Canberra Health Services
Dynamic Risk Assessment Procedure

Contents

Contents ... 1
Background ... 2
Purpose ... 2
Scope ... 2
What is the Dynamic ISBAR ... 3
Dynamic ISBAR Process ... 3
Responsibilities ... 4
Evaluation ... 4
Implementation ... 5
References ... 5
Attachments ... 5

Background

The Canberra Health Services (CHS), Occupational Violence Strategy (2020 -2022) and Work Health Safety Strategy (2018-2022) seeks to provide a safe and healthy environment; an environment where staff and all persons who enter CHS workplaces are protected from harm and feel safe at all times.

CHS is committed to working in collaboration with staff, consumers, and relevant stakeholders to improve work health and safety and mitigate/manage the risks of occupational violence in our work environment.

Evidence suggests that violence and aggression towards staff and others have negative consequences on their safety, physical and emotional wellbeing. Although the exposure to incidents of aggression cannot be avoided in all circumstances, the risk can be identified and actively managed.

Back to Table of Contents

Purpose

This procedure provides an overview of the dynamic clinical and environmental risk assessment tool known as the 'Dynamic ISBAR' which is used to identify, mitigate and manage potential incidents of aggression before a planned intervention with a consumers. The procedure has been developed following an initial trial and staff feedback.

The key objective of this document is to:

- provide clinical guidelines for the assessment and identification of risks before any planned intervention with consumer/s that could lead to aggression directed at staff and/or other consumers
- develop an appropriate plan to mitigate or manage the identified risks of aggression prior to the intervention
- improve the safety of staff and consumers through early recognition, assessment and management of planned interventions that may lead to an aggressive response
- minimise occupational violence
- promote clinical leadership and teamwork that is supportive of safe work practices.

Back to Table of Contents

Scope

This procedure applies to all CHS staff working within Secure Mental Health Services within the division of Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS). It should be used in conjunction with professional judgement and sound clinical leadership.

[Back to Table of Contents](#)

What is the Dynamic ISBAR

The Dynamic ISBAR (Identify, Situation, Background, Assessment, Recommendation) is a risk assessment tool that is used to identify, assess and plan a response to interventions that have the potential to illicit an aggressive response from a consumer. This may include, but is not limited to, discussions relating to withdrawal of privileges, delivering bad news, enforcing treatment and/or episodes of restraint and seclusion.

[Back to Table of Contents](#)

Dynamic ISBAR Process

The Dynamic ISBAR must be well coordinated to ensure effective collaboration and risk management planning.

The Dynamic ISBAR should be:
- held before any planned intervention with a consumer that could potentially lead to an aggressive response that might endanger staff and/or other consumers
- attended by all staff involved in the care of the consumer - clinical and non-clinical including medical, nursing, allied health, clinical support officers and security staff on shift at the time and is led by the Nurse in Charge (NIC)
- Succinct, following the ISBAR format and kept to a maximum of 10 minutes. The NIC is responsible for keeping the discussion brief and relevant
- held in a central location accessible to all team members, ensuring workflow is not obstructed and safety and confidentiality can be maintained
- clinical and non-clinical staff are encouraged to participate, to speak up for safety and contribute to identified issues/risks and proposed management plan.

Refer to Attachment 1: Dynamic ISBAR guide for examples of information to be included in Dynamic ISBAR.

The planned interventions that require a Dynamic ISBAR risk assessment include, but are not limited to, the following:
- discussion of limits and boundaries relating to behaviour that if not complied with may lead to restraint and/or seclusion
- delivery of bad news (i.e. withdrawal of privileges or personal belongings, cancelation of leave etc)
- visitor restrictions
- discussing limits and boundaries relating to ward routines (e.g mealtimes, personal care, engagement in activities, isolation to contain infectious diseases)

- change in medication, particularly any new medications (for example, long-acting injectable medications)
- delays or changes to discharge plans and/or expected date of discharge
- discussions around upcoming legal issues and/or treatment orders
- enforcing treatment under mental health act (for example, forcibly giving medications).

[Back to Table of Contents]

Responsibilities

The NIC will lead the Dynamic ISBAR and development of a management plan in consultation with the team present to address any identified safety issues.

The NIC should escalate any identified safety or risk issues/concerns that cannot be readily mitigated the Clinical Nurse Consultant (CNC) or the Assistant Director of Nursing (ADON) as a matter of urgency or the on-call registrar/consultant during after hours.

The NIC or nurse caring for the consumer is responsible for documenting the Dynamic ISBAR discussions and plan in the consumer's clinical record as soon as practicable after the intervention.The notes should describe how effective the intervention was and the learnings.

The NIC or designated action officer must follow up on outcomes of implemented management plan and report identified risks or safety concerns.

The CNC or ADON will review the Dynamic ISBAR notes in the consumer's clinical record after every episode of planned intervention with a consumer, share positive outcomes and learnings with staff involved and provide appropriate support as soon as possible if required.

[Back to Table of Contents]

Evaluation

Outcome

- There is documented evidence of the use of Dynamic ISBAR in the clinical record of each consumer involved in a planned intervention.
- Reduction in the incidence of occupational violence within Secure Mental Health Services.

Measures

Monthly review and evaluation of occupational violence incidents by ADON and presentation to the Secure Mental Health Services Tier 3 Work Health Safety meeting and onward to the MHJHADS Governance Committee.

Back to Table of Contents

Implementation

The contents of this procedure will be communicated through the following means to Secure Mental Health Service staff:

- Education
- Orientation documentation and sessions
- Written communication.

Back to Table of Contents

References

Foster C, Bowers L, Nijman H, *Aggressive Behaviour on Acute Psychiatric Wards: Prevalence, Severity and Management*. Journal of Advanced Nursing. 2007, V58(2): 140-148

Back to Table of Contents

Attachments

Attachment 1: Dynamic ISBAR Guide

Back to Table of Contents

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Policy Team ONLY to complete the following:

Date Amended	*Section Amended*	*Divisional Approval*	*Final Approval*
08/06/2022	*New Document*	*Katie McKenzie a/g ED MHJHADS*	*CHS Policy Committee Chair*
06/03/2023	*Updated to include changes related to DHR*	*Katie McKenzie ED, MHJHADS*	*CHS Policy Team*

This document supersedes the following:

Document Number	*Document Name*

Attachment 1: Dynamic ISBAR guide

INTRODUCTION
The Dynamic ISBAR is a clinical and environmental risk assessment tool used to identify, assess and plan a response to interventions that have the potential to illicit an aggressive response from a consumer.

SITUATION
Identify the planned intervention and why it has the potential to lead to an episode of aggression. Identify the potential safety issues for both staff and consumers

BACKGROUND
This section relates to the consumer's historical and current presentation that could impact on the outcome of the planned intervention and needs to be considered in the assessment of risks involved in the planned intervention, such as:

- history of challenging behaviours (including impulsivity or poor adaption to changes in environment or routine) and/or episodes of self harm
- history of assault or aggression towards staff and consumers in inpatient settings
- history of possession of dangerous items or weapons
- history of illicit substance or alcohol abuse
- recent attendance at court or tribunal hearing or return from approved leave
- changes to medication/treatment plans
- non adherence to treatment/medications
- current presentation/behaviours of concern (i.e., deteriorating mental state, psychotic, agitated, verbally abusive, hostile, drug or alcohol affected, threatening or intimidating, self-harming, DASA/BROSET score)
- concerns expressed by relatives and carers
- intellectual disability/difficulty understanding or responding to change previous known triggers for aggression.

ASSESSMENT
This part of the risk assessment involves reviewing available information and resources to identify and assess risks and develop appropriate response:

- review recent clinical notes/assessment and clinical recommendations by the treating team
- assess the proposed timing of the planned intervention including urgency or ability to be scheduled at another time
- consider availability, experience and skill mix of staff on shift
- competing demands on staffing/ward resources at the time (i.e., activities, MDT, ward acuity) that can impact on response team
- assess the likelihood of imminent risk of harm and determine appropriate response - (Emergency Response Team (ERT) should be considered in the first instance then escalated to Security Emergency Response Team (SERT) if appropriate (noting the 1 hour response time required)

- assess environment for safety hazards including obstructed visibility and sufficient space for an emergency response should it be required.

RECOMMENDATION

This section requires the development of appropriate interventions and strategies to maintain staff/consumers safety:

- can the issues/concerns be addressed later (if clinically appropriate to do so) especially when the required staffing resources/adequate skill mix is available
- if the intervention is necessary, the key word as per the Occupational Violence training to be used is Stop and the consumers name this will then initiate an assertive response to contain aggression.
- discuss the de-escalation techniques appropriate to the situation
- offer PRN medication (medication prescribed as needed) prior to intervention if clinically indicated
- offer access to low stimulus areas such the de-escalation area/sensory modulation room
- redirect consumers from the identified intervention location
- identify an open, accessible place to approach the consumer to maintain a safe distance from the consumer and safe exits and avoid overcrowding or obstructing visibility
- The ERT is to be on standby with each staff member confirming understanding of roles and responsibilities
- be reliable, kind, and respectful throughout your engagement with the consumer and utilise de-esclation techniques from Behaviours of Concern Safety Management Plan and CHS OV Training.
- Do not attempt to engage in a planned intervention if the situation presents with imminent risk of harm.