



Use of Security Personnel for Mental Health Patients Procedure

1. Background

Effective: 24 February 2021

The Goldfields Mental Health Service (GMHS) is committed to providing a safe and secure environment for staff, patients, personal support persons, carers, and visitors.

In the first instance a nurse should be the person to special a patient. Where a patient is physically hostile or verbally threatening to other patients or staff, or has a recent history of such behaviour, security should be used in the first instance. Otherwise, consideration is to be given, in order, to:

- Allocation of available nurses within the ward environment
- Use of casual nurses
- Use of float nurses
- Use of overtime (when a nurse is required for clinical reasons).

This procedure is intended as a guide for clinical staff when security personnel are undertaking guarding, or surveillance duties for mental health patients in the Mental Health Inpatient Unit (MHIU) or outlying beds within the hospital. Generally, the role of security personnel is to support nursing staff with patients who have been assessed as presenting a potential risk to themselves and or others and require an increased level of observation. Security personnel are able to support de-escalation and restraint of patients under the direction of nursing and medical staff.

This procedure applies to use of security personnel for patients receiving mental health care in all locations throughout the hospital.

2. Procedure

- The process for booking security personnel via Admissions Discharge Coordinator (ADC) or Hospital Coordinator (HC) after hours at the Kalgoorlie Hospital for the Goldfields Mental Health Inpatient Service (GMHIS) and other locations within the Kalgoorlie Hospital is described in Booking Process for Security Personnel [Appendix 1](#).
- Guidance for the ADC or HC in obtaining staff for specialising of mental health patients is included in the Staffing for Mental Health Patients Specials Guide with Escalation [Appendix 2](#).
- In the event that there is insufficient security personnel available the HC is to consider other options such as use of Patient Care Assistants or nurse specials and escalate any risks to the Coordinator of Nursing or Tier 4 manager.
- Security personnel are required to carry out any lawful instructions expediently and efficiently within their scope of practice, and according to security contract provisions.
- The primary nurse caring for the patient and the nurse in charge of the shift are to be identified to the security personnel at the commencement of their shift and are to ensure they maintain clinical responsibility for the patient.
- The person who activates the request for security personnel is to document the request and the rationale in the medical record.

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Always source the current version from [WACHS HealthPoint Policies](#).

- Security personnel are to sign in and out using the Security Book in the nursing office or other register provided, at the commencement and end of each shift.
- The nurse responsible for the patient is to provide written direction to the security personnel using the Static Guard Handover Sheet [Appendix 3](#). These directions are to be updated each shift by the relevant clinical staff. When security personnel are relieved for their breaks the written direction is also to be given to the relief security personnel. Nursing staff and security personnel must both sign the Static Guard Handover Sheet to evidence that the handover has occurred.
- Security personnel are not to engage in conversation with a patient while medical / clinical staff are interacting with the patient unless assistance is directly requested.
- Interactions with all patients are to be restricted to non-clinical topics. Patients are to be referred to clinical staff for information with regards to any clinical matter.
- All admitted patients should have instructions for leave as part of their care plan on admission. As per the [GMHS Inpatient Leave Procedure](#), nurses need to undertake a risk assessment prior to patients taking leave. Security personnel are to direct any patient/s seeking to leave the MHIU to nursing staff who will refer to the instructions for leave. If these instructions are not present, or the condition of the patient has changed, or arrangements for support of leave has changed, nursing staff are to reassess the patient and authorise or decline the leave, with ratification from medical staff as soon as possible. In the Mental Health Inpatient Unit clinical staff should also consider the use of MH Act [Form 2: Order to Detain Voluntary Inpatient for Assessment](#). Security personnel are to actively support the urgent assessment by staff of any patient seeking to leave a general ward without permission.
- Any information pertinent to the patient's condition that is observed, received, or heard must be reported to nursing staff.
- Security personnel are not to engage in clinical conversations with family or visitors and must refer any enquiries to staff.
- If security personnel have a complaint or concerns while working on the ward, these are to be reported verbally to the Shift Coordinator, Clinical Nurse Manager or Admissions Discharge Coordinator. (If out of office hours, report to the Hospital Coordinator and employer).

All Occupational Safety and Health (OSH) related hazard and risk issues identified by security personnel in relation to the MHIU are to be reported to the Clinical Nurse Manager (CNM)/Nurse In Charge (NIC) who may then request the guard complete a 'Safety Risk Report Form' (SRRF). The guard can also complete a SRRF at any time and submit to WACHS-Goldfields Occupational Safety & Health via the Executive Assistant, Hospital Operations

2.1 Personal Presentation

- Security personnel are to be polite, courteous, obliging, and non-judgemental in their approach to all as per the Department of Health Code of Conduct.
- Personal presentation and application of duties are to be completely professional in every aspect.
- No weapons of any kind are to be carried.
- Use of mobile phones is to be for work related matters only.

2.2 Confidentiality

- Confidentiality is to be maintained by staff in line with Department of Health and WACHS policy, and information given to the security personnel must be on a “need to know” basis.
- Under no circumstance is personal information to be exchanged between security personnel and the patient. This includes, but is not limited to names, addresses and telephone numbers. The security personnel must inform the Nursing Shift Co-ordinator as soon as possible if a patient has disclosed or sought personal information.
- Confidentiality is to be maintained by security personnel as per the Security Contract.

2.3 Duty of Care

- All new security personnel are to be orientated to the ward on which they are required to provide the patient special.
- Security personnel are to be aware of their responsibilities in regard to duty of care and OSH legislation, as per WACHS policies, procedures, and guidelines.
- Security personnel are to be advised of the location of duress alarms (including how to activate them), CCTV and the implementation of emergency codes within the Ward they are allocated to at the commencement of their first duty and as a refresher at the individual’s request.

2.4 Ward / Area Guarding

- Security personnel are to remain in the room / area, be observant, diligent, and keep the patient in view as per observation level and direction from clinical staff
- Security personnel should report any issues in regard to their duties or concerns for the patient promptly with the allocated nurse or Shift Coordinator.
- Patients are not to be left unattended unless explicitly directed by a clinician.
- While every effort is made to make available security personnel of the same gender for individual patients, male security personnel must exercise caution to stay in view of hospital staff while attending female patients.
- During a fire alert in the event that the main entrance doors open, security personnel are to act under the direction of clinical staff with regard to at risk patients.

2.5 Patient Escorts

- Patients under surveillance / guard, being transferred from one ward / area to another must be accompanied by the security personnel and a member of staff. Security personnel are not to escort patients alone under any circumstances.

2.6 De-escalation and Physical Restraints

- WACHS and GMHS use a range of training programs for personal safety training, verbal de-escalation and breakaway techniques. WACHS currently offers Code Black restraint training to staff to provide a common response.
- Physical restraints are only to be used under the direction of a clinician and are the last resort in order to ensure least restrictive practice. The use and degree

of force used must be necessary, reasonable and proportionate. This is to prevent harm to the patient or any other person.

- Security personnel may also initiate patient restraint under “Duty of Care”, if this is warranted this to prevent aggression, self-harm or absconding.

3. Definitions

Special / Specialling	For the purposes of this procedure “specialling” is provided with a 1:1 patient ratio. A designated person is allocated to provide the “specialling” or close level observations for a defined period of time. There may be circumstances where the ration of staff to patient will vary: this will be addressed on a case by case basis following clinical assessment
At Risk	Patient whose health condition is deemed to put them at high risk of clinical deterioration, being unsafe or experiencing an adverse event (actual or potential harm).

4. Roles and Responsibilities

The Clinical Director and Regional Manager, Mental Health are to:

- oversee and ensure clinical governance within the GMHS
- assist staff in the resolution of any issues or problems that arise in the use of this procedure
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

The Clinical Nurse Manager (CNM) is to:

- ensure that all GMHS staff receive sufficient training, instruction, and supervision in the use of this procedure
- monitor this document and ensure staff comply with its requirements
- provide and maintain an orientation package for security personnel (Appendix 4).

All staff are to:

- ensure they comply with all requirements within this procedure
- promote a safe recovery oriented, patient-centred culture within the GMHS
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

Security personnel are:

- to ensure they comply with all requirements within this procedure
- responsible for responding to and dealing with potential and actual security incidents and for checking that security measures are in place and working.
- to follow reasonable and lawful instructions of clinical staff at all times.
- to follow the direction of clinical staff when requested to assist in restraining involuntary patients (additional information regarding restraint is also included on the ‘Static Guard Handover Sheet).

5. Compliance

This procedure is a mandatory requirement under the [Mental Health Act 2014](#).

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) 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. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years or as necessary should any changes to legislation or an incident occur where the procedure has not been satisfactory.

Security personnel are to be monitored by the nurse in charge of the shift. Any concerns are to be reported immediately to the CNM or delegate on duty.

Breaches are to be reported to the Regional Manager, Mental Health.

8. Standards

[National Safety and Quality Health Service Standards](#) (Second edition 2017) – 5.31c, 5.33, 5.34b, 5.34c,

[National Standards for Mental Health Services](#) – 2.8, 6.5

9. Legislation

WA Mental Health Act 2014

Occupational Safety and Health Act 1984 (and WA Occupational Safety and Health Regulations 1996)

WA Security and Related Activities (Control) Act 1996

10. Appendices

Appendix 1 - [Booking Process for Security Personnel](#)

Appendix 2 - [Staffing for Mental Health Specials Guide with Escalation](#)

Appendix 3 - [Static Guard Handover Sheet](#)

11. Related Forms

[Form 2 Order to Detain Voluntary Inpatient for Assessment](#)

12. Related Policy Documents

[GMHS Inpatient Leave Procedure](#)

13. Related WA Health System Policies

[MP 0006/16 WA Health Risk Management Policy](#)

[MP 0010/16 Patient Confidentiality Policy](#)

14. Policy Framework

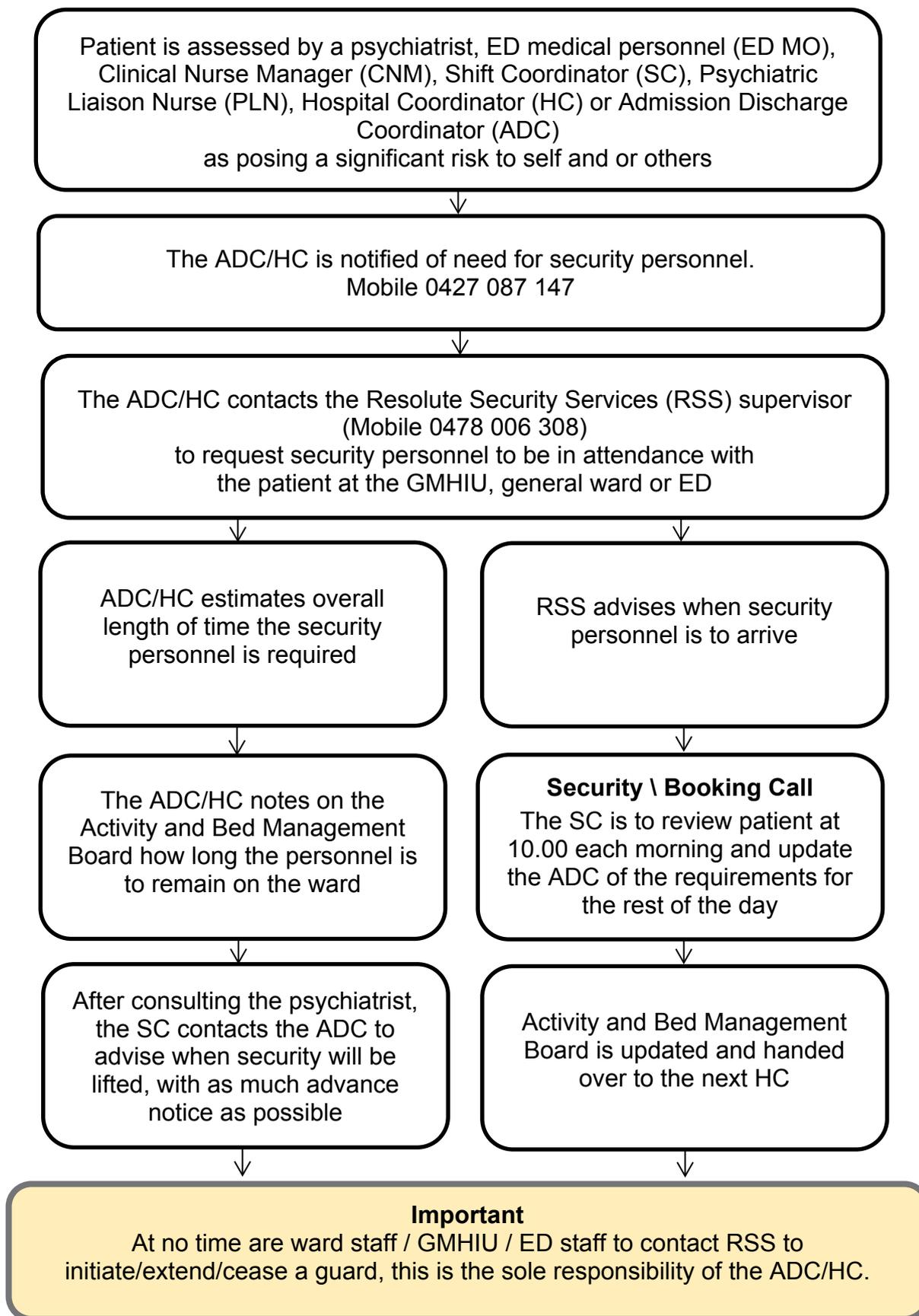
[Mental Health](#)

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Appendix 1 - Booking Process for Security Personnel



Appendix 2 - Staffing for Mental Health Specials Guide with Escalation

Considerations for 1:1 Specialising of Mental Health Patients

Specialising is to take into account the needs of the patient and the circumstances (nursing and clinical demand) of the treating ward at the time. An assessment is to be made as to the best location to base the patient in order to provide the best care with specialising.

Selecting Personnel to 1:1 Special a Patient

Nursing

In the first instance a nurse should be the person to special a patient. Where a patient is physically hostile or verbally threatening to other patients or staff, or has a recent history of such behaviour, security personnel should be used in the first instance. Otherwise, consideration is to be given, in order, to:

- Allocation of available nurses within the ward environment
- Use of casual nurses
- Use of float nurses
- Use of overtime (when a nurse is required for clinical reasons).

Patient Care Assistants (PCAs)

Where nurses are not available and depending upon the level of clinical need of the patient, PCAs may be used to 1:1 special a patient. Consideration should be given, in order, to:

- Allocation of available PCAs within the ward environment
- Use of PCAs from other areas, if capacity available
- Use of casual PCAs
- Use of overtime (when a PCA is required for clinical reasons, and a nurse is not available).

Contract Security Personnel

Where neither nurses nor PCAs are available and there is no immediate in situ requirement for clinical skills in specialising the patient (examples of such cases being falls risk, wandering risk, or sedated patient, where a nurse can be paged quickly if indicated), then security personnel can be used for 1:1 specialising. If the contracted security company is unable to provide a special, then any alternative security company can be contacted to assist.

Escalation pathway

In the event that the CNM or HC has exhausted all options and is unable to source a suitable special, the situation is to be discussed directly with the Coordinator of Nursing, Operations Manager and/or Regional Director.

Appendix 3 – Static Guard Handover Sheet

WACHS Goldfields		Please use ID Label or block print		
Static Guard Handover		Surname	UMRN	
		Given Names	D.O.B.	Gender
		Address		Postcode
		Ward/Dept: _____ Doctor: _____		Telephone
Status under the Mental Health Act				
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Detained	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Unknown	
Precautions or triggers re aggression / violence?				
Recent Behaviour				
<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Damage to Property	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Sexual Safety	
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Absconding	<input type="checkbox"/> Falls Risk	<input type="checkbox"/> Confusion	
<input type="checkbox"/> Other:				
Is the patient to be physically restrained if attempting to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Further direction / information from clinical staff				
<i>Nursing staff are required to ensure simple instructions and to check understanding of expectations with guards</i>				
<i>Security staff are required to request clarification if unsure of any instructions or expectations</i>				
<i>(Complete the below to handover if no change to management plan. If change to plan use new sheet.)</i>				
Date	Shift (AM/PM/Night)	Nurse Signature	Guard Signature	
Handover sheets are not to be removed from the hospital grounds and must be returned to the nurse-in-charge once the sheet is no longer required, for filing in the patient's record				

GFMR 920 Static Guard Handover