

 Fw: Ongoing safety concerns in MH Pod

Sent: November 21, 2022 5:42 PM

From: Neethu Maria Babu (Western Sydney LHD)

To: Nick Howson (Western Sydney LHD);

From: Neethu Maria Babu (Western Sydney LHD)

Sent: Sunday, 13 November 2022 20:32

To: Donna Robertson (Western Sydney LHD)

Cc: Jenifer Benny (Western Sydney LHD); Steven Westbrook Sr (Western Sydney LHD)

Subject: Ongoing safety concerns in MH Pod

Dear Donna

I am Neethu, RN, Cumberland, working in MH Pod. I am FT working in MH Pod from July.

I would like to bring into your kind attention regarding some ongoing safety issues in MH Pod.

First one is about the duress, both the mobile duress and wall fixed ones. Recently I had Code blacks in the previous shifts, where I activated the mobile duress, and no staff responded.

I pressed the wall mounted one, no staff responded. Security guards had to physically restrain the pt, I had to run to Acute side to find the doctor. Finally, one of the AIN working in Acute side pressed the wall mounted duress in the acute side and then it showed up on the monitor and staff responded. On another event, I had a pt absconded on 11/11/2022. In that shift I had 5 scheduled pts. At the time that pt absconded, there was no security guards in the pod. I chased the pt, activated the duress, no one came including the security. Pt went through the back corridor past the NS tearoom, I tried to contain the pt by myself waiting for security help. As I couldn't see any one coming, I took another mobile duress from the duress charging station, activated it, yet no one came. By that time, pt challenged and threatened me and ran away. Once the pt was outside the ED, started running, two guards came, but by that time pt was long gone. The response I got from security guard was that he would be brought back by police. I was so much concerned about my safety and safety of the pt and another pts in the pod, to be left by themselves. In all these incidents above mentioned, I always did self test on my mobile duress before putting it on.

Secondly, the pts coming to MH Pod goes out for smoke. If they are scheduled, nurse and security escort them.

Some pts want to go out may be every 20-30 minutes, sometimes they would be unwilling to come back in, there have been incidents where, I had to call Black asst to bring the pts back to the pod. There was also recent incident where a vol pt intentionally overdosed, when she went for smoke break. The pts, most of them who presents to ED will have lighter/cigs/vape with them, which they would not hand it over. We do check for the contraband, but the pts refuse to hand it over, mostly the response I get from the security is to let them keep it so that they don't aggravate. I cannot get it from the pt, unless security help me and that puts me in very difficult position. In some cases, I would have aggressive and high-risk absconding pts wanting to go for smoke, but even if I am unwilling to take them out for smoke, due to concerning behaviour, I have guards who has told me off and took the pt on their own risk. There was an instance where I took a scheduled pt out for smoke, pt was unwilling to come back, stood on top of a chair, abusive and making racist comments towards myself and guard. Black asst was called, I told the pt, if she continues this behaviour, I cant let her come for another smoke break, as I stood in the ambo bay with the pt more than 15 min, trying to de-escalate the pt. Security guards came for help, and I was offended by one of the

guards as he told the pt that its not my decision whether she can go for smoke or not, its the ED NUMs decision.

Some shifts it is very hard to manage as there would be only two guards in the pod, and most of the pts wants to go for smoke , it would be back-to-back taking pts out for smoke. It would be very much appreciable if there is a no smoking policy, and utilising some alternatives like Nicotine inhaler etc

It would be very much helpful if some policy / guidelines are in place to ensure the safety of staff and patients in the pod regarding the above matters.

At the same time, the support from ED staff is very much appreciated

Kindly acknowledge

Regards

Neethu

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