

CHALLENGING BEHAVIOUR TOOLKIT

TOOL 6

Guide to reporting and review of challenging behaviour incidents



**Government
of South Australia**

SA Health

Guide to reporting and review of challenging behaviour incidents

SA Health services have a responsibility to collect and analyse relevant data to measure, monitor, plan and evaluate improvements to the safety and quality of care. Review of incidents helps build teamwork and improve care.

The purpose of this resource is to provide guidance to clinicians, managers, safety and quality, and health and safety staff (inclusive of health and safety representatives (HSRs)), and security officers around requirements for reporting and review of incidents of challenging behaviour.

Safety Learning System (SLS) is the SA Health incident reporting system, and includes patient incidents, worker incidents, security incidents and consumer feedback. Additional reporting and notification by managers may be required, and this is described in part 2. Manager's roles and responsibilities are outlined in parts 2 and 3.

In addition, the Quality Improvement Performance Hub (QIP Hub) is an essential part of improving safety and quality of care provided to patients, through the gathering of information enabling analysis and monitoring of clinical performance.

The QIP Hub Challenging Behaviour dashboard provides an overview which will aid decision making to implement and support actions to prevent and then safely respond to challenging behaviour.

For further information

- > Prevention and responding to challenging behaviour policy directive
- > Minimising the use of restrictive practices in health care policy directive
- > Patient Incident Management and Open Disclosure policy directive
- > Other SLS guides on the Safety and Quality website
- > Quality Improvement and Performance Hub website.

Contents

1. Standards and outcomes for incident management and review	3
2. Managers role in incident review, investigation and actions arising	5
2.1 Immediate actions following an incident.....	5
2.2 Promoting recovery from an incident.....	5
2.2.1 To promote patient recovery recommended strategies	5
2.2.2 To promote worker recovery, recommended strategies	6
2.3 Promoting team learning and quality improvement from the incident.....	6
3. Additional reporting or notifications by managers	7
3.1 Safety and Quality Managers, Risk Managers and senior management	7
3.2 Office of the Chief Psychiatrist	7
3.3 Insurers	7
3.4 Medico-legal advisory service	7
3.5 SA Coroners.....	7
3.6 SafeWork SA Notifications	7
3.7 Other statutory or regulatory bodies ..	7
4. Additional guidance for reporting security incidents	8

Attachments

Diagram: How to report an incident involving challenging behaviour to the Safety Learning System (SLS)	9
Tool 6A – Safety Learning System (SLS) Topic Guide – Challenging behaviour by a patient.....	10
Tool 6B – Safety Learning System (SLS) Topic Guide for reporting Restrictive Practices.....	12
Tool 6C – Safety Learning System (SLS) Topic guide – Worker harm from challenging behaviour	14

1. Standards and outcomes for incident management and review

The Table sets out the standards and required outcomes for incident management and review described in the [Prevention and Response to Challenging Behaviour policy directive](#). These relate to several policy areas, and there are responsibilities for different workers.

STANDARD	WORKER(S) RESPONSIBLE	REQUIRED OUTCOMES
An organisation-wide system is in use and is reviewed	LHN and health service	There are procedures. There is systematic review of reporting and review practices and the data generated, by relevant committees and executive
Workers have skills and knowledge of reporting and review, relevant to their roles	SLS administrators, clinical educators, safety and quality Staff Workforce Staff Security Staff	Standards of training and participation are monitored.
For incidents affecting workers, visitors and others, reporting and review meets requirements of the Work Health and Safety Reporting and Investigation policy	All staff Health care workers	Incidents where there is potential or actual harm to workers and/or visitor, others are reported as an Incident affecting Worker into SLS (or IRQA for SA Ambulance)
	Managers	There will be <ul style="list-style-type: none"> > review of the reported incident, and suitable investigation of the circumstances of a serious event > follow-up by managers, WHS consultant, HSRs, and committee(s) as required > outcomes recorded and recommendations actioned appropriately > response provided to the worker, WHS staff and to the health service management
For patient incidents, reporting and review meets requirements of the Patient Incident Management and Open Disclosure Policy Directive Refer to Tool 6 Glossary of terms and the Clinical Communications and Patient Identification Policy Directive	Health care workers providing care	Near miss, or required response beyond usual care) are reported as an Incident affecting Patient into SLS. Includes behaviour from one patient to another patient, or other person (such as visitor); self-harm or absconding The medical record or EMR will include documentation of the clinical care provided leading up to, and throughout an incident. In addition, the participation of the patient, family and/or carer in care planning and responses after an incident will be documented. Relevant information is included in Handover to clinicians who are or will be involved with the care of the person Staff behaviour to patient – Reports of staff who verbally or physically abuse a patient in response to challenging behaviour can be made into the SLS patient incident module, but should also be reported to direct line managers/HR. Direct line managers may also report the incident to HR for investigation Employee Disciplinary matters Reporting requirements are met for incidents involving patients who are under Mental Health Treatment Orders (under Mental Health Act (Section 98 (2) (c)). Critical incidents* are reportable to Office of the Chief Psychiatrist as per the Fact sheet 8 Restraint and Seclusion Reporting (refer also to part 2).

	Managers	<p>There must be</p> <ul style="list-style-type: none"> > review of the reported incident, and suitable investigation of the circumstances of the event > follow-up by clinical team, managers, safety and quality staff and committee(s) as required > outcomes recorded and recommendations actioned appropriately > response provided to the patient and carer using Open Disclosure practices, and this is recorded in SLS > Consumer Advisers are involved if the patient or carer requests or wishes to make a complaint > actions to meet requirements of the Patient Incident Management and Open Disclosure policy directive if Root Cause Analysis (RCA) undertaken. <p>Note: Absconding may be classified as an adverse event (meaning that an investigation can be done using RCA under protection Part 8 of the Health Care Act), Tool 6 Glossary of Terms of the Patient Incident Management and Open Disclosure Policy Directive</p>
<p>For incidents where restrictive practices are applied, reporting and review of meets requirements of the:</p> <ul style="list-style-type: none"> > Minimising Restrictive Practices in Health Care policy directive > Patient Incident Management and Open Disclosure policy directive 	Health care workers providing care	<p>Incidents where restraint or seclusion were applied to a patient, are reported as an Incident affecting Patient into SLS</p> <p>Approvals to apply and to cease the use of restrictive practices are documented in the medical record or Sunrise EMR and PAS</p> <p>Incident reporting of the use of restrictive practices may require multiple reporting, for example:</p> <ul style="list-style-type: none"> > Should a code black/or equivalent be called with security response, an SLS incident report must be made in the SLS security module > In addition, the same patients home care team must report the use of the restrictive practice in the SLS patient incident module > Should a worker incident occur at the same time of the application of a restrictive practice, a worker incident report must also be made on the SLS worker module
	Managers	<p>There will be:</p> <ul style="list-style-type: none"> > review of the reported incident, and suitable investigation of the circumstances of the event > follow-up by clinical team, managers, safety and quality staff and committee(s) as required > outcomes recorded and recommendations actioned appropriately > a response is provided to the patient and carer using Open Disclosure practices, and this is recorded in SLS > consumer advisers are involved if the patient or carer requests or wishes to make a complaint > actions to meet requirements of the Incident Management policy if Root Cause Analysis (RCA) undertaken.
<p>For Security incidents (*), the reporting and review meets requirements for SA Health</p>	Security officers	Incidents where security officers attended, are reported as Security incidents into SLS
	Manager of Security	There will be review of the reported incident
	Clinical managers (for example CSC or clinical lead of Emergency Response Team)	For incidents involving a patient, there will be review by both security managers and clinical lead, with further investigation and follow-up as appropriate that may include WHS consultant, Safety and Quality team and committee(s) as required.

**Security incidents are those where Security officers or guards respond to calls for security assistance; duress alarms; and Code Black calls (as part of an Emergency Response Team).*

2. Managers role in patient and worker incident review, investigation and actions arising

These are described in the Preventing and responding to Challenging Behaviour Policy Directive, and the Work Health and Safety Reporting and Investigation policy.

2.1 Immediate actions following an incident

The manager ensures that everyone is safe and assists in returning the unit milieu to the pre event status. The manager consults with workers, patients and witnesses to capture sufficient information and evidence (if applicable) to assist with later analysis/review.

2.2 Promoting recovery from an incident

After an incident, re-establishing a relationship with patients and carers is important. After restraint and seclusion, patients can report long-term issues such as insomnia, nightmares, lack of trust in the system and fear of confined spaces.

For workers, recovery means providing opportunities for debriefing, restoring confidence, feeling safe, and being able to provide high quality care.

2.2.1 To promote patient recovery

Recommended strategies include:

- > open disclosure and/or debriefing with the patient involved, and carer or family to:
 - provide information to the patient and carer or family about the event (assisting in understanding);
 - provide emotional support and validate the patients feelings associated with the event;
 - provide support to witnesses
 - discuss alternatives to prevent a similar event in the future and use the outcome to update the patient care/Management/safety/comfort plan;
 - repair or improve the rapport and trust;
 - identify any issues which may require specialised interventions.

(Patient Incident Management and [Open Disclosure policy directive](#))

- > discharge planning and preparing for the service user's possible return to the service
- > development of personal comfort plan (or Ulysses agreement) and/or other where appropriate.

In some settings such as ambulance service, providing opportunity for patients to participate in recovery strategies may be limited, however it should be pursued where practicable, including at a later stage in the person's health care.

2.2.2 To promote worker recovery

Recommended strategies are described in detail in [Tool 8 Challenging Behaviour, Violence and Aggression – Post Incident Support Toolkit](#), and include:

- > a formal or informal de-briefing with each worker may be required to establish need for referral to employee assistance program (EAP), additional training or support, or other action as required to promote recovery
- > a planned approach to providing an effective injury management service, with the aim of achieving effective, early and safe return to work, and promote best practice for physical and mental recovery, as described in the [SA Health Management of Work Related Injury/Illness \(WHSIM\) Policy Directive](#)
- > Workers who wish to make a report to SA Police will require advice and support to do this.

2.3 Promoting team learning and quality improvement from the incident

For both patient incidents and worker incidents there are requirements for investigation and action to prevent recurrence or reduce risk. Managers must record outcomes and actions in manager's page of SLS. Recommended strategies include:

- > a formal post incident team review or debriefing that occurs one to several days following the event.

These are attended (as often as possible) by the staff involved and the treatment team, including the attending doctor. These enable a rigorous problem solving process to identify what went wrong, what knowledge was unknown or missed, what could have been done differently and how to avoid future incidents. Results and actions must be added to the incident record in the SLS.
- > ensuring that appropriate protocols/procedures are in place; identifying potential need for review of procedure; and referring actions and issues arising to senior management or the committee as appropriate

3. Additional reporting or notifications by managers

There is additional reporting required for some types of serious incidents. These include, but are not limited to:

3.1 Safety and Quality, Risk Managers and senior management should be notified immediately and in accordance with LHN procedure, when a SAC 1 or SAC 2 patient incident occurs, notification to SAICORP (insurers) is required, or where worker misconduct or a criminal act is suspected and SA Police are called

3.2 Office of the Chief Psychiatrist (OCP). People under Mental Health orders – For mental health treatment centres, reporting incidents into SLS fulfils requirements under the Mental Health Act 2009. The Act requires the Office for the Chief Psychiatrist (OCP) ‘to monitor the treatment of voluntary inpatients and involuntary inpatients, and the use of mechanical body restraints and seclusion in relation to such patients’ (Section 90 (1) (b) and 98 (2) (c)). The OCP also monitors and has reporting requirements for incidents where the duration of restraint or seclusion exceeds eight (8) hours for adult or more than one hour for a child, and incidents where a patient or staff are injured as a direct result of the restraint/seclusion. (For further information refer to Fact sheet 8 Restraint and Seclusion reporting)

3.3 Insurers of health service organisations, and insurers of individual practitioners

3.4 Medico-legal advisory service of the LHN or SA Health

3.5 SA Coroner:

There are requirements for reporting to the SA Coroner cases of untimely or unexplained death and suspected unnatural deaths ([Coronial Process and the Coroners Act 2003 Directive](#)).

For example deaths related to challenging behaviour may be:

- while in custody,
- while the deceased was a protected person (see Guardianship and Administration Act definition of a protected person – person under guardianship or administration order (or both))
- while the deceased was a patient in an approved treatment centre under the Mental Health Act 2009
 - while the deceased was in hospital or other facility being treated for drug addiction
 - within 24 hours of medical treatment to which consent had been given under part 5 of the Guardianship and Administration Act 1993

3.6 SafeWork SA Notifications

Notifiable Incidents, Serious Injury Or Illness, and Prescribed Serious Illness must be reported immediately to your local WHS consultant and the regulator SafeWork SA in accordance with Section 38 and Section 36 respectively of the *Work Health and Safety Act 2012 (SA)*, and regulation 699 of the *Work Health and Safety Regulations 2012 (SA)*.

Reference may be made to the [SA Health WHSIM Form – Reporting and Notification of a Notifiable Incident \(WHS\)](#)

3.7 Other relevant statutory or regulatory bodies,

for example NDIS Quality and Safeguards Commission, Commonwealth Aged Care Safety and Quality Commission, and Australian Health Practitioner Regulation Agency.

For further information:

- > SA Health [Protective Security Policy Directive](#)
- > SA Health [Coroners Process webpage](#)
- > SA Health [Work Health Safety and Injury Management Policy Directive](#)

4. Additional guidance for reporting Security Incidents

Large health services with Security Officers on site require these staff to enter incidents into SLS, when they have been involved.

Smaller health services do not all have Security Officers on site, and other staff must report these important incident types. Data is used in planning to improve the ability of the service to respond to such incidents.

Regional LHN workers reporting a challenging behaviour incident in the SLS patient incident module are required to also report the incident into the security module of SLS, if the event or circumstance resulted in a call for emergency or non-emergency security or SAPOL attendance. This includes when any of the Emergency Codes are called.

- > Who reports this security incident?
- > The notifier may be the worker, and / or local manager and/or other authorised person
- > Who receives this notification?
- > Corporate Services /facility managers/managers/team leaders/ andsupervisors/ the local clinical Manager
- > What is an example, and how should it be reported?

During an evening shift a patient is wandering and is attempting to gain enter into the staff only lounge area. The patient finds the door open and no staff visible. Entry is gained and evening staff are alerted to the noise being created. When the patient is confronted there is threatening verbal behaviour towards staff. Staff are not harmed but the patient will not return to their room the challenging behaviour escalates, with chairs being pushed over. Evening staff re treat and a code black/SAPOL is called. The patient is not restrained

This example incident would be reported in the following way?

- > The patients challenging behaviour is reported in the SLS patient module, as Challenging Behaviour.
- > The Emergency Code Black is reported in the SLS security module. The access to the staff lounge area should be included.

- > Staff members were not harmed physically or psychologically during this incident, and a SLS worker incident report is not required.
- > If a staff member had been injured, an incident report would be required in the SLS worker module.

This reporting will enable an investigation and actions to be taken to prevent the incident re-occurring or enable the hazard to be corrected.

- > Why does Corporate Services/ facility managers receive this notification?

Corporate Services and the local Manager investigate and review the incident and identify that there is a need to better secure the facilities for staff members.

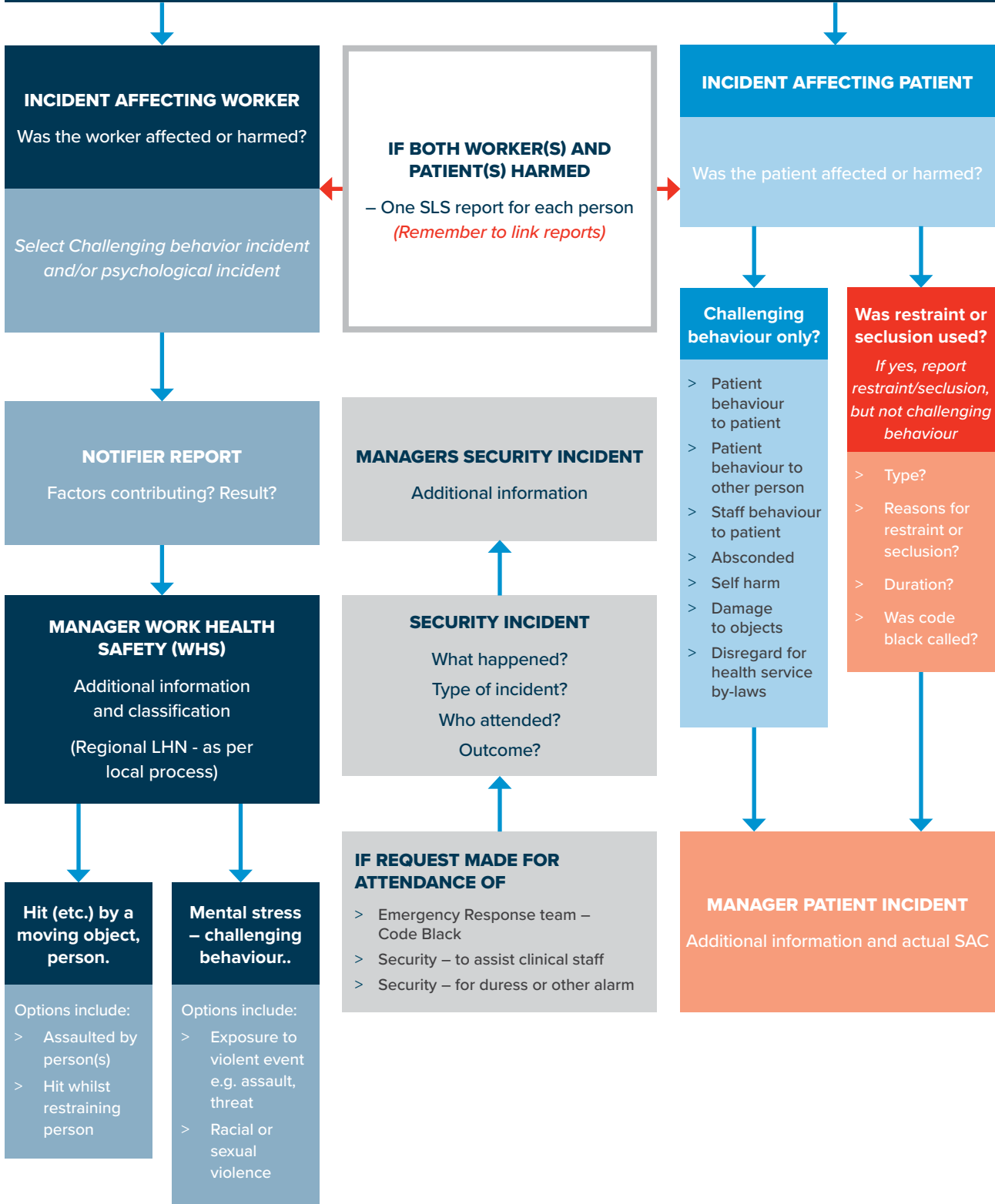
Corporate Services resources are required to make the change to the “environmental design“of the facility, for example, swipe card security is introduced.

- > What actions are required in response to the incident investigation?

Corporate Services and the local WHS Consultant plan for new security mechanisms and report to the Challenging behaviour Committee.

For further information refer to the [Security Incidents in Safety Learning System webpage](#).

HOW TO REPORT AN INCIDENT INVOLVING CHALLENGING BEHAVIOUR TO SAFETY LEARNING SYSTEM (SLS)



Tool 6A

Safety Learning System (SLS)

Topic Guide – Challenging behaviour by a patient

All incidents where challenging behaviour occurs must be reported to SLS. If the challenging behaviour results in the application of restraint or seclusion, classify the incident as Restraint and Seclusion. No additional Challenging behaviour incident report is required.

This is a requirement of the:

- > National Safety and Quality Healthcare Service Standards 2nd Edition,
- > National Standards for Mental Health Services
- > SA Health
 - Patient Incident Management and Open Disclosure Clinical Directive
 - Preventing and Responding to Challenging Behaviour Policy Directive

Definition – These are incidents where a patient exhibits behaviour that causes or threatens harm to a person(s) or property damage; or limits or stops the provision of health care; and/or intervention is required to prevent or limit harm.

Managers reports in SLS

There are 3 additional questions for managers to complete on each incident after review of this report.

1. Was the person subject to MH order or under care and control?
2. What is the primary condition underpinning the challenging behaviour?
3. Was a Code Black call made? If Yes, what was the response?

It is important that the contact linked to this record is checked to see if this patient already exists in SLS. If you are unsure about how to do this, contact your local SLS Administrator. This will enable:

- > monitoring or tracking of repeated or similar incidents for the individual
- > linking of more than one report for the same incident, for example challenging behaviour that resulted in a worker receiving a bruise.

QUESTION/ SECTION	INSTRUCTIONS	EXPLANATION AND HINTS
Subject of incident	Select 'Incident affecting patient'	If worker or other person was also harmed an additional separate SLS report is required, using the heading 'incident affecting worker'
Person affected	Under 'Type', select 'patient/consumer/client' and complete details under Subtype. Add MRN, name, date of birth. Please complete the demographic information.	A box will appear to ask if the patient was harmed or not. If the answer is yes, complete the section 'Harm/Injury details'.
Description of the incident/hazard/event	A brief factual description, without identifying details is required <ul style="list-style-type: none"> > 'What happened?' to the patient > 'What was the outcome of the incident / event?' for the patient > 'Has this incident been disclosed to the patient/family?' 	Other sections below will ask for more details. In 'What happened?' describe what led up to the challenging behaviour, for example, 'Patient became agitated, shouting and threatening to throw jug at staff'. In 'What was the outcome?' describe the result, for example, 'Staff removed jug, calmed patient, and provided pain relief'.
Notifier details		All information is useful, but only your professional group is required. Add an SA Health email if you wish to be contacted by the incident manager.
Incident Classification Level 1 – 3	Level 1 Select Challenging behaviour Level 2 Select from; <ul style="list-style-type: none"> > Persistent damage to objects or disregard for health service by-laws > Absconded > Patient behaviour to other person > Patient behaviour to patient > Self harm > Staff behaviour to patient. 	If the challenging behaviour resulted in the application of restraint or seclusion, go back to Level 1 and change selection to 'Restraint or seclusion'. For further information refer to SLS Topic Guide – Restraint and seclusion (Tool 6B). For Level 2 – select the most appropriate option. Staff behaviour to patient - Reports of staff who verbally or physically abuse a patient should also be made to managers, and may be referred to HR for investigation.
Incident Classification SAC rating Result	Select the actual consequence for that patient. Refer to SAC guide. Select appropriate option (harm, no harm, near miss).	Some examples of likely SAC ratings are: SAC 4 – verbal abuse, mild physical abuse, for example a bump SAC 2 and 3 –intense verbal or physical abuse such as spitting, hitting, throwing, using weapon, self-harm such as cutting SAC 1 – death or serious harm to a person(s).
Additional questions		These will appear when relevant.
Additional information	Was anybody else involved? If yes, complete information as required.	This can include SAPOL attendance, code black team, security, family, bystanders, others. More than one person can be added. SAAS personnel are listed as 'staff' if present during the incident.

Tool 6B

Safety Learning System (SLS) Topic Guide for reporting Restrictive Practices (Restraint and Seclusion)

All use of restrictive practices are to be reported as patient incidents into SLS.

It is a requirement of the National Safety and Quality Healthcare Service Standards, The SA Policy on Patient Incident Management and Open Disclosure and the Mental Health Standards.

Restraint can be defined as action that uses, or threatens to use force;

- > to enable the doing of an act which the patient resists, or
- > to restrict the patients liberty of movement, whether or not the patient resists.

Seclusion is the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented (National Mental Health Seclusion and Restraint Project (NMHSRP)).

Managers reports in SLS

There are 5 questions for managers to complete on each incident after review of this report.

1. Is it the first application of restraint/seclusion for this persons admission: yes / no
2. Reason restraint/seclusion applied – in response to patient behaviour with intention to protect against harm.
3. Reason restraint / seclusion applied – initiated by staff to enable treatment or transport.
4. How was restraint / seclusion monitored and managed? – options include medication/code called/ observations completed/medical reviews/devices released/debriefings completed.
5. Did this incident involve a current mental health consumer?

It is important that the contact linked to this record is checked to see if this patient already exists in SLS. If you are unsure about how to do this, contact your local SLS Administrator. This will enable monitoring or tracking of repeated or similar incidents for the patient linking of more than one report for the same incident, for example challenging behaviour that resulted in a worker receiving a bruise.

To meet legislative requirements, the Office for the Chief Psychiatrist (OCP) collates data from SLS about the use of restraint/seclusion in Mental Health services, particularly Critical incidents and any restraint or seclusion lasting more than 8 hours, or more than 1 hour for a child.

For further information see part 2 of Tool 6

QUESTION/SECTION	INSTRUCTIONS	EXPLANATION AND HINTS
Subject of incident	Select 'Incident affecting patient'	If worker or other person was also harmed an additional separate SLS report is required, using the heading 'incident affecting worker'.
Person affected	Under 'Type', select 'patient/consumer/client' and complete details under Subtype. Add MRN, name, date of birth. Please complete the demographic information.	A box will appear to ask if the patient was harmed or not. If the answer is yes, complete the section 'Harm / Injury details'.
Description of the incident/hazard/event	A brief factual description, without identifying details is required. <ul style="list-style-type: none"> > 'What happened?' to the patient. > 'What was the outcome of the incident/event?' for the patient. > 'Has this incident been disclosed to the patient/family?' 	Other sections below will ask for details. In 'What happened?' describe what led up to use of restraint/seclusion. In 'What was the outcome of the incident/event?' describe the result, for example, 'patient was physically restrained, then soft shackles applied to wrists for 45 minutes, with 5 minute checks and reassurance.
Notifier details		All information is useful, but only your professional group is required.
Incident Classification Level 1 – 3	Level 1 Select Restraint/Seclusion Level 2 Select the primary or main type of restraint/seclusion from the options. <ul style="list-style-type: none"> > Chemical restraint (administered medications) > Mechanical restraint (applied by devices) > Physical restraint (applied by people, i.e. hands-on restraint) > Seclusion 	For Level 2 – Select primary type of restraint. This is either: <ul style="list-style-type: none"> > the type that was applied for longest duration (e.g. if there was 5 minutes of physical restraint then mechanical restraint for 4 hours, the mechanical restraints are the primary type); or > the type that caused the harm to the patient (if there was any), e.g. skin laceration or soft tissue injury from the physical restraint; or > the type with potentially most serious consequence for patient, e.g. chemical restraint requiring intubation If more than one restraint type is used, the others can be selected in a later question.
Incident Classification SAC rating Result	Select the actual consequence for that patient Refer to SAC guide. Select appropriate option (harm, no harm, near miss).	Some examples of SAC ratings are: SAC 4 - brief physical restraint in order to administer usual IM medication SAC 2 and 3 – longer duration of restraint/seclusion, or injury of patient during restraint/seclusion SAC 1 – death or brain injury from the application of restraint or during seclusion.
Additional Restraint/Seclusion questions	<ul style="list-style-type: none"> > Reason(s) for applying restraint/seclusion > Was the person subject to a Mental Health order or under care and control? > Additional type(s) of restraint/seclusion applied? > Restraint start time, finish time and total duration? > Was anyone injured as a result of the application? > What is the primary condition underpinning the need for restraint? > Was a Code Black call made? If yes, what was the response? 	Choose the appropriate reason(s). For those in closed MH units where consumers held under other Acts that are not listed (i.e. forensic clients), select the MH Act option. Choose all types that were applied during the one incident. Additional questions will appear to record type of mechanical restraint used, and to record if intubation was required when chemically restrained. Choose the time frame that best applies to the incident.
Additional information	Was anybody else involved? If yes, complete information as required.	This can include SAPOL attendance, code black team, security, family, bystanders, others. May be more than one person to add. SAAS personnel are listed as 'staff' if present during the incident.

Tool 6C

Safety Learning System (SLS)

Topic guide – Worker harm from challenging behaviour

All incidents where workers or other persons experience or receives challenging behaviour are to be reported to SLS.

This is a requirement of the SA Health Preventing and Responding to Challenging Behaviour and Work Health Safety and Injury Management Policy Directives, Hazard Identification and Risk Management Policy Directive, the *Work Health and Safety Act 2012 (SA)* and its regulations, ISO standard 45001 Occupational Health and Safety Management. This data will inform WHSIM safety prevention programs and improvements.

Definition – These are incidents where a worker or other person (excluding patients) experiences behaviour that causes or threatens both physical or psychological harm; and/or intervention is required to prevent or limit harm.

Managers reports in SLS

There are additional questions for managers and WHS Managers to complete, as part of usual review of incidents, as relevant.

It is important that the contact linked to this record is approved if this patient exists already in SLS. If you are unsure about how to do this, contact your local SLS Administrator. This will enable:

- > monitoring or tracking of repeated or similar incidents for the individual
- > linking of more than one report for the same incident, for example challenging behaviour that resulted in worker injury and also a consumer being restrained.

QUESTION/ SECTION	INSTRUCTIONS	EXPLANATION AND HINTS
Subject of incident	Select 'Incident affecting worker'. This category includes visitors, contractors, students etc.	Note - If a patient was also harmed, an additional separate SLS report is required. For that, select 'incident affecting patient'.
Person affected	Under 'Type', select 'employee/member of staff, or volunteer, contractor etc., and complete the details.	This is the worker or other person who is affected by incident or reporting an incident. Select the option "Add another" if more than one person was affected by this incident.
Person Affected Details	Enter the employment status, age and gender, occupational group, and complete the section.	This is for the worker or other person (non patient) affected by injury or reporting the incident and is 'Prohibited from disclosure' () as it includes personal information.
Wakefulness and Fatigue	Complete the details in this section.	This is used to determine if these were contributing factors.
Incident Type Location	Select one of: > Hazard, > Incident – no harm or > Incident – Injury. Select HSR notification or not, and if SafeWork SA notifiable incident.	If you select Incident – Injury, a prompt box will appear to ensure that required reporting is completed. If unsure speak to your manager and contact your WHS Consultant.
Description of the Hazard/Incident/ event	A brief factual description, without names or opinions is required. 'What happened?' and 'What immediate action(s) has been taken to control the incident?'	In 'What happened?' describe what led up to the challenging behaviour, for example Worker experienced verbal threats from a visitor. In 'What immediate action(s) has been taken, select one or more of the options.
Incident Questions	Select Challenging behaviour Incident.	
Injury Detail	Questions about injury or harm.	Provide information about the injury and follow-up support or treatment, and lost work time.
Challenging Behaviour Incident Question Set	Complete Details, Factors, Actions, Debriefing and Training.	Factors – Select the best identified factor which may have contributed to the incident. Actions – Select any actions that were taken as an outcome of the incident. Debriefing – Select Yes or No. If Yes, internal, external or EAP debrief dates will be required. Training – Select Yes or No. If Yes, the date of your last Challenging Behaviour related training is required.
Additional information	Was anybody else involved? If yes, complete the information required from the drop down menu that appears.	This can include SAPOL, code black team, security, family, bystanders, others. There may be more than one person to add. SAAS personnel are listed as 'staff' if present during the incident.

Should a challenging behaviour incident also cause psychological harm also select psychological harm incident in SLS "Incident Category" (as is it a multi-pick question set).

QUESTION/ SECTION	INSTRUCTIONS	EXPLANATION AND HINTS
Psychological harm incident Question Set		
Incident Category	Select Psychological Incident	
Psychological factors incident set	Details, factors, event	

For more information

SA Health

Safety and Quality Unit

Telephone: (08) 8226 9599

sahealth.sa.gov.au/challengingbehaviourstrategy

Public: I1-A1



<https://creativecommons.org/licenses>

© Department for Health and Wellbeing, Government of South Australia.
All rights reserved. August 2020. FIS: 20082.3



**Government
of South Australia**

SA Health