



# Management of Patient Aggressive or Violent Behaviour at a Satellite Dialysis Unit Guideline

## 1. Purpose

The purpose of this guideline is to provide WA Country Health Service (WACHS) haemodialysis (HD) clinicians with information regarding the management of a HD patient exhibiting aggressive or violent behaviour at a Satellite Dialysis Unit (SDU).

This guideline is to be read in conjunction with Department of Health (DoH) [Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Procedure](#).

## 2. Guideline

WACHS has a legislated obligation under the [Work Health and Safety Act 2020](#) (WA) to ensure that staff members can provide health care in an environment that promotes personal safety and minimises risk of aggressive and violent behaviours. WACHS is committed to reducing violence in our workplaces and ensuring personal safety for all staff and patients.

### 2.1 New patient in an SDU

#### Handover

In addition to the clinical handover information provided to a SDU for a new patient, behaviour concerns should also be documented in the [MR660.10 WACHS Satellite Dialysis Unit Clinical Handover](#) which may include:

- known history or current risk of aggression and violence
- known drug or alcohol use or withdrawal from licit or illicit substances
- mental health condition(s)
- acute brain injury
- cognitive impairment
- history of non-compliance with treatment or medications
- current behaviour management plans or behaviour alerts.

If behavioural concerns are reported, the SDU Clinical Nurse Manager (CNM) and the patient's Nephrologist should determine if the new patient is appropriate for transfer to the WACHS SDU or requires referral for assessment, treatment and support as described in [section 2.2](#).

#### Orientation

When a new patient attends their first session at the SDU, a clinician should provide the following information and resources:

- an introduction to the SDU and patient information brochure which includes the expected behaviours of all patients, visitors and staff at the SDU
- services available to support the patient
- the patient's treatment schedule

- a tour of the SDU.

## 2.2 Aggressive or violent behaviour

### Preventative measures

CNMs should ensure the SDU has preventative measures in place by ensuring:


- clinicians are aware of the escalation process to alert other clinicians if a patient is exhibiting aggressive or violent behaviour, this process may differ from site to site and will be dependent on each location.
- clinicians know how to operate safety equipment such as a personal duress alarm (PDA)
- clinicians are aware of escape route options, including the use of a safe room where available
- the fixed duress alarm or a PDA has been tested and is in working order
- safe rooms have a means of communication and a first aid kit.

### De-escalation of aggressive or violent behaviour

Where a patient exhibits aggressive or violent behaviour, clinicians should attempt to de-escalate the situation if safe to do so. The WACHS [De-escalation Techniques](#) resource can provide clinicians with information and guidance on de-escalation strategies.

Consideration should be given to the possible clinical or situational aspects of the aggressive or violent behaviour, e.g. the patient is in pain or wants to end treatment early. Clinical assessment and prompt action, including offering choices such as shortening treatment time, should form part of any de-escalation response.

The involvement of Aboriginal Liaison Officers (ALOs) and Aboriginal Health Workers (AHWs) can assist in de-escalation of situations with Aboriginal patients by promoting culturally safe care and increasing patient understanding and trust.

	<p>Clinicians should not put their own safety at risk to provide care to a patient exhibiting aggressive or violent behaviour.</p>
<p><b>ATTENTION</b></p>	<p>In the event of personal threat to self or others, clinicians should:</p> <ul style="list-style-type: none"><li>• call for assistance.</li><li>• activate a Code Black/Personal Threat (dial 55).</li><li>• activate a duress alarm; or contact Security as per local emergency procedures.</li></ul>

### Medical and/or multidisciplinary team assessment and support

Where a patient has exhibited aggressive or violent behaviour, consideration must always be given to the possible contributing factors to behaviour which may include:

- the patient's clinical condition (e.g. pain, cognitive impairment, medication, acute brain injury)
- mental health condition(s)
- alcohol and/or drug use or withdrawal from licit or illicit substances.

A patient who has exhibited aggressive or violent behaviour should be referred for assessment, treatment and support to local, telehealth and metropolitan services as appropriate, e.g. Medical Services, Mental Health and Drug Services, Palliative Care Services, and Social Work.

## Support for patients who are Aboriginal or Culturally and Linguistically Diverse

Where possible and practicable, clinicians are to:

- engage with ALOs and / or AHWs to support care for Aboriginal patients
- ensure communication is delivered in the correct language and manner appropriate for the patient's needs as described in the MP 0051/17 [Language Services Policy](#) and supporting documents:
  - [Language Services Procedure](#)
  - [Language-Services-Guidelines](#)
- engage with the [Aboriginal Interpreting WA services](#)
- enhance cultural knowledge through completion of the following courses available from [MyLearning](#):
  - Cultural Diversity: Health Equity Series
  - Aboriginal Cultural eLearning (ACeL): Aboriginal Health and Wellbeing.

## Post-incident support for staff

Support should be offered to clinicians reporting or involved in an aggressive or violent incident. This may include:

- post incident care strategies as per [Staff Support Post Critical Incident Guideline](#)
- debriefing after the incident and checking in with each staff member before the end of the shift
- scheduling clinician huddles and staff meetings to discuss aggressive or violent incidents and associated management strategies
- ensuring clinicians are aware of aggression prevention and management strategies and have undertaken training appropriate to their role. Staff can complete Aggression Module 1: Theory (MA1 EL2) (available from [MyLearning](#)). Refer to the [Preventing and Managing Occupational Violence](#) intranet page for further information
- encouraging staff to access the [Employee Assistance Program](#)
- ensuring clinicians are aware of the [Reporting an Incident of Workplace Aggression or Violence to WA Police Guideline](#).

## 2.3 Refusal or withdrawal of treatment for a session

The option to refuse or withdraw treatment must only be considered after all de-escalation options have been exhausted as described in [section 2.2](#) and the safety of clinicians or others is deemed at risk.

Escalation to a senior clinical staff member should occur as detailed in the DoH [Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Procedure](#).

The DoH [Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Procedure](#) excludes mental health patients hence the decision to refuse or withdraw treatment of a mental health patient must be made in consultation with the consultant psychiatrist and clinical director.

## The decision to refuse or withdraw HD treatment for a session

The decision to refuse or withdraw HD treatment for a session should be made by:

- CNM and Senior Medical Officer (SMO) during work hours.
- After hours - Senior clinician/shift coordinator, Medical Officer and SMO.

The decision is temporary and may be reversed at any time by the CNM and SMO. It remains in effect until the patient no longer exhibits aggressive or violent behaviour. The decision must be communicated by the CNM, SMO and ALO / AHW to the patient and to relevant clinicians to support patient's ongoing care.

The patient is to be advised:

- to return to the SDU for their next scheduled treatment session
- to present to the Emergency Department (ED) if they become unwell prior to their next HD session
- where appropriate and possible, the patient's family, carer or legal substitute decision maker should be notified of the decision to refuse or withdraw treatment for a session.

The CNM is to communicate the decision to the:

- Nephrologist
- Regional Director of Nursing and Midwifery (RDNM)
- Regional Medical Director (RMD) or site equivalent.

After hours, the senior clinical or shift coordinator is to notify the Executive on-call of the decision.

If the HD patient becomes unwell and presents to the ED, refer to [Missed Haemodialysis Sessions – Medical Management Guideline](#) for the management of patients who missed HD session(s) and require stabilisation prior to commencing HD treatment.

## 2.4 Post incident reporting and documentation

The incident reporting and investigation method(s) required should be determined by the type of aggressive or violent behaviour incident. As part of any incident investigation, the patient, their family, carer or legal substitute decision maker should be engaged in discussions to determine if there are any SDU situational or environmental factors (e.g. treatment processes, other patients, visitors, noise, cultural considerations) that may contribute to the patient exhibiting aggressive or violent behaviour.

[Table 1](#) summarises types of aggressive or violent behaviour incidents that may occur and the incident reporting and investigation methods that may be utilised.

Type of incident	Incident reporting and investigation method		
	WACHS Safety Risk Report Form	Datix Clinical Incident Management System	MR36 WACHS Discharge Against Medical Advice Form
a) Aggressive or violent behaviour from patients towards clinicians	X		
b) Aggressive or violent behaviour from patients towards other patients, objects or structures	X	X	
c) Incidents as described in a) or b) and patient requesting to cease HD treatment early and not completing prescribed hours	X	X	X

Table 1: Aggressive or violent behaviour incident reporting and investigation methods

### Safety Risk Report Form

Aggressive or violent behaviour from patients towards clinicians should be reported through the [Safety Risk Report Form](#) (SRRF) as per the [Hazard and Incident Management Procedure](#).

The [Hazard and Incident Management Procedure](#) provides information on the requirements and responsibilities for all relevant stakeholders with respect to reporting and investigation of occupational health and safety hazards, accidents, incidents or risks. All incidents, hazards, and near misses occurring at the workplace must be reported and investigated. The WACHS SRRF is a combined hazard, accident, incident and risk reporting form.

The [Aggression Investigation Checklist](#) should inform incident investigation and risk control development if applicable.

### Datix Clinical Incident Management System

Aggressive or violent behaviour from patients that should be notified via Datix Clinical Incident Management System (CIMS) within the 'behaviour' incident type tier one category include:

- patient refusal of diagnostic / therapeutic recommendations / interventions (e.g., patient requests to cease HD treatment early and not completing prescribed hours)
- inappropriate / aggressive behaviour by a patient towards an object / structure (e.g., patient throwing items or damaging property).
- inappropriate / aggressive behaviour towards a patient by a patient (e.g., physical, verbal).

The MP 0122/19 [Clinical Incident Management Policy](#) aims to ensure WA health entities implement consistent and accountable processes and systems for the management of clinical incidents (or near misses) to prevent harm to patients and consumers, ensuring patients and staff are supported when a clinical incident (or near miss) occurs, and improve patient safety.

The DoH [Clinical Incident Management Guideline](#) provides information on the process to investigate a clinical incident.

## Discharge Against Medical Advice

The [Discharge Against Medical Advice \(DAMA\) Policy](#) provides information to manage the situation where a patient chooses to leave the hospital before the completion of their treatment, against the advice of the treating clinician. The policy includes a patient risk assessment to assist clinicians in assessing a patient's level of risk as a result of DAMA. Levels of risk are low, moderate or high with risk assessments relying on the treating clinician's best clinical assessment at the time.

If it is determined that a patient leaving the SDU before treatment is deemed high risk, a [MR36 WACHS Discharge Against Medical Advice Form](#) should be used.

## Risk controls

The SSRF and Datix CIMS should detail the risk controls to be actioned to minimise the risk of further aggressive or violent incidents as informed by the investigation findings and outcomes from medical and / or multidisciplinary team assessment.

A behaviour risk alert may be added to a patient's medical record. Clinicians can commence the process via completion of a MR ALERT 0.3 Risk Alert Notification form via [regional form registers](#).

The use of a behaviour management plan, as described in [section 2.5](#), may be identified as a risk control to prevent the recurrence of aggression or violence.

## 2.5 Behaviour management plan

The aim of a behaviour management plan is to detail the:

- expectations of the patient when receiving treatment in the SDU
- support to be provided to a patient when attending treatment e.g. use of plain language, visual aids, time to process information, and cultural considerations
- outcomes when expectations of the behaviour management plan are not met.

The CNM and the Nephrologist should use the [MR660.11 WACHS Satellite Dialysis Unit Patient Behaviour Management Plan](#) to make a tailored plan for the patient. ALOs and / or AHWs should be involved in the development of the behaviour management plan for Aboriginal patients.

The CNM, Nephrologist, ALO and/or AHW should meet with the patient, their family or carer, or legal substitute decision maker to discuss:

- examples of when the patient has exhibited aggressive or violent behaviour.
- the use of the [MR660.11 WACHS Satellite Dialysis Unit Patient Behaviour Management Plan](#)
- the expectations of the patient and support the patient requires when receiving treatment in the SDU
- the outcomes when expectations of the behaviour management plan are not met
- the plan will be reviewed monthly or three monthly by the CNM, Nephrologist, ALO and/or AHW (for Aboriginal patients) to see if the plan has been effective or needs to be changed. Any changes to the plan will be discussed with the patient



- the patient's understanding of requirements of the behaviour management plan. The patient's family or carer, or legal substitute decision maker, or ALO and/or AHW should assist in explaining the plan if required.
- the request that the behaviour management plan is signed/accepted
- a patient who chooses not to sign / accept the behaviour management plan should be asked to confirm their understanding that their care will be transferred from the SDU as described in [section 2.6](#). The CNM should inform the RDNM and RMD of the patient's decision to not accept/sign the behaviour management plan.

The behaviour management plan should be signed by the RDNM and RMD and a copy should be given to the patient. The CNM should share the signed behaviour management plan with all clinicians, ED staff, and site security with emphasis on:

- where to find the plan:
  - in the patient's digital medical record
  - in hard copy in the patient's SDU folder / file
- when and how to refer to the plan
- the importance of consistent implementation of the plan.

Occasions where the patient does not meet the expectations of the behaviour management plan should be documented in the patient medical record and clinicians should complete incident reporting method(s) as per [section 2.4](#) if the patient exhibits further aggressive or violent behaviour.

### Review of the behaviour management plan

After one month, the CNM, Nephrologist, ALO and/or AHW should review the patient's medical record, SRRF and Datix CIMS (if applicable) for information regarding the implementation of the behaviour management plan and the patient's behaviour.

The review should consider the patient's cultural and social context (e.g. grief, family obligations, trauma history) when evaluating the behaviour plan for effectiveness.

If the implementation of the behaviour management plan is deemed effective, the behaviour management plan should be continued and discussed with the patient with ongoing three-monthly reviews of effectiveness as part of the patient's Nephrology appointments.

If changes to the behaviour management plan are required as a result of review, the changes should be discussed with the patient, and a new behaviour management plan should be completed and signed/accepted by the patient and the RDNM and RMD.

A new behaviour management plan should be reviewed by the CNM, Nephrologist, and ALO and/or AHW after one month, followed by the three-monthly reviews.

After 12 months, continuation of the behaviour management plan should be discussed or a new plan developed.

### 2.6 Transfer of the patient's care from the SDU

Transfer of the patient's care from a WACHS SDU should be considered if:

- the behaviour management plan has not been effective, and the patient continues to exhibit aggressive or violent behaviour

- transfer is identified as a risk control
- transfer is recommended from a major incident investigation.

The options for transfer of a patient from a WACHS SDU are:

- transfer to a tertiary dialysis unit
- transfer to an alternative regional dialysis unit
- referral to a regional palliative care service.

The CNM, Nephrologist, ALO and/or AHW should discuss the options for transfer from the WACHS SDU. Discussions regarding transfer of Aboriginal patients should involve consideration of factors such as cultural identity, family and kinship, participation in cultural activities and access to traditional lands which are key determinants of health and wellbeing for Aboriginal people.

The tertiary dialysis CNM and regional palliative care service CNM should be consulted to determine if the services would agree to the transfer of the patient and have appropriate resourcing to safely manage aggressive or violent behaviour.

### **Discussion with the patient regarding the transfer of patient care from the SDU**

A discussion with the patient about the decision to transfer the patient from the WACHS SDU should include the following people:

- patient, their family, carer or legal substitute decision maker
- SDU CNM
- nephrologist
- RDNM
- RMD
- ALO and/or AHW
- multidisciplinary staff – as applicable.

The discussion should include the following:

- a summary of the risk controls that had been implemented and documented incident reports indicating the patient had continued to exhibit aggressive or violent behaviour.
- the decision to transfer the patient from the WACHS SDU
- the transfer option(s) available to the patient
- a request for the patient, their family, carer or legal substitute decision maker decide on the preferred transfer option(s).

### **Transfer to a tertiary dialysis unit**

Considerations for transfer to a tertiary dialysis unit should include:

- the receiving tertiary dialysis unit should have the appropriate arrangements in place to provide a safe environment for patients and staff
- the receiving tertiary dialysis unit should receive handover of relevant clinical and behavioural information via the [MR660.10 WACHS Satellite Dialysis Unit Clinical Handover](#)
- the availability of suitable accommodation for the patient.



## Transfer to a palliative care service

Considerations for transfer to a palliative care service for conservative management includes:

- the receiving palliative care service having the appropriate arrangements in place to provide a safe environment for staff
- the receiving palliative care service receiving handover of relevant clinical and behavioural information via the [MR660.10 WACHS Satellite Dialysis Unit Clinical Handover](#).

## 3. Roles and Responsibilities

WACHS clinicians will have varied roles and responsibilities in implementing this guideline dependent on their scope of practice. These include:

**Regional Directors of Nursing and Midwifery** and **Regional Medical Directors** are responsible for:

- approving the patient's behavioural management plan
- participating in discussions with the patient regarding available treatment options if a decision has been made to transfer the patient from the SDU.

**Nephrologists** are responsible for:

- developing the patient's behavioural management plan in collaboration with the Clinical Nurse Manager and Aboriginal Liaison Officer and/or Aboriginal Health Worker
- participating in discussions with the patient regarding the implementation of a behaviour management plan
- reviewing the patient's behavioural management plan in collaboration with the Clinical Nurse Manager, Aboriginal Liaison Officer and/or Aboriginal Health Worker to evaluate the ongoing effectiveness of the plan.
- participating in discussions with the patient regarding available treatment options if a decision has been made to transfer the patient from the SDU.

**Senior Medical Officers** are responsible for:

- deciding to refuse or withdraw treatment for a session in collaboration with the Clinical Nurse Manager
- communicating the decision regarding the refusal or withdraw treatment for a session to the patient.

**SDU Clinical Nurse Managers** are responsible for:

- deciding to refuse or withdraw treatment for a session in collaboration with the Senior Medical Officer
- communicating the decision regarding the refusal or withdrawal of treatment for a session to the patient
- notifying the Nephrologist, Regional Director of Nursing and Midwifery and Regional Medical Director of the decision to refuse or withdraw treatment for a session
- developing the patient's behavioural management plan in collaboration with the Nephrologist, Aboriginal Liaison Officer and/or Aboriginal Health Worker
- participating in discussions with the patient regarding the implementation of a behaviour management plan
- communicating the behaviour management plan with all clinicians and site security.

- reviewing the patient's behavioural management plan in collaboration with the Nephrologist, Aboriginal Liaison Officer and/or Aboriginal Health Worker to evaluate the ongoing effectiveness of the plan.
- implementing strategies to support staff reporting or involved in an aggressive or a violent incident
- participating in discussions with the patient regarding available treatment options if a decision has been made to transfer the patient from the SDU.

**Haemodialysis clinicians** are responsible for:

- providing patient orientation
- attempting to de-escalate a situation when patients exhibit aggressive or violent behaviours if safe to do so
- reporting all incidents, hazards, and near misses occurring at the workplace
- participating in staff support strategies implemented by the SDU Clinical Nurse Manager.

**All staff** are required to work within their scope of practice, level of training and in line with our policies and guidelines to ensure that WACHS is a safe, equitable and positive place to be. Guidelines are the recommended course of action for WACHS staff who are expected to use this information to guide practice. 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

The guidance recommended in this policy document will be monitored through review of work health and safety data undertaken monthly by the WACHS Renal Services Team and tabled at the WACHS Renal Governance Group meetings.

This guideline will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every three years by the WACHS Renal Services Team and the WACHS Renal Governance Group.

## 5. References

Australian Institute of Health and Welfare 2025. [Aboriginal and Torres Strait Islander Health Performance Framework: summary report June 2025](#). AIHW: Australian Government. Accessed 27 August 2025.

Burns T, Smyth A. [Reducing aggression in the haemodialysis unit by improving the dialysis experience for patients](#). Renal Society of Australasia Journal [Internet]. 2010 [cited 2025 May 12]. 7(2). 79-89.

East Metropolitan Health Service, Royal Perth Bentley Group. [Dialysis Unit Clinical Escalation and Management of Aggressive Patients SOP](#). [Internet]. 2021 [cited 2025 May 12].

Jacob A, Vafeas C, Stoneman, L, Jacob, E. [Rural dialysis nurses' experiences with challenging patients: a thematic qualitative analysis](#). Renal Society of Australasia Journal [Internet]. 2020 [cited 2025 May 12];16(1).

Pancířová J, Liossatou A, Noble H, Carswll C, Tsougarakis HE, Velonaki VS (2021). [Violence and aggression in renal care: a guide for nurses](#) [Internet]. 2021 [cited 2025 May 12]. Hergiswil: European Dialysis and Transplant Nurses Association/European Renal Care Association (EDTNA/ERCA)

## 6. Definitions

Term	Definition
<b>Aboriginal</b>	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
<b>Aggressive or violent behaviour</b>	A range of behaviours or actions that may reasonably be expected to cause harm, hurt or injury to another person. Behaviours include, but are not limited to verbal, physical or psychological abuse, threats, spitting, biting or throwing objects. The aggressive or violent behaviour may involve an actual or implied threat to health, safety or wellbeing.
<b>Clinical handover</b>	The transfer of professional responsibility and accountability for part or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.
<b>Conservative management</b>	An approach to care that provides the patient with a reasonable quality of life while not artificially extending life via haemodialysis.
<b>De-escalation</b>	De-escalation is the process of recognising the early signs of distress, anger or frustration and intervening to reduce the level or the intensity of those feelings
<b>Haemodialysis</b>	Haemodialysis is treatment for end stage kidney disease via machine and artificial kidney using access to the bloodstream. Treatment can be nurse assisted or performed by patient self-caring.
<b>Haemodialysis Clinician</b>	A Haemodialysis Clinician is a qualified healthcare professional who provides haemodialysis treatment e.g., nurse and Aboriginal health practitioner.
<b>Nephrologist</b>	Senior physician specialised in renal medicine providing diagnosis and management of kidney disease.
<b>Satellite Dialysis Unit</b>	A Satellite Dialysis Unit provides haemodialysis away from a tertiary hospital site. This option is suitable for medically stable, relatively independent patients for whom home therapies is not appropriate.

## 7. Document Summary

<b>Coverage</b>	WACHS wide
<b>Audience</b>	WACHS haemodialysis clinicians providing care to HD patients in a WACHS Satellite Dialysis Unit.
<b>Records Management</b>	<a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Work Health and Safety Act 2020</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0051/17 <a href="#">Language Services Policy</a></li> <li>• MP 0174/22 <a href="#">Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Policy</a></li> <li>• MP 0122/19 <a href="#">Clinical Incident Management Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Discharge Against Medical Advice Policy</a></li> <li>• <a href="#">Hazard and Incident Management Procedure</a></li> <li>• <a href="#">Missed Haemodialysis Sessions – Medical Management Guideline</a></li> <li>• <a href="#">Recognising the Importance of Carers Policy</a></li> <li>• <a href="#">Reporting an Incident of Workplace Aggression or Violence to WA Police Guideline</a></li> <li>• <a href="#">Staff Support Post Critical Incident Guideline</a></li> <li>• <a href="#">Work Health and Safety Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• DoH <a href="#">Clinical Incident Management Guideline</a></li> <li>• DoH <a href="#">Language-Services-Guidelines</a></li> <li>• DoH <a href="#">Language-Services-Procedure</a></li> <li>• DoH <a href="#">Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Procedure</a></li> <li>• <a href="#">WA Aboriginal Health and Wellbeing Framework 2015–2030</a></li> <li>• <a href="#">WA Country Health Service Cultural Governance Framework</a></li> <li>• WACHS <a href="#">De-escalation Techniques</a></li> <li>• WACHS <a href="#">Workplace Violence and Aggression Strategy 2024 - 2028</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">MR660.10 WACHS Satellite Dialysis Unit Clinical Handover</a></li> <li>• <a href="#">MR660.11 WACHS Satellite Dialysis Unit Patient Behaviour Management Plan</a></li> <li>• <a href="#">MR36 WACHS Discharge Against Medical Advice Form</a></li> <li>• <a href="#">WACHS Aggression Investigation Checklist</a></li> <li>• WACHS <a href="#">Safety Risk Report Form</a></li> </ul>
<b>Related Training</b>	<p>Available from <a href="#">MyLearning</a>:</p> <ul style="list-style-type: none"> <li>• Aboriginal Cultural eLearning (ACeL): Aboriginal Health and Wellbeing</li> <li>• Aggression Module 1: Theory (MA1 EL2)</li> <li>• Cultural Diversity: Health Equity Series</li> </ul>

<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 4761
<b><u>National Safety and Quality Health Service (NSQHS) Standards</u></b>	1.30, 5.03, 5.10, 5.11, 5.12, 5.13, 5.33, 5.34, 6.03, 6.08, 6.09, 6.11
<b><u>Aged Care Quality Standards</u></b>	Nil
<b><u>Chief Psychiatrist's Standards for Clinical Care</u></b>	Nil
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
1.00	27 November 2025	27 November 2025	New Guideline
1.01	1 December 2025	27 November 2025	Minor amendment to add link to new form

## 9. Approval

<b>Policy Owner</b>	Executive Director of Clinical Excellence
<b>Co-approver</b>	Executive Director Nursing and Midwifery Services
<b>Contact</b>	Clinical Nurse Consultant - Renal
<b>Business Unit</b>	Population Health
<b>EDRMS #</b>	ED-WA-25-441536
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