Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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RE Official information request CDHB 10026

I refer to your email dated 24 January 2019, which was subsequently transferred to us from the Ministry of Health on 28 January 2019, requesting the following information under the Official Information Act from Canterbury DHB regarding the number of assaults on health staff over the last three years. Specifically:

1. **The overall number of recorded assaults on health service staff over the last three years to enable a year by year comparison.**
2. **The overall number of incidents where heath service staff and been threatened or verbally abused over the last three years to enable a year by year comparison.**
3. **The number of assaults on health service staff within the mental health field over the same time period.**
4. **The number of incidents where mental health staff have been threatened or verbally abused.**

We emailed you on 4 February 2019 our previous responses to very similar questions which we felt answered the above questions and at the time of writing we have not heard back from you.

5. **The number of injuries sustained by health service staff over the last three years including those injured whilst working.**

Please refer to **Table one** (below) for the number of injuries sustained by Canterbury DHB health service staff over the last 3 years including those injured while working.

Table one:

Calendar year	
2016	612
2017	624
2018	688

6. **The number of injuries sustained by mental health staff over the last three years.**

Please refer to **Table two** (overleaf) for the number of injuries sustained by Canterbury DHB mental health staff over the last three years.

Table two: Number of injuries sustained by Canterbury DHB mental health staff over last three years.

Calendar year	
2016	146
2017	153
2018	151

7. **The number of convictions against individuals who have assaulted health service staff over the last three years.**
8. **The number of convictions against individuals who have assaulted mental health staff over the last three years.**
9. **The number of individuals who have been sent to prison for assaulting health service staff.**
10. **The number of individuals who have been sent to prison for assaulting mental health staff.**

We do not hold this information and are therefore declining a response to questions 7 - 10 under section 18(g) of the Official Information Act.

11. **The number of physical restraints required by health service staff to contain someone due to their aggressive/violent behaviour.**

As per Restraint Minimisation and Safe Practice Policy

Canterbury DHB is committed to reduce use of restraint in all its forms and to encourage the use of least restrictive practices. Restraint is a serious clinical intervention that requires clinical rationale and oversight. It is used only to protect patients/consumers as well as others from harm for the least amount of time possible and following consideration of alternative interventions such as de-escalation strategies.

A **personal restraint** is where a service provider uses their own body to intentionally limit the movement of a patient/consumer.

A **physical restraint** is where a service provider uses equipment, devices or furniture that limits the patient/consumer's normal freedom of movement.

Seclusion is where a patient/consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.

Therefore the above physical restraints asked for in question 11 and 12 are personal restraint and seclusion as per definitions above.

Table three

Calendar Year – CDHB wide*	Personal Restraint	Seclusion
2016	716	586
2017	680	411
2018	647	603

Note: *Includes Mental Health

12. **The number of physical restraints required by mental health staff to contain someone due to their aggressive/violent behaviour.**

Please refer to **Table three** (below) which shows the number of times personal restraint / seclusion was used by Canterbury DHB mental health staff to prevent harm to others.

Table three:

Calendar Year	Personal Restraint	Seclusion
2016	710	578
2017	657	400
2018	619	597

Note: This is not an indication of the number of aggressive / violent events. Restraint and seclusion may be used simultaneously to manage the same event or may be used as a preventative measure.

13. **The number of times police have been called to assist with managing individuals who were exhibiting aggressive/violent behaviours.**

We do not hold this information and are therefore declining a response to this question under section 18(g) of the Official Information Act. Canterbury DHB acknowledges the right of a staff member to lay a complaint with the police. Please refer to **Appendix 1** (attached) for the Complaint to Police Policy. This policy applies when a staff member, while on duty, has been adversely affected by an incident or their property damaged or lost.

14. **The number of times patients have required seclusion due to their aggressive/violent behaviour over the last three years.**

Please refer to response to Question 12.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Reporting to police (staff)

Purpose

To outline the process for a staff member who wishes to make a formal report to the police.

Policy

SMHS acknowledges the right of a staff member to make a formal report to the police. In order to protect staff from the possibility of threats or danger, staff members' personal addresses and phone numbers should not be given or recorded on any communication with the police.

Scope

This policy applies when a staff member, while on duty, has been adversely affected by an incident or their property damaged or lost.

Associated documents

Legislation and standards

- Health & Safety in Employment Act, 1992
- Mental Health (Compulsory Assessment & Treatment) Act 1992
- Guidelines for Reducing Violence in Mental Health, Ministry of Health (1995)
- NZ Standard, Health and Disability Services (General) Standard. NZS 8134: 2008

CDHB documents

- CDHB Manual, Legal and Quality (Volume 2)
  - Incident Management
  - Safety 1st

1 Report to police process

Following an incident the safety, treatment and support needs of the consumer, staff members and others must be met. Usual reporting processes for incidents and accidents apply.

If, following an incident, a staff member wishes to make a formal report to the police, the staff member calls the Crime Reporting Line: 03 363 7400 who will take all relevant information.

In line with police policy, reports to the police must be made by the affected person. If the staff member does not wish to make a formal report, the clinical team will respect this.

The Clinical Manager or Charge Nurse Manager will organise the provision of support as needed throughout the reporting process, any follow-up or investigation and any court processes that may result from the report.

2 Consumer subject of a report to the police

Where a consumer's actions have resulted in harm to a staff member or, loss or damage to their property, the consumer will continue to be treated with the care and consideration while the allegation is investigated.

Involved consumers must be clinically assessed and processes and outcomes will be documented in the clinical notes:

- Ideally the clinical assessment would be on the same day as the incident and undertaken by the Consultant Psychiatrist (or delegate, or Duty Registrar after hours) in consultation with multidisciplinary team.
- Community services will identify a clinician(s) to carry out the assessment if the consumer's Consultant Psychiatrist is not readily available. If the consumer refuses to undergo an evaluation, the nature and seriousness of the incident will determine the safest most appropriate course of action. For example, DAO (for Mental Health Act processes) or police assistance.

Responsibility for ensuring the consumer's support needs are identified and met will be appropriately delegated to a staff member.

The Clinical Manager, Charge Nurse Manager or their delegate ensures that the consumer is aware that a report has been made to the police. The consumer's family (with permission) must also be informed.

The consumer must be advised about the advocacy services available and their right to legal representation. Staff assistance may be needed to ensure the consumer receives these services.

If the consumer is required to attend court, the Clinical Manager or Charge Nurse Manager will liase with the Court Liaison Nurse before the appearance date.

3 Protecting the staff member's identity

Progress notes regarding the incident and any subsequent report to police will not identify the staff member.

Staff making a report or those involved in a police investigation may make contact arrangements with the police as they feel appropriate including giving:

- The workplace address and contact number and/or
- The Clinical Manager or Charge Nurse Manager's work telephone number for in hours contact and/or,
- Duty Nurse Manager's work telephone number for after hours contact.

If the police need to make contact with the staff member they will liaise through the Nursing Director Adult Inpatient Group and Service Manager Watchhouse.

4 Police investigation

Once a formal report has been made, the police will investigate and decide whether charges will be laid. The police may consider alternatives if the consumer is very unwell and may be adversely affected by a criminal charge. This will require discussion with senior staff including the Clinical Director of the area.

Policy Owner	Service Manager, Watchhouse
Policy Authoriser	Chief of Psychiatry
Date of Authorisation	07 November 2018