



Patient Injury Procedure

Effective: 3 May 2018

1. Guiding Principles

Where an injury occurs patients are treated with dignity and respect.

Ensure that patients receive appropriate medical attention if injured due to an accident or incident whilst an inpatient.

Patient injury may require that reporting is conducted as per [Mental Health Act 2014](#) (WA), Operational Directive 0635/15 [Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#) and [Occupational Safety and Health Act 1984](#) (WA).

Where possible, the patient's carer, close family member or personal support person must be informed where an injury occurs.

Where indicated, debriefing is to occur for staff, patients and visitors where an injury occurs.

Open disclosure process must occur where indicated.

2. Procedure

2.1 If a patient is injured, regardless of the cause, the Shift Coordinator is responsible to:

- § notify and request that a physical examination be conducted. The Shift Coordinator is to notify the Mabu Liyan medical team during normal business hours and after hours the Duty Medical Officer, Broome Hospital
- § ensure that any treatment or investigation prescribed as a result of the examination is followed up in a timely manner
- § ensure that nursing actions are initiated to assist the patient to cope with and minimise further aggravation to the injury
- § register the incident on the Datix Clinical Incident Management System (Datix CIMS) as per the Clinical Incident Management Policy (2015)
- § ensure that the incident is recorded in the patient health record.
- § as a result of the incident a risk assessment will be conducted and recorded in the patient health record.
- § at an appropriate time following the injury/incident, a health professional and where indicated assisted by an Aboriginal Mental Health Liaison officer, will use the post incident debriefing Appendix 1 as a guide to respond to patient concerns about the incident. This form provides structure to a debrief session and is completed by a staff member. Once completed it is filed in the patient health record.
- § if the patient refuses, this is recorded in the patient health record.

2.2 If a patient is injured during a restraint, the same procedure applies.

2.3 Where an injury has occurred it may be investigated with a Sentinel Event Audit/ Analysis and/or Root Cause Analysis (RCA) where the injury is significant.

2.4 Documentation including Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist and Clinical Incident Management reporting must be completed.

3. Definitions

Root Cause Analysis (RCA)	RCA investigations are conducted by multi-disciplinary teams who seek to determine the root causes of the incident and provide recommendations about how to avoid such incidents reoccurring
Sentinel Event Audit/Analysis (SEA)	Significant event audit or analysis (SEA) is an increasingly routine part of good clinical practice. It is a technique to reflect on and learn from individual cases to improve quality of care overall. It should be performed in reviewing all clinical incidents (e.g. near misses, medication errors, ineffective handover, major incident and patient complaints which have a clinical component).
Open Disclosure	An open discussion with a patient and personal support person about an incident(s) that resulted in harm to that patient while they were receiving health care. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence.

4. Roles and Responsibilities

4.1 Clinical Director

Has overall responsibility for ensuring that services are delivered in accordance with this procedure.

4.2 Consultant Psychiatrist

Is responsible for the medical management of patients in accordance with this procedure.

4.3 Clinical Nurse Manager

Is responsible for the implementation of this procedure.

4.4 All Staff

All staff are required to work within this procedure to make sure Broome Mental Health Unit is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

This procedure is to be reviewed every five (5) years.

7. Standards

National Safety and Quality Health Care Standards Second Edition: 1.6 (b); 1.11 (a); 1.11(b); 1.11 (c); 1.11 (d); 1.11 (e); 1.11 (f); 1.12(a); 1.12(b); 1.30 (a); 1.30 (b); 2.8; 5.10 (b); 5.34 (c); 6.11; 8.13.

National Standards for Mental Health Services: 2.1; 8.8; 8.11.

National Standards for Disability Services: 1.1; 1.5.

8. Legislation

Mental Health Act 2014 (WA)

Occupational Safety and Health Act 1984 (WA)

9. References

WACHS Intranet: Open Disclosure

10. Related Forms

WACHS Safety Risk Report Form

11. Related Policy Documents

WACHS Adult Psychiatric Inpatient Services - Referral, Admission, Assessment Care Treatment Discharge Policy

Patient Admission Procedure - Broome Mental Health Unit

12. Related WA Health Policies

OD 0635/11 Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist

OD 0611/15 Clinical Incident Management Policy 2015

13. WA Health Policy Framework

Clinical Governance, Safety and Quality Policy Framework

Mental Health Policy Framework

**This document can be made available in alternative formats
on request for a person with a disability**

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