

# Guidelines for behavioural assessment rooms in emergency departments

May 2017

## Background

Supporting patient and worker safety and reducing violence and aggression in Victorian public hospitals are key priorities of the Department of Health and Human Services. The department has been working with health services to strengthen their responses to prevent and manage occupational violence and aggression.

Health services have overarching policies outlining their strategies to provide a safe workplace and for preventing and managing occupational violence. Managing occupational violence and aggression involves a multifaceted organisational response that begins with prevention and extends to post-incident management.

Behavioural assessment rooms can be an effective intervention for managing aggressive patients in hospital emergency departments. These rooms were developed in response to the special needs of patients exhibiting aggression and the need to maximise the safety of staff, patients and others. Agitated and aggressive patients are removed from the main emergency department area, which has equipment with which they can harm themselves or others and stimuli that may exacerbate their agitation. Behavioural assessment rooms provide a separate space within which a multidisciplinary team can work, as well as providing privacy for patients while the situation is assessed and appropriately managed. These rooms can reduce the risk of injury for the patient and staff, facilitate a more positive patient experience, and reduce distress to other patients and visitors in the emergency department.

## Purpose of the guidelines

The purpose of these guidelines is to assist health services to establish appropriate procedures and policies regarding the use and design of behavioural assessment rooms. The guidelines are intended to provide guidance only – they are not a substitute for a health service obtaining its own independent legal and medical advice.

These guidelines apply to Victorian hospitals (public and private) that have, or are planning to introduce, a behavioural assessment room within their emergency department.

Behavioural assessment rooms are not the norm in urgent care centres, mainly because staff resources are not available to maintain staff and patient safety or to support patient care in the room.

## Definitions

### **Behavioural assessment room**

A specifically designed room for assessing and managing emergency department patients exhibiting aggression that places themselves or others (including staff) at risk of harm.

### **Occupational violence and aggression**

Any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of, their employment. Examples of occupational violence include verbal, physical or psychological abuse, threats, spitting, biting, throwing objects, racial vilification, sexual harassment or any form of indecent physical conduct.

## Clinical aggression

Aggression that arises from a health condition and that occurs between a health professional and a patient.

## Senior health practitioner

In this document a senior health practitioner is defined as a medical or nursing team leader (not an intern or graduate) with the skills and knowledge to assess whether a patient's medical condition can or cannot be managed safely in a behavioural assessment room.

# Guidelines

## Overarching principles

- Employers must provide a safe workplace and have strategies in place to proactively prevent and manage occupational violence (as per their obligations under the *Occupational Health and Safety Act 2004*).
- Staff are entitled to a safe and secure working environment that is free of violence.
- Patients should be treated safely and with dignity, ensuring their clinical needs are met and their privacy is maintained.
- The rights and welfare of all patients and visitors should be considered at all times.
- Specific gender and culture-related matters should be observed wherever possible. The unique cultural identity of individuals should be considered to safely meet their needs, expectations and rights.
- A continuous quality improvement process should be implemented to support safe and quality care as well as staff and workplace safety.

## Objectives

### Governance and clinical governance

- The health service should have a policy and procedure (or a set of related policies and procedures) for using the behavioural assessment room that has executive authorisation.
- The behavioural assessment room policy and procedure should be consistent with the principles and recommendations set out in these guidelines, taking into account local conditions, operational requirements and resources.
- Existing health service policies and procedures should be updated to support the implementation of these guidelines and to accommodate the use of behavioural assessment rooms in hospital service operations and clinical guidelines and processes.
- The use of a behavioural assessment room should fit within a health service organisation's overarching policies, standards, requirements and training/education to: provide a safe and secure environment for staff, patients and visitors; provide safe and quality patient care; and prevent and manage occupational violence and aggression.
- The authority for using the behavioural assessment room should be specified in the health service's policy and procedures. The authorisation should be designated to a senior health practitioner.
- A framework (or clinical guideline or process) to guide the assessment of a patient's suitability for, and the service's decision to use, the behavioural assessment room should be readily available to all staff .
- The development, operation and review of a behavioural assessment room should include consultation with emergency department staff, mental health staff, security staff, after-hours coordinators, the health service executive, consumers, unions, local police and ambulance staff and, depending on local context, external security staff and prison staff.
- A framework for continuous quality improvement should be developed and implemented. The use and processes of a behavioural assessment room should be subject to data collection, monitoring, reporting, evaluation and regular environmental audits.

- The quality improvement and reporting of the behavioural assessment room's use should be overseen by a health service's violence and aggression committee (or similar committee, however named).
- The behavioural assessment room policy should be reviewed annually in consultation with stakeholders and modified if required.

### **Recommended parameters of use**

- The behavioural assessment room should be for any emergency department patient exhibiting or at risk of aggression or violence that poses a threat of harm to themselves or others.
- A senior health practitioner should be responsible for overseeing patients in the behavioural assessment room.
- The behavioural assessment room should be used only when the authorising senior health practitioner determines that it is the most appropriate space to provide management and safety for a patient and/or others – prevention, early intervention and de-escalation techniques should be utilised first when appropriate.
- The length of time a patient stays in the behavioural assessment room should be based on the professional judgement of the senior health practitioner; however, the least amount of time necessary is preferred.
- The behavioural assessment room should not be locked while occupied.
- The behavioural assessment room should not be used to seclude patients. Seclusion is the sole confinement of a person to a room or any other enclosed space from which it is not within the control of the person to leave.
- If a patient has been restrained they should not be left unattended in a behavioural assessment room; a registered nurse or registered medical practitioner should provide continuous visual observations and document these. The nurse or medical practitioner may be either in the room with the patient (if it is safe to do so) or may provide continuous visual observation (for example, through a window) if it is necessary to reduce stimuli.
- If not otherwise in use, health services may choose to use the room for other purposes such as a confidential, quiet environment for assessment or as a low-stimulus room for patients to prevent escalation and aggression. The room should be prioritised for its main purpose and maintained in the condition appropriate for its main use as a behavioural assessment room (for example, equipment not left out), which should be reflected in local policies and procedures.

### **Management and transfer of patients**

- The senior health practitioner(s) designated with authority for the room should authorise when a patient can be moved into the behavioural assessment room, should oversee their care, should determine the clinical response team required for assessment, and decide when the patient can be transferred out.
- A medical and nursing assessment appropriate to the patient's presentation should be undertaken as soon as possible. The aim of this assessment should be to ascertain the causes(s) of the behavioural disturbance and to determine a management and treatment plan.
- A documented collaborative management plan should be developed for the patient.
- The patient should be observed at regular intervals set by the senior health practitioner, which should be based on the patient's clinical needs, risk assessment and risk mitigation strategies to maintain staff and patient safety. The frequency of observations should be documented in the patient's management plan. If a patient has been restrained they should be continuously observed.
- The patient should be reassessed and their management plan revised accordingly at regular intervals. The timing of the reassessment should be a clinical decision based on the patient's diagnosis, management plan, risk assessment and mitigation strategies to maintain staff and patient safety.
- The principles of least restrictive care should be employed within the behavioural assessment room. Least restrictive care principles stipulate that people receive assessment and treatment in the least restrictive way with the fewest possible restrictions on human rights and human dignity.

- If restraint is required (following the use or consideration of least restrictive interventions) all legal obligations under the *Mental Health Act 2014* relating to the use of bodily restraint on a person receiving mental health services should be observed. Specifically, the patient should have continuous visual observation and be clinically reviewed as often as appropriate, having regard to the person's condition, but not less frequently than every 15 minutes. In addition appropriate monitoring and review as per the health service's restraint and sedation procedures should be followed.
- The potential trauma that restraint and sedation may have on a person should be considered, with support provided to the patient as required.
- When safe to do so, and as determined by the authorising senior health practitioner, the patient should be returned into the main clinical area of the emergency department or transferred to another appropriate ward or service.
- Timely, relevant and structured clinical handover that supports safe patient care and staff safety should be provided in accordance with the *National Safety and Quality Health Service Standards*, Standard 6 Clinical Handover.
- Where an incident has occurred, post-incident support processes should be in place for patients and staff.
- A Code Grey response may be required to support patient management. A Code Grey response is a coordinated clinical and security response to actual or potential aggression or violence.

## **Staff care and support**

- All staff required to work in the behavioural assessment room or to be involved in an incident that may occur in the room (Code Grey response team) should be trained on the use and requirements of the behavioural assessment room and its related policies.
- The senior health practitioner(s) designated with the authority to use the behavioural assessment room should be identified at the beginning of each shift in the emergency department.
- Health services should have policies and procedures in place that support 'specialling' or one-to-one nursing care, staffing arrangements that can provide for this, and backfilling for circumstances when a patient is restrained in the behavioural assessment room.
- A Code Grey or Code Black response may be required to protect staff.
- Health services should have a policy in place that allows any staff member who requires support to call a Code Grey.
- Health services should have a risk mitigation strategy in place regarding the level of security required to support the behavioural assessment room.
- If an incident occurs in the behavioural assessment room an incident report should be completed in accordance with local policy.
- If an incident occurs, post-incident support processes should be in place for staff and patients and should include immediate and follow-up support.
- All staff exposed to occupational violence and aggression should be able to receive post-incident support as per local procedures.

## **Documentation, reporting and evaluation**

- The rationale for using the behavioural assessment room for each patient should be documented.
- The frequency of observations of vital signs or the need for continuous monitoring of vital signs should be documented.
- Documentation while a patient is in the behavioural assessment room should be ongoing, timely and accurate.
- When bodily restraint is used, documentation and reporting as required by the Mental Health Act should be complied with when applicable. Documentation requirements as per the health service's restraint and sedation procedures should be adhered to.

- The use and processes of a behavioural assessment room should be subject to data collection, monitoring, reporting, evaluation and regular environmental audits and clinical audits.
- Reporting should link with local incident reporting and Code Grey reporting where applicable.
- Data collection, reporting and evaluation should include but not necessarily be limited to:
  - the number of occasions of use, the number of patients who have used the room, compliance with criteria for use, the reasons for use, diagnoses, time spent in the room, clinical adverse events involving patients or staff, complaints, restraint use and total minutes of restraint, sedation use, injuries to staff or patients, the number of Code Grey and Code Black responses, patient/family/carer satisfaction and feedback, staff satisfaction and feedback, and stakeholder satisfaction and feedback.

## Room design and equipment

- A behavioural assessment room is purpose-designed to provide a safe space to assess and manage emergency department patients who exhibit aggression or violence that places themselves or others at risk of harm.
- The room should meet all relevant specifications of the *Australasian Health Facility Guidelines* (Part B: Health Facility Briefing and Planning, Health Planning Units, B.0300 Emergency Unit).
  - These rooms should be located so they can be easily supervised and provide a direct line of sight from a staff station, minimise disturbance to other patients, protect the privacy and dignity of the patient and consider paths of access to and from the room including access to ensuite facilities.
- The room should be no smaller than 16m<sup>2</sup>.
- The room should have two entry/exit doors to ensure safe access to and from the room.
- The room should be square-shaped, have controlled access and be fitted with a duress alarm.
- Provisions to allow for observation outside of the room should be available. Glass windows should be made of safety/laminated glass. Doors should have a viewing panel.
- Doors should be either extra wide or 1½ door size with a viewing panel. Doors should be outward opening. Door handles should move in a downward motion or can be non-ligature.
- The room should be fitted out with anti-ligature fittings and fixtures that are manufactured and marketed as anti-ligature and installed and used in accordance with the manufacturer's instructions.
- The room should provide oxygen and suction in a locked cupboard that can be accessed quickly.
- Restraints should be stored out of view.
- Electrical switches should be located outside of the room.
- Air-conditioning should be sufficient to support up to 10 people in the room.
- The room should be sufficiently acoustically treated to minimise disturbance to other areas in the emergency department.

For new capital builds the design of the behavioural assessment room should consider the following:

- The room should be located next to triage in the ambulance reception area and immediately adjacent to the resuscitation cubicles, but be separated from them by a large glass security access door.
- The room should be located adjacent to cubicles for flows to and from the room, with space outside the room that is not exposed to the public.
- An ensuite or adjacent bathroom is ideal. Refer to the *Australasian health facility guidelines* for a mental health ensuite for design specifications.
- Natural light is ideal.

## Compliance with Victorian law

Health services should ensure the establishment, management and use of the behavioural assessment room is compliant with Victorian legislation including the:

- *Charter of Human Rights and Responsibilities Act 2006*
- *Health Records Act 2001*
- *Mental Health Act 2014*
- *Privacy and Data Protection Act 2014*
- *Occupational Health and Safety Act 2004*
- *Surveillance Devices Act 1999.*

## Supporting policies

Existing health service policies and procedures that could relate to a behavioural assessment room include those for:

- absconding patients
- clinical handover
- Code Grey response
- escalation of staffing requirements
- incident investigation
- incident reporting
- patients arriving with police
- post-incident procedures
- restraint use
- safe transfer and discharge
- sedation use
- specialling 1:1
- weapons search.

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, May 2017.

ISBN 978-0-7311-7211-5 (pdf/online)

Available at [www.health.vic.gov.au/emergency-care](http://www.health.vic.gov.au/emergency-care).