

Procedure Responsibilities and Authorisation

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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
02	Nicki Barlow	March 2021	Update of HTF specific processes

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Emergency Response Mental Health and Addictions Community Bases

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Emergency Response Mental Health and Addictions Community Bases

1 Overview

1.1 Purpose

This procedure outlines the roles and responsibilities of the Mental Health and Addiction Service employees (clinical and non-clinical) in responding to emergency situations at community mental health and addiction service bases.

They will respond immediately and accordingly to all emergency situations, managing the safety of tāngata whaiora, whānau, visitors, staff and their environment. The safety of responding staff remains a priority.

Note; whilst non-clinical staff (administrators) do not make up the response team they play a vital role in activating or re-setting duress alarms, locking and unlocking doors and contacting emergency services if directed to.

1.2 Staff group

This procedure applies to all staff working in Mental Health and Addiction Service community bases.

1.3 Patient / client group

Mental Health and Addiction tāngata whaiora and whānau, staff.

1.4 Exceptions / contraindications

This procedure applies to emergency response at the community bases. For emergency response at other places of assessment see the Mental Health and Addiction [Home / Community Visits](#) procedure (0901)

1.5 Definitions and acronyms

Emergency	Any situation (perceived or actual) where a response by the service is required to manage the safety of tāngata whaiora, whānau, visitors, staff and the environment. Examples include but are not limited to: perceived or actual threats of verbal or physical assault / harm
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2 Clinical management

2.1 Roles and responsibilities

All Staff

All staff who work in community mental health and addiction services must complete orientation to the service and site including use of duress, and emergency response procedures.

All non-clinical staff should attend de-escalation training (front of house) or personal safety training.

Clinicians

All community mental health and addiction service clinicians and community support workers must attend de-escalation training. Training is captured on a training database.

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Managers

Managers are responsible for ensuring staff are orientated to the service and site (including protocols and procedures), receive refreshers on emergency processes and have attended de-escalation training.

Ensure adequate emergency equipment is available and in good working order.

Contractors

Follow the directions of the responding team in the event of an emergency.

2.2 Competency required

- Level 2 or Level 4 Resuscitation Training
- De-escalation training or Safe Practice and Effective Communication Training (SPEC). Or personal safety training (non-clinical).
- Completion of Community Mental Health Services site specific orientation training which includes the location and use of emergency equipment and personal safety systems.

2.3 Equipment

- Duress Alarm – located in clinical areas at He Toa Takitini, CBD Waiora and the Community Forensic service. Or alternative alarm methods as agreed by the team and documented in the Departmental Emergency Response Plan at other community bases.
- Mobile phone – carried by all community mental health staff
- Emergency medical equipment
- Automated external defibrillator (AED) as approved by the Waikato DHB Early Detection of Deteriorating Patient Group
- Fire blanket
- Departmental Emergency Response Plans (DERP)

2.4 Procedure

Note: In the event the duress alarm is activated for a second incident the same procedure applies as outlined in this document.

Duress alarm activation at He Toa Takitini, and Waiora CBD

When faced with an emergency, staff should immediately seek assistance by activating a duress alarm.

Duress alarms are accessible in interview rooms and clinic rooms at He Toa Takitini, and alarms are in interview rooms at Community Forensics and at Waiora CBD. Alarms are either attached to a wall and can be removed, or are sitting on desk tops. It is the

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responsibility of the clinician to locate the duress before the tāngata whaiora / visitor enters the room.

There is a wall mounted stationary alarm located behind the main entrance reception counter at He Toa Takitini, Hamilton.

Alarm activation will sound throughout the building alerting staff to attend.

The person activating the alarm may choose to also summon additional assistance where the nature of the emergency is obvious, such as, contacting emergency services (police, ambulance or fire).

Duress Alarm / Emergency Alarm response

It is the expectation that when the duress / emergency alarm is activated, staff in the building will respond in person.

Responding staff will assemble outside the centre stairwell on level one at He Toa Takitini (HTT), Hamilton and in the agreed emergency response location at each community base. At HTT a CCTV screen that monitors the reception area is placed on the wall at the bottom of the centre stairwell – response team to check monitor prior to proceeding.

A minimum of four responding staff will make up the response team at HTT, and at other community bases the staff present will make up the response team. One person will take the lead responder role. The forming of the team must occur rapidly to avoid delay with responding to the situation.

The response team is not discipline specific.

The role of the response team is to assess the level of risk and to respond in a coordinated way to ensure the incident is managed in a safe and effective manner through to satisfactory resolution.

The response team will proceed to the incident area.

The lead responder is to direct and oversee the response team, provide support and coordinate additional resources if required. It is important to note that the lead responder may only be in the role until a clinician the person is familiar with is able to attend or handover to another clinician / team for more in-depth assessment to occur.

Interventions may include:

- Clinical assessment with support from other staff
- Calm verbal and non-verbal communication
- Verbal de-escalation and distraction techniques
- Ask the person to leave the building
- Move staff and members of the public to a safer location
- Request a group e-text is sent out to the building at He Toa Takitini to notify of location of incident and advise regarding use of alternative safe entry/exit. Operations manager administrator and other allocated administrators can send a group e-text.

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- **Contact the police if immediate safety concerns are identified**
- Request the duress alarm system be re-set at He Toa Takitini – behind the main entrance reception counter at HTT.

The response team will take direction from the lead responder, and be responsible for securing and managing the immediate area.

Personal restraint

Use of personal restraint by community mental health and addiction staff should be avoided unless imminent threat to safety is present.

The NZ Crimes Act 1961 allows the use of force in:

'Self-defence and defence of another:

Everyone is justified in using, in the defence of himself or herself or another, such force as, in the circumstances as he or she believes them to be, it is reasonable to use'. Section 48 Crimes act (1961).

‘Everyone is justified in using such force as may be reasonably necessary in order to prevent the commission of suicide, or the commission of an offence which would be likely to cause immediate and serious injury to the person or property of any one, or in order to prevent any act being done which he or she believes, on reasonable grounds, would, if committed, amount to suicide or to any such offence’.

Community mental health clinicians and staff are not trained in restraint techniques. Therefore, the use of any form of personal restraint should only be considered as a last resort to avoid imminent harm to the person or others. Any use of personal restraint / use of force in the community is to be documented in the Datix incident reporting system with information about the reason this intervention was used.

Post event

The response team will ensure that post event activities are addressed:

- Ensure any medical equipment is replaced
- Ensure any property requiring replacing / fixing is reported
- Inform assigned clinic nurse or Administrator – Facilities, of use of emergency equipment

The lead responder will ensure:

- Reception staff switch off the duress alarm at He Toa Takitini and administration staff at other community bases that have a duress system
- Request group e-text to the building to notify the incident is resolved at He Toa Takitini and communication with staff by CNM / delegated person at other community bases.
- Check in with person that initiated the alarm and let them know that the incident has been resolved

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- Datix incident reporting is completed. Appropriate Operations Manager to be added as 'Investigator' on Datix (by TL / CNM who receives Datix) to increase visibility of incidents at community bases.
- Verbal handover to the Operations Manager if the nature of the incident indicates urgency of notification who will inform the Director of the service.
- Ensure clinical documentation is completed via clinical workstation including the update of the risk assessment / formulation if required
- Ensure the key clinician and team leader are informed if the incident involves a current tāngata whaiora

All staff involved should be offered the opportunity to diffuse the incident immediately or as soon as possible as a feedback mechanism and to manage / minimise potential post-incident effects on staff. It is the responsibility of the CNM / delegate to facilitate diffusion or organise a formal debrief process if identified as required. The Psychology team are available to support debrief.

Checking of duress alarms

At He Toa Takitini duress alarms are checked bi-monthly by administration.

A periodic beep indicates a low battery which requires immediate attention and a need to change the batteries. At He Toa Takitini ensure the alarm is returned to administration for a change of the battery as soon as noticed.

It is the responsibility of the clinician to orientate themselves to local processes for alarm checking and maintenance.

At CBD Waiora the emergency alarm system is maintained by the building manager. At all other community bases the team leader / charge nurse manager is responsible for ensuring an emergency alarm system checking process is in place.

3 Audit

3.1 Indicators

- All duress alarms present in services are functional and checked regularly
- Staff at community bases have completed the community service base orientation
- Staff have attended de-escalation/personal safety training

3.2 Tools

- Nil incident reports on non-functional duress alarms
- Records on completion of orientation

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Evidence base

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4.1 Associated Te Whatu Ora Waikato Documents

- Mental Health and Addictions [Assaults or Threats towards Mental Health and Addictions Service Staff](#) procedure (Ref. 1857)
- Mental Health and Addictions [Home / Community Visits](#) procedure (Ref. 0901)
- [Health and Safety](#) policy (Ref. 0044)
- [Incident Management](#) policy (Ref. 0104)
- [Restraint](#) policy (Ref. 2162)
- [Resuscitation](#) policy (Ref. 1970)

4.2 External Standards

- New Zealand Crimes Act 1961
- Health and Safety at Work Act 2015
- Employment Relations Act 2000
- Human Rights Act 1993