RiskMan reporting

> Every occupational violence (OV) incident must be reported into RiskMan, including near misses.

The RiskMan safety information system tracks and reports all adverse incidents that occur in the workplace.

To increase reporting, managers need to ensure healthcare workers (workers) are given adequate time and support to complete required RiskMan reporting. Ideally, affected workers will commence their RiskMan report as soon as possible after the OV incident and before going home. There may be instances where workers are unable to do this due to injury, emotional trauma (injury or illness) or not having adequate time to complete a report. As required, the manager may need to commence or complete the RiskMan report for the worker. Additional reporting may also be required depending on the type of OV incident.

How to enter a staff incident report of an OV incident in RiskMan – for ACTHD and CHS

Make sure you have enough time to complete the report, you are in a safe and private space.

All fields highlighted in yellow must be completed.

1. **Open *the* RiskMan reporting tool**

2. **Create a 'new incident'**
   - You will be asked to enter details about when and where the incident occurred. Provide as much detail as possible to assist with reporting.
   - Make sure you select the correct classification for the incident – **Occupational violence.**

3. **Go to 'investigations and findings'**

   - Complete the 'investigations and findings' section of the incident report considering what happened before, during and after the incident and what factors may have contributed to it.

- Refer to the *prompts* for helpful hints on how to address this section.

4. Go to 'controls implemented'

What control measures have been put in place?	

- Complete the 'controls implemented' section including any actions that you/your team have taken to try and prevent another incident.

- Consider if any of the past contributing factors can be eliminated or controlled in the future.

- Refer to the *prompts* for helpful hints on how to address this section.

5. Go to 'managers additional comments'

Managers Additional comments	

- This section does not capture data for the healthcare service 'incident reporting'. As such, workers details can be entered and remain confidential.

- Complete this filed with any specific workers follow up that is required.

- Workers follow up may include first aid, Employee Assistance Program (EAP) referral or connection, GP-referral or attendance, emergency department attendance, debrief (type and when conducted), clinical supervision, workers' compensation etc.

6. Police engagement

Police Notified?	Yes ● No ○		
Police Notification Date		Police Notification Time	
Name of Officer Notified		Police Job Number	

- If the police are notified about this incident, click on the 'yes' radio button.

- This will open additional fields that you must complete such as notification date and time, name of office and police job number.

7. Submit the report

- Once all fields are completed click on the <u>submit</u> button and your report will be completed.

> In the event that the RiskMan system is not working, the relevant RiskMan downtime form should be completed.

Considerations when completing your investigation and findings

Contributing factors

- Were there communication issues around the time of the incident? For example, did the worker receive complete information about changes in behaviour, behaviour management, language/cultural differences, aggression triggers or a history of aggression?

- Were there issues with the physical environment? For example, were there changes in environment, objects used as weapons, lack of visibility of patients, problems with noise and lighting?

- Could staffing be managed better? For example, were the workers working alone, experiencing fatigue or inexperienced? Were there issues with the staffing levels or skill-mix?

- Was the patient or visitor worried about something? For example, did the patient want to leave? Were there long wait times or a lack of information?

- Were there clinical factors? For example, was the patient in pain, under the influence of medication, experiencing delirium, confusion, acute and/or chronic mental health conditions? Was there a change in their clinical state, alcohol/drug withdrawal, substance misuse?

Procedures

- Did the worker try and de-escalate the situation?

- Did they call code black?

- If an aggressive phone call, did they terminate the call?

- If a home visit, did they call designated workers, use a code word and exit the home?

- Were Police called if a weapon was involved?

Training and education

- Have all workers completed the required training and education?

- Did they use the right de-escalation techniques?

- Did they call grey response?

- Was the type of restraint used appropriate and the correct amount of people in the team to conduct a restraint?

- Were workers wearing appropriate clothing?

- Was a pre-home visit risk assessment completed, if applicable?

Duress system

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- Was the duress alarm working? Have there been false alarms lately?

- Was there an alarm available?

- Was their mobile phone charged?

Interventions

- Was verbal de-escalation used?

- Was the person removed to low stimulus environment?

Medication/treatment

- Was the patient forcibly given medication?

- Were they restrained or secluded?

Control Measure Prompts

Procedures

- Does the procedure need to be revised?

- Consider whether the procedure still works or how you might remind workers about parts of the procedure they are not following correctly.

Education and/or training

- Is training or refresher training required?

- Consider booking workers into a refresher course or conducting the courses more regularly.

- You could add specific training to the in-service calendar or discuss case studies in team meetings.

Equipment

- Does equipment need repair or replacement? (For example, do duress alarms need fixing, or furniture need replacing to be safer?)

Client care

- Is a clinical review or interventions required for the patient?
  For example:
  - a management plan review and communication with team
  - discussion about behaviour with patient
  - medical officer review
  - medication review
  - multidisciplinary team review

- alerts on clinical record

- handover of OV risk

- discharge

- formal warnings

- request 'specialling' of a patient.

- Does information need to be provided to workers during clinical handover? Information could include:

  - to only engage with consumer in pairs

  - main nurse to be male only

  - triggers identified

  - behaviour changes

  - change in mental state

  - change in social circumstances that may escalate behaviour.

Other reporting requirements

Consider what other reporting is required – organisational, Police, WorkSafe ACT – and make sure this is undertaken in a timely manner.

For example: Managers are responsible for making sure relevant workers and managers are aware of any OV incidents, as part of handover. This may be in the form of the Manager's Section of the Staff Incident Report (manager's investigation, controls, etc.) or may be escalated in Divisional WHS meetings or other forums. Details should be provided of all actions undertaken, including any de-escalation attempts, and resulting outcomes.
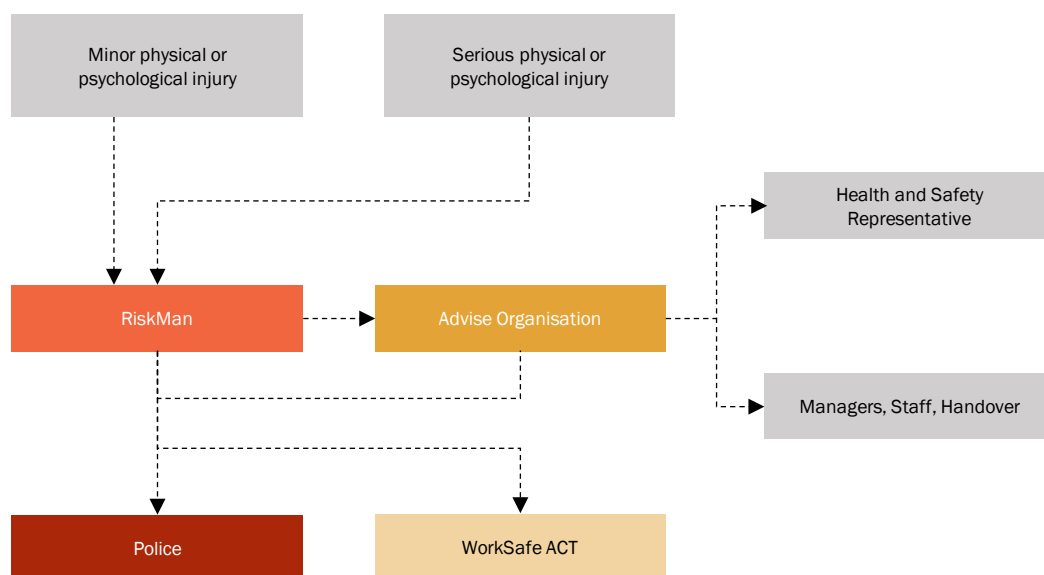
Outcomes that require notification to WorkSafe ACT include

- death

- an injury or illness that requires immediate treatment as an inpatient in a hospital such as: broken bones (or suspected broken bones), amputation, bruising/strangulation, sexual assault, head, eye or burn trauma, spinal injury, degloving or scalping, stab wound/other penetrating wound, or serious laceration. It may also include injuries that require admission for related surgery at a later date.

- exposure to a substance which requires medical treatment within 48 hours.

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.