

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Aggression management; Management of violence in the workplace; Management and care of patients who display violent behaviour.
SUMMARY	The purpose of this procedure is to establish and maintain a workplace safety culture through the early detection, documentation and management of violence and aggression throughout the organisation.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Work Health and Safety – Violence Prevention and Management in the Workplace Procedure

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1. POLICY STATEMENT

SESLHD recognises its duty of care to all workers, patients, visitors, volunteers, contractors and students through the minimisation of harm and protection from acts of aggression and violence.

The *Violence Prevention and Management Framework* has been developed to ensure SESLHD has a systematic framework that complies with requirements outlined in [NSW Health PD2015_001 Preventing and Managing Violence in the NSW Health Workplace – a Zero Tolerance Approach](#)

Note – management of incidents of violence or aggression perpetrated by SESLHD staff toward patients/clients or other staff is outside of the scope of this procedure.

2. BACKGROUND

Violence is defined as any incident in which an individual is abused, threatened or assaulted and includes verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault.

While SESLHD may not be able to prevent all initial unanticipated acts of violence or aggression, the organisation provides this procedure to:

- Manage the initial incident to minimise the risk of adverse outcomes to patients and workers
- When possible prevent a reoccurrence from the same person
- When a reoccurrence of violence or aggression cannot be prevented due to the person's clinical condition, that the care management systems are implemented to minimise the risk of further aggression and the associated adverse outcomes
- Communicate the level of aggression risk represented by a patient to all other SESLHD workers and others present
- Where the aggressor is not a SESLHD patient, provide a written initial warning and management strategy for subsequent breaches of the behaviour code which is transparent, documented and auditable.

2.1 Definitions

Code Black means arrangements for providing a timely and effective response to violent incidents. The summoning as a priority sufficient numbers of skilled multi-disciplinary personnel to a developing incident or an incident in progress in order to prevent or minimise injury or other harm, contain the incident until external assistance arrives or resolve the incident. See [NSW Health Protecting People and Property Manual](#) – chapter 29 Code Black Arrangements for further information

These responses will depend on a number of factors including the nature and severity of the event, whether it is a patient, visitor, intruder or other person, equipment available to staff and the number, skills and experience of the staff involved.

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Staff working in community/outreach (including domestic) settings must also have access to a way of summoning assistance in the event that they are facing a personal threat or attack.

Personal Space refers to the distance from another person at which one feels comfortable when talking to or being next to that other person, and where any threat to that personal space would make them feel uncomfortable. Personal space is subjective and varies between individuals.

Safe Areas refers to secure rooms or offices within the health facility where staff can retreat to in the event of a violent incident. A safe area may be a lockable staff room, or a secure lockable office. A safe area should have a telephone so an emergency call can be made, or good mobile phone reception.

Violence refers to any incident or behaviour in which staff feel abused, are threatened or assaulted in circumstances arising out of, or in the course of, their employment including verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault.

3. RESPONSIBILITIES**3.1 Workers will:**

- Attend all required training and education in violence prevention management
- Implement respectful interactions in all patient and public contact situations
- Identify and respond to escalating aggressive behaviour or acts of violence if safe
- In the event of a personal threat, follow the CODE Black emergency procedure
- Report all incidents to the appropriate line manager through IIMS.

3.2 Line Managers will:

- Ensure all workers are trained in and are using the Violence Prevention Management Training Framework approaches to managing patient and visitor interactions
- For Departments where high risk patients are routinely admitted, ensure all workers are trained and competent in Violence Prevention Management Module 2– Personal Safety, and rosters are managed accordingly
- Provide appropriate safe staffing levels to work with patients identified as per patient care planning, specialising (one to one nursing) business rules and safe work practices
- Ensure violence/aggression risk is documented and regularly updated in patient care plans
- Establish local processes for communicating the potential violence risk to all workers entering or working in their work area
- Assist workers in the de-escalation of a patient or visitor and/or implement other control measures as appropriate

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- Coordinate the Code Black response to violence or aggression.

3.3 Security Officers will:

- When called to a Code Black, attend the scene promptly
- Follow the agreed patient Care Plan and coordinate with the ward staff regarding the roles within the team
- Report the incident following standard reporting processes i.e. IIMS, and brief the security manager on the details of the incident.

3.4 Security Managers will:

- Monitor incident reports from the security teams and review incidents for:
 - Number and frequency of incidents
 - Nature and severity of previous incidents committed by an individual
 - The requirement for further risk management planning with department managers that may involve security
- Where requested, meet with senior managers or the site Executive and the perpetrator of a violent incident, to consult on agreed behaviours while on SESLHD premises.

3.5 Senior/Service/Stream Managers will:

- Promptly respond to requests by managers to assist with management of aggression from visitors or relatives or patients without clinical cause
- Assist managers in ensuring adequate staffing levels to manage the identified violence risks in their workplace
- Consult with managers, Security and Executive staff on appropriate actions taken to date and other possible options for managing potential subsequent acts of violence or aggression
- Enforce service restrictions or site attendance limitations as prescribed in the procedure.

3.6 General Managers/Service Directors will:

- Support the implementation of this procedure
- For persons who will not modify their behaviour following repeated requests, authorise the appropriate issuing of the Inability to Treat Notice or Termination Notice.

4. PROCEDURE

While the vast majority of patients who present to health care facilities constitute no risk or minimal risk, incidents of violence can and do occur. There may be many reasons for this, including the inherently stressful process of illness and hospitalisation and the manifestation of a clinical condition.

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This procedure considers in a more conscious way the potential for aggression by utilising a risk management approach to all situations in the workplace.

4.1 Step 1 – Be respectful

All SESLHD staff are to complete [My Health Learning mandatory training module – Violence Prevention and Management Awareness](#) and [My Health Learning mandatory training module – Violence Prevention and Management – Promoting Acceptable Behaviour in the Workplace](#)

While engaged with the public and in patient care all SESLHD workers are to:

- Where possible, manage environmental factors that may contribute to patient distress, for example, congested waiting areas
- Remain respectful during all interactions and episodes of care
- Respect another person's personal space
- Where possible ask for permission prior to delivery of personal care and treatment
- Continually assess for signs of rising distress, agitation or aggression
- Be prepared to move away if required.

4.2 Step 2 – Identify and communicate the potential for distress, agitation or aggression

While working all SESLHD workers are to maintain a situational awareness of patients and other people in the area they are working in, and:

- observe and monitor the patient or visitor for changes in behaviour or mood
- determine if the changes in patient or visitor mood or behaviour are escalating toward distress, agitation or aggression
- define the level of a person's distress, agitation or aggressive behaviour and determine whether other patients, visitors and/or staff are at risk of potential violence
- communicate to the team – through handover, eMR alerts, ISBAR, care plans and speaking with referrers.

Staff need to be aware of their behaviour and its possible effect on others in relation to escalating or de-escalating conflict or confrontation. It is important that an appropriate work environment be maintained in which all staff, patients and visitors are treated with courtesy.

SESLHD workers are to maintain awareness of the systems in place in their workplace to manage violence:

- Assessment and treatment protocols
- The internal emergency procedures, including how to call for response
- The violence and prevention management skills of the team, including de-escalation and restraint
- Safe areas, including vehicles for community workers.

4.3 Step 3 – Assessment

4.3.1 Patient/Client Assessment

All staff are responsible to report any patient behaviour which is aggressive or a risk to safety to the In-Charge of the area and/or their respective line manager.

While the risk assessment methodology encourages a determination of the likelihood and consequence of the identified potential risk of violence, it is well-established that violent incidents can occur with little warning.

Therefore, any change in the patient/client's status must be communicated to all staff involved with the patient/client at clinical handover, on transfer of care (e.g. to Radiology, porters, another agency), and on the change in assessment.

The care plan is to be updated promptly according to the change in status of the patient/client as per established treatment and management protocols.

4.3.2 Visitor Assessment

There are no known formal methods for assessing the risk of violence with visitors. Awareness of the difficulty or frustration visitors and relatives may be experiencing will assist SESLHD workers to show compassion and assist visitors and relatives to negotiate the processes and environment within Health. Refer to [My Health Learning mandatory training module – Violence Prevention and Management Awareness](#) and [My Health Learning mandatory training module – Violence Prevention and Management – Promoting Acceptable Behaviour in the Workplace](#)

SESLHD workers are encouraged to report to their manager any increases in levels of distress, agitation or aggression shown by visitors or relatives.

4.4 Step 4 – Control the Risk

4.4.1 Escalating Behaviour

When a worker identifies or is confronted by a person whose behaviour is a threat to safety:

- Where safe to do so, verbally engage with the person to calm them, determine the cause of the behaviour and address the cause wherever possible (de-escalation techniques). Other options to be considered may include a clinical review or requesting assistance from colleagues.
- Where all reasonable options have been attempted and/or the behaviour continues to escalate, and there is a risk to safety, the worker is to alert the In Charge and/or initiate the emergency response/Code Black procedure.

4.4.2 Emergency response (Code Black)

After the emergency response (or Code Black) is initiated in the department or unit, all workers are to follow the local emergency response arrangements and endeavour to ensure the safety of themselves, other patients/clients and visitors.

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- Police may be called where it is deemed appropriate to do so.
- Where it is safe to do so, one staff member who ideally has a rapport with the person should continue to attempt to de-escalate the situation. If it becomes evident that the person may become physically violent, where possible all persons are to be removed from the immediate area for their safety until Security or Police arrive to manage the situation.
- As far as possible, maintain the safety of the aggressor.
- In departments where staff are trained in restraint procedures and where appropriate, a clinician-led restraint may proceed as per [NSW Health PD2012_035 Aggression, Seclusion & Restraint in Mental Health Facilities](#) and [NSW Health PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations](#)
- When security or police arrive, the most senior person not engaged with the incident is to advise the security or police personnel relevant information regarding the incident, including a brief background, including what has already been done to attempt to resolve the situation and what the current situation is now.
- Security or the police then assume control of the situation and determine whether to allow the person/s engaged with the individual concerned to continue managing the incident or to intervene and take command.
- For community workers, also see [SESLHDPR/230 Work Health Safety - Risk Management for Staff Working Off Site Procedure](#).

4.5 Step 5 - Monitor and Review Risks and Controls**4.5.1 Patient/Client Violent Behaviour Management**

The clinical team must assess if the most likely cause of the aggressive behaviour was as a result of a change/deterioration to the clinical condition. If this is the case, prompt clinical review, treatment and necessary control is required.

The incident is to be reported in IIMS. The manager, in consultation with clinicians and other workers who are engaged in caring for the patient, will:

- Review the incident with the workers involved and assess the level of risk
- Coordinate the development of risk mitigation strategies, including an aggression management plan for the patient. The aim of the plan is to prevent reoccurrence of the incident where possible and to strive to reduce the potential for further violent incidences. Include site security in planning where they are on site.
- Identify the communication strategy to inform all patient contact workers including those from other departments of the change to the care plan and confirm this is communicated at clinical handover
- Confirm with security the changes to the patient's care plan and make or update the joint intervention plan should another violent incident occur.

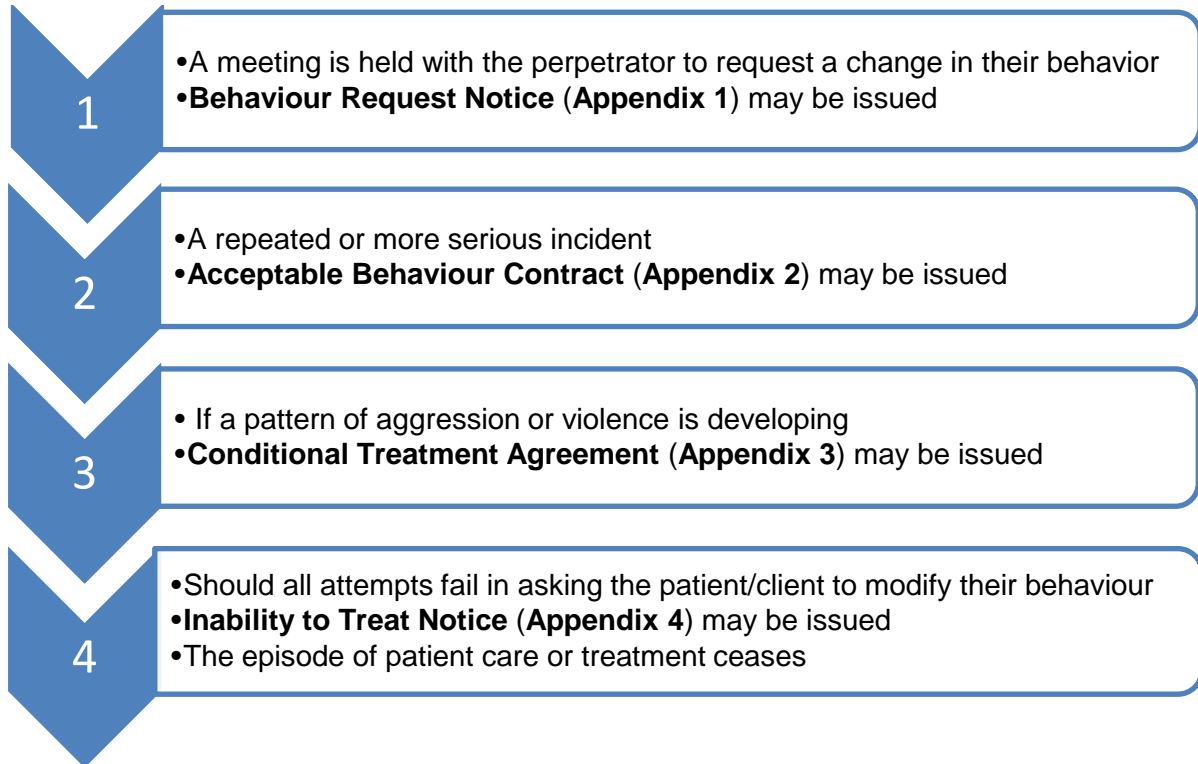
The department manager will consult with the treatment team, the Service senior manager, Director or Site Manager and Security on the need for a meeting with the patient to discuss their behaviour.

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All reasonable efforts to retain a patient/client in treatment must be taken prior to placing conditions that restrict the patient/client’s access to services. The focus at all times should be one of effective risk management and prevention.

Each site/service must determine their local process and delegations of authority in relation to following up a violent incident. The following cascade of events may occur:



(Refer to: [NSW Health PD2015_001 Preventing and Managing Violence in the NSW Health Workplace – a Zero Tolerance Approach](#) Section 4.2.1 Written Warnings, Section 4.2.2 Conditional Treatment Agreements for Patients and Section 4.2.3 Inability to Treat)

4.5.2 Visitor or Relative Violent Behaviour Management

(Refer to: [NSW Health PD2015_001 Preventing and Managing Violence in the NSW Health Workplace – a Zero Tolerance Approach](#) Section 4.2 Longer Term Response Options and Section 4.2.1 Written Warnings)

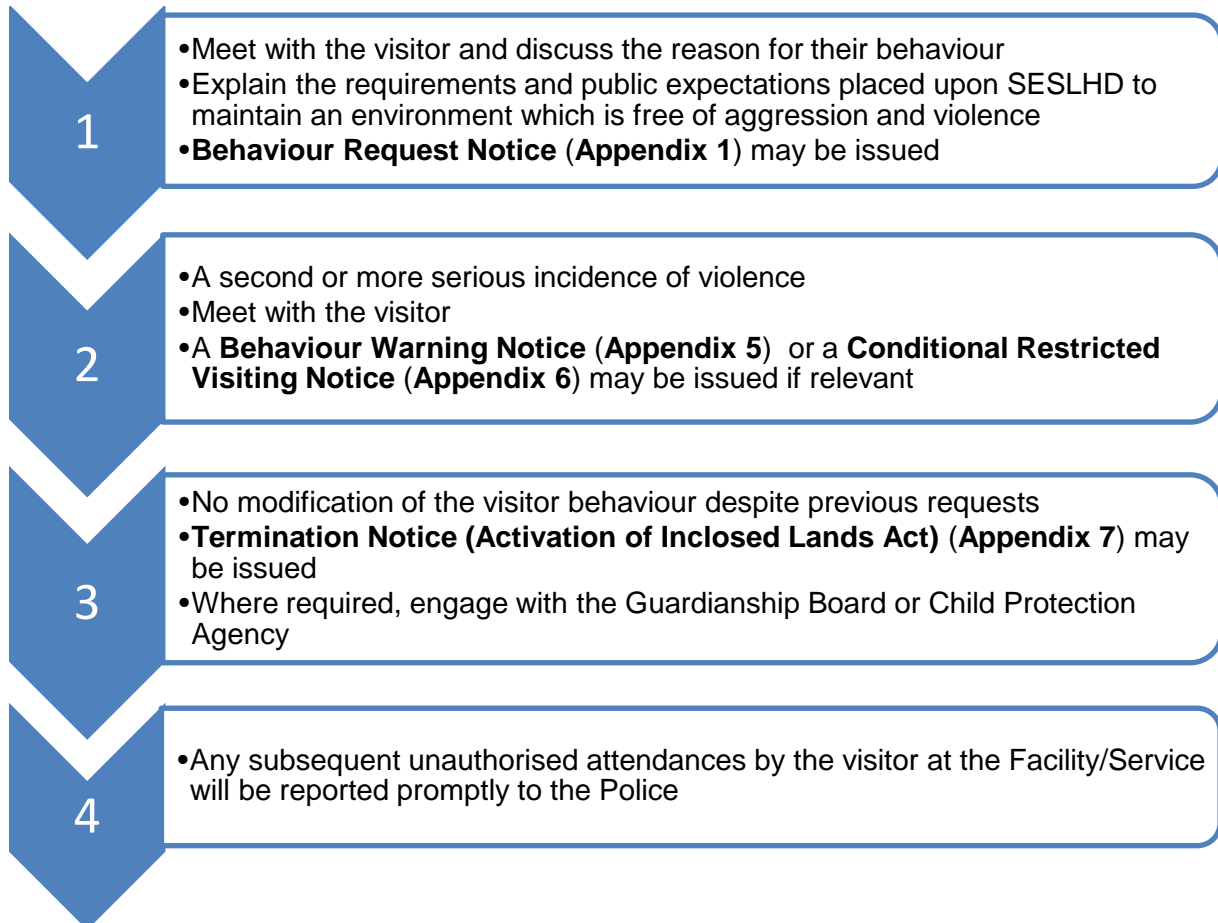
Any non-patient violence or aggression incident is to be reported in IIMS.

The department manager should meet with the Service Manager, General Manager/Service Director (and the Security Manager where appropriate) for their advice and action.

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Similar to a patient/client initiated event, each site/service must determine their local process and delegations of authority in relation to following up a violent incident. The following cascade of events may occur:



4.6 Step 6 - Post-incident management

Staff involved in potential or actual incidents of violence may experience a stress response. The manager’s role is important in terms of both attitude and actions. An individual’s response to a critical incident is usually related to both the incident itself and the perception of how they have been ‘looked after’ by their organisation, as represented by their manager.

There are a number of practical steps for the line manager to respond with practical support and activate the organisation’s internal support and external professional resources, including:

1. Immediately after the incident apply Psychological First Aid (PFA)

For either one individual or a group of people have been impacted by a critical incident.

Suggestions:

- a) Provide practical, personal and emotional support through:
 - Reassurance about safety and work situation
 - Meeting immediate needs (drink, food, warmth, transport home)

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- Listening to those who wish to share without forcing them to talk
- b) Provide practical information
 - Facts and directions
 - About normal reactions to traumatic events
 - Access to professional psychological services, if and when needed (coordinating Psychological First Aid, a reminder of EAP and crisis counselling available 24/7) (e.g. “we can arrange a phone chat..., we’ve contacted the counselling service and they will arrive...”)
- c) Encourage to use their support networks and coping skills
- d) Consider whether further professional support is required through EAP.

2. Refer the incident for investigation and assistance with reviewing the controls through the Work Health and Safety (WHS) or Safety and Quality processes and systems.

3. With senior Management, review the options for re-establishing a therapeutic relationship with the patient/client as needed.

5. DOCUMENTATION

IIMS Incident Report

Incident Investigation

Training register – Worker training in Personal Safety and Restraint (high risk departments only)

Appendix 1 - Behaviour Request Notice

Appendix 2 – Acceptable Behaviour contract

Appendix 3 – Conditional Treatment Notice

Appendix 4 – Inability to Treat Notice

Appendix 5 - Behaviour Warning Notice

Appendix 6 - Conditional Restricted Visiting Notice

Appendix 7 - Termination Notice (Activation of *Inclosed Lands Protection Act 1901*)

6. AUDIT

This procedure will be audited through the Ministry of Health WHS Audit every two years.

7. REFERENCES

- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulation 2011](#)
- [Guardianship Act 1987](#)
- [How to manage work health and safety risks](#) *Code of Practice NSW*
- [Work Health and Safety Consultation, Coordination and Cooperation](#). *Code of Practice NSW*

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- [Crimes Act 1900 No 40 - NSW Legislation - NSW Government](#)
- [Summary Offences Act 1988 No 25 - NSW Legislation](#)
- [Anti-Discrimination Act 1977 No 48 - NSW Legislation](#)
- [NSW Health PD2015_001 Preventing and Managing Violence in the NSW Health Workplace – a Zero Tolerance Approach](#)
- [NSW Health GL2012_005 Aggression, Seclusion & Restraint in Mental Health Facilities – Guideline focused upon Older People](#)
- [NSW Health PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
June 2013	Draft 0	Document revision commenced
December 2013	Draft 0	Document reviewed, incorporating feedback from stakeholders
July 2014	Draft 1	Approved by District Executive Team 24 July 2014
March 2018	Draft 2	Violence Prevention and Management working party
May 2018	Draft	Major review indicated. Draft for Comment
June 2018	Draft	Final draft approved by Executive Sponsor
July 2018	Draft	Processed by Executive Services prior to progression to Executive Council
July 2018	1	Approved by Executive Council for publishing

SESLHD PROCEDURE**Work Health and Safety – Violence Prevention
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You are receiving this request because your behaviour is:

- Causing other patients distress or concern for their safety.
- Causing health care staff distress or concern for their safety.
- Causing health care staff concern for your safety.

Please be aware that we are endeavouring to attend to everyone's needs and we appreciate that the situation may be worrying and stressful for you.

The public and our staff have an expectation that we maintain an environment that is safe and without fear, personal offence or distress for patients, visitors and workers.

We are asking for your assistance in modifying your behaviour to help us provide a safe and calm environment.

In turn, as part of this agreement we will endeavour to understand your concerns and meet your needs for you and your companion/family member's benefit.

If you feel you have been unfairly treated you are welcome to contact the Consumer Complaints Officer on (*Insert phone No*) between 8:00am – 4:30pm, Monday to Friday. All matters will be held in the strictest confidence.

We thank you in advance for your assistance in this matter.

Authorised by:

Name: _____

Position: _____

Signature: _____

Date: _____

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Appendix 2 – Acceptable Behaviour contract

Ref No:

This contract is made on: [add date]

The contract will last until: [add date] - subject to collaborative review

This agreement is between: [Add Facility/Service name]

And

Name [Name of person to whom the contract applies]

Address

1. I [name of person to whom the contract applies] agree to the following in respect of my future behaviour and/or actions while receiving health care services form [Add Facility/Service name].
2. In addition, I enter into an agreement, with all Health Care Agencies involved in my care, not to act in a manner which causes, or is likely to cause, or threatens to cause, harassment, alarm or distress to any person, or to damage property within the locality of [Add Facility/Service name].
3. I fully understand the meaning of this agreement and am aware that if I breach this agreement an application under the *Inclosed Lands Protection Act 1901* may be made and/or legal action may be taken on behalf of the person/s affected. (Please detail any other actions that may be taken if the contract is breached).
4. Declaration – I confirm that I understand the meaning of this contract, the consequences should I breach it and I have had the opportunity to ask questions.

Patient/Client/Visitor Name: _____

Signature: _____

Date: _____

Authorised by:

Name: _____

Position: _____

Signature: _____

Date: _____

cc Patient/client file, Security, (Specified Hospital Services), or HPE Content Manager Reference

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Appendix 3 – Conditional Treatment Notice

Ref No:

I, _____ [The patient or the guardian representing the patient] agree to comply with the requirements set out for my behaviour below while on [Facility] grounds, receiving medical treatment.

The behaviour that I must not engage in while on facility grounds and/or receiving treatment is:

I understand that I must continue to manage my behaviour and not engage in any of the above acts to continue to be eligible for my current and future treatment needs.

I understand that my agreement must be ongoing and my failure to comply with the requirements of this arrangement, without suitable reason, including compliance with the monitoring requirements, may preclude me from continuing to receive treatment from [name of Facility/Service].

I understand that other patients and health service workers have a right to a safe environment free from hostile acts which may cause fear or personal concern.

I appreciate that this agreement constitutes a warning, and while the Health Service is willing to work with me to address my health needs I understand I must behave in an appropriate manner.

If this agreement is broken I understand that it may result in the following consequences.

- Withdrawal of health care services at [name of Facility/Service].
- The application for civil action under the *Inclosed Lands Protection Act 1901* by the [name of Facility/Service].
- An inability for me to receive any treatment at [name of Facility/Service] apart from life threatening circumstances.

Patient/Client Name: _____

Signature: _____

Date: _____

Authorised by:

Name: _____

Position: _____

Signature: _____

Date: _____

cc Patient/client file, Security, (Specified Hospital Services), or HPE Content Manager Reference

SESLHD PROCEDURE**Work Health and Safety – Violence Prevention
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Ref No:

Name
Address

Dear

Further to our [name of facility] Behaviour Warning Notice on [date and time], Agreement for Treatment under Conditional Arrangements on [date and time], and Acceptable Behaviour Contract with you on [date and time], I am again writing to you concerning your behaviour.

While we have made every effort in consultation with you to help make clear the behaviours you are required to maintain while in our care, your behaviour continues to place yourself, other patients and our workers at risk of harm.

In line with our commitment to provide a safe environment for our patients and a work environment that is free from verbal or physical intimidation or abuse we are now placed in a position of refusing your access to our services, the only exception being life threatening circumstances.

Central to our ongoing efforts to provide for your health care needs, I am writing to advise you that you will only be able to receive treatment for non-life threatening conditions by any of our staff if you are accompanied by police or are held in a police cell with police present at the time of treatment.

I accept that these arrangements are less than optimal though we have come to determine that this is the only safe option left available to yourself and our workers.

I would like to thank you in advance for your adherence to this notice and wish to confirm that we will continue to monitor your behaviour toward hopefully returning to a more amicable health care arrangement.

Yours sincerely

Name
General Manager/Service Director
[Facility/Service]

Date:

cc Patient/client file, Security, (Specified Hospital Services), or HPE Content Manager Reference

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Appendix 5 - Behaviour Warning Notice

Ref No:

Name
Address

Dear

Further to the incident that occurred at [name of facility, on date/s and time/s] between yourself and a member of our (staff/public), I am writing to advise you of our policy with regard to maintaining a safe and hostility free environment for our patients, visitors and workers. Please see the policy statement attached to this letter.

As an organisation our intention is to provide all our patients and their families with respectful, safe, quality health care.

Whilst we recognise that having a relative or friend who is unwell can be both stressful and difficult, it is essential that our staff are not subject to either verbal or physical intimidation, abuse or aggression. Please remember that we are endeavouring to provide the best possible care we can under sometimes difficult circumstances.

As an organisation we value the right to safety, freedom from fear and intimidation of all staff, patients and members of the public.

I am therefore writing to inform you that any future incidents of threatening or aggressive behaviour which you are involved in at this facility may result in the following:

- The development of a behavioural contract outlining the behavioural conditions that you will be required to adhere to in order to visit or receive care at this facility
- The matter being referred to the police.

If you wish to discuss the contents of this letter please contact (insert name and contact details).

Enclosed is a copy of our consumer complaints procedure for your information. You are welcome to contact the Consumer Complaints Officer on (Insert phone No) between 8:00am – 4:30pm, Monday to Friday. All matters will be held in the strictest confidence.

Yours faithfully

Name
Position

Date:

cc Patient/client file, Security, (Specified Hospital Services), or HPE Content Manager Reference

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Appendix 6 - Conditional Restricted Visiting Notice

Ref No:

Name
Address

Dear

Further to the incident [Brief description, name of facility, on date/s and time/s] between yourself and a member of (family/staff/public), I am writing to advise you of our policy on maintaining a quiet calm environment for our patients and a workplace free of either verbal or physical intimidation or abuse. Please see the attached policy statement.

Whilst we recognise that having a relative or friend who is unwell can be both stressful and difficult, it is essential that we maintain the peace in our organisation and a safe environment for all persons in our facility as is our duty under the NSW Work Health and Safety Act 2011.

It is also your duty as a visitor under NSW Work Health and Safety Act 2011 to follow our safety policies and procedures.

Should you wish to continue visiting [insert name of relative/friend] I must advise you that you are to engage in the following actions: (Select whichever are appropriate)

- Only visit during standard visiting hours
- Report to the nurses' station upon arrival and again at departure from the [ward/clinic/service]
- Request clearance to visit your [insert relationship]
- If denied clearance to visit your [insert relationship] leave immediately without incident
- Leave the [ward/clinic/service] on the first request or notice to
- Attend security and request their escort to visit your [insert relationship]
- Leave the [ward/clinic/service] immediately without incident if your [insert relationship] should be in visiting your [insert relationship] or arrive whilst you are visiting your [insert relationship]

Failure to adhere to the above request/s may result in the following:

- The development of a behavioural contract outlining the behavioural conditions that you will be required to adhere to in order to visit your [insert relationship] while they are in care at this facility
- The matter being referred to the Police
- An application under the *Inclosed Lands Protection Act 1901* being made
- The matter being referred to the SafeWork NSW.

If you wish to discuss the contents of this letter please contact [insert name and contact details]. We also enclose a copy of our consumer complaints procedure for your information.

Yours faithfully

Name
General Manager/Director
[Facility/Service]

Date:

cc Patient/client file, Security, (Specified Hospital Services), or HPE Content Manager Reference

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Appendix 7 - Termination Notice (Activation of *Inclosed Lands Protection Act 1901*)

Ref No:

Termination Notice (Activation of *Inclosed Lands Protection Act 1901*)

Termination notice number: _____

Your behaviour may be deemed by a reasonable person to be aggressive or abusive conduct.

You are hereby advised that as of [*insert date*] at [*insert time*] Hrs you are being issued with a Termination of Licence.

A Termination of Licence does not remove your right to medical treatment, however; you are as of this date only permitted to attend the Health Service for emergency treatment. Your behaviour must be of a manner considered acceptable to a reasonable person.

Where a Medical Practitioner deems that you have no further reason to be on site you will be required to leave the premises. Failure to comply with this request may see you in breach of the ***Inclosed Land Protection Act 1901*** for an offence commonly known as “trespassing” and will be dealt with by Security and or the Police.

Enforced to: (Details Below)

Name:

Address:

Date of Birth:

Drivers Licence:

Photograph No:

Do you understand the Conditions of this Termination Notice: Yes No

You may appeal the issue of this Termination Notice in writing. Please address all correspondence to the Service Director or Manager, Security Services, [Facility], [Address]

Issued by:

Name:

Signature: _____

General Manager/Service Director

Date:

COPIES: Addressee, Client file, Hospital alert system, Security, Local Police Command, HPE Content Manager