

Sexual safety notification to the Chief Psychiatrist

Completing this notification

The person in charge of a mental health service must ensure that the chief psychiatrist is notified in writing of sexual activity, sexual harassment, and sexual assault of any person that occurs within an inpatient mental health service setting. This includes incidents and allegations made by any person.

Complete all relevant sections of this form as part of the immediate post incident response.

Please note that this document is not a practice instruction and intends to document the actions considered necessary by the service provider. If you have any queries, contact the Office of the Chief Psychiatrist (OCP) on (03) 9096 7571.

Submit this form to the OCP within 24 hours of the incident via:

- [Email completed form to Office of the Chief Psychiatrist <ocp@dhhs.vic.gov.au>](mailto:ocp@dhhs.vic.gov.au) or
- Fax: (03) 9096 7697

Mental Health Services will receive a receipt for this notification and the OCP may request further reporting:

- written responses to specific questions from the OCP
- a clinical report
- copy of patient file note
- copy of an incident report (Riskman).

Service details

Unit name:

Mental Health Service Name:

Name and designation of person completing this form

Name:

Designation:

Phone:

Email:

Individuals involved

Person 1

	Consumer	Staff	Other
If consumer, provide the following information			
Name:			
Statewide UR number:			
Mental Health Legal Status at time of incident:			
	Voluntary	Compulsory	
Risk at last risk assessment			
Aggression:	High	Medium	Low
Vulnerability:	High	Medium	Low
Sexual disinhibition:	High	Medium	Low

Person 2

	Consumer	Staff	Other
If consumer, provide the following information			
Name:			
Statewide UR number:			
Mental Health Legal Status at time of incident:			
	Voluntary	Compulsory	
Risk at last risk assessment			
Aggression:	High	Medium	Low
Vulnerability:	High	Medium	Low
Sexual disinhibition:	High	Medium	Low

Incident detail

Day and date (dd mm yyyy):

Time:

Location: LDU Gender specific area Mental Health Intensive Care (HDU)
Seclusion Other If other, specify:

Category: Sexual activity Sexual harassment Sexual assault Not known
Other If other, specify:

Provisional Incident Severity Rating (ISR): 1. Serious 2. Moderate 3. Mild 4. Near miss

Note: For serious and moderate incidents the Authorised Psychiatrist or Delegate are asked to notify the Office of the Chief Psychiatrist, as soon as practicable, at least by next business day.

Summary of incident as it has been reported or observed – including perspective of consumer(s)

Interventions to reduce potential physical and psychological harm

Note: Not all interventions will be required for all incidents.

Person 1 (if Consumer)

Care environment changed: Yes No

If yes, changed to:

LDU Gender specific area
Mental Health Intensive Care (HDU)
Seclusion Another unit
Another MHS Other

If other, specify:

Nursing engagement and observations increased:

Yes No If Yes, specify:

Psychological support provided: Yes No

The service has taken steps to understand the person's views and preferences regarding their sense of safety: Yes No

Physical examination / review: Yes No

Psychiatric examination / review: Yes No

Nursing risk assessment / review: Yes No

Referral to CASA: Yes No

Legal and non-legal advocacy options offered: Yes No

Person 1 (if Staff or Other)

Specify interventions:

Person 2 (if Consumer)

Care environment changed: Yes No

If yes, changed to:

LDU Gender specific area
Mental Health Intensive Care (HDU)
Seclusion Another unit
Another MHS Other

If other, specify:

Nursing engagement and observations increased:

Yes No If Yes, specify:

Psychological support provided: Yes No

The service has taken steps to understand the person's views and preferences regarding their sense of safety: Yes No

Physical examination / review: Yes No

Psychiatric examination / review: Yes No

Nursing risk assessment / review: Yes No

Referral to CASA: Yes No

Legal and non-legal advocacy options offered: Yes No

Person 2 (if Staff or Other)

Specify interventions:

Steps that have been taken to promote and maintain safety

Risk Assessments have been updated: Yes No

Safety plans are in place: Yes No

Safewards – reassurance intervention: Yes No

Other (describe):

Parties notified

Person 1

Family / carer:	Yes	No	Not applicable
Nominated Person:	Yes	No	Not applicable
Guardian:	Yes	No	Not applicable

Person 2

Family / carer:	Yes	No	Not applicable
Nominated Person:	Yes	No	Not applicable
Guardian:	Yes	No	Not applicable

Other parties

Manager / on-call manager: Yes No Police: Yes No

Other: Yes No If Yes, specify:

Some circumstances may require steps are taken to preserve evidence

Where a service provider deems it necessary to preserve evidence all parties must be provided with an explanation of this process, and counselled about access to advocacy.

The service has taken steps to preserve evidence: Yes No Not applicable

If Yes, complete the following

The location of an alleged sexual assault has been isolated pending police attendance: Yes No Not applicable

Persons involved in an allegation of sexual assault have been advised not to shower pending police attendance: Yes No Not applicable

Persons involved in an allegation of sexual assault have been advised not to change their clothes pending police attendance: Yes No Not applicable

Witnesses have been identified: Yes No Not applicable

Resourcing and facility factors at the time of incident

Unit occupancy at the time was: beds out of a total of:

The Unit was operating with a full complement of nursing staff: Yes No

If No – A total of: nursing staff were on duty out of:

The unit was considered to be operating at higher than usual acuity: Yes No

One of the parties had been identified as requiring a Mental Health Intensive Care (HDU) bed, however HDU was full: Yes No Not applicable

One of the parties had been identified as requiring treatment in a gender specific area but this facility was full: Yes No Not applicable

The following features were working at the time

Door lock: Yes No Duress alarm: Yes No Movement sensor: Yes No

Other resourcing or facilities issues:

To receive this publication in an accessible format phone (03) 9096 7571, using the National Relay Service 13 36 77 if required, or [email Office of the Chief Psychiatrist <ocp@dhhs.vic.gov.au>](mailto:ocp@dhhs.vic.gov.au).

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Available at the [Chief Psychiatrist guidelines web page <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>](https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines)