

This page and the following 7 pages are Annexure 'A' to the statement of Nicholas Tribbia dated 9 February 2024

Procedure



Mental Health: Duress Alarm Response in Mental Health	
Intended Audience:	All staff, contractors and visiting staff in the Mental Health Centre and Psychiatric Emergency Care Centre, Nepean Hospital and the Mental Health Unit, Blue Mountains Hospital.
Policy Directive:	<p>Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach</p> <p>Protecting People and Property: NSW Health Policy and Standards for Security Risk Management</p> <p>Seclusion and Restraint in NSW Health Settings</p> <p>Violence Prevention and Management Training Framework for NSW Health Organisations</p> <p>Open Disclosure Policy</p>
Context:	<p>This procedure separates the previously condensed procedure Duress Alarm: Operating Instructions and Duress Response for Mental Health Inpatient Units.</p> <p>NSW Health staff to have the right to work in a safe workplace. Patients and visitors have the right to visit, or receive health care, in a therapeutic environment free from risks to their personal safety and from any exposure to acts of violence</p> <p>Duress alarm must be worn in all clinical areas by all clinical staff and must be tested prior to use.</p>

Definitions

<i>Procedure</i>	<i>A procedure is required to explain ‘how’ a policy will be carried out. It is a prescribed course of action that reflects the operational standards required for enforcing policy principles. A procedure must be consistent with NSW MoH Policy Directives and outline a standard for performance across the LHD. A procedure provides a detailed instruction and/ or explanation of the steps to be carried out. Compliance is mandatory: where a variation is warranted; the reason must be clearly documented.</i>
<i>Acute Severe Behavioural Disturbance (ASBD)</i>	<i>NSW Health has defined acute behavioural disturbance as “behaviour that puts the person or others at immediate risk of serious harm and may include threatening or aggressive behaviour, extreme distress, and serious self-harm which could cause major injury or death.</i>
<i>Mental Health Centre (MHC)</i>	<i>Inpatient mental health units on the Nepean Hospital Campus. Comprising of the HDU, Acute Mental Health Unit and OPMHU</i>

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HDU	<i>Mental Health High Dependency Unit</i>
PECC	<i>Psychiatric Emergency Care Centre</i>
OPMHU	<i>Older Persons Mental Health Unit</i>
BMMHU	<i>Blue Mountains Mental Health Unit</i>
TAC	<i>Triage and Assessment Centre</i>
Personal Duress Alarm	<i>Personal Alarm duress device</i>
DOM	<i>Duty Operations Manager</i>
NUM	<i>Nurse Unit Manager</i>
TL	<i>Team Leader of the shift</i>
EAP	<i>Employee Assistance Program who can be contacted on 1800 81 87 28 or through the AccessEAP website</i>
VPM	<i>Violence Prevention Management</i>

Procedure

A person may present Acute Severe Behavioural Disturbance (ASBD) when they feel threatened or unsafe and they are responding out of a fight or flight response. The response of staff should focus on, understanding their own stress response, restoring a sense of safety to that person, and ensuring the safety of all.

Allocation of Duress Response Team

Allocation of Acute Nursing staff to duress response in MHC (Morning, Afternoon and Night shifts)

1. The Team Leader/In charge of Acute, is responsible for allocating one nursing staff member trained in VPM, to respond to the activation of duress alarms in other mental health units, including TAC, across the Mental Health Centre. There must be a second person allocated to respond to a duress alarm in case the first person is on break or off the unit. This will be recorded on the nursing allocation sheet. The Duty Operations Manager [DOM] on shift and security staff should attend all duress alarm responses.
2. The Duty Registrar is responsible for attending a duress alarm, they are to be contacted on the pager 26690. The team leader for the unit where the duress has been activated is responsible for alerting the duty registrar to attend the duress response.
3. All staff, including medical and allied health staff of the unit where the duress is activated should take part to respond to the duress alarm within the unit. Staff from other units and security staff will provide extra assistance to the unit where the duress alarm was activated.

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Allocation of Nurses to duress response in PECC

Nursing staff and medical staff from the PECC Unit will respond to the duress alarm activation within PECC. The PECC unit will communicate with the DOM for assistance when the duress is activated [on mobile phone], Nepean Hospital Security staff will attend PECC when a duress alarm is activated.

Allocation of Nurses to duress response in BMMHU

All staff in the BMMHU will respond to a duress alarm within the BMMHU. BM Hospital Security staff will attend the BMMHU when a duress alarm has been activated.

Criteria for Activation of Duress Response

A person exhibiting acute or potential Acute Severe Behavioural Disturbance (ASBD). This may present as hostility, physical and verbal intimidation, hitting, spitting, kicking, throwing objects, damaging equipment, using weapons or objects as weapons; or highly disinhibited behaviour such as sexual disinhibition. The term acute denotes the need for the disturbance to be addressed immediately.

Activation of Duress Alarm

- Where there is a risk to anyone's safety because of a person demonstrating ASBD, they are to remove themselves, members of the public and other people from the environment if safe to do so. Staff to approach others and communicate in a calm, supportive and non-threatening manner. As soon as possible, staff to activate either their personal duress alarm, a fixed duress alarm or call security on 41991.
- Within the MHC, personal duress alarms notify other personal alarms in use only within the MHC and Nepean Hospital Security.
- Within PECC, personal duress alarms notify other personal duress alarms in use within PECC and Nepean Hospital Security.
- In BMMHU, personal duress alarms notify other personal duress alarms within the BMMHU and the Blue Mountains Memorial Hospital Security.
- When a personal duress alarm has been activated all other personal duress alarm in use will be notified that an alarm has been activated, security will also be notified that an alarm has been activated. The notification will indicate whether a push button alarm or man down alarm has been activated as well as a short description of the location of the alarm.

Responding to a Duress Alarm Response in Mental Health Inpatient Units at the Mental Health Centre.

1. On activation of a duress alarm, allocated duress response staff and staff working in the unit where the alarm has been activated should move to the area identified on the duress alarm to identify the cause of the activation. Security should make phone contact and begin to make their way to the area where the duress has activated.
2. If able to do so, responding staff to initially assemble at staff station to await handover and briefing.

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3. The Nurse Unit Manager [NUM]/Clinical NUM [CNUM]/Team Leader [TL] will provide a handover and briefing to staff attending the duress alarm and will allocate duties during the interaction with the person in distress [relevant limb if move towards restraint]. Treatment plan will also be discussed and agreed upon with responding staff.
4. A clinician should be identified as the person responsible for the leading the response. This should be the most senior clinician present. This person needs to communicate clearly to all people involved in the response that they will be leading response.
5. All non-essential individuals including patients, visitors and staff should be directed away from the area or out of the unit temporarily.
6. The TL in consultation with the response team and DOM/NUM will decide on whether the issue can be managed within the resources present, or whether additional resources, including security, are required. The team leader is responsible for requesting additional resources.
7. All NSW Health employees will be directed by the clinician leading the intervention during the duress response.
8. Consideration for Police assistance should be always given if the situation is not containable within the resources within the centre by the DOM and/or team leader/NUM.
9. The team leader/CNUM/NUM/DOM is responsible and in charge of standing down the response team when deemed appropriate.
10. Team responses must be planned and executed as per the VPM – Team Restraint Training or relevant training as per [Violence Prevention and Management Training Framework for NSW Health Organisations](#).

Responding to a Personal Duress Alarm in PECC and BMMHU

1. On activation of a duress alarm, all staff working in PECC and BMMHU should move to the area identified on the duress alarm to identify the cause of the activation.
2. An assessment of the level of risk to determine whether a team response is required will be completed by the NUM or TL. Security should make phone contact and begin to make their way to the area where the duress has activated.
3. The NUM/TL will provide a handover to staff attending duress alarm and will allocate duties prior to interacting with the person in distress. A treatment plan will be discussed and agreed upon with the responding staff.
4. A clinician should be identified as the only person who communicates with the individual.
5. All non-essential individuals including patients, visitors and staff should be directed away from the area or out of the unit temporarily.
6. The team leader in consultation with the response team and TL/NUM will decide on whether the issue can be managed within the resources present, or whether additional resources, including security, are required. The team leader is responsible for requesting additional resources.
7. All NSW Health employees will be directed by the nursing team leader or delegate during duress response.

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8. Consideration for Police assistance should be always given if the situation is not containable within the resources within the centre by the TL and/or NUM.
9. The team leader/NUM is responsible and in charge of standing down the response team when deemed appropriate.
10. Team responses must be planned and executed as per the VPM – Team Restraint Training or relevant training as per [Violence Prevention and Management Training Framework for NSW Health Organisations](#).

Use of two-way radio (BMMHU)

1. Use of the two-way radio, located in the Nurses Station: All nurses and Administrative Staff are trained in the use of the two-way radio. The radio may be used in the following circumstances:
 - a. When the alarm system is known to not be functioning or fails to operate and the presence of security is required.
 - b. When the nursing team leader deems that a situation requires security attendance, and the duress alarm has not been activated.

Intervention and Response

When a person appears distressed, agitated or in ASBD, staff are to communicate with the person in a calm, supportive, non-threatening manner, including verbal and non-verbal communication. Wherever possible, staff use an approach that has already been agreed upon with the person and the staff communicating with the person is someone who they are already familiar with.

Encourage the person to move to a space that the person perceives to be psychologically and environmentally safe. Staff to work collaboratively with the person in utilising strategies to reduce their levels of distress. This can include controlled breathing, distraction techniques, sensory modulation or moving to a quiet space.

If emotional dysregulation of the person escalates to the point where the behaviour could pose an imminent risk of harm to themselves, other people who are admitted, staff or members of the public, seclusion and restraint may only be used:

- As a last resort
- For lawful administration of medical treatment
- Proportionate to the risk of harm
- For the minimum duration necessary

Standing down a Duress Response

In the event of a false alarm or a duress response being deemed as no longer being required the response should be stood down via the team leader or delegate to the security by telephoning Security on 41991 (PECC, MHC and TAC) or by two-way radio (BMMHU).

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Post Incident Debriefing

Staff

The TL/NUM/DOM ensures that clinicians involved in an incident response are safe and uninjured. The TL/NUM/DOM discusses with the clinicians attending the duress response the circumstances of the incident and if there are any immediate actions arising from the incident. If an IMS+ is required, TL/NUM/DOM or delegate to complete. Employee Assistance Program (EAP) is available for staff if required at any time post incident. If a formal debrief is required, NUM or DOM will convene and facilitate within 24-48 hours.

For the Person and their support people

At a time, appropriate to the person after an incident, the person is offered a debrief with a staff member not involved in the incident. The person can bring their carer/support person if they wish. The staff member explores the incident with the person and utilises the information discussed to complete a wellness plan and support strategies if admission is ongoing. The open disclosure policy must be used in events related to seclusion and restraint.

Others who witnessed distressing event

As soon as practicable, staff to offer others who may have witnessed a distressing incident debriefing. Open disclosure must be utilised and support for the person must be offered.

Implementation Plan

To support the implementation of a new policy or procedure an implementation plan will be included in the document and will include:

- Timeframe (timeframe should be limited to 3 months)
- Communication strategy
- Education strategy
- Aboriginal Health Impact Statement
- Resource requirements
- Systems for monitoring compliance
- Identification of lead manager.

Risks of Non-Compliance

Increased risk of harm and injury to staff and consumers.

Aboriginal Health Impact Statement

The health needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative and in accordance with the Aboriginal Health Impact Statement Policy Directive (PD2017_034).

References and Related Policies

[Seclusion and Restraint in NSW Health Settings](#)

[Personal Duress Alarms Management and Use – Nepean Hospital](#)

[Duress Alarm Response, Centre for Addiction Medicine Nepean](#)

[Open Disclosure Policy](#)

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Duress Alarm Response in Mental Health

Date created: 25 November 2016

Date updated: 28 June 2023

Version: 2.0

This document is Valid as of 08 Feb 2024

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Review Date and Version History

The review date of this procedure is three (3) years unless an earlier review is required due to changes in law, policy or practice.

Date	Version	Amendments	Author
25 November 2016	1.0	Major Revisions and consolidation of other related procedures	Adam Vance
28 June 2023	2.0	Renamed from Duress Alarm: Operating Instructions and Duress Response for Mental Health Inpatient Units Updated	Joann Bobrowski CNC

Mental Health: Duress Alarm response in Mental Health [Release 2]

DocumentID	NBMT-PROC102014
Title	Mental Health: Duress Alarm response in Mental Health
Alternative Title	
Creator Corporate Name	Nepean Blue Mountains Local Health District
Author	Joann Bobrowski
Author Position	Mental Health CNC
Author Email	joann.bobrowski@health.nsw.gov.au
Contributor	n/a
Endorsement	Director Community and Integration
Publisher	Nepean Blue Mountains Local Health District
Subject	Mental Health: Duress Alarm response in Mental Health
Keywords	Duress response; Mental Health; duress test; duress alarm; safe workplace; personal safety; violence prevention;
Description	This procedure will ensure the staff know how to allocate, activate and respond to duress alarms in the NBMLHD Mental Health Centre.
Version	2.0
Classification	Procedure
Source	n/a
Date Created	06 Jan 2017
Date Modified	28 Jun 2023
Date Valid From	26 Jul 2023
Date Valid To	26 Jul 2026
Date Issued	26 Jul 2023
TRIM File Number	NBM11/154
TRIM Record Number	NBMPP17/47
Language	English
Relation	n/a
Security	Unclassified
Risk Rating	Low
Key Contact	Rochelle French, Senior Policy Action Officer, 4734 3453, NBMLHD-policyprocedureprint@health.nsw.gov.au
Availability	On Line
LHN / Hospital	NBMLHD
Functional Group	Mental Health
Identifier	ISBN - International Standard Book Number: n/a
Audience	Overall