# Use of Safe Room in Emergency Department Procedure

**Draft: 19/02/2020   Version 1.01**

## 1. Guiding Principles

1.1　The purpose of this procedure is to provide guidance for the appropriate use of and to maximise safety in the use of Emergency Department Safe Room.

1.2　The Safe Room provides a safe, quiet, low stimulus environment for a patient who is severely behaviourally disturbed and considered unsuitable for the general waiting room or Emergency Department (ED) cubicle. This includes but is not exclusive to a patient who is aroused, potentially aggressive or violent.

1.3　Wherever possible the patient and or carer, close family member or personal support person must be provided with reassurance and information on care and treatment.

1.4　The Safe Room is fully equipped with fully operating Suction, Oxygen and Medical Air, which is safely stored behind lockable cupboards.

1.5　The Safe Room is furnished with a hospital stretcher; otherwise there is to be minimal furniture in the room. The Safe Room is to be set up prior to a patient being escorted in. i.e. cupboards secured; chairs removed.

1.6　Where a patient is admitted to the Safe Room one registered nurse must be allocated. If the patient is not an airway risk, medically unstable or not heavily sedated then a security guard will usually special the patient in the Safe Room under the supervision of a registered nurse.

1.7　The patient is not to be admitted to the Safe Room if they have a decreased conscious state.

1.8　Staff must wear duress pendant and be aware of duress buttons and exit points in the Safe Room. Code Black - Personal Threat Procedure Broome Hospital.

## 2. Procedure

2.1　The District Medical Officer (DMO) and ED Nursing Coordinator are alerted to the potential need for the use of the Safe Room. This may be communicated by WA Police, St. John's Ambulance or the Triage Nurse. The patients presentation may include:

2.1.1　Violent or aggressive behaviour.

2.1.2　Frightened or paranoid behaviour.

2.1.3　Depressed and or withdrawn behaviour.

2.1.4　Vulnerable patient.

2.1.5　Patients assessed as high risk.

2.2　The patient is to be triaged and a decision is to be made on disposition for further assessment i.e. Police custody, Safe Room ED cubicle.

2.3　If a patient is deemed to require the use of the Safe Room, it must be discussed and decision made with the ED Coordinator and DMO.

2.4　A personal search of the patient and their belongings must be conducted before the patient is allocated to the Safe Room. Mental Health Search and Seizure Procedure

2.5 During normal business hours the Clinical Nurse Manager (CNM) and After Hours Nurse Manager (AHNM) must be notified of the use of the Safe Room.

2.6 Staff must inform the Shift Coordinator when entering the Safe Room to provide care the patient.

2.7 Where the patient is aggressive and or violent a Code Black must be called and security present. If the patient is not in Police custody, the police can be called to assist.

2.8 Following assessment by the DMO, referral may be made to Kimberley Mental Health and Drug Service (KMHDS) for further specialist mental health assessment.

    2.8.1 Monday to Sundays 0800-1630hr: Mental Health Liaison Nurse (MHLN)

    2.8.2 After hours: on call Psychiatrist

2.9 Where the patient requires chemical sedation, the procedure can be commenced in the Safe Room and the patient transferred to a cardiac/respiratory monitored bay when it is safe to do so.

2.10 Where the patient required sedation, staff are guided by the WACHS [Sedation for Mental Health Patients Awaiting Aeromedical Transfer Guideline](#) and ensure the [MR187 WACHS Sedation Management Checklist](#) is completed.

2.11 Where a person receives Emergency Psychiatric Treatment (EPT), [Form 9A - Record of Emergency Psychiatric Treatment](#) is to be completed as a requirement of the [WA Mental Health Act 2014](#) *(MHA)*

2.12 Where restraint is used, WACHS [Restraint and Seclusion Minimisation Clinical Practice Standard](#) provides a guide for clinical practice and patient observation and reporting is required under the MHA 14.
[Form 10B - Written Bodily Restraint Order](#)
[Form 10D - Record of Observations Made of A restrained Person](#)

## 3. Definitions

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| **Safe Room** | Is a designated room that has minimal furnishings or fittings, is a quiet, low stimulus environment for the care of a patient who is clinically assessed as requiring care in this room |
| **Code Black** | A Code Black is a call for assistance, when an individual (staff, patient or visitor) is at personal threat of harm from an act of aggression |

## 4. Roles and Responsibilities

- **WACHS Kimberley Regional Director and Managers**
  Responsible for the implementation of this procedure and compliance in the area of functional responsibility

- **Senior Medical Officer**
  Responsible for the implementation of, and ensure that all new Medical Officers are oriented to, this procedure

- **Clinical Nurse Manager ED/HDU/MIT/HBU**
  Responsible for the implementation of this procedure
  Responsible to ensure the completion of audits and monitoring systems for compliancy requirements

- **Broome Hospital Staff Development Team**
  Responsible to ensure that information relating to accessing WACHS policy and procedure is incorporated into the staff orientation program.

- **All Staff**
  Are required to work within this procedure to make sure Broome Hospital is a safe, equitable and positive place to be.

## 5. Compliance

It is a requirement of the WA Health Code of Conduct that employees "comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies". Failure to comply may constitute suspected misconduct under the WA Health Misconduct and Discipline Policy.

## 6. Evaluation

- This procedure is to be reviewed by the Clinical Nurse Manager (CNM) and Senior Medical Officer every two years.
- Clinical incidents are to be reviewed for compliance with this procedure by the CNM.
- The National Emergency Access Target is to be audited monthly by the CNM.
- Inter-regional Royal Flying Doctor Service transfers data from other sites to Broome Hospital and to tertiary centres are to be audited to assess trends and usage of the Safe Room by the ED Clinical Nurse Manager every three months

## 7. Standards

- National Safety and Quality Health Care Standards: 1.3.1; 1.4.1; 1.5.2; 1.6.2; 1.7.1; 1.8.1; 1.8.2; 1.8.3; 1.14.4; 3.3.2; 3.10.1; 3.11.1; 3.12.1; 4.4.2; 4.6.1; 4.6.2; 4.7.1; 4.7.2; 4.14.1; 4.13.1; 5.5.1; 6.2.1; 6.5.1; 8.2.4; 8.5.1; 9.4.1; 9.4.2; 9.4.3; 9.6.1; 9.6.2; 10.1.1; 10.2.4; 10.5.1
- EQuIPNational Standards: 11.3.1; 11.5.2; 12.2.1; 12.3.1; 12.4.1; 15.12.1; 15.13.1; 15.16.2; 15.21.2
- National Standards for Mental Health Services: 1.1; 1.3; 1.9; 2.3; 2.6; 2.11; 2.13; 6.1; 7.2; 8.7; 8.10; 9.3; 10.3.5; 10.4.2; 10.4.5; 10.5.2; 10.5.3; 10.5.5;

## 8. Legislation

- *WA Mental Health Act 2014 (MHA)*

## 9. References
- Kimberley Intranet: Kimberley Mental Health and Drug Service – MRK119 Adult Brief Risk Assessment and MRK119P CAMHS Risk Assessment
- Recognising and Responding to Clinical Deterioration | Safety and Quality

## 10. Related Forms

- MR187 WACHS Sedation Management Checklist
- Form 9A - Record of Emergency Psychiatric Treatment
- Form 10B - Written Bodily Restraint Order
- Form 10D - Record of Observations Made of A restrained Person

## 11. Related Policy Documents

- WACHS Assessment Admission Treatment and Discharge of Mental Health Patients in Emergency Departments and General Wards Guideline
- WACHS Suicide Risk Assessment and Management in Emergency Departments and General Wards Guideline
- WACHS Sedation for Mental Health Patients Awaiting Aeromedical Transfer Guideline
- WACHS Restraint and Seclusion Minimisation Clinical Practice Standard
- Code Black - Personal Threat Procedure - Broome Hospital
- Mental Health Search and Seizure Procedure

## 12. 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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