Removed from the situation• Defusion• Supported to receive medical attention• Emotional support• Spiritual support• Employee Assistance Programme (EAP) or Critical Incident Support for staff <p>Tāngata whaiora who has allegedly assaulted the staff member is managed appropriately, which may include but not be limited to:</p> <ul style="list-style-type: none">• Removing the person from the situation/area• Having time out in a low stimulus environment• PRN medication• Medical review (management plan)• Assault is clearly documented in clinical work station (use a separate progress note to highlight this).• Update risk tool• Complete a Datix incident notification (even if no injuries are evident).• Police complaint reference/ job number – obtain this after reporting assault to police, and document number in progress notes.

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Leadership team to be informed of assault (if after hours, Co-ordinator to be informed) and support staff/victims to escalate as per below:

SAC 1 or 2	SAC 3 or 4
<ol style="list-style-type: none"> 1. Treating team is to be contacted <u>immediately</u> (If after hours on duty SMO). 2. A review needs to be conducted alongside a management plan that identifies if escalation of the event to police via calling 111 is required. 3. Staff supported to report the event, clearly stating assault and that it occurred at the 'name the site' e.g. Henry Rongomau Bennett Centre (HRBC)/London St and document file number for the complaint in clinical work station. 4. Email to be formatted to leadership team, including operations manager informing them of the serious assault. A phone call may be more appropriate, depending on the seriousness of the assault. <p><i>For a serious assault police would attend to take the appropriate statements.</i></p>	<ol style="list-style-type: none"> 1. Treating team to be contacted as soon as practicable 2. Staff supported to complete online report via: 105 Police Non-Emergency website https://www.police.govt.nz/use-105#online-report-options 3. When completing the online report ensure that you have the following information: <ul style="list-style-type: none"> • Tāngata whaiora name (alleged offender), date of birth and NHI • Identify the date and time of the assault • Clearly identify the victim and witnesses to the assault including the witnesses' name, date of birth and contact details. • Document the: <ul style="list-style-type: none"> - Circumstances leading to the assault - What happened in the incident - What happened after the incident <p>Be as specific as possible about any harm arising from the assault e.g. blood nose, black eye</p> 4. It is recommended that the clinician take notes on the incident as the police may request a further statement at a later date. 5. You will be emailed conformation and acknowledgement of your online report. 6. Forward email of confirmation and acknowledgement of your online report to your ward leadership team
Datix incident notification completed.	
Assault is clearly documented in clinical work station (use a separate progress note to highlight this) including police complaint reference/ job number after calling 111 OR file number from 105 report, datix number	

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The leadership team are to forward all file numbers to the respective operations managers. Operation Manager is to forward file number to the police liaison contact person

All assaults will be discussed and progress will be reviewed at the bi-monthly police liaison meeting. Feedback of the progress of the complaints will be provided to the complainant/s and the respective manager/s via the operations manager.

If the assault incident involved tāngata whaiora the DATIX number for the incident will be included in the clinical record.

3 Staff follow up

Ensure staff member is supported appropriately, which may include:

- Defusion (immediate small group support)
- Check in on staff member and offer quiet space and/or time off the ward
- Debrief
- Support to receive medical attention
- Emotional support
- Employee Assistance Programme (EAP)
- Time off the ward/away from the situation to support self-regulation
- Request for Critical Incident Support (can be accessed through intranet on Wellbeing Oranga Kaimahi page). [Wellbeing \(health.govt.nz\)](https://www.health.govt.nz/our-services/mental-health-and-addictions-services/critical-incident-support)
- Support to connect to a workplace support person
- Chaplaincy services
- Kaitakawaenga support

Leadership follow up should include:

- After event check in on staff member offer quiet space off the ward
- After event check in with staff on duty at the time of the event
- Arrange a phone call to staff member
- Arrange welfare check
- If applicable explore leave options with staff
- Update staff member of outcome from assault (i.e. complaint laid with police)
- Inform staff that they will also receive a phone call from Human resources to follow up with incident.

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Maintaining healthy work environment

- Arrange regular ward wellbeing catch up
- Support staff to access wellbeing resources
- Arrange return to work plan

4 Audit

4.1 Indicators

- Assaults or threats to staff are addressed promptly and in a way which supports the complainant.
- Assaults are discussed at the bi-monthly police liaison meeting.

4.2 Tools

- Incident follow up.

5 Evidence base

5.1 Summary of Evidence, Review and Recommendations

- McKenna B., Poole, S., Smith. N, Coverdale, J. & Gale, C. (2003). A survey of threats and violent behaviour by patients against registered nurses in his / her first year of practice. *International Journal of Mental Health Nursing*. Volume 12, Issue 1. Page 56.
- Nice Guideline UK www.nice.org.uk/guidance/NG10

5.2 Associated Te Whatu Ora Waikato Documents

- [Critical Incident Management for Staff](#) policy (Ref. 0175)
- [Employee Assistance](#) policy (Ref. 0286)
- [Harassment and Bullying](#) policy (Ref. 1963)
- [Incident Management](#) policy (Ref. 0104)
- [Notifiable Events Management](#) policy (Ref. 0074)
- [Treating Staff Injured at Work](#) guideline (Ref. 1515)
- Mental Health and Addictions [Working with Risk: Assessment and intervention for tāngata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others](#) procedure (Ref. 5241)

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- Health and Safety at Work Act 2015
- Human Rights Act 1993
- Privacy Act 2020
- Employee Relations Act 2000
- Treaty of Waitangi Act 1975
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Crimes Act 1961