



# Canberra Health Services

## Procedure

### Safety Huddle to Identify, Mitigate and Manage Safety Issues within Secure Mental Health Services

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## Background

The Canberra Health Services (CHS), Occupational Violence Strategy (2020-2022) and Work Health and 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.

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## Purpose

The purpose of this procedure is to provide an overview of the Safety Huddle. The Safety Huddle is a communication tool used to maintain a safe working environment, by identifying and mitigating or managing safety issues that arise within the clinical environments of the Secure Mental Health Services. Safety issues can be occupational, environmental, operational or clinical. This procedure was developed following an initial trial and staff feedback.

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## Scope

This procedure applies to all CHS staff working within Secure Mental Health Services (SMHS) in the division of Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS). It should be used in conjunction with professional judgement and sound leadership. The Safety Huddle does not replace a clinical handover or multidisciplinary team meeting and not every consumer will be discussed during a Safety Huddle.

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## Section 1 – What is a Safety Huddle

The Safety Huddle is an open and transparent forum for staff to identify, discuss and manage or resolve immediate safety issues and support a positive culture of workplace safety. The Huddles take the form of a brief, focused and structured exchange of information about potential or existing safety issues which may affect consumer/s, staff and any person accessing the healthcare environment.

The Safety Huddle focuses on the three areas outlined below:

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1. **Look back** at any safety incidents that have occurred in the past 24 hours including:
  - how the issue arose
  - management plan enacted
  - the outcome
  - any lessons learnt that could prevent or mitigate a similar risk in the future.
  - Staff involved should be acknowledged for their contribution to maintain safety in the workplace
2. **Look forward** to identify:
  - actual or potential safety issues for the next 24 hours and discuss the supports
  - resourcing or other actions required to mitigate or manage the risk
  - issues that require further planning and/or escalation
  - designated action officer to coordinate and communicate with staff.
3. How safe staff feel during the current shift. Every staff member is encouraged to respond.

Refer to Attachment 1: Safety Huddle Guide for examples of what is discussed at a Safety Huddle and Attachment 2: Escalation of concerns following safety huddle for how and where to escalate any concerns.

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## Section 2 – Safety Huddle Process

The Safety Huddle must be systematically organised to ensure that it is effective and sustainable.

The Safety Huddle is:

- held at the beginning of the day, immediately following the 0900hrs multidisciplinary huddle
- during business hours, attended by staff involved in the care of consumers on shift, clinical and non-clinical including medical, nursing, allied health, clinical support officers and security staff (optional). While all staff on shift are invited to attend, the following staff members must attend the Safety Huddle:
  - Assistant Director of Nursing, SMHS – Safety Huddle Chair
  - Consultant Psychiatrist or Clinical Director, SMHS – Deputy Chair
  - Nurse in Charge
  - Nursing staff who are available
  - Clinical Nurse Educator, SMHS
  - Clinical Nurse Consultant, SMHS
  - Therapy Manager, SMHS
  - Allied health staff that are available
  - Security Shift Supervisor/Team Leader (optional)
  - Health and Safety Representative that are available
  - Psychiatry Registrar

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- succinct and kept to a maximum of 10 minutes, the Chair (or Deputy Chair) is responsible for ensuring the discussion is targeted at relevant safety issues
- held in a central location, accessible to all team members to ensure workflow is not obstructed and safety is maintained
- should include plans for the weekend or afterhours
- on weekends the nurse in charge will conduct a huddle with available staff.

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### Section 3 – Responsibilities

The Chair (or Deputy Chair) will lead the Safety Huddle and all team members present are responsible for developing actions in response to identified risks. Where required, the Chair (or Deputy Chair) will assign an action officer to develop a management plan immediately following the Huddle, including escalation of ongoing safety issues or the need for additional resources to the Assistant Director of Nursing (ADON) during business hours or the on call After Hours Hospital Manager and/or registrar/consultant afterhours. The plans developed during (or immediately following) the Safety Huddle are to be documented in the Safety Huddle Folder and on the clinical handover whiteboard so that the plan is visible to all staff on shift.

Action officers are responsible for communicating the outcome back to the relevant clinical/non clinical staff and report back at the next Safety Huddle on the risks identified and action plans developed/enacted. Action officer to document the plan in the person’s clinical record

The Clinical Nurse Consultant (CNC) or ADON will review the Safety Huddle Guide booklet at the end of every week to identify patterns/recurring risks/issues and table the findings at the Tier 3 WHS Committee Meetings to discuss and develop measures to eliminate or reduce reoccurring safety risks.

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### Evaluation

#### Outcome

The issues discussed and plans developed at each Safety Huddle are documented in the Safety Huddle Guide booklet located at the nursing station and on the clinical handover white board.

Reduction in the incidence of occupational violence and other Work Health and Safety incidents within the Secure Mental Health Service.

#### Measures

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CNC or ADON to review patterns/recurring risks/issues every week and table the findings at the monthly Tier 3 WHS Committee Meetings. Staff feedback surveys at 6 and 12 months post implementation of this procedure.

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## Related Policies, Procedures, Guidelines and Legislation

### Policies

- Informed Consent – Clinical
- Patient Identification and Procedure Matching Policy
- Occupational Violence Policy

### Procedures

- Patient Identification and Procedure Matching
- Occupational Violence Procedure

### Legislation

- *Health Records (Privacy and Access) Act 1997*
- *Human Rights Act 2004*
- *Work Health and Safety Act 2011*

### Other

- Australian Charter of Healthcare Rights
- CHS Occupational Violence Strategy (2020-2022)
- Work Health and Safety Strategy (2018-2022)

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## References

Not applicable.

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## Definition of Terms (if applicable)

Not applicable.

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## Search Terms

Safety Huddle, Secure Mental Health Unit, safe working environment

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**Attachments**

Attachment 1: Safety Huddle Guide

Attachment 2: Escalation of concerns following safety huddle

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*Policy Team ONLY to complete the following:*

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>
14/06/2022	New document	Katie McKenzie, ED, MHJHADS	CHS Policy Committee Chair
28/03/2023	Updated to incorporate changes related to implementation of DHR	Katie McKenzie, ED, MHJHADS	CHS Policy Team

*This document supersedes the following:*

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## Attachment 1: Safety Huddle Guide

### 1. Discuss any safety issues that have occurred over the last 24 hours such as:

#### Clinical

- medication changes
- Declined treatment/medications
- consumers at increased risk of falls
- infectious diseases/infection control measures/plans
- recently admitted consumers with same/similar surname
- restrictive practices
- consumer/s at risk of mental state deterioration, cognitive concerns; delirium
- concerns expressed by relatives and carers
- DASA score and Aggression Prevention Protocol put into place (DASA/App)
- any staff safety issues such as risks of fractured rapport with a consumer

#### Environmental /Operational

- water leaks, trip hazards, faulty doors, electrical outages etc
- Issues affecting accessibility of beds

### 2. Identify any potential safety risks to staff or consumers in the next 24 hours and develop a management plan to resolve or mitigate the risk:

Safety issues may include the following:

#### Emerging risk

- discussion with consumer/s about upcoming legal issues – tribunal or court hearings as well as discussion/anticipation of response to outcomes of hearings
- approved leave and appointments for consumer/s and the impact on staffing/care
- internal activities for consumers and the impact on staffing/care
- delivery of bad news to consumers (e.g., withdrawal of privileges, leave cancellation etc)
- potential for restraint and seclusion
- potential for forcible administration of medications
- scheduled family visits and the impact on staffing/care
- ERT team to be allocated roles
- Changes to acuity of the unit

#### Patient Flow

- admissions and discharges that might influence ward dynamic
- movement of consumers within the unit (e.g., from Lomandra to Cassia),
- consumers for transfer to other health car/correctional facilities

#### Staffing

- consider level of staff resources, experience and skill mix on shift
- new staff are orientated to the ward

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**Environmental/Operational**

- planned IT outages
  - planned maintenance works
- 3. Discuss actions items during the next 24 hours, such as:**
- any outstanding actions from the Safety Huddle the day before
  - debrief with consumers who have had or witnessed restrictive practices used
  - debrief with staff for reported physical and or psychological or injuries
  - leave or appointments to be arranged and transfers in and out of the facility
  - damage to property with work orders to be followed up
  - post restraint/seclusion review
- 4. Final check in with staff:**
- How safe is everyone feeling for this shift?
  - Compliments and positive words to staff members for their contribution to safe work practices including good initiatives or positive outcomes from an action plan

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**Attachment 2: Escalation of concerns following safety huddle**

