Standard 2.
Safety

> **The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.**

GUIDELINES

The intent of this Standard is to ensure that mental health services (MHS) provide a safe environment for consumers, carers, visitors and staff. This can be achieved by identification, analysis, treatment or correction, monitoring and review of risks to safety.

Promoting safety (Criterion 2.1)

The MHS must ensure the safety and wellbeing of its consumers, carers, staff and others.

Cultural beliefs form an important aspect of the consumer's understanding and response to health care. Protection of the consumer's cultural needs should be taken into consideration when reviewing safety issues. Culturally inappropriate care may result in misunderstandings, placing the consumer at risk and adversely affecting the consumer's mental health and recovery. Further requirements of culture and diversity are addressed in Standard 4 Diversity responsiveness.

Culturally safe environments are those in which:

- a consumer feels safe

- the consumer's mental health and overall health needs are understood

- the consumer's culture is viewed as an essential component of the care

- the consumer feels empowered to make decisions on their care and recovery.

Mental health services need to address the *National Safety Priorities in Mental Health: a national plan for reducing harm* (2005) and ensure that staff has access to, and comply with, relevant legislation addressing safety and the organisation's safety policies and procedures.

National safety priorities (Criteria 2.2, 2.3, 2.4, 2.5)

Criteria 2.3, 2.4, 2.5 and 2.6 should be implemented in line with the *National Safety Priorities in Mental Health: a national plan for reducing harm* (2005) and an analysis of risks specific to the individual MHS.

In most Child and Adolescent Mental Health Services (CAMHS) restraint and seclusion is not used; however, there should be documented processes on the 'firm holding technique', 'time out' or equivalent strategies.

The MHS should consider the role of family members or other cultural supporters in accompanying the consumer to promote safety and dignity especially on long journeys from rural and remote areas.

Legislation, regulations and guidelines (Criteria 2.6, 2.7)

Examples of relevant safety legislation, regulations and guidelines include:

- the Australian Health Ministers' *Mental health: statement of rights and responsibilities (1991)*
- national, state and territory working group guidelines on quality and safety
- state and territory occupational health and safety legislation
- state and territory mental health legislation and related Acts.

Information on infection control should be available to staff, consumers and visitors and the MHS should adhere to infection control standards.

The MHS must have policy and procedures to ensure the safety of all people in the service setting, particularly those who are vulnerable. The MHS must be in an appropriately designed facility that ensures the physical environment is appropriate to deliver and facilitate safe and effective care.

Policies and procedures to address safety issues for consumers, carers and staff include:

- consumer identification for appropriate delivery of care
- medication and adverse medication event management
- clinical handover and transfer of care
- seclusion and restraint
- minimisation of the risk of self harm and suicide
- safe transportation of consumers (including extended periods and air transport)
- falls prevention and skin risk assessments

- risk identification and management
- access to mobile phones, pagers, personal security alarms to staff to expedite communication during critical incidents
- security measures
- granting of leave
- infection control.

The MHS should have procedures to assist staff, consumers, their carers and other visitors when they have been exposed to a traumatic incident within the service.

Staff safety (Criteria 2.8, 2.9, 2.10)

The MHS should employ sufficient staff to ensure their safety and the safety of consumers, carers and others. If staff are required to work alone, the MHS should have written protocols that address any issues identified in a risk assessment.

The risk assessment of staff working conditions could include issues of:

- staff working alone and having access to others at all times
- personal security on and off site
- violence and aggression
- lifting and manual handling
- exposure to hazardous substances
- security of medications and other stores
- evacuation in the event of a fire or other danger
- adverse event or incident management.

Staff should be trained in workplace health and safety in accordance with relevant legislation and should participate in comprehensive, updated and revised training in the use of strategies to identify, prevent or de-escalate agitation, aggression and interpersonal violence.

The MHS should have a formal critical incident/emergency response plan to ensure the safety and security of staff and others within the MHS at any given time.

Assessment (Criterion 2.11)

The MHS should undertake regular assessments of the environment and address any issues to minimise the risk of harm including sexual abuse, self-harm and other interpersonal violence.

There should be a regular risk assessment of consumers to ensure their correct health status. This should be done in a timely manner to minimise the risk of harm to themselves and others. Consumers are at greatest risk in times of transition between settings or transfer of care. The service should carry out a risk assessment before the consumers' discharge or exit and at any significant points of transition.

In some cases risk assessment should be conducted on the carer, such as when the carer is a child or aged person or when the consumer is discharged or leaving the service.

Joint risk assessments between the MHS, non-government organisations, local communities and primary health services or Aboriginal and Torres Strait Islander medical services are often appropriate when responsibility for care is being transferred or jointly managed.

Review and analysis of risks (Criteria 2.12, 2.13)

There should be regular organisational reviews of safety within the MHS leading to a set of recommendations. Safety recommendations should be implemented and revised as part of a continuous review process. An oversight committee, such as a clinical governance committee, should review safety issues.

Services should have evidence of analysis of all critical incidents including suicide, self-harm, interpersonal violence (between consumers, carers, others and service providers) and adverse drug events. Analysis includes a health record review and an evaluation of the processes.

SUGGESTED EVIDENCE

Evidence that may be provided for this standard includes:

- staff training records

- risk management reports

- medication management and notification of adverse drug reactions

- evidence of analysis of critical events:

  - collated data and trends

  - individual cases

- recommendations from safety reviews

- evidence of action on recommendations

- infection control manuals

- visual evidence of a safe environment

- policies and procedures:

  - workplace health and safety

  - use of restraint and seclusion

  - minimisation of self-harm and suicide

  - safe transport

  - risk management

  - aggression and violence

  - infection control

  - staffing and resource management

  - staff safety

  - collection and storage of consumer belongings

- joint risk assessment between MHS and other agencies

- involvement of family and community in addressing risks

- evidence of safety considerations throughout the continuum of care.