NSW Health Emergency Department Security Review

Report

NSW Ministry of Health

15th August/2016

Business Risks International Pty Limited

BRI CONSULTING
RISK | CONTINUITY | SECURITY

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Project Manager:	Mr Bob Epps
Consultants:	Mr Graeme Watson

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BUSINESS RISKS INTERNATIONAL PTY LIMITED

Address:	23 Brisbane Street Surry Hills NSW 2010
Telephone:	(02) 8198 4750
Facsimile:	(02) 8198 4767
Email:	information@businessrisksinternational.com.au
Web:	www.businessrisksinternational.com.au
ABN:	90 003 762 150
Master Licence:	409353901

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Glossary/Acronyms

1.	ED	Emergency Department
2.	BRI	Business Risks International
3.	CCTV	Close Circuit Television
4.	PPP	Public Private Partnership
5.	WHS	Work Health Safety
6.	ERM	Enterprise Risk Management
7.	PMVA/PMV	Prevention and Management of Violence and Aggression
8.	VPM	Violence Prevention & Management
9.	MH	Mental Health
10.	HASA	Health and Security Assistant
11.	RNSH	Royal North Shore Hospital
12.	POW	Prince of Wales Hospital
13.	RPAH	Royal Prince Alfred Hospital
14.	KPIs	Key Performance Indicators
15.	IIMS	Incident Information Management System
16.	LHD	Local Health District
17.	Code Black	from chapter 29 of security manual - personal threat or physical attack
18.	NUM	Nurse Unit Manager
19.	NM	Nurse Manager
20.	PTZ	Pan Tilt Zoom (CCTV)
21.	Resus Bay	Resuscitation Bay
22.	MOU	Memorandum of Understanding
23.	SLAs	Service Level Agreements

Emergency Department Security Review

Review Team:

Paul De Carlo	Principal Advisor Mental Health, NSW Ministry of Health
Michael Sharp	Project Officer Nursing and Midwifery Office, NSW Ministry of Health
Dunko Grubisic	Security Manager, NSW Health
Graeme Watson	Consultant BRI
Bob Epps	Consultant BRI

Background

In January 2016, a violent incident occurred in the Emergency Department (ED) of Nepean Hospital during which a police officer and a member of the security staff were shot by a patient, using the constable's service pistol. Following this incident, the NSW Health Minister met with the Health Unions and the Australian Medical Association and put in place a suite of measures to address violence in NSW public hospitals. These included:

- Convening a round table of health stakeholders to identify the issues impacting on security and safety, as well as clarifying the roles and responsibilities of the parties involved.
- Conducting a review of the anti-violence and security measures in place at hospitals to assess the effectiveness of current NSW Health policies.
- Providing additional security staff in hospitals with a demonstrated and risk-based need.
- Training sessions for clinical and security staff.
- Reviewing current arrangements with NSW Police in relation to the management of aggression emanating from drug and alcohol affected patients.
- Establishing a working group to review and further professionalise the role of security staff in hospitals.

The NSW Ministry of Health requested Business Risks International (BRI) to undertake the review of anti-violence and security arrangements referred to above. The review was conducted both remotely by way of a questionnaire self-assessment as well as by attendance at 20 selected sites. During the site visits observations of security and safety measures were made and relevant staff, both clinical and security, interviewed about the incidence of violence and aggression occurring within their particular facility and the efficacy of the various measures in place to manage them.

Executive Summary

NSW Health policies underpin matters of security and safety in the Local Health Districts. These policies are, for the most part, principles-based and not prescriptive or proscriptive and as such leave most decision-making to District administrators. A downside to this approach is the potential for inconsistencies in the implementation of policy. While it is true that there can be no 'one size fits all' in the implementation of security and safety measures in the State's health system, there are some issues that need clearer direction.

Inconsistencies were found in the way that policy was implemented in the following areas:

- The conduct and content of risk assessments.
- Training for ED clinical and security staff in aggression or conflict management.
- Responses to duress alarms and medical alarms when used for non-medical incidents.
- The understanding of the roles and responsibilities of security staff including HASAs.
- The understanding of clinical staff of their role in relation to managing violent patients.
- The carriage and use of prohibited weapons (batons & handcuffs) by security staff.
- The carriage and use of personal duress alarms by ED staff including doctors and visiting clinicians.
- The development and testing of Code Black procedures.
- The use of restraints in the ED.
- The reporting of incidents occurring in the ED.
- The acceptance by ED staff of verbal abuse and harassment.
- The use of CCTV - its purpose and use.

Introduction

Despite the philosophy of 'zero tolerance' promulgated by NSW Health, it was found in all of the EDs visited that staff would in fact tolerate a certain level of verbal aggressive or anti-social behaviour by patients and visitors. Exposure to poor patient/public conduct was seen as being part of the job and often staff had become inured, if not immune, to it. Staff seem to have developed a threshold level of bad behaviour (e.g. no tolerance for physical aggression) above which action would be taken (such as contacting security or the police) and making reports below which nothing would (or perhaps could) be done.

Each of the sites visited reported that at some stage in the establishment's recent history there had been a serious incident or incidents. Although definitions of what constituted a 'serious incident' may have differed, they usually involved violence or a threat of violence directed towards a staff member or members, sometimes resulting in injury. These episodes not only have an impact upon the employees directly involved but also on the wider staff cohort as well as patients and visitors.

Security staff in hospitals can either be full or part time employees or contractors. There are also Health and Security Assistants (HASAs) who perform both security and other duties. The standard and performance of security staff varied throughout the hospitals reviewed. Staffing levels appear not to have been determined by any formal risk assessment but by some other arbitrary means. Security staff are required by Section 7 (2) of the *Security Industry Act 1997 (NSW)* to hold a Class 1A security licence to perform their duties. There are at present 14 competencies required to become qualified. These are generic and none of them relate specifically to health care facilities. In addition to obtaining their licence, security staff in hospitals are required to undertake mandatory training in violence prevention and management.

Some security staff were found to wear utility vests (similar to those worn by NSW Police) and/or carry handcuffs and extendable batons. Each of these items presents some risks. The last two are prohibited weapons pursuant to Section 7 of the W*eapons Prohibition Act 1998 (NSW)* and require a permit. Security staff carrying them were all appropriately licenced. The guidance set out in Chapter 28 of the *NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies* (June 2013) discourages the use of weapons by security staff but does not presently forbid it.

Fitness levels amongst security staff varied with a tendency towards a lack of obvious fitness. Given that security staff are required to respond quickly to incidents (often from a distance) and to engage physically in order to restrain violent people this has been highlighted as an issue.

Clinical and security staff were unclear about their roles and responsibilities during an incident although it was generally accepted that the two should work together during the restraint of patients. It was accepted that physically restraining violent patients for the purpose of administering a chemical restraint must be done under clinical supervision. Not all security staff were trained in appropriate restraint methods, and not all clinical staff wanted to be involved preferring that security staff carried out these tasks.

Personal duress alarms (PDA) are issued to clinical staff in EDs as personal protective equipment (PPE). They are to be used when an employee is in danger, such as when confronted by a violent patient or visitor. As such, staff have an obligation under Work, Health and Safety legislation to carry them.

It was found that many clinicians, especially doctors, did not comply with this requirement. This practice increases the risk to themselves, other staff members and patients.

The types and capabilities of PDAs in use varied between hospitals with a number not complying with NSW Health standards. Whereas some included advanced technology such as precise location finding capacity, others were older and much less sophisticated. This may account for some staff opting not to carry them. In some instances, staff were not able to be allocated a PDA as there were not enough units available.

In addition to PDAs, the EDs are also equipped with fixed duress alarms (FDA) either wall or under counter mounted. In the case of both systems, the response to the initiation of an alarm was often not known by staff. Similarly, there was also confusion about the use of these alarms and the Code Black condition, which, in some EDs, is instigated by a phone call to the switchboard operator. The need for clarity and understanding in these situations cannot be stressed enough.

Methodology of Review

- A questionnaire was circulated to all hospitals seeking information about the current state of nominated security and safety measures.
- Three hospitals were selected for trial visits in order to refine the method of observation and conduct of interviews.
- The three pilot sites included:
  - Prince of Wales Hospital
  - Royal North Shore Hospital
  - Royal Prince Alfred Hospital
- The feedback from the three pilot sites was extremely useful and positive. Only slight adjustments to the layout of the questionnaire were made as a result of the findings of the pilot site reviews.
- 17 other hospitals were then visited where observations were made and interviews of relevant staff conducted.
- Results of the site visits and questionnaires were collated and analysed.

The review process followed the natural patient treatment pathway into ED as either, self-presenting or as a patient arriving by vehicle via Ambulance or Police. The paths through ED were then followed through the triage assessment area into the resuscitation area and acute beds, plus any other area within the ED i.e. store rooms, offices, nurses' stations and other sections.

Whilst in each ED, the review team discussed with the staff on duty their understanding of when and why they would activate their duress alarms, tolerance levels towards aggressive and anti-social behavior and the procedures regarding the use of safe assessment rooms and restraints, both physical and chemical.

During the tour of the ED, the review team activated either a fixed or mobile duress alarm to test response levels and who actually responded. The responses varied significantly in both time to respond and level/number of responders from location to location. The sites visited are listed below.

Review sites:

- Bankstown Lidcombe
- Blacktown
- Blue Mountains
- Byron Bay District
- Calvary Mater Newcastle (PPP)
- Cooma
- Hornsby Ku-ring-gai
- John Hunter
- Nepean
- Orange/Bloomfield (PPP)
- Prince of Wales
- Royal North Shore (PPP)
- Royal Prince Alfred
- Shoalhaven
- St Vincent's
- Tweed Heads
- Wyong
- Wollongong
- Wagga Wagga
- Wellington

Questionnaire Response

A questionnaire was developed and sent to each site prior to the site visit. The purpose of the questionnaire was to gain some understanding of existing processes and practices before visiting each location, and was used to prompt discussions and target areas for focus during the reviews.

- Sites differed in the level of effort they made to respond to the questionnaire response. Sites also differed in the level of executive and management engagement in the process and participation in the discussions and the review.

- All but two sites completed the questionnaire prior to the review.

- The majority of sites forwarded the questionnaire to their security managers to complete with little to no input from the Executive Management or ED staff.

- The most comprehensive responses were received by the three pilot sites and the two locations in Newcastle and the reviewers would like to thank these locations for the comprehensive answers, suggestions and dialogue that occurred during the site visits.

Findings

1. Security Risk Management

1.1 Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 1 Security Risk Management

Policy:
NSW Health Agencies are required to ensure that:

- ***All reasonably foreseeable security related hazards are identified and assessed.***
- ***Risks associated with these hazards are eliminated where reasonably practicable.***
- ***Where the risk cannot be eliminated, appropriate control strategies are implemented so that risks are reduced to the lowest practicable level.***
- ***Each stage of the risk management process is documented.***
- ***Incidents are reported and investigated.***
- ***Risk control strategies are monitored and regularly evaluated for effectiveness.***
- ***In order to optimise the effectiveness of risk control strategies, a system for collaboration and information sharing between clinical, WHS and security personnel is established (e.g. security committee).***
- ***Consultation with staff and/or nominated WHS representatives and occurs during all stages of risk management.***
- ***Consultation, co-operation and co-ordination with other duty holders occur, where there is a shared duty.***
- ***Chief Executive and the Board get relevant information on security related risks and how they are being addressed.***

Key Standards:
Overview of security risk management:

- ***Security risk management encompasses the assessment of all aspects of the clinical and non-clinical environment, including consideration of internal and external risks e.g. local crime profile.***
- ***NSW Health Agencies need to identify hazards, assess the risks arising from the hazards in their workplaces and develop strategies to eliminate or where they cannot be eliminated, minimise these risks.***

Protecting People and Property (December 2013) – Chapter 2 Responsibilities

Chief Executives are responsible for ensuring:

- ***The resourcing, development, implementation and maintenance of effective security risk management within their NSW Health Agency, which is based on a structured, on-going risk management process, consultation, appropriate documentation and record keeping and regular monitoring and evaluation.***
- ***Those NSW Health security risk management standards are met.***
- ***Staff are consulted in the development and implementation of security procedures and when determining and purchasing equipment.***

- ***Appropriate legislative and Ministry reporting requirements are met, including compliance with the Security Industry Act 2007 in nominating a suitably qualified and experienced person as a 'nominated person' for the purpose of holding the Master License and its associated responsibilities.***
- ***Staff are provided with the necessary skills to prevent and manage security/violence related issues.***

Facility Managers are responsible for:

- ***Identifying individuals responsible for security administration within their facility.***
- ***Ensuring the on-going implementation of an effective security program, which is based on a structured, risk management process, consultation, appropriate documentation and record keeping and regular monitoring and evaluation.***
- ***Reporting all crimes and suspicious activity to police.***
- ***Ensuring the Chief Executive, Risk Managers, Security Master Licence holders, and where necessary external authorities such as Police and WorkCover, are advised of security related incidents, as required under local procedures.***

Service Directors/Department Managers/Facility Security Administrators/Team Leaders/Supervisors are responsible for:

- ***Monitoring and ensuring compliance with NSW Health security policies and local procedures including integrating security risk management into clinical practice, where appropriate.***
- ***Consulting with staff and their WHS representatives, WHS and security staff, and other duty holders on security matters.***
- ***Keeping staff informed of personal and property security policy and procedures, and management's action in response to hazard and incident reports.***
- ***Identifying and assessing areas where personal and property security can be improved in consultation with staff.***
- ***Responding to incident and hazard reports including investigation of incidents and maintenance/replacement of security equipment.***
- ***Implementing risk control strategies in accordance with risk assessments and alerting senior management where the necessary controls are outside of their authority to implement.***
- ***Identifying training needs for staff and ensuring training is provided and attendance documented.***
- ***Reporting security related incidents as required under local procedures.***

1.2 Policy Implementation

Partially Compliant

1.3 Issues identified

The audit found that the risk assessment process was not well understood by some of those charged with this responsibility. This has, in part, led to some of the inconsistencies in the implementation of security risk control measures that were identified during the review. The risks being addressed when installing CCTV systems, for example, were often found to be unclear as were the reasons for adopting a particular system. Given the capital expense involved there should be no doubt, about what purpose a particular system is meant to achieve and the outcomes expected of it.

- Risk registers exist under the Enterprise Risk Management (ERM) framework. These registers however appear to be generic and not site specific, and therefore not reflective of the *AS/NZS ISO 31000:2009 Principles and Guidelines*. Some locations claimed they had never sighted the risk register, others mentioned they only had input into a 'Hazard' register.

- The auditors did not sight any documented risk assessments that were specific to the hazards and risks of that ED.

- All sites gave the same impression that 'risk' was someone else's responsibility or dealt with at a district level.

- Risk registers are very high level and definitely not ED specific. It was found by the auditors that the risk registers included in the enterprise risk framework (ERF) had been completed without consultation with the staff from each department.

- None of the sites could produce an appropriate risk assessment/register that clearly identifies or justifies the current security staffing level based on any actual or assumed risk, with the number of staff implemented as an effective control measure. It would appear from the information provided and suggested to the review team at each location by the staff participating in the site review, that staffing levels are based on the maximum number of staff available within budget. Staffing levels are not based against any formal risk assessment process, which is aligned, or in accordance with policy.

1.4 Recommendation(s)

- To meet the existing standards set out in Chapter 1 (Security Risk Management) of Protecting People and Property, all outstanding risk assessments specific to EDs must be undertaken and completed as a priority.

- EDs should work towards creating a better understanding of the purpose and development of effective risk management plans for each site.

- Risk assessments should be ED site specific and developed in consultation with all stakeholders.

- To meet the existing standards set out in Chapter 2 (Responsibilities) of Protecting People and Property, EDs must take ownership of specific risk assessments and make at least one person in each ED responsible for ensuring the assessments are kept current and reviewed when required.

- A Risk Management and Audit Committee should monitor the status and progress of controls/recommendations.

- Ensure that all future design (or retrofitting) of Emergency Departments complies with the relevant security standards set out in NSW Health policy, and during facility planning ensure that consultation with NSW Health work health and safety staff occurs.

2. Waiting Rooms - Physical Design

2.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 4 Health Facility Design

Policy:

- ***NSW Health Agencies are required to ensure, in consultation with staff and other duty holders, that all reasonably foreseeable security risks are identified, assessed and eliminated where reasonably practicable, or where they cannot be eliminated, effectively minimised as part of facility planning, design and refurbishment.***
- ***The standards outlined in the Australasian Health Facility Guidelines and this Manual must be referenced and compliance achieved during all stages of the facility planning, design or refurbishment process. This includes security considerations related to any temporary accommodation or other temporary arrangements, e.g. wards, offices, parking, contractor access.***
- ***Workplace safety, risk management and security staff must be consulted during the planning and design of new facilities or the refurbishment of existing facilities.***
- ***Where changes are being made to the local working environment NSW Health Agencies are required to ensure, in consultation with staff and those involved in the planning and building, that all reasonably foreseeable security risks are identified, assessed, eliminated where reasonably practicable or effectively minimised.***

Protecting People and Property (December 2013) – Chapter 15 Security in the Clinical Environment

Key standards:
Waiting areas must:

- ***Be comfortable, decorated in muted colours and spacious.***
- ***Have a clear path to commonly used amenities (e.g. phones, water and snack dispensers, toilets etc.).***
- ***Have adequate signage, lighting, seating, ventilation and temperature control.***
- ***Signage is to take into account the languages used by people utilising the waiting area.***
- ***Signage must be accurate, current and relevant. Consider displaying signage digitally – on a large screen.***
- ***Have furnishings that cannot be moved and/or used to cause injury.***
- ***Be well maintained (e.g. water and snack dispensers, lighting, phones are in working order and clean and tidy etc.).***
- ***Have controlled access to clinical areas, e.g. doors are locked and access by permission of clinicians.***
- ***Have convex mirrors, or other viewing devices such as CCTV, to ensure triage/reception personnel can see all parts of the waiting room***
- ***Have recording CCTV surveillance cameras. Ensure camera placement is reviewed prior to installation to eliminate opportunities for concealment and to ensure facial recognition is possible at all times of day and night.***

Reception and triage areas:

- ***The design does not create entrapment points.***
- ***Security screens where there is a requirement for protection from violence, security of property or records, or privacy of clinical discussions.***
- ***Two exit points.***
- ***Layout that allows the staff to face the patient at all times. This includes positioning the computer and telephone so that the staff do not turn their back to the patient to use this equipment.***
- ***Electronic swipe card locks for speed of access/egress.***

2.2. Policy Implementation

Partially Compliant

2.3. Issues identified

The ED waiting rooms are predominately areas where walk-in patients wait before treatment after being initially assessed by the reception/triage nurse.

In relation to the implementation of the relevant NSW Health policy requirements the following was observed by the auditors:

- ED waiting areas were of a standard design e.g. banks of bench seating.
- Most were found to have some sort of barrier between the public and staff such as perspex screens or wire strands.
- All waiting rooms were found to be fitted with bench seating, usually four seats to each bench. It was noted that none of these benches were bolted or secured to the ground to prevent being moved.
- All waiting rooms had TV monitors, some of these monitors were non-operational.
- All waiting rooms had CCTV coverage, with a few EDs utilising a live feed to monitor waiting rooms.
- A large majority of locations had far too many information notices on walls leading to confusion about what to read/where to focus.
- An exceptional example of a location where information was displayed clearly was the Wollongong waiting room where all information for patients and visitors is clearly displayed on two monitors that cycle through required information for patients and visitors.
- Some but not all locations displayed notices or posters regarding zero tolerance to anti-social or aggressive behaviour.
- The aggressive behaviour 'Stop Hand' poster was found to be confused with the Hand Washing posters, so the message was not really effective.

- Some locations had developed their own message regarding aggressive behaviour, including:
  - "OFFENSIVE OR AGGRESSIVE BEHAVIOUR IS NOT TOLERATED IN THIS HEALTH SERVICE" - Wellington Hospital.
  - "BEHAVIOUR THAT THREATENS OR OFFENDS WILL BE DEALT WITH BY HOPSITAL SECURITY AND/ OR POLICE" - Shoalhaven Hospital.

2.4. Recommendation(s)

- To meet existing standards set out in Chapter 15 (Clinical Environment) of Protecting People and Property EDs must ensure a process is in place that provides for communicating with and monitoring waiting patients, including providing appropriate information on waiting times and the alternatives to the ED, such as GP clinics.

3. Clinical Areas

3.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 4 Health Facility Design

Policy:

- ***NSW Health Agencies are required to ensure, in consultation with staff and other duty holders, that all reasonably foreseeable security risks are identified, assessed and eliminated where reasonably practicable, or where they cannot be eliminated, effectively minimised as part of facility planning, design and refurbishment.***
- ***The standards outlined in the Australasian Health Facility Guidelines and this Manual must be referenced and compliance achieved during all stages of the facility planning, design or refurbishment process. This includes security considerations related to any temporary accommodation or other temporary arrangements, e.g. wards, offices, parking, contractor access.***
- ***Workplace safety, risk management and security staff must be consulted during the planning and design of new facilities or the refurbishment of existing facilities.***
- ***Where changes are being made to the local working environment NSW Health Agencies are required to ensure, in consultation with staff and those involved in the planning and building, that all reasonably foreseeable security risks are identified, assessed, eliminated where reasonably practicable or effectively minimised.***

Protecting People and Property (December 2013) – Chapter 9 Access & Egress Control

In assessing the most appropriate access and egress controls, NSW Health Agencies must consider, as a minimum, the following issues:

- ***The nature of items stored on the premises eg sensitive or highly confidential information, drugs, cash, electronic equipment etc.***
- ***The work carried out/services provided by the premises eg methadone dispensing, cash handling, drug and alcohol, emergency and mental health services etc.***

- ***The need to provide a secure work environment.***
- ***The need to secure vulnerable patients.***
- ***The need to provide for rapid escape routes and access to safe havens for staff, e.g. in the event of a violent incident.***
- ***The need to prevent unauthorised access or, in the case of some classes of patients (e.g. children, patients scheduled under the Mental Health Act), unauthorised egress.***

Protecting People and Property (December 2013) – Chapter 15 Security in the Clinical Environment

Ensure that reception, triage areas, write-up areas, examination / consultation rooms and treatment areas are safe and that their design does not create entrapment points. These spaces should have the following characteristics:

- ***Two exit points***
- ***Layout that allows the clinician to face the patient at all times***
- ***Safe layout includes positioning the computer and telephone so that the clinician does not turn their back to the patient to use the computer or other equipment***
- ***Electronic swipe card locks for speed of access***
- ***Personal and fixed duress alarms***
- ***Security screens where there is a requirement for protection from violence, security of property or records, or privacy of clinical discussions.***
- ***For rooms, two doors with the room layout being such that the patient cannot obstruct or intercept staff access to an escape route or safe area. If doors need to be locked, then doors should be on swipe card locks so as to facilitate rapid exit.***

3.2. Policy Implementation

Partially Compliant

3.3. Issues identified

The clinical areas within EDs are similar in all locations by their functionality rather than layout. The layout of every ED was different. Not all areas of EDs can be viewed from the nurses' station at most locations. Some ED layouts we found to be very disjointed, with numerous treatment/consultation rooms and other areas that created wards within a ward or separated areas, which provided ample concealment, entrapment or easy and unseen egress points.

The main issues with the ED layouts were found to be:

- Multiple entry and egress points.

- All EDs used staff swipe cards to restrict access into the ED areas, however every location either had automatic doors or push buttons to exit the ED into other treatment areas (eg fast track or medical imaging) meaning that anyone could move or tailgate from an ED into another treatment area.

- The ease of exiting an ED into a public space has implications where an involuntary patient is seeking to leave the hospital premises without authorisation.

- The other issue that arises from not being able to 'lock down' the ED is that any staff member who is not aware of a Code Black or other active situation may inadvertently walk into an aggressive situation.
- Likewise, most EDs did not have the capacity to physically isolate a violent person in a section of the ED while awaiting a duress or police response.
- Staff do not have clear sight lines into all areas.
- Store rooms were left open with doors wedged or removed.
- Plaster rooms not locked or left open when unattended.
- All drug cabinets were found locked.
- All patient bays were fitted with emergency call buttons, but some interview /consult rooms were found not to have either duress or emergency call buttons.

3.4. Recommendation(s)

- To meet existing standards set out in Chapter 9 (Access and Egress Control) of Protecting People and Property, EDs must assess their current access control measures in relation to the ability to secure all perimeter exit/entry doors to prevent involuntary patients leaving, aggressive patients entering other treatment areas of the hospital and to prevent staff walking in on an escalating issue.
- To meet existing standards set out in Chapter 9 (Access and Egress Control) of Protecting People and Property, EDs must ensure access doors are able to be secured and are fitted with CCTV, particularly for after-hours access. The camera must provide a clear picture at all times of the day and night.

4. Safe Assessment Rooms

4.1. Relevant NSW Health policy standards

There is no reference to the design or layout of safe assessments rooms for EDs within the Australasian Health Facility Guidelines (AusHFG) or any other NSW Health policy.

4.2. Policy Implementation

N/A

4.3. Issues identified

A safe assessment room is a room or area that can be used for the treatment/assessment of a patient displaying aggressive or combative behaviour that keeps them separated from other patients, staff and visitors within the ED.

Not all locations had a safe assessment room. At those that did, it was found:

- Most locations either have a specific or "made for use" safe assessment room.
- There is a significant variance between these rooms in relation to location within the ED, size of the room, access into and out of the room and the level of security the room provides to both the patient and the staff.
- Not one location visited was completely happy with their safe assessment room with a common theme being it was described as 'not fit for purpose'. There was no consistency in design i.e. layout or structural material. In some locations the walls were plaster board and not toughened to withstand being damaged via striking or kicking.
- There is currently no design standard for services to refer when building a safe assessment room.
- Most rooms were far too small for staff to manage an aggressive incident within the room.
- Most were lockable, but staff had poor understanding of when to lock a door or the procedures following locking of a safe assessment room.
- Where doors could not be locked, staff described security staff physically holding doors closed to stop the egress of an aggressive patient from the room.
- A good example of a safe assessment room was the room recently built at Tweed Heads Hospital. The staff here learnt from the previous 'not fit for purpose' room and the room is large and comfortable, far enough away but close enough to staff for it to be effective and not impact upon patient/staff flow through the rest of the ED.
- Safe Assessment rooms were not always within sight of the nurses' stations.
- Some of these rooms are used for storage and are no longer used for patients
- Windows were fitted with secure window blinds, operated from the outside.
- Equipment such as emergency gases etc. were all kept behind secure screens/cabinets in these rooms.
- At one location, security advised that they regularly lock patients in the Safe Assessment room if behaving aggressively. The ED NUM of that location disputed this information.
- A ratio of at least 1-1 staff is used when patients are placed in safe assessment rooms. Although a number of locations advised that this observation was intermittent or via CCTV.
- Nursing staff prefer to keep the more aggressive and combative patients within the resuscitation bays in case there is a need for chemical sedation.

4.4. Recommendation(s)

- The NSW Ministry of Health should develop a Guideline establishing a minimum standard for a room or area for safe assessment within an ED. The Guideline should cover standards for equipment, design, construction, location and use of the safe assessment room/area that is fit for purpose and identifies the requirements for monitoring of safe assessments rooms when occupied.

5. Access & Egress Control/Staff Identification

5.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 9 Access & Egress Control

Policy:

- ***NSW Health Agencies are required to ensure, in consultation with staff and other duty holders, that all reasonably foreseeable security risks associated with access to and egress from workplaces are identified, assessed, eliminated where reasonably practicable or, where they cannot be eliminated, effectively minimised.***
- ***NSW Health Agencies are required to ensure that this process is appropriately documented and effective access and egress control procedures and perimeter control, including the implementation of access/identification systems, are developed and implemented.***

Key standards:
Staff in emergency departments are only required to display first names and initial.

In general, effective access and egress control involves:

- ***Appropriate securing of perimeters, including doors and windows.***
- ***Appropriately controlling access to the land on which the facility is situated (e.g. fences, roads, traffic and pedestrian access and flow).***
- ***Control of egress to ensure perimeter integrity e.g. door alarms.***
- ***Providing safe access and egress, especially after hours and during emergencies.***
- ***Controlling access to vulnerable areas and securing vulnerable patients.***
- ***Clear signage and lighting.***
- ***Instituting access/ identification systems that allow members of the organisation to be identified and allocates access limited by the requirements of the position held by a staff member.***
- ***Applying the principles of Crime Prevention Through Environmental Design (CPTED) as outlined in Chapter 4, to assist in managing risks associated with access control.***

5.2. Policy Implementation

- Access & Egress Control - Partially Compliant
- Staff ID – Compliant

5.3. Issues identified

Controlling access and egress into EDs is problematic, as there are multiple entry points leading into various departments. EDs require close proximity and natural care paths into other clinical areas within the hospital, which leads to having multiple entry and access points. Having so many entry/exit points is practical for patient flow but not ideal from a security viewpoint. Common across all locations is the risk/opportunity for involuntary mental health patients to abscond from the ED, using push button release doors at access points.

- All EDs were found to have 'entry in' access controls, via swipe or PIN. This included the ambulance entries.
- All EDs had push buttons to release exit doors.
- Locations that had twin access doors did not operate as a true air lock because both sets of doors would open simultaneously therefore not creating an airlock. This would allow anyone tailgating or wanting to leave the ability to do so.
- None of the ED locations had the ability to 'secure' the ED in the event of a situation within the ED to restrict access to other areas of the hospitals (see section of this report Clinical Areas for further information)
- ED staff and code response teams do not have agreed or prearranged entry points or assembly areas when responding to codes. This means that any staff responding could potentially walk straight into an escalating incident.

5.4. Recommendation(s)

- To meet existing standards set out in Chapter 9 (Access and Egress Control) of Protecting People and Property EDs must establish designated entry points for all staff to enter ED.
- To meet existing standards set out in Chapter 29 (Duress Response Arrangements) of Protecting People and Property EDs must establish designated assembly meeting points and entry routes for code responses.
- EDs should consider installing mechanisms that allow the locking of doors remotely and quickly to 'secure' the ED when required.

6. Key Control

6.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 10 Key Control

Policy:

- ***NSW Health Agencies are required to ensure, in consultation with staff and other duty holders, that all reasonably foreseeable security risks associated with key control, and code locks are identified, assessed, eliminated where reasonable practicable or, where they cannot be***

eliminated, effectively minimised.

- ***NSW Health Agencies must ensure that the process is appropriately documented and effective key control and code security procedures are implemented.***

Key standards:

- ***The authority to hold and control the issue of keys must be determined and documented***
- ***Movement of keys must be controlled using:***
  - ***Key Authority Records. All personnel authorised to draw and return keys should have their name printed and their specimen signature recorded. This may be done via a secure electronic log.***
  - ***Key and Security Logs. Where all keys issued are recorded. Completed logs should be reconciled and retained for a period of not less than twelve months from the date of the last entry and should identify keys issued on a daily or temporary basis.***
- ***Ensure that the person identified as responsible for facility key control, must:***
  - ***Conduct a stocktake, at least annually, and record results.***
  - ***Report any unaccounted keys to the appropriate supervisor.***
  - ***Where practicable conduct spot checks at intervals not exceeding six months.***
  - ***Ensure the records from audits are kept securely and made available for inspection as required.***
  - ***Identify appropriate alternative mechanisms for the return of keys when the responsible person is not available e.g. afterhours.***
- ***Ensure keys not on issue are stored in a locked container which should be located out of sight of unauthorised persons.***

Protecting People and Property (December 2013) – Chapter 9 Access and Egress Control

Key Standards:

Administration of an Identity/Access System:

- ***All documentation and equipment for identity/access systems must be securely stored to prevent unauthorised access.***
- ***Clearance procedures on termination must include the return of the identity/access card. It may be necessary to recover the permanent identity/access card and issue a temporary card valid until the final day of employment only, when it should be returned.***
- ***Access rights to the electronic access control system may be assigned separately to the production of the identity/access card (ie human resources may produce the card and the security department may enter the card in the access system).***
- ***The access rights assigned to an identity/access card should be programmed for a predetermined period.***
- ***Any lost or stolen identification card should be immediately reported to the issuing authority. The issuing authority should take steps to remove the card from the access system either temporarily or permanently.***
- ***There should be arrangements for advising, out of business hours, of lost or stolen cards***

6.2. Policy Implementation

Partially Compliant

6.3. Issues identified

- Key control including issuing of electronic access cards across most sites was poor. One location had over 32,000 active key cards live on their access control system.
- The access control systems are not regularly audited or set to automated switch off for inactive cards of three months or more.
- At sites with keys these are generally managed by respective departments with security only holding contractor keys.
- Most sites were not able to direct the auditors to key presses, key safes (or suitable lockable containers).
- Sometimes, but not always, the Security office is notified on termination or departure of staff. Currently there are limited processes in place to identify terminating staff.

6.4. Recommendation(s)

- To meet existing standards set out in Chapter 10 (Key Control) of Protecting People and Property EDs must implement effective controls to manage and secure physical keys for each location. Consideration should be given to installing electronic key watcher safes, for security and critical keys, i.e. master keys.
- To meet existing standards set out in Chapter 10 (Key Control) of Protecting People and Property EDs must implement a regime of regular auditing of access control ID cards. Consideration should be given to automated deactivation for dormant cards (3 months).

7. Windows

7.1. Relevant NSW Health policy standards:

Protecting People and Property (December 2013) – Chapter 9 Access and Egress Control

Key Standards

Perimeter windows must minimise the opportunity for entry to, or exit from, a window by the use of options such as:

- ***Reinforcement of windows.***
- ***Using heavy gauge glass bricks or laminated glass panels (in areas which require natural light but no ventilation) that are securely mounted in the frame.***
- ***Fitting security screens or security fly screens to openable windows.***
- ***Permanently closing unused windows by fixing bolts or screws or designing facilities with windows that do not open.***
- ***Fitting key operated locks to all other windows.***
- ***Limiting the extent of window opening.***
- ***Applying film to glass to resist breakage or fit safety glass as per design guidelines.***

7.2. Policy Implementation

Compliant

7.3. Issues identified

- External and internal windows in the ED waiting rooms at every location were covered in anti-smash protective film.
- In all locations the triage and reception desks were protected by a mix of perspex screens or wires strands.
- Due to the level of perspex/glass screens, at some locations the ability to easily be heard or speak to staff was challenging.
- All windows are lockable or secured to prevent opening.

7.4. Recommendation(s)

Nil – all locations compliant

8. Lighting

8.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 12 Lighting

Policy:

- ***NSW Health Agencies are required to ensure, in consultation with staff and other duty holders, that internal and external lighting is sufficient to eliminate risks, where reasonably practicable, or where they cannot be eliminated, minimise security related risks.***
- ***External lighting must be sufficient to eliminate dark areas, must allow facial recognition and must facilitate the correct functioning of CCTV cameras.***

Key standards:

- ***Lighting must be located and designed to ensure maximum benefit and coverage.***
- ***Lights must be bright enough and provide sufficient light to ensure a safe entry to and safe exit from the workplace (including paths), allow facial recognition, and support the usefulness of any CCTV installed.***
- ***There must be appropriate lighting in car parks. Where the facility does not have dedicated on-site parking, consultation on street lighting should occur with local councils.***
- ***Lighting must avoid the creation of dark spots and be sufficiently bright to deter crime and to provide sufficient illumination to prevent slips, trips and falls and allow facial recognition.***

8.2. Policy Implementation

Compliant

8.3. Issues identified

- External and internal lighting at all locations was found to be adequate.
- Some upgrades or additional lighting is required at the sites with staff car parks to ensure these staff car parks are illuminated to prevent shadowing and dark spots.
- No additional areas of concern were noted by the reviewers

8.4. Recommendation(s)

To meet existing standards set out in Chapter 12 (Lighting) of Protecting People and Property, EDs must ensure any external lighting improvement is based on a risk assessment. To meet existing standards set out in Chapter 12 (Lighting) of Protecting People and Property, EDs must upgrade, as necessary, external lighting to staff car parks at the locations to eliminate shadowing and dark spots.

9. Signage

9.1. Relevant NSW Health policy standards

Australasian Health Facility Guidelines Part C - Design for Access, Mobility, OHS and Security C.0005 – Signage:

- ***Provide appropriate and comprehensive wayfinding for all healthcare facilities.***
- ***Signage should clearly identify staff, patient and visitor areas and clearly identify restricted areas.***
- ***Design wayfinding to assist and enable patients and visitors to navigate around the facility with ease, and adequately address the needs of persons with disabilities. Signage should be used to define those areas where public access is allowed or restricted, providing a first line of defence against intruders.***

9.2. Policy Implementation

Compliant

9.3. Issues identified

- There was good signage for EDs across all locations.
- All security offices displayed a sign on the entry door or window with the wording “security office”, although none of the hospital display boards indicated where to find the security office, unlike other departments.

9.4. Recommendation(s)

- To meet the NSW Health standards on wayfinding, for sites where members of the public need to access the security office (e.g. for reporting lost property or seeking directions), the location of the security office needs to be included on all main signage boards.

10. Firearms Lockers

10.1. Relevant NSW Health policy standards

Australian Healthcare Facilities Guidelines – Part c – Design for Access, Mobility, OHS and Security – EMERGENCY DEPARTMENT:

- ***A gun safe located in a private room off the ambulance entry should be provided for police use. Provide for four weapons with one separately lockable compartment for each weapon. Consult with local area commander regarding specifications and requirements.***

10.2. Policy Implementation

Most locations non-compliant.

10.3. Other Issues identified

Police officers are charged with a duty to protect the public and are, accordingly issued with a variety of weapons and other equipment to assist in this endeavor. Firearms and other weapons carried by police (such as Tasers, OC spray, handcuffs, and batons) should present no more of a security risk in a health care facility than in any other situation in which an officer might find themselves. Police are trained in weapons retention and, the Nepean Hospital incident notwithstanding, pistol holsters are designed to resist removal by offenders.

Most locations had a secure gun safe. However:

- The location of the gun safes varied across all sites; some were located at Ambulance entry, others in security or the NUM's office or store rooms.
- The gun safes were not clearly marked. Gun safes should be marked similar to that of the police blood test boxes.
- Some locations did not know the location of the key for the gun safe and the staff believed that the police would have this.
- No location with a gun safe could identify an occasion when it had been used, apart from one location where a police officer had been admitted into ED as patient whilst on duty and his firearm had been secured by staff in the gun safe.
- The gun safes did not provide four separate lockable compartments as required by the Australian Healthcare Facilities Guidelines.

10.4. Recommendation(s)

- To meet existing NSW Health Guideline on Firearms Security EDs must install gun lockers with lockable safes within or close proximity of every ambulance bay. EDs must ensure staff are aware of the location of the gun safe.

11. Duress Alarms

11.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 11 Alarm Systems

Policy:

- ***NSW Health Agencies are required, in consultation with staff and other duty holders, to establish their requirements for alarm systems (duress, door/perimeter, patient security and intruder alarms) to ensure that staff, patients, and assets are secure.***
- ***A regular review of all alarm systems must occur as part of the on-going risk management process.***
- ***Staff members must have unobstructed access to purpose designed equipment enabling them to summon assistance if they are faced with a personal threat or physical assault.***

Key Standards:

Determining the most appropriate mix of Duress Alarms

- ***A risk assessment must consider the appropriate mix of the following types of duress alarms and the need for back-up in the event of system or power failure:***
- ***Fixed alarms may be used in well-defined areas where:***
  - ***There is no or little opportunity for an aggressor to get between a staff member and the alarm button.***
  - ***The person works from a static position (e.g. where staff are behind a screen such as a pharmacy distribution window or behind a counter).***
  - ***The alarm can be discretely activated without the staff member leaving their normal working position.***
  - ***As a back-up system to a personal duress alarm system.***
- ***Mobile duress alarms are used where the staff member is moving around in the course of their work and where there is a risk of being confronted by aggressive behaviour e.g. wards or emergency departments.***

Features of Mobile and Fixed Duress Alarms

- ***All mobile duress alarm units must, as a minimum, have the following features:***
  - ***At least two activation mechanisms, including activation by pushing a single button using one finger and activation by a staff member falling down/not moving – (but allowing for reasonable movement).***
  - ***An alpha-numeric screen for receiving advice about alarm triggers and their locations.***
  - ***Have suitable battery functions, including:***
    - ***A low power indicator (easily distinguishable).***
    - ***Minimum 24-hour battery life without replacement or recharge.***

- ***Water resistance.***
- ***Able to operate between temperature ranges of -6 to 45 Celsius.***

- ***Include a "warning indication" if the user is out of range, communications or battery failure.***
- ***Include a warning (audible and preferably with additional vibration) when the person down/no movement feature is about to trigger.***

- ***Both mobile and fixed duress alarms must have the following features:***
  - ***When activated, automatically and directly alert the duress response personnel, regardless of where they may be located (including off-site responders) (for more information on duress response arrangements refer to Chapter 29 of this Manual).***
  - ***Alert other staff in the work area/facility that a colleague requires assistance, to ensure that assistance is activated and to ensure that another staff member does not accidentally walk in on a duress situation thus putting themselves at risk***
  - ***The alert should be by:***
    - ***Providing the alert and location described in words on an alphanumeric pager or transceiver unit with alphanumeric screen carried by the response staff and work colleagues, and***
    - ***Notifying a central processing unit, where a visual display identifies the location of a staff member who has activated the duress (it should display the layout of the facility and identify the room or area of the duress activation).***
  - ***Provide accurate information on the location of a staff member to within 5 metres inside health care facilities and to within 10 metres outside of health care facilities. In high risk areas room-by-room location finding accuracy should be provided.***
  - ***Be capable of transmitting a duress signal to duress responders and colleagues within five (5) seconds of activation with a reliability factor of no less than 98% for indoor situations and within 30 seconds for an outdoor alarm.***

Mobile and Fixed Duress Alarms must not:

- ***Activate a noise. This is to prevent an audible alarm causing secondary reaction by assailant or create undesirable reactions or concerns among patients or visitors).***

Testing

- ***Mobile duress alarms units must be tested at the start of each shift.***

11.2. Policy Implementation

Partially Compliant

11.3. Issues identified

It was found that many clinical and administrative staff were not sure where fixed duress alarm buttons were located or how they were used. Even amongst those who were aware, many did not know what response to expect or how long it would take for someone to come to their assistance.

It was also found that it was common for clinical staff, particularly medical staff, not to wear personal duress alarms. Given that these alarms are issued to staff as an item of personal protective equipment,

they should have an obligation to carry them and management has an obligation to ensure that they do, based on any actual or perceived risks. Non-compliance seems to be a cultural issue. It would be regarded as 'best practice' for all ED staff to wear a mobile duress alarm.

- A range of different makes and models of mobile duress units was found across all sites.
- Majority of locations had fixed duress buttons within the triage/reception area and throughout the EDs.
- At one location where fixed duress buttons were battery powered the batteries had been removed to prevent false activations.
- One location had some 70 mobile duress devices; all fitted with man down function, but on the day of the review over 95% of these devices remained in their charging units and were not worn by staff.
- The majority of locations had more staff working in the ED than available or working mobile duress units.
- The majority of locations that had the 'man down' function on their mobile duress units had disabled this function. Staff felt that the 'man down' function was inconvenient as the alarm frequently activated when the staff member bent over patients or went to the toilet.
- One location uses their duress devices to call for medical assistance, not just personal threats.
- Some staff stated that they would only wear a mobile duress alarm if the risk or threat warranted such action.
- Compliance to wear/carry a mobile duress alarm is not driven or enforced by management.
- Some duress systems allowed for location finding to pin point the exact location and department of the duress alarm activated.
- The more common system would only identify the department not the location of the actual duress alarm.
- In one location the mobile duress pendants are issued individually to every staff member working within ED. However in other locations, the mobile pendants are signed out by staff and when activated the alarm does not identify who has activated it, only the location.
- Some locations had a PC monitor within the nurses' station that displayed a permanent map/layout of the ED and would show exactly the location/bay of where the duress alarm had been activated.

11.4. Recommendation(s)

- To meet existing standards set out in Chapter 11 (Alarm Systems) of Protecting People and Property there must be sufficient numbers of mobile duress alarms for every staff member working in ED.
- Chapter 11 (Alarm Systems) of Protecting People and Property should be updated to mandate the wearing of mobile duress alarms by all staff working in EDs.

12. CCTV Monitoring

12.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 13 Workplace Camera Surveillance

Policy:

- ***NSW Health Agencies are required, in consultation with staff, other duty holders and security experts, to identify locations in buildings and grounds where CCTV surveillance may be of assistance in deterring crime and security incidents or where monitoring of potentially high risk areas is required.***
- ***NSW Health Agencies are required to ensure, in consultation with staff and other duty holders, that where workplace camera surveillance is used as a security risk control, effective procedures are implemented that are consistent with relevant legislation, including the Workplace Surveillance Act 2005.***
- ***Note: Where a NSW Health Agency is considering the use of covert camera surveillance, approval must be sought from the Director-General of the Ministry of Health prior to a 'covert surveillance authority' application being submitted.***

Key Standards:

Monitoring of camera surveillance

- ***Where CCTV is installed as a security measure, it should be continuously monitored or managed in a way that ensures an appropriate response is activated in the event of a violent incident. Images should also be recorded so that evidence is available in the event of an incident.***
- ***Monitoring of CCTV in high risk areas is desirable and should be carried out where resources permit. However, it should not be relied on as the sole means of triggering duress response.***
- ***Where practicable, cameras should be connected to the duress alarm system so that a third party, e.g. security company or police can see remotely what is occurring and make an informed decision as to what response is required.***
- ***However, where the continuous monitoring of CCTV in higher risk areas is not possible the following strategies, as a minimum, must be implemented:***
  - ***A fixed duress alarm or another mechanism for summoning assistance is installed within the vicinity of the CCTV (except where in a public corridor) and***
  - ***A physical security response is mobilised where the fixed duress alarm is activated and***
  - ***Signage advising staff and others of the need to activate the fixed duress alarm in the event of an incident is displayed in the vicinity of the CCTV and***
  - ***The CCTV is continuously recorded with archived images stored for up to seven days and***
  - ***Regular review of the effectiveness of the above strategies is undertaken to ensure risk***

and liability are being appropriate managed in a way that maintains the security of staff and others.

Protecting People and Property (December 2013) – Chapter 9 Access and Egress Control

- ***After hours public and staff entry points must be fitted with video/CCTV intercom systems to allow screening of members of the public presenting at the door, to allow staff to request assistance on arrival/leaving, and to record any incidents that may occur at entry points. The features of the system must include:***
  - ***Camera and intercom points located outside the entrance.***
  - ***One or more monitoring and intercom points located in the building to enable staff to see and speak to persons at the entrance.***
  - ***Entry doors fitted with locks that can be opened electronically from the monitoring point within the building. Staff must be cautious in allowing entry in to the building particularly after hours. The need to escort the person seeking entry to their destination and the notification to colleagues in adjoining areas that a person has been allowed entry needs to be considered.***

12.2. Policy Implementation

Partially Compliant

12.3. Issues identified

CCTV has become an integral part of most modern security systems. Nonetheless, like any risk control measure it needs to be appropriate to address a given risk or hazard that has been identified through a formal risk management process. The Protecting People and Property policy gives some guidance in this regard but at a number of hospitals it was found that the purpose and design of the CCTV architecture was unclear. This is no doubt in part due to the fact that the risk management process is not fully understood by some of those responsible.

- Locations were found with in excess of 600 CCTV cameras throughout the facility. Unless these cameras are fed into a bank of monitors that are being constantly viewed, they serve little purpose other than as post incident recording devices.

- Some locations had the CCTV monitors displayed within the ED however they were not constantly monitored.

- Some monitors were located in the NUM's office and therefore not constantly monitored or used as effective surveillance devices.

- Most CCTVs are motion detection activated. Images are recorded and kept for a minimum of 7 days, which is consistent with NSW Health policy (Chapter 13 Workplace Camera Surveillance - Protecting People and Property). It is noted however that current security industry standards require images be kept for a minimum of 21 days. At the PPP sites visited CCTV equipment stored images for 28 days.

- Most CCTVs were fixed cameras, some Pan Tilt Zoom (PTZ) and all in colour. The quality of most was good to excellent and would meet evidential requirements.

- Some locations, and especially the smaller and more remote locations, controlled the after-hours access to the hospital via the ED. Some of the entry points are not monitored by CCTV cameras. A mix of intercom with cameras and older analogue TV screens linked to black & white CCTV cameras controlled the entry points. The images were not clear and do not allow for facial recognition.

12.4. Recommendation(s)

- To meet existing standards set out in Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property, the number and location of CCTV cameras must be based on the risk assessment for each site.
- To meet existing standards set out in Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property all CCTV cameras should allow images to be monitored and recorded in colour.
- Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property should be updated to mandate that CCTV images are stored for a minimum of 21 days.
- Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property should be updated to mandate that where CCTV monitors, based on a risk assessment, require monitoring and the security office is not continuously staffed, as a minimum, there must be monitoring capacity at the ED nurses' station.
- At sites requiring CCTV/Intercom systems for after-hours access, this equipment must meet the existing standards set out in Chapter 9 Access Control of Protecting People and Property, particularly in relation to recording images and allowing for facial recognition.
- Chapter 9 (Access and Egress Control) of Protecting People and Property should be updated to mandate that staff must wear mobile duress alarms when admitting patients/visitors after hours.

13. Violence Prevention & Management Training

13.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 7 Security Education and Training

Policy:
NSW Health Agencies are required to ensure that:

- ***All staff are provided with appropriate security related education and training, including violence prevention and management training.***
- ***Education and training are appropriate to the role of the staff member, targeted to the level and type of security risk that may be encountered in the course of their work, and consistent with NSW Health Policy PD2012_008 Prevention and Management of Violence Training Framework.***
- ***Training for staff in high risk areas and security personnel must be provided prior to commencement of as soon as possible after commencement of duties. Other staff must receive training as soon as possible after commencing duties.***

- ***Details of security related education and training conducted within the NSW Health Agency are documented and maintained.***
- ***Training is provided on an ongoing basis, including regular drills, in order to update and maintain skills.***

PD2015_004 Principles for the Safe Management of Disturbed and/or Aggressive Behaviour and the Use of Restraint

The use of manual / mechanical restraint should only be considered (and used only as the last resort) when the patient or the individual is at immediate risk of self-harm or harm to others and all reasonable steps have failed to seek resolution without physical contact.

Local Health Districts (LHD) / Specialty Health Networks (SHN) must ensure staff have appropriate training and skills in de-escalating and managing disturbed and/ or aggressive behaviour (e.g. the Violence Prevention and Management suite of courses developed by the Health Education and Training Institute or other appropriate courses in use within Local Health Districts).

All restraint techniques pose a risk to the physical health of the patient / individual. Manual restraint that requires holding the patient / individual in a bent over, seated, prone or supine position for a prolonged period of time increases this risk. Manual restraint should be limited to the amount of time necessary to:

- ***Allow the patient / individual to safely regain control of their behaviour***
- ***Allow the application of mechanical restraint***
- ***Administer medication, and / or remove the patient / individual to a safer environment.***

Restraint position
The restraint position options include standing, sitting, kneeling, supine and prone.

- ***Prone restraint has been identified as being high risk due to the increased risk of respiratory restriction. There have been instances in which young apparently healthy people have died suddenly while being held in a physical restraint. The prone position has been implicated in these deaths.***
- ***Prone restraint must only be used as the last resort when all other reasonable steps and other restraint positions have failed to appropriately respond to the threat of self harm or harm to others.***

13.2. Policy Implementation

Partially Compliant

13.3. Issues identified

The auditors identified which staff were involved in a planned restraint and the various methods of restraining patients. Most locations had some sort of soft mechanical restraint but clinical staff at all locations stated they preferred the use of chemical sedation if any restraint was required. Patients are regularly brought into the ED by both police and ambulance and sometimes from Corrective Services in mechanical restraints. The Ambulance Service NSW have their own Velcro style restraints that secures the patient to a gurney/trolley, the police only use handcuffs.

Restraint can be the mere holding of a person. At nearly all locations:

- The reviewed EDs did not use a consistent way of restraining.
- Most staff who restrain have limited training or no training. Where staff had been trained, most had not received refresher training.
- In most locations, the responsibility of restraint falls to the security staff with clinical staff generally taking a 'hands off' approach.
- All restraint has an inherent risk to both the staff and patient involved. This concerning risk has been overlooked by services who do not provide restraint training for all staff.
- Whilst it was suggested by clinical staff that prone restraint is not used, almost all security staff explain the reality of restraint of an aggressive person means that prone restraint does occur. Security staff gave many examples of wrestling a patient/aggressor to the floor or a bed. Due to the inherent risk to the patient in physical restraint, the importance of clinical involvement, oversight and review is paramount, however this was not a regular occurrence at most sites visited.
- With a lack of training and a lack of consistency in the restraint of patients, the risk of patient and staff injury dramatically increases. One location reviewed advised that no injuries occur during restraint and this is evidence of best practice; however, when questioning security staff who undertake the restraint, regular and minor injuries are common, but not reported.
- Some security staff had received PMVA/VPM training, but all stated that these methods were not practical or appropriate for use within the ED as such methods are normally applied to mental health patients as part of a clinically lead response.
- None of the staff in EDs including nursing and security staff when interviewed were clear on who would do what i.e. which limb to take in the event of a physical restraint.
- Some locations would restrain a patient in a bed, where they would be physically held until chemical sedation had been administered and took effect.
- All locations confirmed chemical sedation was under the direction and administration of a Medical Officer.
- Some hospitals used mechanical restraints more than others on similar categories of patients.
- Some hospitals use soft restraints as the only form of mechanical restraint.

13.4. Recommendation(s)

- To meet existing NSW Health policy standards all ED clinical staff and security staff must receive training on violence prevention and management of aggression.

- To meet existing NSW Health policy standards ED clinical staff and security staff should receive the same level of training on use of restraints; both physical and mechanical and their role when these are applied. This should be prerequisite training for all staff working within the ED.

- Staff who are required to undertake restraint, in accordance with their role, should be physically capable of undertaking restraint.

14. Searching

14.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 14 Role of Security Staff In NSW Health

Key Standards:

- ***To ensure the security of staff, patients and other visitors to NSW Health Agencies, there may be circumstances where the searching of patients and visitors is considered an important risk control strategy.***
- ***However, the power to search an individual, their bags or other property in their possession, is restricted to narrow circumstances under criminal law and requires the consent of the individual. Security staff must not attempt to search a person without their consent, except in the limited circumstances outlined in the section 15 below titled 'searching mental health patients'.***
- ***In all other circumstances, a search may be considered illegal and an assault upon the person if:***
  - ***Consent was not provided and***
  - ***There were no reasonable grounds to search the person and***
  - ***Security staff did not introduce themselves and inform the person of the reason for the search and***
  - ***Security staff are not the same gender as the person being searched and***
  - ***The search is excessive or conducted in any way that may be considered inappropriate.***
- ***Under the Inclosed Lands Protection Act 1901 a NSW Health Agency, as occupier of its premises, has the right to determine who may enter its premises, and is entitled to impose conditions of entry. These conditions may include the following:***
  - ***Prohibited weapons, illegal drugs or alcohol are not to be brought into the facility.***
  - ***The NSW Health Agency reserves the right to search persons if there is a reasonable suspicion that a person has brought such weapons or drugs into the facility.***
  - ***A person who refuses to be searched when requested will be asked to leave the premises or the police may be called.***
- ***Where, after a risk assessment, a NSW Health Agency determines the need for procedures to deal with searching for weapons and other dangerous objects where the individual consents to such a search, these procedures must be clearly documented.***
- ***The procedures should contain clear advice for clinicians and security staff about:***
  - ***What to do where there is a suspicion that an individual is carrying a concealed weapon.***
  - ***When and how searches may be conducted.***

- ***How to ensure consent.***
- ***Issues to be considered before conducting a search such as whether police involvement may be more appropriate.***

- ***People entering the NSW Health Agency must be made aware of the conditions of entry, through clear and appropriate signage.***
- ***As an alternative to searching visitors, the NSW Health Agency may provide lockers and require belongings to be placed in the locker prior to the visit or ask the visitors to show staff anything they want to bring into a clinical area.***

Searching mental health patients

- ***The searching of involuntary patients without consent is permitted, but only where such a search is pursuant to a direction by an authorised medical officer in circumstances where the medical officer thinks the action is necessary to protect a patient or person from serious physical harm, and the search is conducted appropriately in accordance with the NSW Health Agencies' procedures for searching patients.***
- ***Where a search is deemed necessary by the authorised medical officer, security staff can conduct a frisk/pat down search of a mental health patient. A frisk search is defined as: a search of a person conducted by quickly running the hands over the person's outer clothing or by passing an electronic metal detection device over or in close proximity to the person's outer clothing; or an examination of anything worn or carried by the person that is conveniently and voluntarily removed by the person (including an examination conducted by passing an electronic metal detection device over or in close proximity to that thing).***
- ***In these circumstances such a search should be conducted by more than one person, who should both be of the same gender as the patient.***
- ***Where the police or paramedics bring a patient who has been detained under the Mental Health Act into a NSW Health Agency it must be established if a thorough search has already occurred. NSW Health Agency staff, including security staff, may request that an initial or another search of the patient is performed by the police or paramedic.***
- ***Any staff, including security staff, involved in searching must be provided with instruction on searching. Security staff must not participate in any other form of bodily searching.***

14.2. Policy Implementation

Non-Compliant

14.3. Issues identified

Staff do not fully understand searching and are not comfortable with their role. Security staff are reluctant to search patients or visitors citing that they do not have enough powers. In particular, it was common for staff to believe they do not have the ability to search minors under any circumstances.
This indicates a lack of understanding of the Inclosed Lands Act and the provisions under the Protecting People and Property Manual. Staff do not require any additional powers to search under existing laws; they just need further training and better understanding of relevant legislation.

Some sites have successfully introduced the use of handheld metal detectors to avoid sharps injuries from occurring where the subject of the search is concealing a sharp object.

14.4. Recommendation(s)

- To meet existing NSW Health policy standards all staff who may be required to undertake searching of an individual and especially security staff must receive instruction, to understand their roles and responsibilities in relation to searching.

- Where there is an identified risk of sharps injuries to staff involved in searching, the use of hand held metal detectors should be considered.

15. Emergency Evacuation

15.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 24 Fire, Evacuation and Other Emergencies

Policy:

- ***NSW Health Agencies are required to ensure, in consultation with staff and other duty holders, that all reasonably foreseeable security risks associated with fire and other events that may result in evacuation or significant upheaval are identified, assessed, eliminated where reasonably practicable or, where they cannot be eliminated, effectively minimised.***
- ***NSW Health Agencies are required to ensure that the process is appropriately documented and effective procedures to manage security during fires or other emergencies that may affect a facility are developed and implemented.***
- ***Procedures should also be incorporated into disaster and service continuity plans.***

Key standards.

Risk assessments must include consideration of the following:

- ***Accounting for staff, patients and other occupants of the building or facility in a safe area away from the source of risk***
- ***Securing (evacuated) patients who may be cognitively impaired, and who may be at risk of absconding or harm***
- ***Securing any (evacuated) patients in custody, scheduled patients, patients with cognitive deficits and (unaccompanied) children and babies***
- ***Isolating the fire scene until the police and the fire brigade assume control of the site***
- ***Ensuring the Fire Brigade is directed to the fire by the quickest route and***
- ***Operating any Emergency Warning and Intercommunication System (EWIS) or other emergency communication equipment.***
- ***The possibility of the fire being a diversionary tactic for criminal activity***
- ***Theft of assets, malicious property damage or looting of other parts of the facility during a fire***
- ***Controlling crowds and traffic until the police can assist***

15.2. Policy Implementation

Partially Compliant

15.3. Issues identified

It was found that the hospitals visited had well developed emergency evacuation plans in accordance with the relevant standards. Few Emergency Departments (if any) had rehearsed an evacuation of patients. Most had, however, conducted desktop exercises as part of an ongoing review of emergency plans.

Other findings included:

- All locations had decontamination showers at or in close proximity to the ambulance bays.
- Desk-top exercises were conducted in most departments.
- EDs rehearse for mass event exercises, but do not rehearse the evacuation/decanting of the ED.

15.4. Recommendation(s)

- To meet existing NSW Health policy standards EDs must conduct regular (annual) evacuation training.
- To meet existing NSW Health policy standards training and evacuation planning should involve all relevant departments, stakeholders, external agencies i.e. police, fire and security staff.

16. Incident Response

16.1. Relevant NSW Health policy

Protecting People and Property (December 2013) – Chapter 29 Duress Response Arrangements

Policy:

- ***NSW Health Agencies are required to ensure that appropriate arrangements for providing a timely and effective response to duress situations (including response to duress alarms) are developed and implemented and regularly tested, in consultation with staff and other duty holders, and safety and security experts.***
- ***NSW Health Agencies are responsible for ensuring that staff members and others who may be required to respond to a duress alarm are appropriately trained to undertake that role, in line with the requirements set out in NSW Health Policy Directive PD2012_008 Violence Prevention and Management Training Framework.***

Key Standards:

- ***The aims of a duress response are to:***
  - ***Summon as a priority sufficient numbers of skilled 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; and***
  - ***Demonstrate support for staff, patients and others in threatening or violent situations.***
- ***The exact nature of the duress response will vary from facility to facility depending on the nature of the incident, the nature of the facility or unit within the facility, availability of staff to respond,***

and access to external services such as police or private security firms. However, it must be available to each shift and be planned and prompt.

- ***The term code black' should be used where a duress call for assistance is made by a staff member that is facing a personal threat or physical attack.***
- ***The required reporting and recording of the incident must occur as soon as possible after the event utilising the local processes e.g. IIMS. Where the incident involved a patient information should be communicated to the medical officer in charge of the patient's care, where they were not present during the incident.***

Developing a duress response plan:

- ***Duress response plans must exist for all workplaces and community/outreach services (i.e. within the organisation and outside of the organisation where work is carried out).***
- ***Consultation with staff, their WHS representatives, and safety and security staff, during the development and review of duress response plans, must occur.***
- ***Staff must be encouraged to trigger a duress call/alarm before an incident escalates out of control.***
- ***The plan must encourage staff to call for a duress response/back-up early in the event, preferably before escalation.***
- ***Staff must be provided with adequate and appropriate personal protective equipment, such as a duress alarm that complies with the standards in Chapter 11 of this Manual. Duress response team must also be provided with appropriate personal protective equipment such as safety glasses.***
- ***Escape routes and safe havens must be identified and advice included to staff upon commencement of their engagement with the facility. In the event of community services they should be included in the patient care plan.***
- ***The plan must be regularly evaluated and reviewed. Review should involve the input of all parties who may be involved in a duress response including external responders.***

Elements of a suitable duress response:

- ***The response must be standardised as far as possible to reduce confusion.***
- ***The response must reflect the available resources on each shift and in the local area e.g. police may not be available at night.***
- ***The response must be tested.***
- ***The response must be is as fast as possible.***
- ***A quick and effective protocol for confirming that the response team's attendance is needed i.e. eliminate false alarms.***
- ***The duress response team must have easy access to necessary equipment, as needed, such as safety glasses, gloves or mechanical restraints.***
- ***Procedures must include contingencies for the possibility of the simultaneous occurrence of duress situations.***
- ***Procedures must clearly identify when, during the duress response the assistance of the Police should be sought, who in the duress response team makes that determination and how communication with the police occurs.***
- ***The response includes consideration of contingency plans while awaiting response***
- ***Emergency procedures (e.g. fire, bomb threat, hostage situation or medical emergency etc.) should be compatible with duress response plans.***

- ***Procedures must ensure the availability of a suitable number of responders. Where staff numbers are limited or the facility is in a remote location, the duress response must include pre-arranged plans to utilise appropriate support from outside the facility. This may include establishing arrangements with local business to share security resources (e.g. security patrols) or utilising local suitably skilled personnel e.g. SES. In these instances, external responders must be able to quickly access the building i.e. have their own codes or keys.***
- ***For staff working in the community it will be necessary ensure the duress response arrangements include:***
  - ***Mobile communication devices - mobile duress alarms with GPS locator, mobile phones and/or tracking devices in car.***
  - ***Regular and repeated risk assessments - if it feels unsafe, do not proceed.***
  - ***Administrative systems which track staff movements. For example, letting colleagues know whereabouts, itinerary and expected return; scheduled check ins with base; protocols for responding to return or report in as scheduled (e.g. informing police).***
- ***Regular liaison with the local police about the facility and on-going cooperation should occur.***

Duress responders:

- ***Duress responders must be identified for each shift. The duress responses must involve a team response with sufficient numbers of clinical and security or other personnel to provide for the safe management and restraint, if necessary, of a patient or another individual (refer to PD2012_035 Aggression, Seclusion and Restraint: Preventing, Minimising and Managing Disturbed Behaviour in Mental Health Facilities).***
- ***Each shift must have a designated duress response team. Those on the duress response team must be able to cease their duties to respond when needed.***
- ***Responders must be well trained in the response procedure and skilled in de-escalation and restraint techniques, in line with the requirements outlined in Policy Directive PD2012_008 Violence Prevention and Management Training Framework, and understand their roles within the team. Wherever possible, duress response teams should be trained together to facilitate greater communication and co- operation.***
- ***The duress response team must include a delegated leader and an agreed assembly point so the response to the incident can occur as a team.***

16.2. Policy Implementation

Partially Compliant

16.3. Issues identified

A Code Black response is defined in Chapter 29 of Security Manual as a personal threat or physical attack. The Code Black response procedures vary throughout the hospitals reviewed. Some are relatively sophisticated whereas others are effectively non-existent. This is in part due to the 'principles based' policy approach which does not mandate a standard response and/or the lack of local procedures developed out of a risk assessment.

Given the types of incidents that will lead to the initiation of a Code Black it is imperative that clear and standardised guidance be provided along with appropriate training for those charged with developing the requisite procedures.

There was some confusion about what constitutes a Code Black response and what level of response will occur from duress alarm activation. This confusion at sites is based in part to a culture within EDs that defines an act of aggression by a patient as a medical duress and not a personal threat and this has led to the creation of separate ED code response teams i.e. C-ART and ART response teams in addition to code black teams.

Some issues identified with Code Blacks include:

- At most locations where a Code Black is called, only security respond.
- Some locations called a Code Black for acts of aggression only where weapon is involved.
- There were varying views and opinions as to when staff should call a Code Black. Some ED staff would only call a Code Black where a weapon was involved, or where the incident occurred outside the ED or for an incident that should be managed by security only.
- Response time for security staff to respond to a Code Black alarm varied from less than 10 seconds to over 15 minutes. This was due to a range of differences in systems found across all sites. Some alarm systems were linked to an external or off site exchange, others would go via the hospital switch and few went direct to security's pager system. The physical response time also varied depending on proximity of security office, location of staff at time of receiving the Code response notification and fitness levels of staff.
- None of the locations visited had prearranged entry points or assembly points for a Code Black response, similar to the practices adopted within Mental Health facilities.
- Security staff respond to most 'code calls' without any briefings or information on the situation at hand.
- At every location where security staff were employed the nursing and medical staff believed that only security staff were to respond to a Code Black.
- Most locations had mobile paging devices that would show when a Code Black was called.
- There was no consistency across any locations of who should be notified when a Code Black is called.
- The standard response for a Code Black would include; security staff including HASAs (where employed) and some instances the ward staff.
- Some LHDs have a central switch board which all code response calls are directed through, which causes some delays.
- Other departments/staff within the hospital are not notified or made aware of a Code Black situation within ED, which could cause other staff or visitors to walk into an escalating situation.

16.4. Recommendation(s)

- Chapter 29 (Duress Response Arrangements) of Protecting People and Property should be updated to provide more detailed ED Code Black standards to ensure that a Code Black has the same meaning for all ED locations.
- Code Black procedures should be audited annually as part of the internal audit program for every ED.

17. Post Incident Management

17.1. Relevant NSW Health policy standards

NSW Health Policy Directive PDPD2014_004 Incident Management Policy provides a framework for managing post-incident issues such as incident reporting, and incident investigation.

NSW Health Policy Directive PD2013_006 NSW Health Policy and Procedures for Injury Management and Return to Work provides policy and guidelines for the management of workplace injuries.

17.2. Policy Implementation

Partially Compliant

17.3. Issues identified

This is poorly understood and implemented in the majority of locations. With the exception of management offering staff the Employee Assistance Program following major incidents, a consistent approach for all staff to learn from incidents was not apparent. The lack of post incident management processes may have also led to the staff feeling that they are not supported against violence, and post incident management needs to be improved.

17.4. Recommendation(s)

- Provide instruction on post Incident management for all ED and security staff including the requirement to ensure all incidents are recorded in IIMS
- To meet existing NSW Health policy standards ED managers must understand their obligation to ensure incidents are reported, managed and considered as part of on-going risk assessment.

18. Security Workforce

18.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 14 Role of Security Staff in NSW Health

Policy:

- ***As part of the facility security risk management process, NSW Health Agencies must ensure, in consultation with staff and other duty holders, that the appropriate level of security staffing is available to respond effectively and in a timely way to security related issues, at all times.***
- ***The appropriate level of required security staff should reflect the level of identified risk of security/violence occurring, the size of the facility, the services being provided and the local demographic.***
- ***The role security staff are asked to undertake in NSW Health Agencies must be consistent with the scope identified in this Chapter.***

- ***NSW Health Agencies must implement local procedures, consistent with the standards in this Chapter, to ensure security staff are clear on their scope of their role when:***
  - ***They are required to assist with the physical restraint of an individual.***
  - ***There is suspicion that an individual is carrying a concealed weapon.***
  - ***Removing or retaining/storing and disposing of weapons.***

Key Standards

The role security staff undertake in NSW Health Agencies can include:

- ***In response to a real or immediate threat, removing staff, patients and visitors to safety, isolating the site where possible, and withdrawing and awaiting a police response.***
- ***As an option of last resort, physically restraining or assisting in the physical restraint of a person in the following circumstances:***
  - ***In an emergency situation, to defend themselves or others; and/or***
  - ***To assist a clinician when requested to do so where the patient is a mental health patient or a non capacity patient.***
- ***Responding to security alarms and fire alarms.***
- ***Escorting staff to vehicles.***
- ***Being present in crowded areas (eg emergency departments, methadone***
- ***clinics or auditoriums) and at helipads to maintain order and if necessary coordinate emergency evacuation.***
- ***Providing customer services including information and advice to visitors.***
- ***Internal and external patrolling, to ensure security is maintained and to provide a visible presence.***
- ***Maintaining parking control.***
- ***Reporting security related incidents.***
- ***Providing input into security issues and audits.***
- ***Receiving, receipting and recording lost items of value and weapons.***
- ***Control room operations/video surveillance.***
- ***Maintaining key control processes.***
- ***Operating access control systems, including locking/unlocking buildings or rooms.***
- ***Operating or managing staff identification processes where necessary.***

18.2. Policy Implementation

Partially Compliant

18.3. Issues identified

The roles and responsibilities of NSW Health security staff are detailed in Chapter 14 Protecting People and Property. Although security staff regularly refer to the Manual they are not required to undertake competency training on the manual.

Security staff in general, do not appear to fully understand their roles or responsibilities, or if they do, they were unable to adequately articulate them to the review team. At one site the procedure in place set out that security staff would not engage in any restraint of a patient, in any circumstances, prior to a 'BAT Form' (a local patient risk assessment) being completed. This requirement was not in place for the other ED in that District.

HASAs have a separate reporting line and therefore do not report through security management, so there is little understanding of each other's roles at locations where both classifications are present. In locations where HASAs are employed, they appear to be seen predominately as porters/wards/cleaning staff, whereas security staff have one primary function, that is security.

HASAs and other security staff do not train together and yet they are required at times to respond to Code calls.

18.4. Recommendation(s)

- To meet existing standards set out in Chapter 14 (Role of Security Staff in NSW Health) of Protecting People and Property all sites must immediately implement a risk based review of existing security staffing to determine appropriate security staffing levels and staffing mix. Factors to be considered in the risk based review should include reviewing the days and times of day when security staff would be most effectively deployed at every location where security staff are required, all external and internal threats, current local crime statistics, incident data, all duties that are performed by security staff, geography, patrol areas, size of campus, plus any other factors that would influence the security staffing numbers as an effective control mechanism.

19. Batons & Handcuffs

19.1. Relevant NSW Health policy standards

Protecting People and Property (December 2013) – Chapter 28 Use of Weapons by Security Staff

Policy:

- ***The Ministry of Health does not support the issuing of weapons to security staff as a key security risk control strategy. NSW Health Agencies are required to ensure that all practical violence risk control strategies are implemented prior to considering issuing security staff with weapons.***
- ***NSW Health Agencies must take into consideration that issuing weapons to security staff has its own set of risks that also need to be identified, assessed, eliminated where reasonably practicable or, where they cannot be eliminated, minimised. These risks may include:***
  - ***The potential for weapons to be taken and used against staff, patients or visitors***
  - ***The potential for injury to security staff who may use the weapons and the potential for injury to those the weapons are used against***
  - ***The potential for legal action over the use and misuse of weapons. Note: Handcuffs are not to be used on patients.***
- ***Risk assessments must be documented and may from time to time be reviewed by the Ministry of Health or other external agencies.***

19.2. Policy Implementation

Partially Compliant

19.3. Issues identified

At five out of the twenty locations we found security staff carried batons and handcuffs. The locations where batons and handcuffs are carried include:

- Hornsby Ku-ring-gai
- Nepean
- Wyong
- Royal North Shore
- St Vincent's

The reviewers were unable to establish or elicit from managers or security staff at these sites the rationale for security staff to have access to batons and handcuffs. The reasons cited were historical access and personal safety. There was no evidence sighted by the reviewers that indicated that an assessment of the risks associated with issuing batons and handcuffs had been undertaken and documented.

The relationship between personal safety and the decision to issue batons and handcuffs was not understood by the auditors given that only a small number of locations elected to carry batons and handcuffs. Security staff at most of the sites that did not carry batons and handcuffs expressed a view that they were not necessary in the role. Incidents where batons or handcuffs would be required are seen by the auditors as above and beyond the capability of NSW Health employees,

and rather than placing themselves at risk, staff should retreat and call police.

Other sites i.e. Blacktown had carried batons and handcuffs in the past when some security staff were Special Constables. The role of Special Constable within NSW Health has been abolished. The main reason we could establish that security staff were appointed as Special Constables, was to give them the authority to issue infringements. Currently, infringement contractors are engaged mainly for parking controls, although some sites have security staff issue parking and smoking infringements.

It is the opinion of the reviewers, that batons and handcuffs have no place within a health environment for several reasons. Firstly, they support an extremely aggressive approach and not one particularly appropriate for the aged, mentally unwell patients and visitors. Other reasons why batons and handcuffs should not be carried by security include:

- Security staff do not need to be further encumbered by carrying equipment they do not need.
- Security staff receive some training and bi annual refresher training to authorise them to carry batons and handcuffs. At the five locations where they do carry such items, the prohibited weapons permit was displayed but none could provide records of ongoing or refresher training.
- Carrying batons and handcuffs can in some instances aggravate situations with some cohorts and patient groups.

It was also found at some locations, where staff carried batons and handcuffs, that staff carried their own personal equipment and not the site issued ones. This is of concern in relation to the ability of the site to ensure that the equipment had not been altered or damaged.

The *Weapons Prohibition Act 1998* permits a person to hold or carry a Prohibited Weapon in the course of their duties where a Prohibited Weapons Permit is held.

This permit is normally issued to the company and not the individual. Each individual that is listed against the issued permit is required to undertake a mandatory training program specific to the use of each prohibited weapon, which in this case is; batons and handcuffs. At all the locations where batons and handcuffs are carried they were all compliant with their permit conditions.

At locations where batons and handcuffs are approved to be carried by security staff, individual security staff members must only use the approved and issued equipment as detailed under the permit. Security staff should not under any circumstances carry any personal weapons or other weapons not listed on the permit.

19.4. Recommendation(s)

- Chapter 28 (Use of Weapons by Security Staff) of Protecting People and Property should be deleted and security staff working within health facilities must not be issued with or carry batons and handcuffs. To meet existing NSW Health policy standards the police must be called to situations that escalate to become a public safety issue and require a response beyond the role of NSW Health Security Staff.

20. Security Staff in General

20.1. Relevant NSW Health Policy standards

Protecting People and Property (December 2013) – Chapter 14 Role of Security Staff in NSW Health

Licence Requirements:

- ***All security staff, including health and security assistants, must have a current 1A security licence. No other licence class is required to undertake a security role in a NSW Health Agency.***
- ***Security staff, as part of their 1A licence can lawfully protect people within the premises that are being guarded (note the term 'guard' is used in the Security Industry legislation in the description for a 1A licence).***

Determining the appropriate level of security staffing:

- ***Each NSW Health Agency must identify and assess hazards and risks relating to security/violence (refer to Chapter 1). NSW Health Agencies must then, based on the identified level of risk of aggression or violence related incidents occurring, determine the level of security staffing required and any associated special training needs.***
- ***The required level of security staffing may be achieved through employment of security staff or health and security assistants, or the engagement of contractors or on-call patrols, or a combination of these arrangements.***

20.2. Policy Implementation

Partially Compliant

20.3. Issues identified

- Majority of sites had at least 1 security staff on a 24 x 7 roster. Larger sites had up to 4 security staff during the day, which included the security manager or security supervisor.
- In some locations the security manager did not hold a security licence and therefore could not operate as an additional resource to respond to incidents.
- Some managers felt that it was not their role to respond to security incidents as additional support to the security teams, with their focus being on managing the teams.
- It was noted that the security managers who did not hold a security licence had not received any formal training in aggression management.
- Some locations had permanent security staff located in the site security office, whose primary function was to monitor the CCTV screens and deal with enquiries at the security office window.
- The standard uniform for NSW Health security staff is blue cargo pants and white shirts. However, at some sites the security staff wore other styles of uniform including blue shirts, corporate pants, overalls and blazers.

- Some locations opted to include a patrol or utility vest (similar to police) as part of their uniform. One location stating that these were for WHS reasons as security staff are required to carry heavy equipment i.e. radios, batons & handcuffs. Others wore utility belts.

- Utility vests as worn by police, pose additional risks for staff not trained in self-defense as they pose a greater 'grab' risk. The grab risk was not included in the WHS assessment at these locations.

- Security staff wearing a utility or patrol vest have a para-military appearance, which may not be particularly appropriate for engaging with elderly patients, or intoxicated or mentally ill patients who may find this appearance confronting and authoritarian.

- The fitness level of some security staff is of concern to the auditors. A number of security staff appeared to be very unfit, which poses a number of risks regarding their own health and wellbeing, and that of patients and other staff. Their ability to actually respond to a code call effectively or move quickly was also raised as a concern by some of the nursing and other staff.

- A culture of 'us and them' was reported to exist within the security function between security and HASAs, union and non-union members and contracted security staff. The potential for this culture to develop was apparent to the auditors when talking with both security and HASA staff at locations, as the two classifications are not co-located at any location, they do not train together or have the same reporting or pay structures.

- Union membership among security staff is high. At some locations, it was reported to the auditors that the security staff seem to view the Union as another tier of management, with security staff frequently refusing to follow instructions without consulting the Union first. Management expressed a view that that security staff at these locations use the threat of the union's involvement as an excuse not to undertake certain functions.

- The 'us and them' culture between clinical staff and security staff was also a feature at a significant number of sites visited, with clinical staff viewing security staff as solely responsible for the management of aggression. It was very apparent at these sites that clinical staff do not understand the role of security staff and are not clear on what role they want security to perform in support of clinical operations and governance. This is possibly exacerbated by the current reporting arrangements at most sites, where the security function has no pathway into the clinical operations structure and therefore no opportunity to integrate security issues into clinical planning or operations.

- There is no preferred or state wide approach to the choice of radios used by security. Most sites had either the GME or Motorola hand-sets. None of the sites had any duress functionality built into these radios. The best system found was the one being used at Bankstown, which is the Hytera network system, as this system is used by all other hospital ancillary departments not just security, but all operate under their own channel that can be accessed by everyone.

- As an observation, the security staff at the three PPP sites (Orange, RNSH & CMH Newcastle) appeared to be better equipped with operating procedures; all understood their roles and

responsibilities and appeared to have greater engagement than at other locations. These sites operate under strict KPIs and contract deed obligations, with financial abatements for underperformance. Management and senior nursing staff at these locations felt the security staff operate efficiently under such strict KPIs and guidelines.

- Staff at all the sites where there was a physical security presence in the EDs felt the environment was safer with better aggression response and management.

20.4. Recommendation(s)

- Online competency training for security staff should be developed for all the relevant chapters of the Protecting People and Property manual and completed as part of any site induction process. Training should include; the roles and responsibilities of security, access control, theft, Code Blacks etc. This training should be made available to any contracted security staff.
- Consideration should be given to ensuring all security staff, including contractors, undertake a range of health-specific competencies that equip them to work in the health environment including violence prevention and management (or similar) and regular refresher training.
- Consideration should be given to implementing strategies that create a mutual understanding of the roles undertaken by both security staff and clinicians in the management of aggressive patients. Promoting the services of NSW Health Security staff will help to incorporate them as part of the clinical support teams at each location.
- A review should be undertaken at each site to determine the most appropriate and effective reporting structure for the security function.
- Develop and implement a framework to enable facilities within Districts/Networks to share information, best practice and consistently implement strategies to improve safety and standards within the security departments.
- Undertake a review of the role and membership of the current NSW Health Security Managers Liaison Committee to support the promulgation of best practice in the delivery of security across NSW Health.
- At locations where a security manager is employed to directly manage front line security services, these managers must complete all the violence prevention and management training undertaken by security staff.
- Implement recognition programs for security staff, in order to promote and foster a sense of belonging and to develop pride amongst these classifications of staff.
- Review the current security uniform and adopt a style that is more befitting and customer focused for the environments in which they are employed.

21. Security Office

21.1. Relevant NSW Health policy standards

Australian Health Facility Guidelines Part C – Design for Access, Mobility, OHS and Security - Design for Security

PLANNING AND DESIGN

- ***The issue of security is raised throughout the guidelines in areas such as hardware and external lighting. However, give consideration to the overall solution. For example, facility size should be sufficient to warrant safe minimum staffing levels that require a minimum of four staff and no staff working alone or in isolation.***
- ***Good initial planning and detailed design are needed to overcome the main problems. To be avoided are opportunities for concealment and unauthorised access. To be managed appropriately are the containment and management of certain categories of patients and incidents.***
- ***Ensure that safe circulation is provided within the facility including external circulation, circulation within and connecting departments, and links between buildings, preferably enclosed, for the safe transit of patients and staff. This can only be achieved if the security coordinator is consulted at all stages of the project including planning, design, pre-occupation and post occupation. It is difficult and costly to design-out or rectify security risks if security has not been thoroughly considered in the planning, design and occupation phases.***

21.2. Policy Implementation

Partially Compliant

21.3. Issues identified

- At most locations with a security office, the office was generally located adjacent to or in close proximity of the ED waiting room.
- Some locations had windows from which they could look directly into the waiting room, but in most cases the windows were found to be blacked out.
- Very few locations had a security desk/window within the security office for general enquires.
- At most locations the security office had a sign displaying ‘Security’ outside or on the door of the office. The security office was not marked or signposted throughout the hospitals in the way that other departments were on the guide/information boards. Therefore, the security offices are not easily located for visitors or staff to make general enquiries, hand in found property or report incidents etc.
- In the majority of locations, the security office is not staffed 24 x 7. Even at locations where they do have security staff 24 x 7 they are not always staffed, as security staff are routinely patrolling, conducting other duties i.e. cash or staff escorts or responding to incidents across the sites.

- There was no consistent pattern about how the security office was set up. i.e. monitors, occurrence books, key registers, equipment, layout etc. This is particularly relevant for locations that rely on contracted and external security staff and other NSW Health staff who may work at multiple locations.

21.4. Recommendation(s)

- Consideration should be given to standardising the layout of security offices to ensure easy access to essential equipment i.e. rechargeable torches, Personal Protective Equipment (PPE), gloves, goggles and the occurrence log sheets. This is particularly relevant for those locations that rely on contracted/external security staff and for security staff who may work at multiple locations.

22. Police/Corrective Services

22.1. Relevant NSW Health Policy standards

Protecting People and Property (December 2013) – Chapter 6 Security Arrangements for Patients in Custody

Policy:
NSW Health Agencies are required to ensure, in consultation with staff, relevant external agencies (i.e. Corrective Services NSW, Juvenile Justice NSW, Department of Immigration and Citizenship and NSW Police) and other duty holders that:

- ***All reasonably foreseeable security risks associated with patients in custody are identified and assessed.***
- ***Effective procedures for safely managing patients in custody, including eliminating or minimising any associated security risks, which are consistent with the operational controls of the relevant external Agencies, are developed and implemented.***
- ***The procedures are appropriately documented and communicated to relevant staff.***

Key Standard:

- ***The Memorandum of Understanding between NSW Police and NSW Health and the associated flowcharts outline the relevant security considerations in relation to people who may have a mental illness and who are in the custody of police.***

22.2. Policy Implementation

Partially Compliant

22.3. Issues identified

In general, most locations had good relationships with their local police station or area command. However we did hear the reference “dump and run” used at almost every location we reviewed in relation to police presentations.

In some of the rural/country locations there may only be one police vehicle on duty, covering a large geographical area. It is therefore understandable that Police would be keen to clear the ED as soon as possible. However, there are tensions about respective roles when police exit after bringing in an aggressive patient and nursing and security staff feel that their presence was still required.

- The MOU is not effectively communicated with all staff.
- The MOU deals exclusively with patients displaying mental health illness or disorders.
- It was often found that there were no local procedures that reflected the current MOU with Police. In those hospitals where there were procedures, these were generally only known amongst the security staff and some senior clinical staff members but not widely or generally understood.
- The Police MOU overarching flow chart was displayed in all but one location.
- Staff in general were unable to accurately describe the role of police when dealing with aggressive patients.
- The term "dump and run" was used at almost every location. It would appear that there is limited communication between each hospital and the police or area command on this issue.

22.4. Recommendation(s)

- Expand the MOU to include all patients not just patients displaying mental health disorders or illnesses.
- Each site to develop local procedures in conjunction with their local area command of NSW Police to support the conditions set out in the MOU.
- Police should be encouraged to train with ED and security staff in relation to managing violence, and establish protocols on the role of Police in such situations/incidents.

23. Corrective Services Patients in Custody

23.1. Relevant NSW Health Policy

Protecting People and Property (December 2013) – Chapter 6 Security Arrangements for Patients in Custody

Policy:
NSW Health Agencies are required to ensure, in consultation with staff, relevant external agencies (i.e. Corrective Services NSW, Juvenile Justice NSW, Department of Immigration and Citizenship and NSW Police) and other duty holders that:

- ***All reasonably foreseeable security risks associated with patients in custody are identified and assessed.***

- ***Effective procedures for safely managing patients in custody, including eliminating or minimising any associated security risks, which are consistent with the operational controls of the relevant external Agencies, are developed and implemented.***
- ***The procedures are appropriately documented and communicated to relevant staff.***

The security of patients who are in custody is the responsibility of the agency in whose custody they are held.

Key Standards:

- ***Develop facility protocols for managing patients who are in the custody of another Agency while in the facility, including when there is a need to transfer a patient in custody if they cannot be safely managed at that facility. Protocols should provide clear role delineation between the role of staff of the NSW Health Agency and the external Agency, and must be developed in consultation with the relevant external Agencies.***
- ***Ensure police, corrective services, juvenile justice and immigration management and custodial staff are aware of any relevant health facility protocols to be followed when inmate/detainee patients are in the facility. This may be achieved by providing escorting officers with written information upon their arrival at the facility.***
- ***Ensure escorting officers are advised upon arrival of local evacuation plans and places where a patient in custody can be taken in the event of a fire, blackout or other emergency.***
- ***Ensure the implementation of a system so that the appropriate NSW Health Agency staff (e.g. the facility manager, security service manager and security staff) are made aware of the patient admission and any potential risks associated with their admission. Advice on risks will be provided by escorting officers.***

23.2. Policy Implementation

Partially Compliant

23.3. Issues identified

On occasions, prison inmates are received as patients either into ED for emergency treatment or other parts of the hospital for planned admissions. Inmates are always escorted by Correctional Staff. The number of escorts and whether they carry firearms will depend on the category and risk associated with that inmate. A few EDs see frequent inmate presentations, but even at these locations it was found that there is no formal agreement/MOU or procedures in place with Corrective Services.

- Inmates that arrived in ED are placed in single rooms wherever possible and depending on the treatment required.

- Corrective Services staff (including private Corrections operators) do not notify the ED or Security in advance that they are bringing an inmate to the ED.

- The risk assessment for each inmate is not shared with ED/the hospital or security staff.

- Corrective Services staff are regularly seen exchanging firearms at the change of shift within hospital wards or pan rooms, which has caused concern and comment particularly from nursing staff.

- Corrective Services staff normally operate in pairs, but often leave an inmate handcuffed to a bed to attend comfort or refreshment breaks

23.4. Recommendation(s)

- As has been done with NSW Police, establish an MOU with Corrective Services which includes the respective responsibilities in relation to notification of inbound inmates, firearm serviceability checks, the supplying of meals to minimise the need for staff to leave inmates unattended and establishment of regular meetings between Health and Corrective Services.

24. Staff Safety Culture

24.1. Relevant NSW Health Policy Standards

PD2015_001 Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach

- ***NSW Health organisations must maintain a zero tolerance approach to violence, as well as establishing work systems and environments that enable, facilitate and support the zero tolerance approach.***
- ***As part of the ongoing management of work health and safety risks, all NSW Health organisations must have in place a violence prevention program that focuses on the elimination of violence related risks. Where the risks cannot be eliminated, they must be reduced to the lowest possible level using control strategies developed in consultation with staff.***
- ***NSW Health organisations must ensure that managers and staff have the skills to respond promptly, consistently and appropriately to effectively manage incidents of violence if they do occur and as far as possible, to prevent the recurrence of such incidents.***
- ***All incidents of violence must be reported locally using local reporting mechanisms. All physical assaults and serious threats of assault against individuals must be reported to the police.***

24.2. Policy Implementation

Partially Compliant

24.3. Issues identified

A common issue that was noted in all the hospitals visited was that there was no real 'zero tolerance' to verbal abuse and harassment. There appears to be a threshold at which low level bad behaviour will be tolerated. This includes patients/visitors swearing at, gesturing towards, and threatening staff members. In this regard ED personnel are in the same position as police officers and corrective service officers. Although it is not acceptable, it has become tolerated as part of

the job. Whereas such tolerance is understandable there is an argument that it serves to encourage such conduct in the future. It was noted however that there was no tolerance for physical aggression and incidents of physical aggression were routinely reported.

All staff when questioned stated that a strong culture of safety is practiced within ED and yet, they don't see aggressive or threatening behaviour in the same way they do other safety matters. The failure by staff to formally report these incidents i.e. verbal abuse and threats means that verbal abuse and threats go unrecorded. Staff did not express any great or real concerns with patients coming into EDs carrying weapons and certainly do not search patients on entry into the ED. Tweed Heads was an exception where this is a fairly common issue.

The general view by clinical staff that security staff are solely responsible for the management of aggression and safety of everyone was of concern to the review team. The view that clinical staff do not respond to a duress activated in most clinical locations may often leave clinical staff in danger of being assaulted until security staff arrive. There is an unusual cultural understanding for clinical staff in emergency in that they provide care and assistance to complete strangers who attend EDs as patients, but do not feel that their role involves the care and assistance of their colleagues who may be in danger and activate a duress alarm. Due to the time it may take for security or code black teams to attend an ED in response to duress activation, staff within an ED should respond to duress alarm in the same way that all staff respond to a clinical incident/code blue.

It was not uncommon to see sharp instruments such as scissors left lying around on bench tops or work areas. Store rooms were found with doors jammed open; these rooms store instruments and equipment which could be used as weapons. ED Staff in general did appear to be fairly casual in their approach to equipment being on display or left out.

24.4. Recommendation(s)

- To meet existing standards set out in Chapter 8 (Ongoing Review & Continuous Improvement of Security Risk Management) of Protecting People and Property, annual and five yearly audits must check compliance against all existing security related standards.

- The Ministry of Health should continue to undertake regular review of the currency and relevance of all security and safety policies issued. To meet existing NSW Health policy standards EDs must continue to promote and embed a culture of zero tolerance to unsafe and anti-social behavior in the workplace.

Recommendations:

Security Risk Management

1. To meet the existing standards set out in Chapter 1 (Security Risk Management) of Protecting People and Property, all outstanding risk assessments specific to EDs must be undertaken and completed as a priority.
2. EDs should work towards creating a better understanding of the purpose and development of effective risk management plans for each site.
3. Risk assessments should be ED site specific and developed in consultation with all stakeholders.
4. To meet the existing standards set out in Chapter 2 (Responsibilities) of Protecting People and Property, EDs must take ownership of specific risk assessments and make at least one person in each ED responsible for ensuring the assessments are kept current and reviewed when required.
5. A Risk Management and Audit Committee should monitor the status and progress of controls/recommendations.
6. Ensure that all future design (or retrofitting) of Emergency Departments complies with the relevant security standards set out in NSW Health policy, and during facility planning ensure that consultation with NSW Health work health and safety staff occurs.

Waiting Rooms - Physical Design

7. To meet existing standards set out in Chapter 15 (Clinical Environment) of Protecting People and Property EDs must ensure a process is in place that provides for communicating with and monitoring waiting patients, including providing appropriate information on waiting times and the alternatives to the ED, such as GP clinics.

Clinical Areas

8. To meet existing standards set out in Chapter 9 (Access and Egress Control) of Protecting People and Property, EDs must assess their current access control measures in relation to the ability to secure all perimeter exit/entry doors to prevent involuntary patients leaving, aggressive patients entering other treatment areas of the hospital and to prevent staff walking in on an escalating issue.
9. To meet existing standards set out in Chapter 9 (Access and Egress Control) of Protecting People and Property, EDs must ensure access doors are able to be secured and are fitted with CCTV, particularly for after-hours access. The camera must provide a clear picture at all times of the day and night.

Safe Assessment Rooms

10. The NSW Ministry of Health should develop a Guideline establishing a minimum standard for a room or area for safe assessment within an ED. The Guideline should cover standards for equipment, design, construction, location and use of the safe assessment room/area that is fit for purpose and identifies the requirements for monitoring of safe assessments rooms when occupied.

Access & Egress Control/Staff Identification

11. To meet existing standards set out in Chapter 9 (Access and Egress Control) of Protecting People and Property EDs must establish designated entry points for all staff to enter ED.

12. To meet existing standards set out in Chapter 29 (Duress Response Arrangements) of Protecting People and Property EDs must establish designated assembly meeting points and entry routes for code responses.
13. EDs should consider installing mechanisms that allow the locking of doors remotely and quickly to 'secure' the ED when required.

Key Control

14. To meet existing standards set out in Chapter 10 (Key Control) of Protecting People and Property EDs must implement effective controls to manage and secure physical keys for each location. Consideration should be given to installing electronic key watcher safes, for security and critical keys, i.e. master keys.
15. To meet existing standards set out in Chapter 10 (Key Control) of Protecting People and Property EDs must implement a regime of regular auditing of access control ID cards. Consideration should be given to automated deactivation for dormant cards (3 months).

Lighting

16. To meet existing standards set out in Chapter 12 (Lighting) of Protecting People and Property, EDs must ensure any external lighting improvement is based on a risk assessment.
17. To meet existing standards set out in Chapter 12 (Lighting) of Protecting People and Property, EDs must upgrade, as necessary, external lighting to staff car parks at the locations to eliminate shadowing and dark spots.

Signage

18. To meet the NSW Health standards on wayfinding, for sites where members of the public need to access the security office (e.g. for reporting lost property or seeking directions), the location of the security office needs to be included on all main signage boards.

Firearms Lockers

19. To meet existing NSW Health Guideline on Firearms Security EDs must install gun lockers with lockable safes within or close proximity of every ambulance bay. EDs must ensure staff are aware of the location of the gun safe.

Duress Alarms

20. To meet existing standards set out in Chapter 11 (Alarm Systems) of Protecting People and Property there must be sufficient numbers of mobile duress alarms for every staff member working in ED.
21. Chapter 11 (Alarm Systems) of Protecting People and Property should be updated to mandate the wearing of mobile duress alarms by all staff working in EDs.

CCTV Monitoring

22. To meet existing standards set out in Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property, the number and location of CCTV cameras must be based on the risk assessment for each site.
23. To meet existing standards set out in Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property all CCTV cameras should allow images to be monitored and recorded in colour.
24. Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property should be updated to mandate that CCTV images are stored for a minimum of 21 days.

25. Chapter 13 (Workplace Camera Surveillance) of Protecting People and Property should be updated to mandate that where CCTV monitors, based on a risk assessment, require monitoring and the security office is not continuously staffed, as a minimum, there must be monitoring capacity at the ED nurses' station.
26. At sites requiring CCTV/Intercom systems for after-hours access, this equipment must meet the existing standards set out in Chapter 9 Access Control of Protecting People and Property, particularly in relation to recording images and allowing for facial recognition.
27. Chapter 9 (Access and Egress Control) of Protecting People and Property should be updated to mandate that staff must wear mobile duress alarms when admitting patients/visitors after hours.

Staff Violence Prevention & Management Training

28. To meet existing NSW Health policy standards all ED clinical staff and security staff must receive training on violence prevention and management of aggression.
29. To meet existing NSW Health policy standards ED clinical staff and security staff should receive the same level of training on use of restraints; both physical and mechanical and their role when these are applied. This should be prerequisite training for all staff working within the ED.
30. Staff who are required to undertake restraint, in accordance with their role, should be physically capable of undertaking restraint.

Searching

31. To meet existing NSW Health policy standards all staff who may be required to undertake searching of an individual and especially security staff must receive instruction, to understand their roles and responsibilities in relation to searching.
32. Where there is an identified risk of sharps injuries to staff involved in searching, the use of hand held metal detectors should be considered.

Emergency Evacuation

33. To meet existing NSW Health policy standards EDs must conduct regular (annual) evacuation training.
34. To meet existing NSW Health policy standards training and evacuation planning should involve all relevant departments, stakeholders, external agencies i.e. police, fire and security staff.

Incident Response

35. Chapter 29 (Duress Response Arrangements) of Protecting People and Property should be updated to provide more detailed ED Code Black standards to ensure that a Code Black has the same meaning for all ED locations.
36. Code Black procedures should be audited annually as part of the internal audit program for every ED.

Post Incident Management

37. Provide instruction on post Incident management for all ED and security staff including the requirement to ensure all incidents are recorded in IIMS
38. To meet existing NSW Health policy standards ED managers must understand their obligation to ensure incidents are reported, managed and considered as part of on-going risk assessment.

Security Workforce

39. To meet existing standards set out in Chapter 14 (Role of Security Staff in NSW Health) of Protecting People and Property all sites must immediately implement a risk based review of existing security staffing to determine appropriate security staffing levels and staffing mix. Factors to be considered in the risk based review should include reviewing the days and times of day when security staff would be most effectively deployed at every location where security staff are required, all external and internal threats, current local crime statistics, incident data, all duties that are performed by security staff, geography, patrol areas, size of campus, plus any other factors that would influence the security staffing numbers as an effective control mechanism.

Batons & Handcuffs

40. Chapter 28 (Use of Weapons by Security Staff) of Protecting People and Property should be deleted and security staff working within health facilities must not be issued with or carry batons and handcuffs. To meet existing NSW Health policy standards the police must be called to situations that escalate to become a public safety issue and require a response beyond the role of NSW Health Security Staff.

Security Staff in General

41. Online competency training for security staff should be developed for all the relevant chapters of the Protecting People and Property manual and completed as part of any site induction process. Training should include; the roles and responsibilities of security, access control, theft, Code Blacks etc. This training should be made available to any contracted security staff.
42. Consideration should be given to ensuring all security staff, including contractors, undertake a range of health-specific competencies that equip them to work in the health environment including violence prevention and management (or similar) and regular refresher training.
43. Consideration should be given to implementing strategies that create a mutual understanding of the roles undertaken by both security staff and clinicians in the management of aggressive patients. Promoting the services of NSW Health Security staff will help to incorporate them as part of the clinical support teams at each location.
44. A review should be undertaken at each site to determine the most appropriate and effective reporting structure for the security function.
45. Develop and implement a framework to enable facilities within Districts/Networks to share information, best practice and consistently implement strategies to improve safety and standards within the security departments.
46. Undertake a review of the role and membership of the current NSW Health Security Managers Liaison Committee to support the promulgation of best practice in the delivery of security across NSW Health.
47. At locations where a security manager is employed to directly manage front line security services, these managers must complete all the violence prevention and management training undertaken by security staff.
48. Implement recognition programs for security staff, in order to promote and foster a sense of belonging and to develop pride amongst these classifications of staff.
49. Review the current security uniform and adopt a style that is more befitting and customer focused for the environments in which they are employed.

Security Office

50. Consideration should be given to standardising the layout of security offices to ensure easy access to essential equipment i.e. rechargeable torches, personal protective equipment (PPE), gloves, goggles and the occurrence log sheets. This is particularly relevant for those locations that rely on contracted/external security staff and for security staff who may work at multiple locations.

Police/Corrective Services

51. Expand the MOU to include all patients not just patients displaying mental health disorders or illnesses.
52. Each site to develop local procedures in conjunction with their local area command of NSW Police to support the conditions set out in the MOU.
53. Police should be encouraged to train with ED and security staff in relation to managing violence, and establish protocols on the role of Police in such situations/incidents.

Corrective Services Patients in Custody

54. As has been done with NSW Police, establish an MOU with Corrective Services, which includes the respective responsibilities in relation to notification of inbound inmates, firearm serviceability checks, the supplying of meals to minimise the need for staff to leave inmates unattended and establishment of regular meetings between Health and Corrective Services.

Staff Safety Culture

55. To meet existing standards set out in Chapter 8 (Ongoing Review & Continuous Improvement of Security Risk Management) of Protecting People and Property, annual and five yearly audits must check compliance against all existing security related standards.
56. The Ministry of Health should continue to undertake regular review of the currency and relevance of all security and safety policies issued.
57. To meet existing NSW Health policy standards EDs must continue to promote and embed a culture of zero tolerance to unsafe and anti-social behavior in the workplace.

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