

HNELHD Security Review Report

Dear Member,

Attached is correspondence the HSU has received from Hunter New England Local Health District regarding the recent district-wide Security Review.

Member feedback requested

The HSU is now seeking feedback, views and comments from our members.

Please review the attached documentation and provide comment and feedback by 21 November. You can submit it by email to greg.odonohue@hsu.asn.au with subject line *HNELHD Security Review*.

Not a member of the HSU? Now is time to join and have your say! You can join online at www.hsu.asn.au/join or call 1300 HSU NSW and join over the phone.

A union's effectiveness and negotiation power depends upon the strength and density of its membership base. Join your work colleagues today by becoming a member of the Health Services Union and help us continue to protect and improve your working life.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD

Our Ref: HR-32089-J7G6G5

5 November 2019

Mr Gerard Hayes
Secretary
HSU NSW/ACT
Locked Bag No 3
AUSTRALIA SQUARE NSW 1215

Sent via email info@hsu.asn.au
greg.odonohue@hsu.asn.au

Dear Gerard,

HNELHD Security Review

I refer to the HNELHD Security Review and the presentation of findings and recommendations to Health Services Union (HSU) officials on 18 October 2019.

The HNELHD Security Review Project commenced in January 2019 and included risk assessment for each facility, examination of data gathered through IIMS, security incident logs, staff training records, ABS statistics and stakeholder consultation at all levels and I take this opportunity to thank you, the site managers and your staff in responding to this project attending site meetings and providing submissions.

The project was unavoidably delayed due to other factors beyond the Health Districts control but I have now received a report from the project team which includes area wide and site specific recommendations to improve the security and safety of people within our facilities. We are still awaiting the outcome of the State Wide Review for rural and remote sites being conducted by Peter Anderson and any recommendations from that project will need to be examined to determine any impact on HNELHD review outcomes.

I now provide you with the attached extracts from the report including the methodology that was adopted and the key recommendations for your information, consideration and comment.

This is part of the comprehensive consultative process that has been an integral part of the review and is a further opportunity for the HSU to consider the recommendations and to make any further submissions before the process is finalised.

Any comments, questions or further submissions should be in writing and forwarded to Bob Hull at robert.hull@health.nsw.gov.au before cob Friday 22 November 2019.

Yours sincerely,



Dr Ramsey Awad

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HNELHD SECURITY REVIEW 2019

Methodology

In order to ensure the security systems, procedures, resources and staffing levels within HNELHD facilities are appropriate to the level of risk a full review of the following occurred at each facility within HNELHD:

- Stakeholder consultation including: Union delegates, workers, managers, supervisors
- Site visits to the majority of health facilities within the HNELHD
- Security Risk Assessment completed by the site
- Review of 2018 ISOPRO records and security incident logs
- Review of 2018 IIMS incident reports
- Security Improvement Assessment Tool (SIAT) Audit
- Review of relevant policies, policy compliance procedures, local procedures, training and incident management
- My Health Learning records
- Review of the NSW Bureau of Crime Statistics and Research for each location
- Review of relevant policies, policy compliance procedures, local procedures, training and incident management

Each health facility was notified of the review in January 2019, provided with the terms of reference, invited to make submissions to the review and were required to complete a Security Risk Assessment Tool.

The three main Unions, Health Services Union (HSU), NSW Nurses & Midwives Association (NSWN&MA) and the Australian Salaried Medical Officers Federation (ASMOF) were also notified of the review, provided with the terms of reference and invited to make submissions to the review and to participate in the process of consultation including attending site based meetings of staff.

Between 14 February and 3 May 2019 site meetings or teleconferences occurred at HNELHD facilities. These meetings provided an opportunity for the staff to be informed of the review process and to raise issues of concern that they consider should be included in the review. The Unions were also invited to attend these meetings or to teleconference depending on the location of the meeting.

Once the findings and recommendations are determined the site managers and the unions will be provided with the outcomes and invited to make any final comments or submissions.



Key Recommendations

District Wide

1. Review all Code Black procedures and amend as required to provide standardisation as far as is practical at all facilities.
2. Introduce training of staff in new Code Black procedures to ensure they are instigated only when there is a clear and present danger involving aggression, violence or threats of violence.
3. Ensure that procedures include the requirement for clinical staff to notify security staff when they become aware that a patient who may present a behavioural challenge is en route to the hospital.
4. Review the effectiveness of Police, Ambulance & Health District local liaison committees with emphasis on the process for identifying Health District agenda items from the health facilities and consider who would be the most appropriate Health District representation at each committee meeting.
5. Review the current patient care guidelines regarding the management of aggressive patients, including patients with brain injury/cognitive impairment, nicotine addiction and post-surgery, with the view of establishing an area wide guideline and associated training.
6. Implement a monitoring and review process of all code black occurrences to improve response procedures. Provide training to all staff involved in the code black response team with regular retraining incorporating an understanding of the role and responsibilities of security staff as part of the integrated team and “mock drills” to review the code black process and up keep of skills.
7. Introduce policies and procedures that encourage staff to report assaults to Police and supports those staff through that process.
8. Look to Implement Police Ambulance Early Access to Mental Health Assessment via Telehealth (**PAEAMHATH**) throughout HNELHD.
9. Look to expand the Northern Mental Health Emergency Care – Rural Access Program (**NMHEC-RAP**) to all facilities within HNELHD.
10. Conduct a review of the policies and practices regarding the transporting of mental health patients with the view of examining options for improvement including the use of services both within and external to Health. For example the use of the Health Transport service provided by HealthShare or a private sector transport service.



11. Remote and isolated sites to examine options for an emergency response to the facility when there is no security available or the Police response is delayed or problematic^[SH1] and ensure there are documented safety procedures and training for staff in those circumstances. These options should include the prospect of establishing a sector based casual pool of security qualified personnel for use in an emergency response or filling vacant positions.
12. Site managers should continue to regularly review safe work practices, policies and guidelines to ensure that they include documented and understood procedures for staff to follow and that staff are properly trained in them.

JOHN HUNTER HOSPITAL

1. The JHH code black procedures need to be reviewed and adjusted to ensure code blacks are called only when there is a clear and present danger or risk of injury to any person and there are clear instructions to members of the code black team.
2. Develop Code black response procedures for specific wards/units where there are unique processes or procedures that are specific to that area.
3. Remove the HASA's in the ED from being first responders in the code black response procedures or their use in the 1:1 security supervision of patients.
4. Security Officers to be instructed to be a noticeable presence within the Emergency Department when not involved in other duties. This should be reviewed after a period of time to determine the effectiveness of this arrangement and the need to maintain HASA's in the ED.
5. Other positions within the JHH should be reclassification to HASA for the purpose of supplementing existing security resources by providing 1:1 security supervision in the ED or other locations within the facility.
6. Staff should receive additional training/instruction on the Clinical Guidelines regarding the management of aggressive patients to prevent code blacks being called as a means of getting medical staff to attend a patient.
7. Increase in numbers of clinical staff trained in being members of the code black response team.
8. Increase the security staffing levels at JHH to provide 1 x Senior Security Officer and 4 x Security Officers on a 24/7 basis.
9. Remove the Security Operations Manager from the operational security response team at JHH.



MORISSET

1. Increase the HASA coverage in the kestrel Unit at Morisset to provide 24/7 coverage at the facility and the operation and monitoring of the perimeter gates to the campus.
2. Once the new perimeter gates are installed and operating and the “tourist” traffic has reduced to a manageable level, review the need to retain the Security Officers on the Morisset Campus.

WALLSEND

1. Complete the securing of the campus by finalising the fencing and gates to enable automatic lock down of the perimeter and when completed review the overall security on the Wallsend Campus.

TAMWORTH

1. Increase the security coverage at Tamworth to accommodate the changes to the facility by providing an additional security qualified person 8 hours per day Monday to Friday to facilitate the removal of the Fire Safety & Security Manager from the security response team during those hours.
2. Examine the potential for reclassifying existing positions within the facility to HASA to provide additional security resources to call on as required.

BELMONT

1. Provide safe rooms for staff.
2. All perimeter doors to be alarmed and secured at lock down
3. Secure main entrance door after hours with access control.

ARMIDALE

1. All staff to receive appropriate training

MANNING

1. Alarms to be installed on all external locked doors.
2. Regular training of all staff involved in code black responses to be implemented.
3. Lockdown procedures to be developed and implemented.
4. All security staff to have mandatory training.



5. Remove concealment and entrapment areas.

GLEN INNES

1. Examine options to enhance the availability of security qualified staff.
2. Review options for additional staff to obtain security license and possible reclassification of positions.
3. New Ekahau Duress system to be installed.

TOMAREE

1. Provide additional CCTV coverage.
2. Once the facility redevelopment is completed review and assess security needs.

CESSNOCK

1. Provide duress system for Cessnock House.
2. Enhance the availability of security qualified staff.

GLOUCESTER

1. All appropriate staff to receive PMVA training.
2. Provide rapid escape from reception, treatment/clinical areas and assessment rooms.
3. Provide safe havens for staff in the event of a violent incident.
4. All perimeter doors to be fitted with alarms.
5. Staff areas to be secured from the public.

KURRI KURRI

Ensure issues raised at the local police and liaison committee.

1. Provide safe room for staff.

DENMAN

1. New Ekahau duress system to be installed.
2. Provide rapid escapes from assessment rooms.
3. Perimeter doors to be fitted with alarms.
4. ED Waiting/Triage area to be provided with access control.



DUNGOG

1. New facility currently under construction and further review of security required when completed.
2. Provide CCTV coverage in ED.
3. Provide gun safe in ED.
4. Staff to be appropriately trained.

BARRABA

1. All appropriate staff to receive PMVA training.
2. New Ekahau duress system to be installed.

WEE WAA

1. Examine options to enhance the availability of security qualified staff including the prospect of a sector based casual pool.
2. Provide proper procedures are in place for staff to remove themselves from danger and take refuge in a safe area until security or Police arrive.
3. Conduct risk assessments for home visit policy and protocol.
4. Building and refurbishing in progress, security to be further review on completion.

QUIRINDI

1. Emergency department to be remodelled to design out risks.
2. Provide safe havens for staff in the event of a violent incident.
3. Access to be restricted to and from the ED into reception, triage or clinical treatment areas.
4. Perimeter door alarms to be monitored by security.

NARRABRI

1. Examine options to provide an emergency response to the facility including the prospect of establishing a sector based casual pool of security qualified staff.
2. Review existing transport arrangements with the view of identifying alternate transport services.

SCONE

1. Examine options to increase the availability of security qualified staff including the prospect of establishing a sector based casual pool.



WALCHA

1. Ekahau duress system to be installed.
2. Training to be provided to all staff.
3. Restrict after hours access to the facility to the ED patient door at the back of the facility.
4. Add signage at the main entrance intercom regarding afterhours access to the facility.
5. Adjust configuration of the two sets of automatic doors at the main entrance to allow for external doors to be opened automatically or manually by staff without the internal doors opening automatically.
6. ED waiting room to be in an 'air lock' so that staff will be less at risk of violence and aggression.
7. Install a remote switch for the ED/After hours door inside the ED.
8. Install Intercom, CCTV monitor and lockdown switch in the ED work area.
9. Add mirrored tint to glass in doors separating the corridor between the ED entry and the ward area

BULAHDELAH

1. Ekahau duress system to be installed.

SINGLETON

1. Examine options to increase the availability of security qualified staff including the prospect of establishing a sector based casual pool.
2. Ensure that spare oxygen bottles are available in secured areas after hours.
3. Perimeter doors to be alarmed.
4. Provide safe assessment room.
5. All staff to receive appropriate training.

MUSWELLBROOK

1. Examine options to increase the availability of security qualified staff including the prospect of establishing a sector based casual pool.
2. Ekahau duress system to be installed.
3. Provide additional CCTV coverage.



MURRURUNDI

1. A new facility is to be built replacing the existing structure. The new building is currently in the design stage. Security arrangements to be reviewed when completed.
2. Ekahau duress system to be installed.

WERRIS CREEK

1. Implement procedure to lock down facility and provide safe room.

BOGGABRI

1. Implement proper procedures in place for staff to remove themselves from danger and take refuge in a safe area until security or Police arrive.

MOREE

1. Availability of police in an emergency to be raised at Liaison Committee meetings.

WARIALDA

1. Ekahau duress system to be installed.
2. Establish a process to ensure all units are notified whenever lockdown is implemented.
3. Implement a procedure for staff to remove themselves and patients from danger pending the response from Police. Raise issue at Liaison Committee meetings.

BINGARA

1. Implement a process for staff to remove themselves and patients from danger pending the response from Police.
2. Provide CCTV coverage in ED.
3. Perimeter doors to be alarmed.

INVERELL

1. New Facility in planning stages, security arrangements to be reviewed once completed.



TENTERFIELD

1. Remodelling now completed in ED, further security audit being arranged^[SH2].
2. Provide safe havens for staff in the event of a violent incident.
3. ED waiting/triage area to be secured after hours with access control.

GUYRA

1. Provide lighting needed at back of hospital.
2. Increase CCTV coverage.
3. Restrict access to the hospital from the ED.

MANILLA

1. Examine options to provide an emergency response to the facility including the prospect of establishing a sector based casual pool of security qualified staff.

GUNNEDAH

1. Perimeter doors to be alarmed and monitored.
2. Secure staff areas from the public.
3. Ekahau duress system to be installed.

Rural and Remote Sites

It is noted that Peter Anderson has been re-engaged by the Ministry to conduct a further State wide review of rural and remote sites. A report of that review is not expected until late 2019.

There are a number of facilities in small rural and remote sites that do not have any security qualified staff or have limited security staff and they are reliant on the local Police or a local or remote security service to provide a response to a critical incident.

The duress systems in these locations are monitored by an external security service located at other locations, primarily Tamworth or Newcastle, and they respond by initially contacting the site of the duress alarm by phone. This response occurs immediately after the duress alarm. If there is no response to the phone call or there is confirmation of a critical incident the security service contact the local Police to attend.



In most of the smaller rural and remote locations the number of Police on duty at any time is limited with only Tamworth, Armidale, Moree and Inverell Police Stations open 24 hours seven days per week.

Police in these smaller communities are often out of town and their response time to a critical incident at the Health Facility is compromised at those times.

Staff have raised concern that they will be at risk if a critical incident occurs and the local Police are not able to respond.

An examination of options and possible alternative responses to critical incidents at these sites needs to be conducted to determine what alternatives there might be to a Police response. That examination should include other emergency services that might be available, alternative community responses such as local security firms or health staff suitably qualified and trained who might be on call.

If no alternative emergency response is identified or delayed the facility should ensure that there are proper procedures in place for staff to remove themselves and patients from any imminent or existing risk of harm.