Family and Domestic Violence Policy

1. Purpose

Family and domestic violence (FDV) is a major health and wellbeing issue and a significant cause of morbidity and mortality in Australia.[1,2] FDV occurs across all socioeconomic and demographic groups, but the impacts are mainly felt by women and children.[2] Groups at higher risk include; women with disability, Aboriginal women, migrant and refugee women, women experiencing homelessness, women experiencing financial hardship, women in regional and remote areas, women with an experience of incarceration, and people who are LGBTQIA+SB.[3] Also at risk are older people who are dependent on family or carers. Abuse may be psychological or emotional, financial, physical or sexual abuse, and may take the form of neglect.[4]

Children and young people exposed to FDV are considered primary victim-survivors, whether they are the direct target of violence, witness FDV or are otherwise impacted by violence directed at other family members. There is substantial evidence that shows the long-lasting negative impacts of FDV on the mental health, social and educational outcomes of children and young people.[5]

Research shows that victim-survivors of FDV are more likely to disclose to health professionals than to police or other services.[6] Further, health services are uniquely positioned to screen, assess and support victim-survivors of FDV.[7] Although FDV may be identified for any health consumer, there are certain services whereby people at risk of abuse are more likely to attend , including; mental health, emergency departments, maternity, child health, aged care, and sexual health services.[8]

WACHS is committed to prevention, early identification and effective responses to FDV, to protect and support people of all ages, and especially children.

The FDV policy aims to:

- ensure consistent minimum standards for WACHS clinicians with regard to screening, assessing and responding to FDV
- improve the health, wellbeing and safety of consumers and children who may be exposed to FDV
- provide guidance in relation to supporting and accountability for consumers who perpetrate FDV
- support staff who are experiencing FDV or who are traumatised by involvement with FDV victim-survivors during their care
- ensure protection and care of children as per the *Children and Community Services Act 2004* and the WACHS Child Safety and Wellbeing Policy.

This policy relates to the ALL WACHS services and clinical staff.

Refer to the flowchart in Appendix A for an overview of requirements when responding to FDV.

2. Policy

2.1 Identifying FDV

Identifying consumers who are experiencing FDV may occur by observing signs or possible indicators of abuse (such as unexplained or suspicious injuries), outright client disclosure, or by asking standard screening questions. This includes non-accidental injury observed in children. Alerts and other evidence noted in the client medical record will assist further. Refer to 1800 RESPECT What does family and domestic violence involve for more information to support identification of FDV.

Screening

Screening is a process which assists to identify consumers who are experiencing FDV. Screening does not assume that an individual is subject to FDV, but it provides people from certain groups known to be at risk with an opportunity for disclosure or elicits responses that indicate FDV may be an issue that warrants further assessment.

Screening questions are to be asked of everyone in defined risk groups, relevant to the service area, to assist with identifying, managing or preventing FDV.

Routine screening for FDV is to occur in certain WACHS service contexts using specific screening questions. Routine screening is to be delivered as follows:

- Aged Care services as defined in the WACHS Identifying, Preventing and Responding to Abuse of Older People Policy
- Child, school and community health services as defined in the CAHS Family and Domestic Violence - Child and School Health Procedure
- Emergency Department services as defined in the WACHS Emergency Department Family and Domestic Violence Pathway Procedure and FDV950.1 WACHS Emergency Department FDV Pathway.
- Maternity services as per Women and Newborn Health Service (WNHS) Family and domestic violence: Screening Clinical Practice Guideline:
  - at initial visit
  - in third trimester
  - postnatal – prior to going home from hospital
  - unbooked women at their first contact (i.e. Emergency department)
  - at other times when staff are concerned. (i.e. Visiting midwifery service)
- Mental Health Services – all new consumers as incorporated in Mental Health Risk Assessment and Management Plan.

General FDV screening questions

Targeted screening for FDV should occur in any WACHS service context when FDV is suspected or risk indicators are evident.

The following screening questions are for general use and can be adapted to suit diversity in culture, background and circumstances:

1. Do you ever feel afraid of somebody in your home, an ex-partner or family member?
2. Has anyone in your family, household, or from a previous relationship, ever hurt or threatened to hurt you?
3. Are you worried about any of these?

   a. the safety of your children? (if relevant)
   b. the safety of someone else in your family or household?
   c. your own safety?
4. If yes, would you like help with this now?

If a client answers 'yes' to any of the screening questions or their responses give rise to concern, a comprehensive FDV assessment is to be conducted and documented.

The following tools are to be used to screen consumers for FDV:
- general use: FDV950 State Screening for Family and Domestic Violence
- Emergency Department: FDV950.1 WACHS Emergency Department FDV Pathway
- Mental Health: SMHMR905 Mental Health Risk Assessment and Management Plan (RAMP)
- Aged Care: MR42C WACHS Abuse of Older Person Report
- Maternity: FDV Screening (FDV950) form or Baby Coming You Ready
- Aboriginal clients: Clinical Yarning style; Aboriginal Health Services if available
- refer to Working with Diverse Population Groups when working with Aboriginal clients, Culturally and Linguistically Diverse (CaLD) clients, people from LGBTQIA+SB communities, people with disabilities, older people and male victims.

A trained interpreter is to be used when required, including use of the Aboriginal Interpreter Service (AIS). Staff should be mindful of considering men's and women's business and ensuring consumers are asked whether they prefer a male or female interpreter. Relatives are not to be used as interpreters. Refer to the MP 0051/17 Language Services Policy and AIS.

For Aboriginal patients, offer the support of an Aboriginal Liaison Officer or an Aboriginal Health Worker to facilitate culturally appropriate assessment and interventions.

Note: Screening and assessment are to be undertaken with the client alone in a private space. Family members, including children (aged two years and above) are to be excluded. An adult support person (family or friend) may accompany the client if preferred. Screening and assessment for FDV should never occur in the presence of the person/people thought to perpetrate the violence and abuse. Safety of consumers and staff must be prioritised.

2.2 Responding to FDV

Assessment and safety planning is required if FDV is disclosed or otherwise indicated, involving exploration of risk factors and level of risk to client, children or other persons.

All clinicians are expected to respond if FDV is disclosed or indicated, as follows:
- listen, offer non-judgemental support and validate the client's experience
- determine if the client is in immediate danger
- identify any children involved (including unborn) and determine if they are at risk
- identify any support services that are currently involved with the family
- refer to social worker or other staff with relevant training and experience to conduct a comprehensive risk assessment (FDV951 State Assessment for Family and Domestic Violence) and safety planning
- if a social worker is not available, use the Women's DV Helpline (1800 007 339) or Men's DV Helpline (1800 000 599) to support in assessment, safety planning and decision-making
- document appropriately, refer to 2.7 Client documentation.

If FDV is suspected but client does not disclose:

- respect their answers
- offer the Family Violence Information Support Card
- provide information about help that is available if required
- offer referrals as per the client's presenting issues
- take action to protect any children, including internal and external communication. Consider a referral to Department of Communities, as below.

Child protection considerations in cases of FDV

Child protection considerations in cases of FDV are as follows:

- Reassure child(ren), provide care and support as appropriate.
- If a child is at risk of harm, WACHS employees must consult with their supervisor and consider the need to make a referral to the Department of Communities Child Protection Concern Referral Form.
- If it is determined there is an immediate danger to a child, staff must urgently consult with a supervisor to arrange contact with the Department of Communities and the WA Police.
- Consider detaining child(ren) under the age of six (6) in hospital if required, refer to WACHS Child Protection Holding Order - Power to Detain a Child Under the Age of Six in Hospital Procedure.
- If a child is identified to be at risk of harm, a Child at Risk Alert must be raised (or updated), refer to the WACHS WebPAS Child at Risk Alert Procedure.
- Refer to the following resources for further information:
  - Concerns for the safety or wellbeing of a child or young person website
  - WACHS Child Safety and Wellbeing Policy

2.3 Support and refer

Clients at risk

Actions required for clients at risk are as follows:

- offer information appropriate to the client and their circumstances
- undertake safety planning and ensure the client is safe to leave the health facility, refer to the WACHS Safety Planning Guide – Family and Domestic Violence
- provide client with referral to services such as the Social Work service, local FDV support service or Domestic Violence Helpline
- see the WACHS FDV Toolbox for information and referral options.

Clients at high risk of harm

Actions required for clients at high risk of harm are as follows:

- If a client is in immediate danger contact the Social Work service for urgent assistance.
- If a social worker is not available, consider an urgent referral to WA Police and/or Department of Communities Crisis Care, DV Helpline or local FDV support service.
- If client attends hospital, avoid triage in waiting room if possible.
- Consider social admission to hospital for client and children.
- If a child or children are at risk of harm, act as outlined in above section.
- If a recent sexual assault is disclosed or suspected, refer to the WACHS Responding to Sexual Assault Policy.
- Undertake safety planning and ensure the client is safe to leave the health facility, refer to the WACHS Safety Planning Guide – Family and Domestic Violence.

- Provide information resources to the client as appropriate and if safe to do so. Refer to the WACHS FDV Toolbox for a range of fact sheets and resources.
- Consider the need to share information with external agencies, refer to 2.4 Information sharing with external services . Escalate to delegated authority in WACHS.

Note: referrals are likely to be more effective when the clinician initiates the referral process on behalf of the client, with their informed consent. Where possible, contact the service when the client is present and advise the client's risk rating.

2.4 Information sharing with external services

Client consent is to be sought before sharing information with external agencies such as the police and Department of Communities, in most circumstances. If there is high risk of serious harm to an adult or any risk of harm to child, or the information is relevant to the safety of an adult or child, then information may be shared without consent to lessen or prevent a serious and imminent threat to a person's life, health, or safety.

Refer to the Guide to Information Sharing - Family and Domestic Violence.

If the client is at high risk of serious harm and has **not** consented to share information with a prescribed authority (such as the police), the clinician must escalate to Tier 6 or above as the delegated authority.

2.5 Supporting consumers who perpetrate FDV

People who perpetrate FDV also access a variety of health services such as emergency departments, mental health services, alcohol and other drug treatment services, aged care, and child community health services. The co-occurrence of FDV and other health needs, such as mental health issues, alcohol and drug dependency, cognitive impairment, poor physical health and trauma, often results in perpetrators accessing health services at higher rates than the general population.[10] Providing care and support to perpetrators can assist in improvement of their mental and physical health, which can also contribute to the wellbeing and safety of their victims.

The following points are to be observed when working with consumers who disclose or are suspected of perpetrating FDV:

- staff must consider their own personal safety before discussing FDV
- if safe to do so, sensitively enquire and offer non-judgemental support
- be aware of the potential for escalation and danger for victim/survivors
- do not collude with a person who is minimising, justifying, or blaming their family members for their behaviour
- reinforce that violence is never acceptable
- avoid misidentifying victim/survivors as perpetrators
- do not share information about the victim/survivor
- observe for changes in circumstances (e.g. substance misuse, mental health, suicide risk, and legal issues) that may escalate risk of perpetrating violence
- if serious, imminent harm to the health or life of any person is identified, or safety concerns for a victim/survivor (or their children) are identified, information is to be shared with the relevant agencies (refer to the Guide to Information Sharing - Family and Domestic Violence)
- offer referrals to support services:
    - In hours: Social Work for risk assessment and FDV support service

- After hours: Men's Domestic Violence Helpline, MensLine, Men's Referral Service, or the Women's Domestic Violence Helpline.

Document disclosures and observations in the health record of the perpetrator. Avoid documenting personal attitudes, assumptions or stereotypes. Use verbatim comments where possible. If appropriate, document the effect of the perpetrator behaviour on the adult victim/survivor and/or children.

2.6 Supporting staff who are current or past victim-survivors of FDV

The gendered nature of FDV, coupled with a predominately female workforce within WACHS, suggests it is highly likely there are significant numbers of FDV victim-survivors amongst WACHS staff. Further, research has found that people living in rural and remote areas experience FDV at higher rates than the general population.[5]

FDV can affect a person's capacity to work; their ability to get to work (due to physical restraint or injury, caring for children, and other health impacts), and work retention over time. In addition, staff encountering FDV during their duties may be triggered due to their own experience. WACHS is committed to providing workplace support measures to employees in situations of FDV by helping them to maintain their employment and participate safely in the workplace. This includes that staff:

- be supported with sensitivity by managers and teams who are aware of the risks and impacts of FDV
- be offered referral for assessment and counselling support for FDV as appropriate
- be provided with flexible work arrangements, where possible
- have access to FDV paid leave – WACHS Family and Domestic Violence Leave Procedure
- be supported by FDV Workplace Safety and Support Plan (see procedure below).

Refer to Department of Health Family and Domestic Violence Procedure for more information relating to employees facing situations of violence and abuse.

2.7 Client documentation

Contemporaneous, accurate and objective record keeping is critical. Good documentation records events, disclosures, observations, treatment, referral and other supports as they occur, and enable continuity of care and good management for clients. Records may be used in court proceedings. Clinicians are to document:

- FDV screening, assessment and related activity in the health record and/or relevant forms such as outlined in 2.1 Identifying FDV
- any disclosure in the client's own words (verbatim where possible)
- any disclosures or signs of non-fatal strangulation (NFS); under the *Family Violence Legislation Reform Act 2020*, suffocation and strangulation is now an offence
- information relating to perpetration as per 2.5 Supporting consumers who perpetrate FDV
- any evidence of injuries, harm, treatment provided, referrals made and information provided to the client, and their children as relevant:
  - photographic evidence of injuries is preferred to documenting on body maps (refer to the WACHS Clinical Image Photography and Videography Policy for guidance)
  - clients may choose to keep their own evidence if it is considered safe to do so, photos or other information may be shared via a secure email address
- referrals in health record and relevant forms:
  - if a child or children are at risk a webPAS Child at Risk Notification form must be completed and submitted on the same day of presentation.

Note: do not document information in a child's record that may be accessible to the perpetrator and could put the adult victim-survivor or child at risk.

2.8 Multi-agency Case Management

FDV Multi-Agency Case Management Meetings (MACM) represent an integrated, interagency approach to supporting victim-survivors at high risk of serious injury, harm or death due to family and domestic violence. MACMs enable agencies, including WACHS, to share information, develop comprehensive risk assessments, develop multi-agency safety planning and work towards child and adult victim safety and perpetrator accountability. MACMs are important for creating transparency and accountability between agencies about their roles and responsibilities in responding to FDV.

For further information on MACM refer to the MACM section in the WACHS FDV Toolbox, with guidance on who should attend, what information can be shared and the documentation of MACM notes. Refer to the WACHS Clinical Documentation Policy and Documentation and Storage of Third Party Communications Guide for guidance on storage of MACM notes.

Caution: do not document information about disclosures of violence in the client's hand-held maternity record OR child health record (Purple Book) as the alleged perpetrator may access these and escalate

3. Roles and Responsibilities

Executive Directors are responsible for ensuring implementation of this policy across their functional areas.

Managers and Senior staff are responsible for:

- monitoring compliance with this policy
- completing training - FDV Information for Managers Declaration
- ensuring staff, including frontline administrative and support staff, complete relevant FDV education and training
- sensitively managing staff who are experiencing or have experienced FDV and supporting a workplace FDV plan
- ensuring staff are aware of the Employee Assistance Program and FDV leave and know how to access these supports
- administering and monitoring FDV leave applications
- investigating clinical instances where FDV is a causal factor
- as a delegated authority (Tier 6 or above), determining release information to external organisation, if required
- providing leadership and consultation with staff for FDV high-risk presentations
- supporting and/or facilitating responses to children at risk of abuse and neglect, including reporting to Department of Communities
- escalating issues as per local staffing and governance structures.

Frontline administrative and support staff are responsible for:
- completing relevant FDV training
- listening to and offering support for clients' FDV experience
- communicating with clients and families in ways that are non-judgemental and culturally responsive
- reporting FDV concerns observed to a supervisor or senior clinician.

Clinicians are responsible for:
- undertaking relevant FDV training
- conducting routine screening and targeted screening with clients as defined
- responding to and communicating with clients and families in ways that are non-judgemental, culturally safe and trauma-informed
- being aware of FDV risk factors, including indications of high risk or immediate danger
- being aware of groups of people in local communities who are at higher risk of FDV
- following referral pathways, especially for those assessed as high risk of serious harm
- referring to Social Work or FDV support service to complete comprehensive assessment and safety planning
- identifying and responding to children at risk in situations of FDV, including raising webPAS Child at Risk Alerts
- acting to protect children at risk in situations of FDV, including communication with relevant internal staff and making reports to the Department of Communities as necessary.

Social Workers are responsible for:
- responding to incoming referrals according to the clinical prioritisation framework
- responding to and communicating with clients and families in ways that are non-judgemental, culturally responsive and trauma-informed
- ensuring own safety when working with victim-survivors and/or perpetrators of FDV
- providing a psychosocial assessment for referred clients, including comprehensive risk assessment and safety planning
- coordinating care planning to support the needs and reduce risks of harm toward victim-survivors
- offering intervention to families where there are risks and referrals to appropriate service providers
- providing referral pathways to support families requiring assistance
- engaging in interagency liaison and consultation as necessary including attendance at FDV Multi-Agency Management Meetings (MACM)
- seeking secondary consultation as required
- undertaking the necessary documentation and communication requirements where families at risk are identified
- providing support and referrals for perpetrators as appropriate
- documenting disclosures, injuries, actions taken and referrals made on the relevant MR form or patient administration system.

Aboriginal Health Workers and Aboriginal Liaison Officers are responsible for:
- undertaking relevant FDV training
- providing support to Aboriginal consumers and the multidisciplinary team to ensure cultural considerations are appropriately addressed in undertaking assessment and care
- being aware of FDV risk factors, including indications of high risk or immediate danger
- being aware of people in local communities who are at higher risk of FDV, and local settings where family safety may be compromised.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring of this policy will be within the remit of WACHS FDV Governance Group. Information and reporting used to provide assurance to the WACHS Board and Executive of compliance with this policy may include:

- evidence of managers and staff completing relevant training
- FDV dashboard generated from key data sources
- clinical audits
- consumer feedback.

5. References

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6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Clinicians	A healthcare provider, trained as a health professional. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide healthcare, and students who provide health care under supervision.[1] Ref: Safety and Quality in Healthcare
Consumer	Term used to describe patients and clients of WACHS services in a range of settings, including those directly receiving care, carers, aged care residents, children, adults and families. The term 'client' may be used for activity relating to individuals.
Family and Domestic Violence (FDV)	Family and Domestic violence is not an isolated event but a pattern of ongoing, repetitive and purposeful use of behaviour towards a family member that is any of the following: • physically or sexually abusive • emotionally or psychologically abusive • economically abusive • threatening • coercive • in any other way controls or dominates the family or household member and causes that person to feel fear for their safety or wellbeing or that of another person • causes a child to hear or witness, or otherwise be exposed to the effects of, such behaviour.
Perpetrator	The person inflicting the abuse – may be an intimate partner or family member or unpaid carer.

[1] Australian Commission on Safety and Quality in Healthcare

Social admission	There may be exceptional circumstances under which a decision to admit is made to ensure a person's welfare or there may be legal or social factors such as: • child at risk (for example, a child under state protection, suspected child abuse) • adult at risk (for example, domestic abuse, or inadequate level of social support to safely leave the hospital[9]
Trauma-informed	Trauma informed relates to care that is delivered from a standpoint of understanding the prevalence of trauma and its impact upon a person's physical, emotional and mental health. This can impact an individual's behaviour and ability to engage with services, understanding that their response to this and some interventions can re-traumatise the individual.
Victim-survivor	Term used to describe a person who is known or suspected of being abused by an intimate partner or family member.

7. Document Summary

Coverage	WACHS-wide
Audience	All WACHS staff and managers
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	*Children and Community Services Act 2004* (WA) *Mental Health Act 2014* (WA) *Health Services Act 2016* (WA) *Aged Care Act 2024* (Cth)
Related Mandatory Policies / Frameworks	• MP 0175/22 Consent to Treatment Policy • MP 0051/17 Language Services Policy • MP0166/21 Mandatory Reporting of Child Sexual Abuse Training Policy • MP 0192/25 Responding to a Recent Sexual Assault Policy • MP 0121/19 Responding to the Abuse of Older People (Elder Abuse) Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy and Procedure • MP 0159/21 Workplace Aggression and Violence Policy
Related WACHS Policy Documents	• Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard • Child Protection Holding Order - Power to Detain a Child Under the Age of Six in Hospital Procedure • Child Safety and Wellbeing Policy • Clinical Documentation Policy • Clinical Image Photography and Videography Policy • Discharge Against Medical Advice Policy • Emergency Department Family and Domestic Violence Pathway Procedure • Family and Domestic Violence Leave Procedure • Patient Assessment and Management in the Emergency Department Policy • Identifying, Preventing and Responding to Abuse of Older People Policy • Mental Health Visitor Management Policy • Paediatric Injury Assessment and Surveillance Procedure (under development) • Responding to Allegations of Sexual Safety Breaches Procedure • Responding to Sexual Assault Policy • Social Work Guidelines for high-risk families during pregnancy and the first year of life • WebPAS Child at Risk Alert Procedure

Other Related Documents	• CAHS Family and Domestic Violence - Child and School Health Procedure • CAHS Guidelines for Protecting Children 2020 • CHIS Family and Domestic Violence Screening Guide • DoH Coordinated medical and forensic and counselling response to patients who experience a recent sexual assault and present to an emergency department • DoH Family and Domestic Violence Procedure • DoH Principles and Best Practice for the Care of People Who May Be at Risk of Exhibiting Violent or Aggressive Behaviour • Premier's Circular 2021/11 (Family and Domestic Violence, Paid Leave and Workplace Support) • WA Aboriginal Health and Wellbeing Framework 2015-2030 • WNHS Family and domestic violence: Screening Clinical Practice Guideline • Working with Diverse Population Groups
Related Forms	• Child Mental Health Assessment and Management Plan • FDV950 State Screening for Family and Domestic Violence • FDV950.1 WACHS Emergency Department FDV Pathway • FDV951 State Assessment for Family and Domestic Violence • MR23 WACHS Mental Health Cultural Information Gathering Tool • MR42C WACHS Abuse of Older Person Report • SMHMR900 Mental Health Triage Form • SMHMR902 Mental Health Assessment • SMHMR905 Mental Health Risk Assessment and Management Plan
Related Training	Available from MyLearning: • Abuse of the Older Person: Direct Care Worker Module (AOP1 EL2) • Abuse of the Older Person: Manager module (AOP1 EL2) • Altura: Abuse, Missing Consumers and SIRS (Community) • Altura: Abuse, Unexplained Absences and SIRS (ACAU EL2) • Clinical Yarning Declaration (YARN EL1) • Family and Domestic Violence: Information for Managers Declaration (FDVM EL1) • Family and Domestic Violence: Managing High Risk Clients Declaration (FDVHR EL1)

	• Family and Domestic Violence: Screening and Responding – Maternity and ED Staff (FDVC EL2) • Family and Domestic Violence: Screening and Responding - Mental Health (FDVMH EL2) • Family and Domestic Violence: WA Health Program Declaration (RDVWA EL2) • Mandatory Reporting of Child Sexual Abuse (Theory) • Non-Fatal Strangulation modules 1-7 • WebPAS Child at Risk Alert (WCAR EL2)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4360
National Safety and Quality Health Service (NSQHS) Standards	5.01, 5.03, 5.07, 5.10, 5.13, 5.33, 5.34
Aged Care Quality Standards	8 (3) (d)
Chief Psychiatrist's Standards for Clinical Care	Risk Assessment and Management
Other	National Principles for Child Safe Organisations: 10 child safe standards

8. Document Control

Version	Published date	Current from	Summary of changes
3.00	26 November 2025	26 November 2025	• change of title • reviewed to align with DoH and DoC initiatives and plans • restructure from previous emphasis on 'standards' to outline staff responsibilities.

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery Services Executive Director Mental Health Chief Operating Officer
Contact	Population Health Director
Business Unit	Population Health
EDRMS #	ED-CO-18-82374

This document can be made available in alternative formats on request.

Appendix A: Flowchart summary when responding to FDV