Guideline Document

Challenging Behaviour Guideline for ACT Health Services

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ACT Government

Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

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Guideline Statement

This guideline provides the framework for Australian Capital Territory (ACT) Public Health Service workers for the prevention, management, and response of occupational violence (OV) strategies. These strategies aim to reduce episodes of challenging behaviours demonstrated by consumers within ACT public health services. This guideline supports a shared vision approach to minimising harm and cultivating a safer culture in the ACT public healthcare systems.

Purpose

This guideline provides risk management guidance and strategies for health services to promote safe, healthy, and productive environments for all persons who enter ACT public health services. This includes nurses, midwives, other health workers and consumers.

This document outlines the expectation that ACT Public Health Services are committed to the implementation and support of actions to prevent and/or safely respond to challenging behaviour.

Scope

All workers who provide a service in an ACT Public Health Service.

Definitions

Term	Definitions
worker	healthcare workers, staff, students, or volunteers
consumer	healthcare consumers, patients, visitors, support people, or carers
occupational violence	any action, incident or behaviour that departs form reasonable conduct in which a person is assaulted, threatened, harmed or injured
challenging behaviour	any intentional or unintentional actions and/or behaviours that may threaten the psychosocial health of another person, self or property

Search terms

Challenging behaviour guideline, challenging behaviour policy, violence and aggression, violence and aggression policy guideline, violence and aggression policy, work health safety, WHS, staff safety, Work Health and Safety, WH&S, safe workplace, staff health, risk control measures, risk assessment, control measures, risk management, code grey, challenging behaviour policy, OH&S, staff, worker.

What is challenging behaviour?

Challenging behaviour are actions and/or behaviours that may psychosocially harm another person, self or property. Challenging behaviours are a form of OV that can be intentional or unintentional and can take different forms which can:

- potentially or stop, interrupt, or limit the ability for health service or care to be provided in a way that is safe for consumers 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 psychosocial harm to someone, or property.

Table 1. Types of occupational violence (ACT Government, 2023).

Challenging behaviours	Verbal OV	Physical OV
Aggressive gestures Eye rolling Sneering Discrimination Racism	Swearing Derogatory statements Threats Abuse through technology-emails/texts/phone calls	Spitting Hitting Physical assault Sexual harassment Sexual assault Damage of property

Identifying and reporting the risk of OV early, coupled with a dynamic approach to risk assessment, can significantly reduce the rate of critical incidents, reduce the use of restrictive practices, improve patient care and boost safety for workers and consumers (Cabilan & Johnston, 2019).

A planned and systematic process is an effective risk management approach to identify hazards and risk factors that have the potential to lead to incidents of OV. This approach enables health services to develop risk control strategies to suit their specific health settings and circumstances (Appendix 1).

Preventing and responding to challenging behaviour.

This guideline introduces a practical risk management approach to assist in the identification of hazards and risks (strategic and operational) associated with the prevention, recognition, response, and management of challenging behaviour. This approach uses an integrated staged model to assist in identifying preventative strategies and risk control measures, as defined below.

- Prevention - Primary control measures
- Early Intervention - Secondary control measures
- During an incident - Tertiary control measures
- After an Incident - Post intervention and response.

Risk control 1 - Prevention: Primary control measures

Primary control measures aim to prevent and prepare for challenging behaviour through the implementation of effective, multi-level risk controls.

Organisational safety culture and governance

To ensure a culture of safety, ACT Public Health Services require:

- governance structures and processes must outline roles, responsibilities, expected behaviours and accountabilities
- resources allocated to address and support safety concerns, and actions to respond to behaviours that undermine safety
- collaboration between all services is required to seek solutions to workers and consumer safety concerns, this includes learning from incidents and continual improvement activities
- support and assistance for all persons who have been exposed to incidents of challenging behaviour, and there are consequences for those who knowingly and willingly jeopardise safety of others
- understanding of the context in which challenging behaviour may present in their work area and have targeted strategies to address these (Appendix 2).

Person-Centred Care

A person-centred approach is essential to the safe and effective management of challenging behaviour. It supports responsive healthcare delivery, improves safety, and fosters trust and transparency between consumers and workers. By valuing consumer perspectives and involving them in care decision wherever possible, person-centred care promotes shared understanding, reduces escalation and promotes safer outcomes. Trauma informed care (TIC) complements person-centred practice by recognising that challenging behaviour is likely to be influenced by past trauma (Berring et al., 2024). TIC adopts a strength-based framework that targets trauma survivor needs by returning a sense of control to consumers. Together, these approaches prioritise choice, collaboration and empowerment, supporting consumer autonomy and reducing distress.

Table 2. Positive emotions with a person-centred approach (South Australian Health, 2020).

Emotions which arise when healthcare delivered with a person-centred approach		Emotions which arise when healthcare is not delivered with a person-centred approach
Calm, positive and engaged in care	⟷	Anxious, negative, aggressive, disengaged
Respected	⟷	Disrespected
Safe and secure	⟷	Unsafe, threatened, abused
Informed, involved	⟷	Ignored, excluded
Able to express opinion or complain. Listened to	⟷	Unable to make choices, disempowered
Rapport with staff, feel able to ask question	⟷	Isolated, lonely
Satisfied with treatment and services	⟷	Dissatisfied

Effective communication

The National Standards and Quality Health Service Standards (Australian Commission on Safety and Quality in Health Care, 2021) require healthcare services to have systems in place that support effective communication between workers, care teams, and across organisations. Effective consumer communication strategies also consider cultural diversity and health literacy, gender, sexuality and disability. Creating an environment where consumers feel safe to ask questions and express concerns should always be a priority.

The Digital Health Record (DHR) system allows workers to prevent, manage, and respond to OV based on historical and current data collection. The DHR system will ensure known risks that may have the potential to harm others is communicated to all workers involved in the consumer's care, or transfer of care and treatment, including:

- behavioural history
- consumer management plans
- triggers (Appendix 3).
- the requirement of health workers to use interpreter or translator services
- whether or not the consumer has an advance agreement, advance consent direction and/or nominated person form either on their person or as part of their electronic care record.

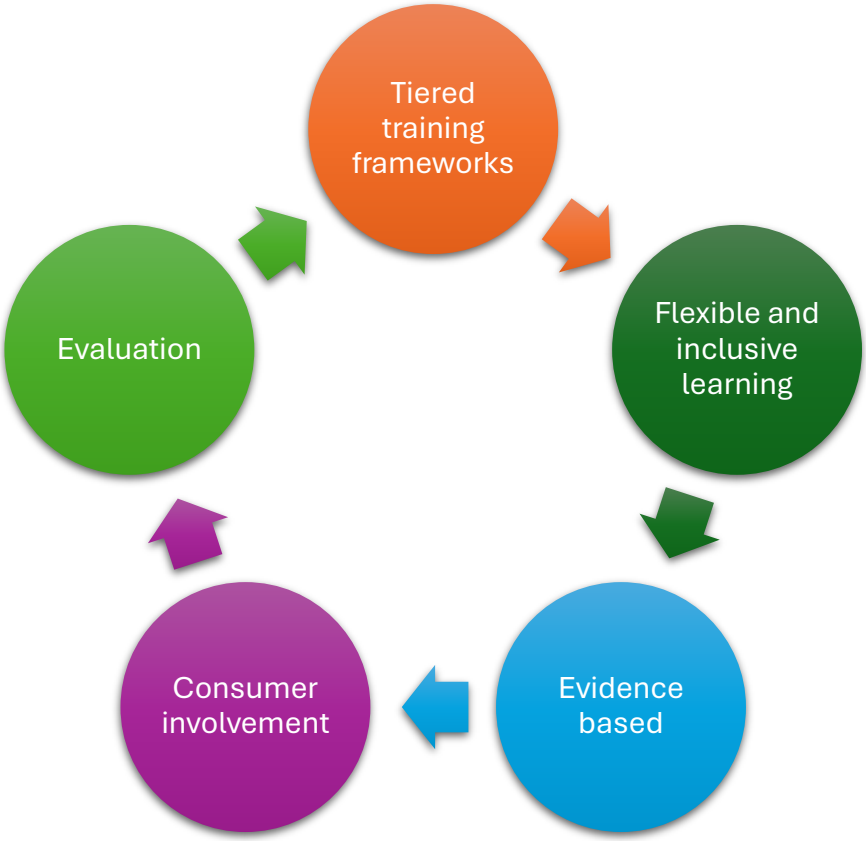
Figure 1. Keys to successful communication

(South Australia Health, 2021)

Education and Training

The purpose of education and training is to provide workers with the skills, knowledge, confidence and understanding of how to prevent and safely respond to challenging behaviour. A tiered training framework will ensure workers receive education that is appropriate to their roles and responsibilities (WorkSafe Victoria, 2017). Such training should remain flexible and based on adult learning principles, with consideration for diverse learner needs and high-risk areas. Education should also be informed by evidence-based guidelines, legislation and relevant standards, with foundational education provided through onboarding processes. The involvement of workers and consumers in the design, delivery and evaluation of education programs will support relevance and quality.

Figure 2. A tiered training framework



Safe Workplace Design

Safe workplace design improves the physical environment, to eliminate or reduce the likelihood of challenging behaviour. This includes changes to the layout and design of spaces, how well they function with everyday work processes, how they support the consumer journey, and how information is clearly communicated through physical features. Workers and consumers with experience in a work area, including Health and Safety Representatives should be included at the design, development and management phases of health services, to identify and address risk factors (WorkSafe Victoria, 2017).

Community awareness

Raising community awareness of challenging behaviour is a necessary addition to promote awareness for workers. Setting clear expectations through consistent messaging across ACT Public Health Services is needed to achieve a successful broader approach to address OV against workers.

All campaign strategies led by relevant Communications and Media teams key messaging should include:

- identifying what does and does not constitute OV, especially that challenging behaviour, when done knowingly and willingly, is a form of OV
- that OV will never help and always hinders patient/consumer care
- equal rights of consumers and workers to be safe in health care settings
- equal responsibilities of consumers and workers to be respectful
- the differing causes of OV (intoxication, pain, neurological condition, fear, impatience)
- consequences of committing OV, including police presence and prosecution if appropriate.

Risk control 2 - Early intervention: secondary control measures

Secondary control measures focus on reducing the risk of escalation of challenging behaviour. These measures should be used alongside primary control controls and implemented when early signs of challenging behaviour are identified.

Identifying and managing challenging behaviour

Risk assessment tools are designed to identify the risk of challenging behaviours and assist in the process of planning and implementing strategies to help prevent challenging behaviours occurring (Viljoen et al., 2018). Risk identification and management is a requirement of the Work Health and Safety Act 2011 and is an ongoing process (Appendix 4). Workers must refer to relevant organisational policies and procedures and use approved risk assessment tools.

To be effective, screening and assessment tools must be:

- simple to remember, use and implement
- adaptable to suit the diverse working environments
- supported by tiered training and education that empower workers to recognise, monitor, respond and/or escalate incidents of challenging behaviour as required.

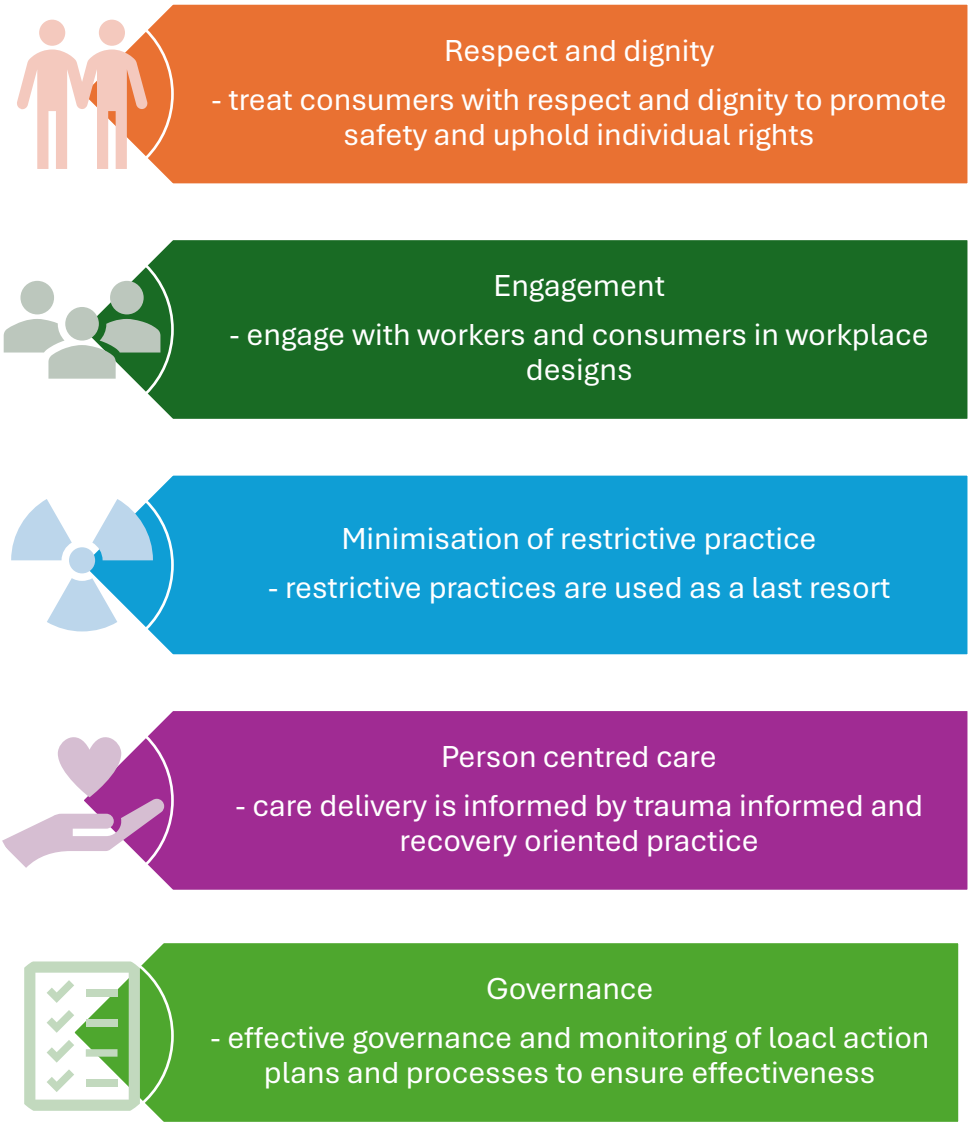
Risk control 3 - During an incident: tertiary risk control measures

The aim of tertiary risk control measures is to reduce the risk of harm to workers, consumers and others. This requires continual assessment and observation of the person exhibiting challenging behaviour, so that de-escalation, treatment and withdrawal plans can take place.

Minimising Restrictive Practices

Reducing restrictive practices such as seclusion, restraint and forceful giving of medications is essential to the provision of safe health services for consumers and workers. Therefore the use of restrictive practices must only be considered when all alternative options to restrictive practice have been considered, with the least restrictive means to achieve safety or the care objective is employed South Australia Health, 2020). The use of restrictive practice must be reasonable, justifiable, and proportionate.

Figure 3. Core principles to reduce restrictive practices



(Department of Health, Victoria Health, 2017)

De-escalation

De-escalation is recommended as the first response to OV in healthcare settings. De-escalation skills are developed through approved organisational training and should be applied in accordance with local processes and procedures. Effective de-escalation emphasises self-control, respect, and empathy, with a focus on clarifying concerns and working collaborative resolution as a primary safety strategy.

Code Grey

Code Grey responses are based on a risk-assessment approach and can be called when an actual or potential behaviour exhibited by a consumer creates a risk to health and safety of workers. Health services should undertake a site-specific risk assessment to inform the development of a local code grey response.

Code Grey must be clinically led, with the response team comprising of trained clinicians, security, workers from the local area and workers responding hospital wide. Procedures should be established for all clinical areas within a health service and modified for levels of training and risk profile.

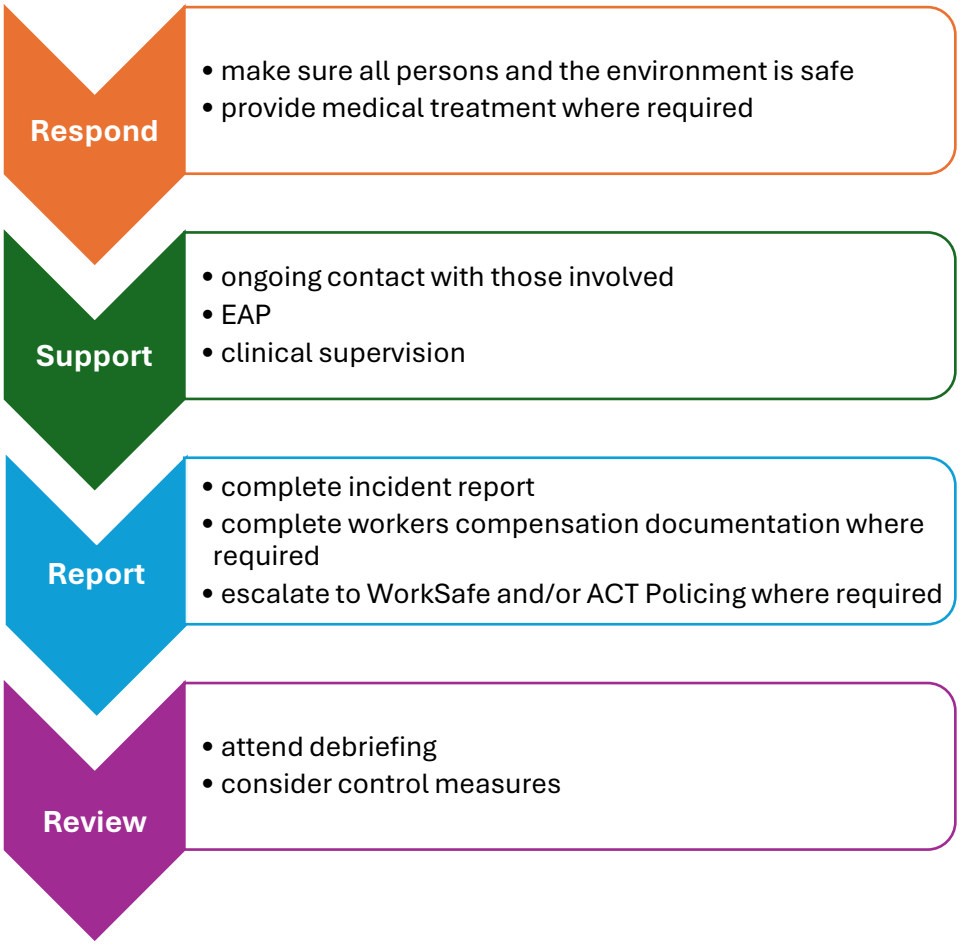
Data on Code Greys should be recorded and reviewed at established interprofessional meetings where the membership reflects the far-reaching impact of OV across an organisation. Aggregated data and serious incidents must be reviewed and fed back into policy development and worker training.

Code Grey	When a consumer becomes verbally or physically aggressive to the extent that they present a threat to themselves or others.
Planned Code Grey	An anticipated response initiated by workers for scheduled events (e.g. consumer appointment), where a prior risk assessment indicates a risk of OV.

Risk control 4 - After an incident: post intervention

Following any intervention relating to challenging behaviour, steps must be taken to support workers and consumers. Post-incident responses should prioritise physical and psychological safety and is crucial to mitigating negative effects on worker wellbeing, job satisfaction, and organisational commitment

Figure 4. Responding to an OV incident



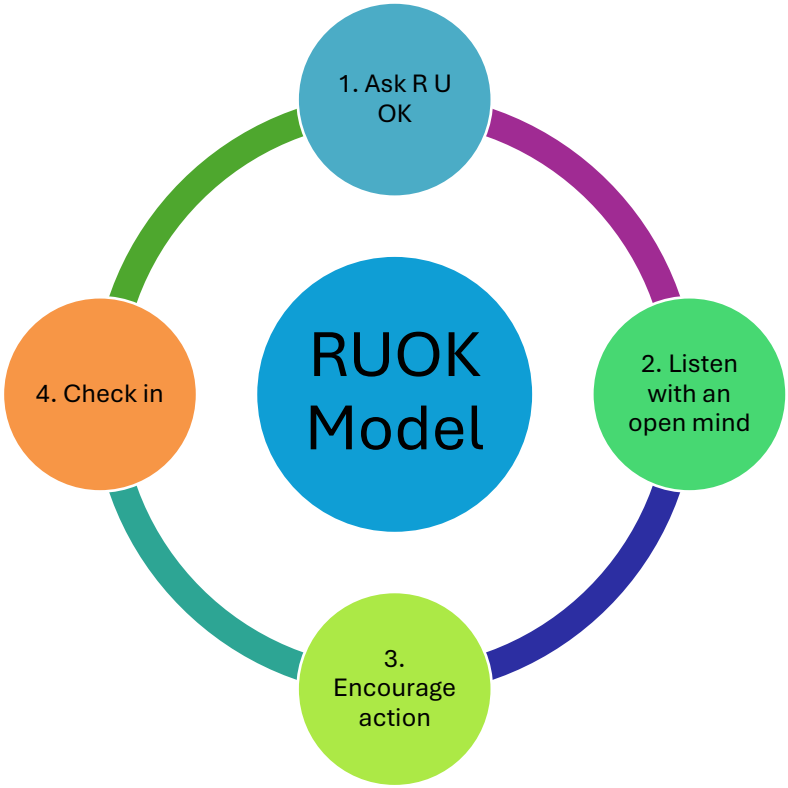
(ACT, 2023)

Supporting consumers

Consumers who witness challenging behaviour may experience distress and should be offered appropriate support. This may include opportunities for debriefing, access to support services and assistance to report the incident to the organisation or ACT Policing.

Consumers whose behaviour involves challenging behaviour can be supported using the RUOK model.

Figure 5. The RUOK? model



Ask - Are you OK?

- use open-ended questions like: “How are you going/feeling?”, or “what’s been happening?”

Listen with an open mind

- listen without judgement
- don’t interrupt
- be patient and sit with the silence when it occurs
- check for understanding by repeating back what you have heard.

Encourage action

- help identify actions that might assist to overcome/address current feelings/response.
- ask how they would want you to support them.
- consider additional support services

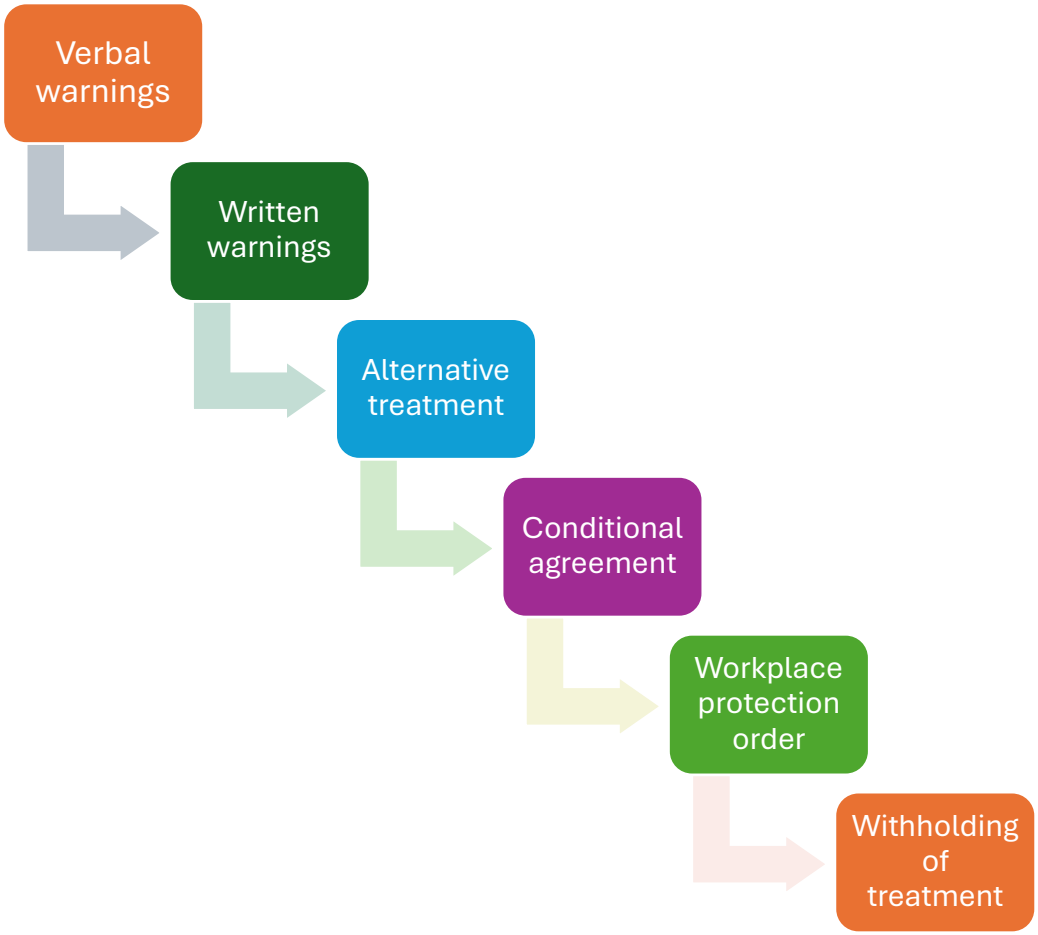
Check in

- Follow up with the consumer
- Remember that not everyone will act, or the action they take may not be what you think is best
- Return to the first step pf the RUOK model if you are still concerned.

Behaviour management strategies

All reasonable efforts to retain a person in treatment must be taken prior to placing conditions that restrict their access to health services. Effective risk management and prevention must always be the primary focus.

Figure 6. Addressing escalation or ongoing challenging behaviour



(Canberra Health Services, 2021)(Appendix 5)

Implementation and monitoring

Reporting

Reporting all incidents of OV, even those that do not require medical attention, helps to create a culture in ACT Public Health Services that does not tolerate violence. Workers that work in a culture where reporting is seen as positive is important.

Strategies to increase reporting include:

- incident reporting systems are simple and accessible
- implementing mechanisms to capture high-frequency, low impact incidents
- promoting a culture of safety where workers are empowered to expect a safe workplace and are supported to report incidents
- involving workers in the development and implementation of action plans and strategies for managing and preventing challenging behaviour
- Using incident data to inform learning, innovation and service improvement

Implementation and monitoring

This guideline provides clear, evidence-based protocols for the management and response to challenging behaviour. It is expected that through this guideline, individual health services will develop and maintain local policies, procedures and training programs to meet their specific operational needs and support the fundamental right of workers to be safe at work. Implementation should be monitored through documented evidence of risk management practices and regular review of risk controls.

Evaluation

Outcome Measures	Method	Responsibility
Governance arrangements support safe use of restraint, seclusion and force	• Review governance structures and committee oversight • Review availability of policies, procedures and guidelines • Review use of incident and quality data	Health Service Executive Clinical Governance Committees
Preventative clinical practices are implemented consistently	• Audit medical records for screening, risk assessment and care planning • Review use of preventative strategies and de-escalation	Clinical Managers Clinical Staff
Service design supports prevention of challenging behaviour	• Review models of care • Review safety culture surveys and incident trends • Review risk and infrastructure assessments	Executive Leadership WHS, Quality and Safety

Incidents are managed safely and effectively	• Review risk reporting system and medical records • Monitor Code Grey/Black responses and post-incident reviews	Managers Security Clinical Teams
Staff are trained and competent in managing challenging behaviour	• Review training attendance and currency • Evaluate training outcomes following incidents	Managers Education Services
Incidents are reported, reviewed and used for improvement	• Review compliance with incident management policy • Review aggregated data at governance forums	Quality and Safety Teams Executive Leadership
Seclusion, restraint or use of force is used lawfully and as a last resort	• Audit documentation for authorisation, duration and rationale • Review adherence to legislation, policy and guideline	Managers Authorised Officers
Harm from incidents is minimised	• Monitor staff and patient/consumer injury data	Managers WHS and Facilities

References and Related Documents

References

1. Australian Capital Territory Government. (2023). Managers occupational violence incident response toolkit
2. Australian Capital Territory Government (2023). ACTPS Work health and safety managing occupational violence policy
3. Australian Commission on Safety and Quality in Health Care. (2021). Partnering with Consumers. National Safety and Quality Health Service (NSQHS) Standards.
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7. Department of Health and Wellbeing Government of South Australia (2021). 7 keys to successful communication
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10. South Australia Health (2020). Challenging Behaviour Safety Management (WHS) Policy Guideline
11. South Australia Health (2020). Preventing and responding to challenging behaviour policy directive
12. Viljoen, J. L., Cochrane, D. M., & Jonnson, M. R. (2018). Do risk assessment tools help manage and reduce risk of violence and reoffending? A systematic review. *Law And Human Behavior*, *42*(3)
13. WorkSafe Victoria (2017). Information for employees: Prevention and management of violence and aggression in health services

Legislation

- Crimes Act 1900 (ACT)
- Crimes (Health Directorate) Authorisation 2018 (No.1)
- Discrimination Act 1991 (ACT)
- Health Records (Privacy and Access) Act 1997 (ACT)
- Human Rights Act 2004 (ACT)
- Mental Health (Secure Facilities) Act 2016 (ACT)

- Mental Health Act 2015 (ACT)
- Personal Violence Act 2016 (ACT)
- Public Sector Management Act 1994
- Victims of Crime Act 1994 (ACT)
- Work Health Safety Act 2011 (ACT)
- Work Health and Safety Regulations 2011 (ACT)

Supporting Documents

This guideline has been developed with consideration of the NSQHS Standards:

14. Clinical Governance
15. Partnering with Consumers
16. Health care Associated Infection
17. Medication Safety
18. Comprehensive Care
19. Communicating for Safety
20. Blood Management
21. Recognising and Responding to Acute Deterioration

Review Date

The next review of this document is due by May 2028.

Version Control

Version	Date	Comments
1	June 2020	NM TASC Steering Committee endorsed
1.1	July 2023	NM TASC Senior Project officers – Seeking endorsement
1.2	03 May 2024	Annual review, endorsed by Steering Committee (03/05/2024)
1.3	05 June 2026	Scheduled review

Appendix 1

Risk management process

Figure 2 The risk management process

Step 1: Identify the hazard	Identify the hazard - what or who could cause harm to staff, and/or other persons
Step 2: Assess the risk	Assess the risk - understand the nature of harm that could be caused by • how likely it is that harm may occur e.g. rare, unlikely, possible, likely, almost certain • how serious the harm could be e.g. insignificant, minor, medium, major, critical
Step 3: Control the risk	Control the risk - determine the action required and the most effective risk control measure and/or treatment that is reasonably practicable in the circumstances
Step 4: Review control measures	Review control measures - implement, review and improve the effectiveness of the risk control measures, to ensure the preventative measures are effective as per the treatment plan and, when necessary, improved.

Appendix 2

Common drivers of challenging behaviour

Clinically Confused

Staff make a distinction between incidents with clear intent and those which, lacking intent, may have occurred as a direct result of the person's illness or medical condition, particularly where that condition results in impaired cognition. Hypoxic pain can lead to all manner of severe confusion, for example, while a head injury can result in an individual behaving 'out of sorts', or dementia can lead to disorientation.

Behaviours to note- These individuals may not be in control of their behaviour or their reaction to stimulus. Behaviour is most likely to be directed towards nurses or other clinicians who are trying to assess or treat the person.

Frustrated

Frustration is a well-documented cause of aggression. An individual's conduct may come down to their level of self-control and their beliefs regarding acceptable behaviour.

Behaviours to note- Some may make their frustration clear long before they would resort to violence or aggression; others may simply 'erupt' with seemingly no advance warning at all. The behaviour may also take the individual by surprise – a momentary loss of control or impaired judgement.

Intoxicated

Intoxication, in particular alcohol consumption, is believed by staff to be a significant contributor to violence and aggression. *Behaviours to note*- Drinking alcohol and taking some drugs can reduce people's social anxieties (overcoming problems like shyness, for example) but also has the effect, in some situations, of making the person less likely to worry about the consequences of his or her action. The effects of alcohol on cognitive functioning may reduce the individual's ability to process or remember even basic instructions or solve simple problems.

Distressed / frightened

For many patient/consumers, carers, and visitors, being in hospital can be a highly emotional experience. These emotions can range from stress and anxiety, to shock, surprise or immense grief.

Behaviours to note- As emotions run high, individuals may be preoccupied, struggle to listen and be difficult to reason with. Individuals may be unusually volatile and unpredictable.

Angry

A person may have history of being violent or aggressive. In normal everyday interactions they may struggle to control their behaviour, lack a clear sense of what is right or wrong, or actively seek antisocial opportunities. *Behaviours to note*- Individuals may act in a negative or abusive way in the absence of triggers. It is more likely that these individuals have little respect for any kind of authority or rules and may be unafraid of the consequences of behaving badly.

(Design Council, 2014)

Appendix 3

Occupational violence triggers

There are nine triggers which may make an individual more or less likely to be violent or aggressive and may cause them to react:

1. Clash of people - each person is undergoing their own stress and dealing with their own complex mix of clinical and non-clinical needs.
2. Lack of progression - there are few situations in our lives when we are forced to wait for lengths of time without any sense of progression.
3. Hospital environments - many people describe a dislike of hospitals, not least because they are full of sick people. Beyond the patients/consumers, hospitals can be uncomfortable places which are not pleasant to spend time in.
4. Dehumanising environments - sometimes the way patients/consumers are managed can lead to a loss of perspective. Examples include feeling ignored, lack of understanding as systems are regimented and difficult for an outsider to understand, restriction on what patients/consumers are allowed or not allowed to do, and anonymity.
5. Intense emotions - people may be experiencing extreme life events, suffering with pain or stress, or having to witness other people coping (or not) with their own stressful experiences.
6. Unsafe environments - very busy environments with considerable amounts of equipment and large numbers of people using the space. Sometimes these factors can trigger or worsen violence.
7. Perceived inefficiency - from a patient's or consumer's perspective it can sometimes feel as if staff are disorganised and lacking focus. Patients/consumers observe themselves and others seemingly waiting for hours, while staff 'busy themselves' with perceived nonessential tasks.
8. Inconsistent response - healthcare environments are often tightly controlled by policies, guidance, rules, and regulations – much of which is difficult to decipher, inconsistently applied, and can be contrary to what happens in practice.
9. Staff fatigue - over time, staff can become both physically and emotionally tired, struggling to find the energy to deal with the constant flow of patients/consumers.

(National Health Service, 2014).

Appendix 4

Occupational violence risk identification and controls

Risk controls are a requirement of the Work Health and Safety Act 2011 (the WHS Act. section 17 and 18). By implementing preventive practices (often known as risk management), occupational violence may be prevented or minimised. Risk identification and management is an ongoing process.

Workers and managers should all be engaged in an ongoing risk management process. Risk management strategies that can be employed to reduce OV incidents include:

- identifying and assessing the types of risks
- consider the impact they may have on outcomes
- determining whether there is a change that can be implemented to reduce or eliminate the risk.

Area	Examples of engagement for risk identification and control
Healthcare service	• There is a clear healthcare service stance on OV. • The healthcare service has an OV framework that is adequately resourced. • OV policies and procedures have been developed and are accessible. • OV education and training are available to all workers and managers. • OV reporting processes and tools are developed, and workers and managers know how to use them. • OV risk assessment and risk control processes are in place. • OV incident reporting and review of reporting occurs routinely. • Safe workplace design and maintenance has been adopted.
Area	**Examples of engagement for risk identification and control**
Managers	• Lead by example and consistently demonstrating that OV in any form is unacceptable and must be reported. • Demonstrate work practices that might increase risk. Where possible, change the practice or implement additional support e.g., working alone, contact with the public, or working after hours. • Ensure workplace designs do not create risks by reducing visibility, blocking entry or exit routes, or creating queues. • Make sure managers and workers are alert to consumer behaviours, especially when there are long wait times, queues, or periods of low staffing, and assessing the risk of escalation to OV. • Check that OV standards and expected behaviours are clearly and consistently communicated to all workers and consumers. • Implement processes to gather feedback from workers and consumers regarding the health and safety of the workplace and workplace practices and using the information gained to implement risk control measures. • Undertake regular OV risk assessments and implement recommended risk control measures in local areas (including review of the effectiveness of implemented all control measures).

	• Make sure workers are aware of, and practice according to, related OV policy and procedures.
Workers	• Attend to work in a manner that promotes the health and safety of the individual and those they are working with. • Be aware of potential issues that may escalate to an OV incident and manage service provision accordingly. This will help to minimise, and where possible eliminate, the risk of OV. • Complete any required OV training and education to ensure an appropriate response to OV incidents.

(ACT Gov, 2023)

Appendix 5

WHSF.18 Tiered Behaviour Management Strategies Factsheet

1. Verbal Warnings

A verbal warning is an action before the use of written warnings, conditional treatment agreements and the withholding of treatment. A verbal warning:

- Is clearly communicated as close to the time of the challenging behaviour, as possible.
- Is only given if the patient, consumer, or visitor can understand the issues associated with their behaviour and has the ability to change their behaviour, or is able to understand English or there is an appropriate interpreter present
- Must clearly explain the behaviours that are of concern and the effect the behaviour has on staff, other patients, consumers and visitors
- Identify the preferred and expected behaviours of the persons
- Must be followed by an opportunity to respond
- Must be documented in the clinical record or Riskman report (if an incident has occurred).

2. Written Warnings

A written warning is given when a patient, consumer or visitor has not changed their violent or aggressive behaviour following a verbal warning.

A written warning letter template is used to provide the warning and is signed by the Executive Director of the Division and given in person to the patient or consumer by a manager of the area following consultation with:

- Senior management of the treating unit, and
- Advice from the patient's, consumer's consultant or senior member of the treating team.

Following the written warning, the patient, consumer or visitor should be given the opportunity to respond and agree to a timeframe for reviewing the warning (which will be no longer than three months).
The written warning is to be reviewed when the patient or consumer's circumstances change.

A copy of the written warning is to be documented in the clinical record and should include:

- A description of the incident that required the written warning;
- The witnesses to the incident;
- The rationale for the written warning; and
- Statements by the patient or consumer or their advocate explaining their behaviour.

Strategies that limit or withdraw access

There are several ways that CHS can limit access and treatment of patients/consumers or visitors who pose a significant OV risk for the health service. This form of action is not taken lightly but will be used when all reasonable attempts have been taken to address behaviour that is an unacceptable risk to staff.

1. Alternative Treatment Arrangements (patients and consumers only)
At any time, an alternative treatment arrangement can be considered. It may be possible for the patient or consumer to be treated elsewhere. Initially, this is to be discussed with the area's Executive Director and the CHS CEO. Consultation with the patient or consumer and their advocate should then occur to determine:

- The facility and location where the treatment will be provided and
- The specified time/s for treatment.

A record of the alternative treatment arrangements must be kept in the clinical record and incident report.

2. Conditional Agreement (CA)
A Conditional Agreement (CA) states the conditions on which CHS will provide a service to an individual or access to an area for visiting purposes. A CA may be made when a patient/ consumer/visitor continues violent or aggressive behaviour following verbal and written warnings.

A may be required in situations where the patient/consumer/visitor has a history of violence and aggression including, but :

- Threatening or carrying out violence against staff, patients, consumers or visitors in CHS facilities
- Use of alcohol or other drugs, during treatment in an CHS facility, that leads to violent, aggressive or disruptive behaviour
- Being accompanied by people whose behaviour is disruptive and
- Being accompanied by people who have a history of violent behaviour towards others.

Written CAs are signed by the Executive Director of the Division and given in person to the patient/consumer/visitor by a manager of the area following consultation with senior management of the treating unit.

Patient/consumers/visitors must be advised that they have the right to seek a review of this decision and be given the opportunity to respond and agree to a timeline for review of the warning that does not exceed three months, or review when consumer circumstances change.

3. Workplace Protection Order (WPO)

A WPO is a legal option to manage the violent and aggressive behaviour of a consumer against a specific staff member. It is not to deny the patient or consumer treatment by CHS.

Before making a WPO, serious consideration must be given to the outcome that is hoping to be achieved. While a WPO is effective in preventing violence in some cases, it may not be appropriate in all circumstances. The success of the WPO is dependent on the consumer subject to the order having the capacity and inclination to comply with it. Examples of conditions will generally be:

- Not entering the workplace (except for medical purposes)
- Not being within 100 metres of the workplace (except for medical purposes)
- Not contacting a person at the workplace (except by phoning a specific number e.g. Case Manager)

The CEO, as the CHS employer representative, is responsible for the WPO application or may provide written authorisation to others to make the application. This written authority may need to be provided to the ACT Magistrate's court. It is important to act in a timely manner. All details of the event that occurred must be documented.

Application to obtain a WPO against a patient or consumer is made through the CHS Insurance and Legal Liaison Unit (ILLU) via a request for legal advice. The ACT Government Solicitors Office will assist in completing the necessary documentation. Specific instructions are to be given if the person is to continue treatment with CHS.

4. Withholding of Treatment (patients and consumers only)

The decision to withhold treatment is a serious one resting with the CEO of CHS and is determined on a case-by-case basis. It is only considered for exceptional circumstances.

A request to withhold treatment to the CEO from an Executive Director must include:

- A clinical assessment supporting the proposal from the relevant senior manager and the consultant or senior member of the treating medical team.
- Documentation of the history of incidents and other CHS strategies to manage violence and aggression have been tried and failed, in the clinical record and Riskman Staff incident register (including written warnings and any conditional treatment agreements).
- Evidence that continuing to provide care is a significant risk to staff and others.
- Wherever possible details of alternative treatment arrangements by another organisation or provider.

A notice of intent to withhold treatment must also be sent to the patient/consumer's treating doctor(s) and nominated GP at the same time as the letter being forwarded to the patient or consumer to advise them of the intention to withhold treatment.

Important:

Treatment cannot be withheld for a period of more than three months without review.

Please contact Work Health Safety if you require any further support by calling 512 49410

or emailing CHS.WorkHealthSafety@act.gov.au