

POLICY NO: G0148

CHALLENGING BEHAVIOUR SAFETY MANAGEMENT (WHS) POLICY GUIDELINE

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SA Health

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1. Policy Statement

This policy guideline aligns with and supports the principles of the SA Health Preventing and Responding to Challenging Behaviour Policy Directive. It acknowledges SA Health's work health and safety (WHS) duty of care to all its workers, consumers and carers in minimising the risk of exposure to incidents of challenging behaviour, violence and aggression in health services.

This policy guideline provides risk management guidance and strategies for health services to ensure that safe, healthy and productive services are maintained and a secure and safe environment is provided for all SA Health workers and consumers during health service delivery and care.

This policy guideline outlines the expectation that health services will be committed to the implementation and support of actions to prevent and safely respond to challenging behaviour to avoid, where possible, the development of aggression or violence.

2. Roles and Responsibilities

All SA Health workers and persons who provide a health service on behalf of SA Health must adhere to the principles described in the Preventing and Responding to Challenging Behaviour Policy Directive and this policy guideline, and its relevant referenced resources.

This policy guideline applies to, and places an obligation on, all workers to:

- > support a positive and safe working and care environment
- > support a culture of safety and respect for all workers, consumers, families, carers and other persons during health service provision
- > contribute and/or provide quality and consistent care, and positive outcomes during the provision of care and service to consumers, and/or interaction with workers who provide the service.

Interactions or conflicts that do not involve a consumer, carer, family or member of the community, and occur between two or more workers are not in scope. These are addressed through Workforce and Human Resources policies and procedures.

The following roles and responsibilities are specific to this policy guideline, and should be read in conjunction with the roles and responsibilities found within the Preventing and Responding to Challenging Behaviour Policy Directive.

2.1 Executive Directors/ Directors

Will take reasonably practicable steps to:

- > ensure that the legal obligation and primary duty of care as defined in the *Work Health and Safety Act 2012 (SA)* and its regulations are met
- > demonstrate an understanding of, and commitment to, systematic hazard and risk management processes for challenging behaviour, violence and aggression
- > support the evaluation of existing challenging behaviour risk controls and strategies
- > ensure the allocation and use of human and financial resources to effectively manage the risks associated with challenging behaviour
- > establish and maintain effective risk management systems for challenging behaviour towards all workers, consumers and persons in their areas of delegated authority and responsibility
- > provide support to workers when they wish to pursue legal action as a result of a challenging behaviour incident.

2.2 Line Managers/Supervisors

Will take reasonably practicable steps to:

- > intervene appropriately to address challenging behaviour when it occurs in health care
- > take complaints and grievances seriously from workers, consumers, carers, families and other persons; managing them promptly and in a sensitive and confidential manner in accordance with SA Health Policy e.g. SA Health Privacy Policy Directive
- > demonstrate an understanding of, and commitment to the systematic hazard identification and risk management for challenging behaviour
- > report identified hazards, and implement control measures determined from the risk assessment process and maintain associated registers
- > evaluate and review the effectiveness of existing risk controls and, strategies in their areas of delegated authority and responsibility
- > consult with workers and Health and Safety Representatives (HSRs) (if applicable) when determining risk controls in the workplace.

2.3 Workforce professionals

Will take reasonably practicable steps to:

- > provide advice about hazard identification, risk management, and outcomes relative to challenging behaviour to executives, managers, workers and key interested parties
- > provide support to managers and all workers on the implementation of this policy guideline
- > provide guidance, support and assistance to workers in workforce processes.

2.4 Workers

Will take reasonably practicable steps to:

- > report challenging behaviour, so that they or others are not placed at risk of physical or psychological harm and appropriate action can be taken to prevent recurrence
- > participate in relevant training and education, and in practice drills
- > take an active role in the hazard management process, including risk assessments and quality improvement activities.

3. Policy Requirements

3.1 Principles of risk management

Challenging behaviour requires a risk management approach, as it poses a serious risk to the health and safety of workers and other persons in the healthcare environment. Managing the risks of challenging behaviours must be a planned, systematic process.

Challenging behaviour and service-related violence or aggression is common in healthcare environments. In most circumstances challenging behaviour is unintentional, but still has the potential to cause harm and is therefore a risk to a workers health and safety.

Consultation with workers, HSRs and health and safety committees (HSCs) is required at each step of the risk management process. Drawing on the experience, knowledge and ideas of workers is more likely to result in the identification of all hazardous situations and the selection of effective control measures.

Effective risk management requires a step by step process to identify hazardous situations and risks that have the potential to lead to harmful outcomes from incidents of challenging behaviour.

Step 1: Identify the hazardous situation

- > what may contribute to, or who could cause harm to workers and/or other persons, and when.

Step 2: Assess the risk

- > understand the nature of harm that could be caused by the challenging behaviour
- > how likely it is that harm may occur e.g. rare, unlikely, possible, likely, almost certain
- > how serious the harm could be e.g. insignificant, minor, medium, major, critical.

Step 3: Control the risk

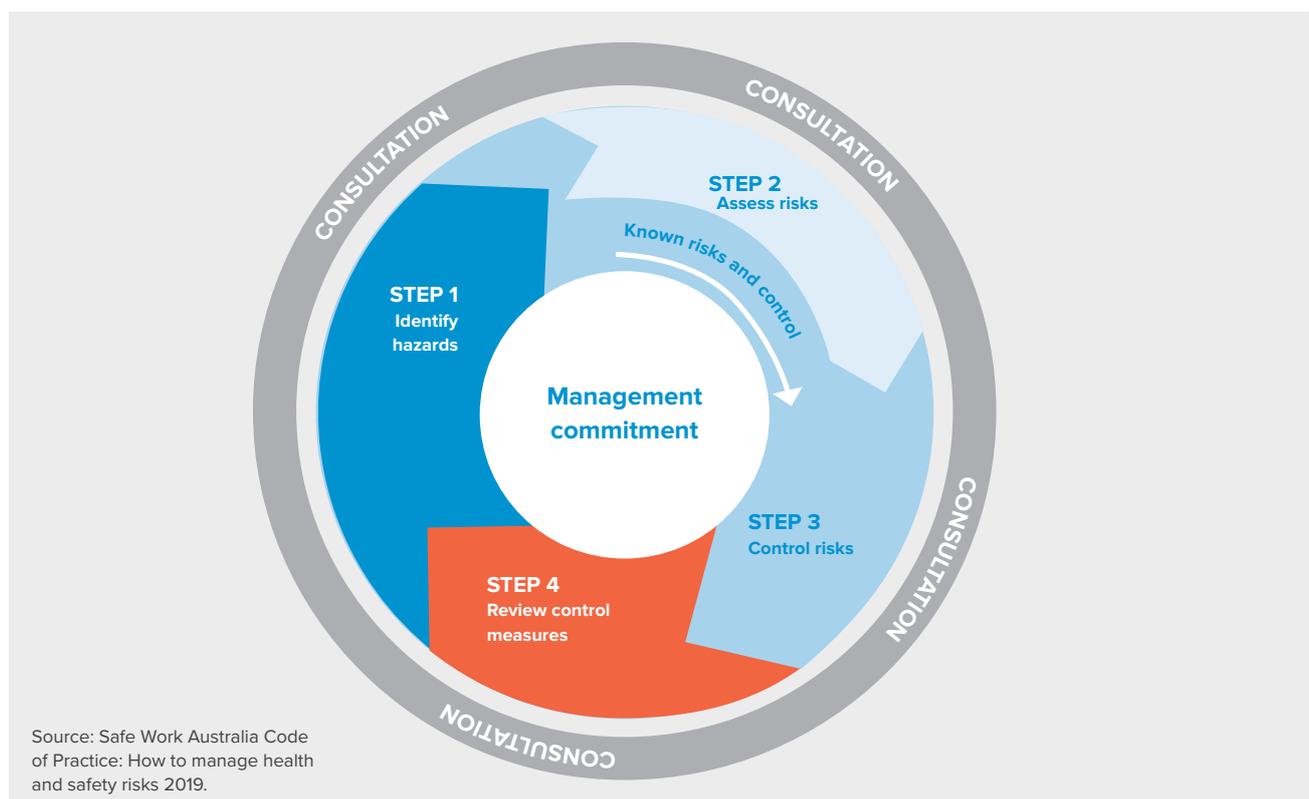
- > determine the action required and the most effective risk control measure and/or treatment that is reasonably practicable in the circumstances.

Step 4: Review control measures

- > implement, review and improve the effectiveness of the risk control measures, to ensure the preventative measures are effective as per the treatment plan and, when necessary, improved.

This process is based on a continuous improvement model and is illustrated in Diagram 1.

Diagram 1 – the risk management process



3.2 Hazard identification – Step 1

Identifying challenging behaviour hazards are undertaken at both an organisational wide level and for individual situations.

Tool 2 – Organisation-wide Self-assessment Audit Tool (for challenging behaviour committees), is a system-wide gap analysis for challenging behaviour which is completed annually by the LHN/HS challenging behaviour committees in consultation with workers as part of the organisational risk management process.

For individual situations, the hazard identification process for challenging behaviour aims to determine which persons are at risk, as well as the source of the risk (consumer, carer, family, friends or bystanders).

Factors to consider in determining potential hazardous situations include:

- > work environment
- > specific activities and nature of health service provision
 - for example, if treatment is being provided under legal orders or intervention to prevent self-harm
- > risk control measures currently in place
- > reasons a worker's response to challenging behaviour may be less effective (see Table 1).

Table 1 – Reasons a worker's response may be less effective

Extrinsic	Intrinsic
Workforce <ul style="list-style-type: none"> > Poor teamwork > Poor rostering and team skill set > Poor organisational safety culture 	Workforce <ul style="list-style-type: none"> > Fatigue, stress, burn-out > Personal issues e.g. financial, family > Physical difficulties with the job or task > Previous experience of challenging behaviour with poor outcomes
Education and training <ul style="list-style-type: none"> > Lack of training opportunities 	Education and training <ul style="list-style-type: none"> > Inexperience, inadequate skills, training or knowledge, cultural competency
Workplace environmental design <ul style="list-style-type: none"> > Poor workplace design/layout e.g. cramped work areas 	Workplace environmental design <ul style="list-style-type: none"> > Workplace design doesn't promote calm and comfort
Systems of work <ul style="list-style-type: none"> > Unclear policies, safe work procedures, instructions > Difficulties with the work tasks and how they are carried out > The way work is designed and managed 	Systems of work <ul style="list-style-type: none"> > Frustration, impatience and non-compliance with procedures > Instructions are long so steps are deliberately missed out
Clinical and medical <ul style="list-style-type: none"> > Work settings with frequent challenging behaviour > High risk medical conditions e.g. alcohol and substance misuse, dementia, mental illness 	Clinical and medical <ul style="list-style-type: none"> > Pre-disposing personal medical conditions (physical and mental) > Thoughts, feelings, emotions

3.3 Risk Assessment – Step 2

In addition to the completion of an organisation-wide self-assessment, workers are required to undertake dynamic risk assessments for individual situations.

Once the hazard identification step has been completed, the risks associated with them need to be assessed. As part of this, consideration will need to be given if this matter requires immediate local attention, or be escalated.

Dynamic risk assessments and the mitigating risk control measures taken will depend on the degree of risk to the worker (physical or psychological) that may arise from the work environment, provision of consumer care, support services or business undertaking.

Consideration must also be given to the risk to the consumer that can arise when a worker responds inappropriately to challenging behaviour e.g. without the required skills and training or unlawful use of a restrictive practice. These circumstances present a potential risk to the organisation through harm to reputation, loss of community confidence and legal action.

3.4 Risk Control – Step 3

3.4.1 Prevention – primary risk controls

Primary risk control measures aim to predict and prepare, in order to reduce the likelihood of challenging behaviour occurring. DHW/LHN/SAAS and Health Services are recommended to implement a variety of primary risk controls to help prevent challenging behaviour, including:

- > all staff complete challenging behaviour training relevant to their role
- > clinical staff monitor consumers and their care plans for early signs of challenging behaviour
- > individual consumer screening and assessment
 - Determine triggers based on knowledge of the person
 - Assess the person's appearance, behaviour and conversation
 - Assess risks associated with remote or isolated work
- > local team response plans are developed in case of a situation of challenging behaviour

- > considering the health system design
 - Environmental stressors can be a factor in challenging behaviour. Reference can be made to [Crime Prevention through Environmental Design](#) when facilities are being newly established, re-designed or re-developed.
- > considering how best to utilise security skills
 - Security services and the use of volunteers to assist clinicians can also be considered as part of the early preparation and prevention of challenging behaviours.
 - Tool 2: Organisation-wide Self-assessment Audit Tool (for challenging behaviour committees) includes assessment of health service environmental design and security.
 - Security services skill, knowledge and expertise should contribute to the facility's risk assessment process and security threat analysis, as well as responding to challenging behaviour, for example, in emergency Code Black situations, or in the enforcement of hospitals incorporated by-laws.
 - The need for security officers and their roles in a health service will depend on a range of factors. These include the size of the facility, other locally implemented safe environment strategies, and the consumers' medical conditions.
 - Refer to Protective Security Policy Directive for further information

3.4.2 Early Intervention – secondary risk control measures

Secondary control measures aim to reduce the risk that challenging behaviour will escalate. These should be used in conjunction with early preventative measures, and may need to be utilised when early signs and symptoms of challenging behaviour are being displayed.

Workers should ask themselves the following questions:

- > is assistance required?
 - workers should be able to recognize how a situation is developing through observation of the person's behaviour, while also considering the level of risk to themselves, those around, and how quickly the risk is changing.
 - workers should consider how quickly assistance is required, the escalation rate, type of threat, and if their team can manage the situation safely or if further assistance is required.

- what form should this assistance take? (Refer Tool 10: A Stepped Response (to challenging behaviour by a patient) in scenarios that are not urgent, the worker should consider requesting a medical or multidisciplinary team review (MDT), or calling for Security Assist (a non-urgent attendance by a security officer(s)), as relevant.
- in some situations, urgent assistance is required and a duress alarm should be activated and/or a Code Black (or equivalent) called. If further assistance is required, SA Police should be contacted.

Table 2 outlines some key strategies workers should consider to reduce the risk of challenging behaviour escalating. De-escalation strategies can be used as an early intervention and right through to post incident and trauma informed care conversations, de-briefing and open disclosure.

Table 2 – Key strategies during early intervention

Key Strategy	How this can reduce the risk that challenging behaviour will escalate.
Observation, assessment and monitoring	<ul style="list-style-type: none"> > Engage family and carers in care, if applicable. Their observation, insights and advice can be valuable > Assess the level of risk, possible triggers and contributing factors > Monitor, and identify signs that a person’s mental or physical state is deteriorating
De-escalation	<p>Use good communication skills with the consumer</p> <ul style="list-style-type: none"> > Use a safe approach, open body language, calm and clear communication > Listen carefully with empathy and respect. Reassure > Identify what the person would like to happen > Monitor your own <ul style="list-style-type: none"> – tone, loudness, intensity and rate of speech, – personal behaviour, response, and professional detachment – non-verbal communication such as personal space and body language, e.g. position, posture and proximity <p>Take action to</p> <ul style="list-style-type: none"> > Respond to what the person wants to happen, if practicable > relieve identified consumer symptoms and needs, for example pain control > address social stressors if possible > encourage reasoning and use of the person’s calming strategies
	<p>Use de-escalation approaches relevant to specific groups</p> <ul style="list-style-type: none"> > AGRO+ for paediatric consumers (Hanieh, Musa and Jureidini) and Dementia Behaviour Management Advisory Service (DBMAS) for older adults with dementia > Use of personal safety plan or comfort plan in mental health, and Top 5 for dementia > Implement diversional and sensory modulation techniques. > Use positive behaviour strategies and limit setting strategies
Teamwork	<p>Manage symptoms, the environment, triggers and contributing factors</p> <ul style="list-style-type: none"> > Address the consumer’s immediate needs > Nursing, allied health, psychological and medical interventions <p>Engage other team members to assist with de-escalation</p> <ul style="list-style-type: none"> > Team huddles > Stepped response
Providing best care	<p>Review care plan and tailor the treatment to the consumer’s symptoms, current behaviour and mental state and their underpinning medical conditions.</p> <ul style="list-style-type: none"> > For example, there is considerable difference between the clinical treatment and management of delirium and the management of brain injury or alcohol and substance misuse and withdrawal.

3.4.3 During the incident – tertiary risk control measures

The aim of tertiary risk control measures is to reduce the risk of harm to the worker or consumer and others while the challenging behaviour incident is occurring. These measures should be supplementary to primary and secondary risk control measures.

Workers must take care of their own health and safety, and not place themselves or others in harm's way by act or omission.

Workers should continuously assess and observe the consumer (or person exhibiting challenging behaviour) to assess the risk of further escalation and harm; and to plan treatment or action that may be required, and that may help to de-escalate.

Depending on the rate of escalation and the situation, the worker can initiate the additional steps (of the stepped response Tool 10) to ensure that the team has additional assistance to manage the situation safely.

- > request an urgent medical review and/or multidisciplinary team (MDT) review of the consumer and care plan
- > place a 'Security Assist' call to Security services requesting assistance to stand-by, assist the staff member(s) or remove the person from the health service (if not a consumer and not needing medical attention)
- > make a call for additional assistance from the Emergency Response Team to provide either or both expert de-escalation or physical intervention to ensure safety (Code Black). The equivalent for the SA Ambulance Service is Code 51 for an emergency police attendance
- > make a call for SA Police attendance

Workers should ask themselves the following questions:

- > do I need to retreat, dis-engage or withdraw myself and others from the area?
- > what do I need to do to keep other people safe?
- > how does my team work with the Emergency Response Team (if they are in attendance) to maximise safety of workers, consumer and others?

- > do restrictive practices need to be considered, as a last resort to ensure safety?
 - refer to [Minimising Restrictive Practices in Health Care Policy Directive](#) and [Restraint and Seclusion in Mental Health Services Policy Guideline](#)
 - physical and mechanical restraint or seclusion can only be applied by workers with relevant training who are familiar with the correct and safe selection and use of equipment and monitoring of the consumer
 - when authorised by a clinician and lawful, restrictive practices can be applied to a consumer if there is an imminent risk of serious harm and when de-escalation has failed, as a last resort only, if least restrictive
 - there are risks associated with the use of restrictive practices (physical, mechanical and chemical restraint, seclusion). Any use of physical force or restrictive practice especially in a combative situation can significantly increase the chances of physical and psychological injury occurring to both workers and/or consumers. It is therefore a requirement for members of Emergency Response Teams to have the opportunity to practice together and know their roles (Tool 5 Education and Training Framework).

3.4.4 After the incident – post intervention

Post intervention, action must be taken to optimise the recovery of the worker and/or consumer.

Immediately after the incident, the following actions should be undertaken where appropriate:

- > ensuring that all persons are safe
- > providing first aid or urgent medical attention
- > providing individual practical and emotional support where required
- > immediate notification of management and/or security services, SA Police or other authorities as required
- > preserving evidence, if applicable, e.g. site preservation for investigations
- > workers may need to be relieved of duty
- > if restraint or seclusion is applied, commence appropriate care and monitoring of the consumer (Minimising Restrictive Practices Policy Directive, Chief Psychiatrists Standards).

A single serious incident or a series of lesser incidents can have a significant effect on the people involved. Some workers may experience a range of psychological reactions and emotions that may be quite intense and distressing, typically they are short term but may range from loss of confidence in their own abilities, to symptoms of post-traumatic stress disorder.

LHN/HS/SAAS must have procedures in place to ensure that all persons are safe both physically and psychologically, through the following steps:

- > recovery with support from managers and their team
- > post incident support conversations and debriefing, with opportunity for reflection, the voicing of concerns, complaints and suggestions, as well as the provision of information on Employee Assistance Programs and injury or claims management – refer to Tool 8 – Challenging Behaviour Violence and Aggression Post-incident Support Toolkit.

Post Incident Support Conversations and De-briefing

De-briefing supports recovery for workers to restore confidence, feel safe, and feel able to continue to provide high quality care. The timing of de-briefing will depend on the individual and their response to the event.

Post incident organisational debriefing for teams and workers forms part of a post incident response and involves reviewing the organisational processes and system.

Workers who wish to pursue legal action against the alleged aggressor, for example, with assault or other offence, will require advice and support to do this.

Reporting

Reporting the incident through the Safety Learning System (SLS) or IRQA (SAAS) must occur within required timeframes (refer to Tool 6 - Guide to Reporting and Review of Challenging Behaviour Incidents).

Where an injury has been sustained by a worker, the injury must also be reported to the SA Health Notification of Work Injury number – 1800 702 264 on the same day, same shift or where reasonably practicable. All SAAS workers must report the injury to the SAAS State Duty Manager on 1300 886 268 within 4 hours of the occurrence / onset (refer to [Management of Work-Related Injury/Illness \(WHSIM\) Policy Directive](#)).

For further information, refer to [Patient Incident Management and Open Disclosure Policy Directive](#).

3.5 Review – Step 4

A review of the incident and the risk control measures that were in place should occur to reduce the risk of re-occurrence. The review should include input from the worker(s) involved, health and safety representatives, security representatives, consumers, family and carers where appropriate. As part of this, consideration should be given to how the effectiveness of the risk control measures could be improved. Use Safety Learning System (SLS) to record the actions taken.

Incident investigation principles include:

- > investigate and collect information as soon as possible after the incident
- > look for causes and/or contributing factors
- > review the effectiveness of the consumer's care plan, and related risk control measures, identify new control measures, and review implementation
- > document outcomes and involve the team, consumer, family and carer.

A review of the risk control measures can include an examination of

- > the physical work environment
- > work functions and tasks
- > clinical care
- > consumer processes
- > prevention measures, including training and education
- > issue resolution, recovery and learning processes.

Hazard information should also be reviewed to ensure that the risk control measures in place are still relevant, as new technology and clinical practices may provide more effective solutions. Control measures may also need to be updated with changes to clinical management, safe work procedures and operating conditions.

4. Implementation and Monitoring

In addition to the evaluation criteria contained within—[SA Health Preventing and Responding to Challenging Behaviour Policy Directive](#), implementation of this policy guideline will be monitored via the SA Health WHS Internal Audit Program against the following criteria:

- > demonstrate documentation showing that the principles of risk management are being implemented
- > demonstrate documentation showing that risk controls are being regularly reviewed.

5. National Safety and Quality Health Service Standards

							
National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
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6. Definitions

Reference may be made to the following resources for further definitions and clarification of any terms used throughout this policy guideline.

- > [SA Health Preventing and Responding to Challenging Behaviour Policy Directive](#)
- > SA Health Work Health Safety and Injury Management Framework

7. Associated Policy Directives / Policy Guidelines and Resources

For a full list of associated policies and resources, please refer to the Preventing and Responding to Challenging Behaviour Policy Directive

SA Health Documentation

[SA Health Framework – Work Health Safety and Injury Management](#)

SA Health Challenging Behaviour Strategic Framework (new)

[SA Health Policy Directive – Preventing and Responding to Challenging Behaviour](#)

[SA Health Policy Directive – Minimising Restrictive Practices in Health Care](#)

[SA Health Policy Directive – Patient Incident Management and Open Disclosure](#)

[SA Health Policy Directive – Management of Work-Related Injury/Illness \(WHSIM\)](#)

[SA Health Policy Guideline – Restraint and Seclusion in Mental Health Services](#)

[SA Health Policy Guideline - Remote or Isolated Work Safety \(WHS\)](#)

Challenging Behaviour Toolkit

- > Tool 2: Organisation-wide Self-assessment Audit Tool (for challenging behaviour committees)
- > Tool 5: Education and Training Framework
- > Tool 6: Guide to Reporting and Review of Challenging Behaviour Incidents
- > Tool 8: Challenging Behaviour Violence and Aggression Post-incident Support Toolkit
- > Tool 10: A Stepped Response (to challenging behaviour by a patient)

Other Resources

[SafeWork SA Code of Practice – How to manage work health and safety risks](#)

[SafeWork SA Work-Related Violence - Preventing and responding to work-related violence](#)

8. Document Ownership and History

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If so, which version? **V1**
Does this Policy Directive replace another Policy Directive with a different title? **Y**
If so, which Policy Guideline (title)? **Preventing and Responding to Challenging Behaviour, Violence and Aggression Policy Guideline**

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