

18 June 2015

Josh Munro
Coroners Registrar
Coroners Court of Victoria
65 Kavanagh Street
Southbank, VIC
3006

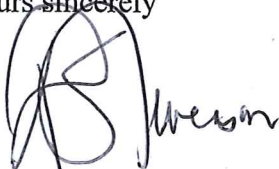


Dear Mr Munro

Re: **Response to the Coroner's recommendations arising from the investigation into the death of Maria (Mary) T Nigro**
Court reference: COR 2009 000829

Please find attached the written response from Mercy Mental Health to the recommendation arising from the Coroner's investigation into the death of Ms M Nigro

Yours sincerely



A/Prof Dean Stevenson
Clinical Services Director
Mental Health Services
Mercy Public Hospitals Inc.

Response to Coroners recommendation
Maria (Mary) T Nigro
Court reference: COR 2009 000829

Coroner's Recommendation

With the aim of minimising risk and preventing like deaths, I recommend Mercy Health develop and implement policies and procedures for the LDU whereby access to items that may be used to self-harm are removed or reduced. Such policies and procedures should include checking patients and the unit for potentially harmful belongings and belongings that could be used for self-harming purposes, monitoring items brought into the unit by visitors and educating visitors on the potential risks associated with such items.

Response of Mercy Mental Health to Coroner's recommendation

An alternative to the coroner's recommendation will be implemented, and has in part already been implemented.

A) Background

Mercy Mental Health (MMH) recognises the challenge in providing a safe environment for patient in the low dependency unit (LDU) while maintaining an environment that is compatible with a recovery focused model of care.

Patients who are nursed in the LDU unit are generally considered to have a level of risk that is manageable in this environment. In keeping with the ethos of the Mental Health Act and to support the maintenance of patient dignity, patients retain access to personal apparel that could be considered as potential ligatures e.g. shoe laces.

Clinical assessment and risk assessment processes direct the site of the person's treatment within the inpatient unit. Patients deemed at higher risk for self-harm are managed in the High Dependency Unit where access to objects that may be used to self-harm are restricted

MMH will address the coroner's recommendation by improving current practices that determine and plan for patient's management in the low dependency environment.

After Ms Nigros's death, but not because of it, a new risk assessment framework was introduced. It is robust but it is recognised that ongoing training is required to improve staff skill in assessing risk and planning effective risk management strategies. This type of training is included in the staff education calendar and takes place as part of the patient assessment training day package.

MMH will update and improve procedures that address patient and visitor safety and access to items that may potentially be used to self-harm.

The following procedures are in place or undergoing review to address the Coroners recommendation.

Mental Health Admission to Adult Inpatient Units Procedure.

This is a new procedure that was introduced in September 2014 prior to the release of the Coroners recommendation. This procedure in part directs staff to comply with the Mental Health Patient Search Procedure at the time of the patients admission to the inpatient unit.

Mental Health Patient Search Procedure.*

This procedure was updated in August 2014 but is undergoing further review following the Coroners recommendation. The update will provide further clarity in linking risk assessment and risk ratings to patient's access to items or objects that may viewed as potentially harmful.

Prohibited Items Procedure.

This is a Mercy Health Procedure that was introduced in July 2013. This procedure provides information and guidance to Mercy Health workers who may find/identify and / or come into contact with Weapons, illicit Drugs and/or Alcohol which has been brought onto Mercy Health premises

Mental Health Visitors to Adult Inpatient Unit Procedure.*

This procedure was updated in 2014 but will undergo further revision to include the need for staff to review what objects can be safely taken onto the ward with visitors.

The following non procedure related changes have been put in place:

Unit safety:

As part of standard work practice, the Nurse Unit Manager conducts rounds in the LDU at about 08.30 am and 02.30pm. Part purpose of the round is to identified and remove any objects that may be deemed dangerous in the LDU.

Signage has been developed. The sign prompts visitors to ask staff if it is safe to take personal items and other objects onto the psychiatric ward. The sign has been placed in the foyers of the Werribee Mercy Psychiatric Unit, the Mother Baby Unit at Werribee and the Ursula Frayne Centre at Footscray Hospital.

The Mercy Health permitted items procedure ensures that items commonly dangerous to all patients are removed.

However, in the low dependency unit patients have different risk profiles and there are many items which it is discretionary depending upon a patient's risk profile whether they be in possession of such an item.

For example, a disposable razor. It might be that a patient's risk profile is such that they are permitted to have such an item yet another patient's risk profile is such that they are not permitted to have that same item. Accordingly, Mercy Mental Health cannot guarantee, and never has been, that a patient in the low dependency unit cannot come into possession of an item which it would be inappropriate to have because that item might be permitted to be in the possession of another patient. However, Mercy Health has minimised the patient's access to other patients' items by implementing a security system by which all patient rooms are locked and through an electronic system can only be accessed by the patient who is the occupant of the room. Access is by an electronic wristband which the patient waves over a sensor which unlocks the room and permits access.

Staff education:

Ongoing risk assessment and risk management training is offered during the Mercy Mental Health Assessment training day.

B) Implementation times of the 2 procedures referred to in Section A) as undergoing review, namely:

- Mental Health Patient Search Procedure,
- Mental Health Visitors to Adult Inpatient Unit Procedure,

will be completed by July 2015.

C) Attachments to demonstrate implementation of alternative interventions.

Procedures

Mental Health Admission to Adult Inpatient Units Procedure.
Prohibited Items Procedure.

Signage

A copy of the sign is attached

Education calendar

The Mercy Mental Health education calendar highlighting the five Assessment Training Days is attached.

Title: Mental Health Admission to Adult Inpatient Unit Procedure

Division: Health Services

Facility or Program: Mental Health Services

Approved by: Program Director – Mental Health Services

Policy Link: Care of Patients Policy



Purpose

To outline the admission process and administrative, legal and clinical responsibilities to ensure that patients receive the appropriate care and relevant information to support them to make decisions about their admission, treatment and recovery.

Who Must Comply

Mercy Mental Health Staff

Procedure

Facilitating an Inpatient Admission:

During business hours admissions to the inpatient unit should be arranged with the Emergency Liaison Nurse. After hours all inpatient admissions should be discussed with the Psychiatric After Hours Co-ordinator or Psychiatric triage. Where ever possible a voluntary admission is preferable.

Admission Times:

Emergency admissions or direct admission from CATT in the community may be admitted to the inpatient unit at any time, where a bed is available.

Planned admissions or patients being transferred from the Emergency Department should take place as soon as possible, being mindful that admissions should be avoided during inpatient unit handover times;

- 0700-0730hrs
- 1330-1430hrs
- 2120-2200hrs

Clinical Handover to the Inpatient Unit Nurse in Charge:

Prior to an inpatient admission the treating team facilitating the admission will provide the Nurse in Charge and the admitting Medical Officer if available with a clinical handover of the patient using ISBAR. This should include key information including presenting problem, current mental state, accurate risk assessment, Mental Health Act 2014 legal status, current medications and any physical health issues. The admitting team should ensure that reasonable attempts have been made to contact the compulsory notification people for all compulsory patients.

Admission Documentation:

All clients who require an inpatient admission must be accompanied by the following documentation -

- Psychiatric Assessment Tool (for Initial Assessments) or Clinical notes, outlining current presentation, full MSE, current medications, formulation and management plan
- Risk Assessment and Management Tool (W0701)
- Registration Forms (PR1 and PR1A)
- Mental Health Act 2014 forms (if patient requires compulsory treatment)
- Medication and depot charts (if applicable)
- Alcohol and other drug assessment (if indicated by screening)
- Mercy Health Compulsory Notifications form
- Mental Health Report on Assessment, Treatment and Recovery (RATR)(if applicable)

Associate Change Nurse (ACN) responsibilities:

- Receive clinical handover from treating team facilitating the inpatient admission
- Provide admitting nurse and medical officer with a verbal handover and outline the admission plan.
- Ensure all compulsory patients have the relevant Mental Health Act 2014 Order (Inpatient Assessment Order, Inpatient Temporary Treatment Order, Inpatient Treatment Order, Variation of Temporary Treatment Order or Treatment Order to Inpatient setting)

Title: Mental Health Admission to Adult Inpatient Unit Procedure**Division:** Health Services**Facility or Program:** Mental Health Services**Approved by:** Program Director – Mental Health Services**Policy Link:** Care of Patients Policy



- Confirm that both the nursing and medical admission has been completed and if unable to be completed in one shift then any outstanding aspects of the admission process are handed over to the next shift.
- Ensure the ward is safe to receive admission, especially if a High Dependency Unit (HDU) admission is likely to require seclusion at time of admission.

Team Nurse/Admitting Nurses responsibilities:

- Welcome the patient to the unit and introduce staff and other patients.
- Orientate the patient to the inpatient unit including;
 - Physical layout of unit
 - Facilities, activities and services available
 - Location of bedroom
 - Emergency evacuation point
 - Inpatient orientation pamphlet
- Ensure that patient and any compulsory notification persons are provided a copy of the relevant statement of rights along with a verbal explanation of their rights. This should include the Privacy Brochure, the Australian Charter of Healthcare Rights in Victoria Brochure (including a copy of legal status form). This should be documented in the admission progress notes and also captured on the Admission and Discharge Checklist.
- Provide an outline of the patient's responsibilities during their admission including expectations of maintaining patient and staff safety at all times, and the expectation of participating in group activities.
- The Admission and Discharge Checklist must be completed, including PR1/PR1A, Risk Assessment, Individual care plan and Personal Safety Plan.
- The Risk Screening tool (AD 2515) must be completed for all patients on the Mental Health Inpatient Unit, at the time of the admission process but no longer than 8 hours post admission.
- Complete Drug and Alcohol Screening if not already completed by admitting clinician/ED. Refer to Drug and Alcohol Screening and Assessment Procedure.
- Patient property should be searched in accordance with the Patient Search Procedure. Where possible valuable items should be sent home with nominated person/NOK/carer and clearly documented in the patient's clinical file. A discussion between the patient, primary nurse and ACN must take place around the patient valuables, and whether they are required to be held in the ward TRUST. Refer to management of Patient Valuables procedure.
- The patient must be given a single white patient identification band. For patients with a known allergy or other known risk the patient identification band must be red. Refer to Patient Alerts Procedure and Patient Identification Procedure
- Notify the admitting medical officer of the pending admission and estimated arrival time on the unit.

Admitting Medical Officer/ Psychiatric Registrar responsibilities:

- Conduct a mental state examination and a physical assessment of the patient at time of admission. Physical Examination to be completed and documented on the Medical Examination form (URW0708). Highlight any issues with physical health, seek assistance from medical colleagues in accordance with urgency. Handover must be given for any existing medical conditions.
- Ensure the Risk Assessment and Management Form (W0701) has been completed on entry by the admitting team.
- Medication and depot charts completed.
- Ensure that any baseline physical investigations (ECG, pathology etc.) required are ordered and if completed prior to admission to inpatient unit then results are reviewed.
- The admitting medical officer should seek guidance from senior registrar/consultant psychiatrist regarding any areas of concern around the assessment or management of the patient.
- If the patient is admitted by the Hospital Medical Officer after hours, then this person must give the on-call psychiatric registrar/medical officer a clinical handover by phone.

Title: Mental Health Admission to Adult Inpatient Unit Procedure**Division:** Health Services**Facility or Program:** Mental Health Services**Approved by:** Program Director – Mental Health Services**Policy Link:** Care of Patients Policy

**Ward Clerk responsibilities:**

- Prepare admission file – admission pack
- Completing admissions and discharges of all patients on CMI/ODS, IPM and Community Depot Database
- Entering or updating Mental Health Act 2014 Legal Orders on CMI/ODS for all compulsory patients
- Each admission is to be recorded in the Daily Returns and SSU spreadsheet
- Ensure the appropriate storage of items placed in 'TRUST,' as per Management of Patient Valuables Procedure
- Request any community or past clinical files

Consultant Psychiatrist responsibilities:

- To review the Risk Assessment and Management Form (W0701)
- To review a patient subject to an Assessment Order within 24 hours of being received at a designated mental health service and determine if the Treatment Criteria are met. If the Treatment Criteria (MHA 2014 S.5) are met then a Temporary Treatment Order form must be completed.
- To review all patients who have had their Temporary Treatment Order or Treatment Order varied to the inpatient setting.
- Determine if inpatient treatment is the least restrictive way for the patient to be treated (compulsory or voluntary patient).
- Ensure that the views and treatment preferences of the patient and compulsory notification people have been obtained.
- Ensure that compulsory notifications have been made in line with the Compulsory Notification and Statement of Rights Procedure and Mental Health Act 2014
- Ensure that the MHT32 Compulsory Notification Persons form has/is completed if a patient is placed on a Temporary Treatment Order, or if a Temporary Treatment Order or Treatment Order is varied or revoked.
- Review treatment options and discuss with patient to establish an admission and discharge plan.
- Review of the patient's advance statement (if applicable)
- Ensure collateral information has been obtained from nominated person/carer/family, GP, Private psychiatrist, psychologist or other involved organisations.

Group Nurse/HDU Engagement Nurses responsibilities:

- Identify self to patient and provide explanation of role and responsibilities
- Outline group program, where program details are displayed, and expectation around participation in group activities to promote a recovery focus.

Occupational Therapist responsibilities:

- Identify self to patient and provide explanation of role and responsibilities
- If OT needs identified discuss with treating team and action as appropriate

Social Worker responsibilities:

- Identify self to patient and provide explanation of role and responsibilities
- If social work needs identified discuss with treating team and action as appropriate

Treating Team responsibilities:

- Consider and attempt to address all the needs of the patient including:
 - Language/communication
 - Gender
 - Ethnicity

Title: Mental Health Admission to Adult Inpatient Unit Procedure

Division: Health Services

Facility or Program: Mental Health Services

Approved by: Program Director – Mental Health Services

Policy Link: Care of Patients Policy



- o Culture
- o Finances
- o Mobility
- o Religion
- o Dietary Requirements
- o Care of children and pets

Precautions & Contraindications

N/A

Definitions

Term	Definition
WMPU	Werribee Mercy Psychiatric Unit
TRUST	Secure storage of patients valuables
Designated mental health service	A prescribed public hospital or service within the meaning of section 3(1) of the Health Services Act 1988

Links to Related Documents

- [Mental Health Comprehensive Assessment Procedure](#)
- [Compulsory Patient Procedure](#)
- [Compulsory Notification and Statement of Rights Procedure](#)
- [Mental Health Patient Search Procedure](#)
- [Management of Patient Valuables on Inpatient Unit Procedure](#)
- [High Dependency Unit \(HDU\) Management Procedure](#)
- [Psychiatric Inpatient Risk Assessment and Visual Observations Procedure](#)
- [Patient Identification Procedure](#)
- [Clinical Alerts Identification and Documentation Procedure](#)
- [Advanced statement procedure](#)
- [Falls Prevention and Management Procedure – All patients](#)
- [Pressure Injury Prevention in Adults Procedure](#)

Key Legislation, Acts, Standards & References

- [National Standards for Mental Health Services 2010](#)
- [Victorian Mental Health Act 2014](#)

Acknowledgements

N/A

Keywords

WMPU, admission, inpatient unit, Compulsory,

Version History & Author / Contributors

V.	Date Created (MM/YYYY format)	Section(s) Changed (eg procedure / definitions / references)	Created/Amended by (position title)
1	09/2014	New Procedure	Clinical Services Director

Title: Prohibited Items Procedure

Division: All

Facility or Program: All

Approved by: Executive Director Risk Management and Quality

Policy Link: Work Health & Safety Policy



Purpose

To provide information and guidance to Mercy Health workers who may find/identify and / or come into contact with Weapons, illicit Drugs and/or Alcohol which has been brought onto Mercy Health premises.

Who Must Comply

All workers

Procedure

Prohibited Items are not permitted in Mercy Health facilities. Mercy Health facilities will implement the following preventative, identification and management actions

1. Workplace Design

- Mercy Health will incorporate Crime Prevention Through Environmental Design (CPTED) principles in the building or renovation of any part of the facility. This includes utilising environmental controls to prevent entry into the facility, lockdown of waiting rooms and access doors, ensuring secured doors are shut and controlled at all times to prevent unauthorised entry, and staff in high risk areas wear and utilise duress alarms where appropriate.

2. Acute Hospitals and Mental Health Facilities – Victoria Only (Security present at facility)

To deter Prohibited Items from being brought into Mercy Health facilities

- All workers, patients and visitors shall be notified when entering acute hospitals and mental health facilities that they are not permitted to bring Prohibited Items onto Mercy Health property. This excludes authorised police officers who carry appropriately secured firearms within the course of their duties.
- Patients shall be informed that
 - they must consent to an examination of their belongings, if requested, before bringing bags or other items into the facility
 - their right to refuse an examination of their belongings
 - that refusal to consent to an examination of belongings may result in a delay or refusal of treatment
 - Police may be requested to attend and conduct a lawful search before treatment is provided.
- On entry to Mercy Health facilities, all patients/residents should be given the opportunity to volunteer any Prohibited Items to Security.

Detection of Prohibited Items brought into Mercy Health facilities

- Staff shall be alert and identify patients or visitors entering the facility who may be carrying/ concealing Prohibited Items
- If a worker is aware of or suspects that a patient or visitor is carrying or is in possession of a Prohibited Item, the worker should immediately inform the Nurse Unit Manager (NUM), After Hours Coordinator (AHC) and Security.
- When the person is a visitor Security will escort the visitor off Mercy Health premises and contact Victoria Police, if appropriate, informing them of the incident.
- Patients who are in possession of non prescription alcohol will be instructed that it cannot be consumed and that they are required to ensure that it is removed from hospital premises by their Next of Kin or family; otherwise it will be confiscated and stored by Security.

Title: Prohibited Items Procedure

Division: All

Facility or Program: All

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Policy Link: Work Health & Safety Policy



- Patients or their Next of Kin will be able to collect alcohol on discharge from hospital.
- If a dangerous weapon threat is perceived, refer to **Imminent Threats** below.

Patient searches

Before conducting any search of a patient or their belongings for prohibited Items:

- there must be reasonable grounds for suspecting that a patient is in possession of a Prohibited Item; and
- consent must be obtained for an authorised search of patients or their belongings.
- Searches in the Mental Health Psychiatric Inpatient Unit (MHP IU) will be undertaken in accordance with the Patient Searches Procedure for MHP IU.
- Searches in all other wards and departments shall be documented using the Mercy Health Search Consent Form.
- **If consent is not given,**
 - Request Police to attend on site where the patient is suspected of possessing a Weapon and the medical condition dictates that care should be provided.
 - Victoria Police has legislative authority, to search without a warrant any person, vehicle, package or thing in the possession or under the control of a person if the police have reasonable grounds for suspecting that a person is carrying a weapon or other items prohibited by legislation. The police also have the power to seize and detain the prohibited item.
- **When consent is given,**
 - A staff member will examine the patient and/or belongings in the presence of another staff member.
 - Where possible, one of those present should be of the same gender as the patient.
 - Where practicable, a family member may also be present when the examination is carried out.
 - Staff should wear puncture proof gloves to minimise harm/injury, including needle stick injuries.
 - If the patient is displaying signs of aggression, staff should assess whether a Security presence would be beneficial. Where necessary, Security may be required to assist with the examination of patient and/or belongings.
 - The extent of the examination undertaken should be the minimum necessary to address the possible harm.

Any search of person, property or living environment will be conducted in a manner that respects the dignity of the individual concerned and recognizes obligations pursuant to the Charter of Human Rights and for patients being treated under the Mental Health Act 1986 (Vic) with such obligations as listed under that Act.

- If the **patient is unconscious** and consent can not be obtained
 - Examination of patient belongings will be carried out in the presence of two staff members.
 - Examination of patient belongings will be carried out with care, ensuring that a patients' right to privacy is observed, in line with the care routinely given to safeguard patients belongings
 - A note will be made in the medical record of the examination of belongings and information regarding the property noted as per local procedure.

Title: Prohibited Items Procedure

Division: All

Facility or Program: All

Approved by: Executive Director Risk Management and Quality

Policy Link: Work Health & Safety Policy



To confiscate Prohibited Items

Weapons

- Staff must call Security immediately. Security will take the Weapon and store in Security office until police arrive.
- Staff should avoid removing or taking possession of a Weapon from a patient unless absolutely necessary and they are a registered medical practitioner, nurse, midwife or registered psychologist.
- The Weapon should not be tampered with in any way e.g. cleaned, disassembled. Some items may be required for evidence at a later date.
 - Any person whose Weapon has been retained will be given a written notice from Mercy Health Security staff advising that the Weapon has been collected by Victoria Police and taken to the local Police Station.

Alcohol

- Alcohol shall be confiscated by Security and kept in a secure area for return to the patient at discharge

Drugs

- Office hours - Pharmacy staff are to be notified as soon as practicable
- After Hours, the AHC and the Pharmacist on call are to be notified, who will manage the substance/drugs accordingly, which may include safe storage until normal working hours.
- Pharmacy will store drugs according to the Drugs, Poisons and Controlled Substances Act and Regulations.
- Illicit drugs shall be managed according to Schedule 8 drugs procedure. Refer to Management of Schedule 8 Medications (Drugs of Dependence). The Director of Pharmacy must be notified as soon as practicable who will notify Victoria Police if necessary.

Imminent Threats

- Staff must activate an appropriate emergency response (Code Black) if a dangerous weapon threat is perceived
- It may be necessary to delay the treatment of a patient carrying or suspected of concealing a Weapon until the risk of injury to themselves or others is controlled
- If Police are requested to attend an incident where there is a potential or known dangerous Weapon the senior staff member in charge of the affected area will provide information to Police on their arrival.
- Information provided to Police should allow for accurate assessment and management of the situation, be relevant, reasonable and in accordance with Health Records Act 2001(Vic)
- After receiving information from a senior staff member, Police will decide on a response plan and assume control of the situation.
- Staff should withdraw to a safe area until Police advise the situation is under the control.

Reporting Responsibilities

- Police must be notified as soon as is reasonably practicable that a Weapon is secured and requires collection

Title: Prohibited Items Procedure

Division: All

Facility or Program: All

Approved by: Executive Director Risk Management and Quality

Policy Link: Work Health & Safety Policy



- There is no requirement for patient details to be disclosed to police when they collect confiscated weapons. In general, the Health Services Act 1988 (Vic) and Mental Health Act 1986 (Vic) prohibit the release of patient information by a Mercy Health employee. The NUM/AHC can provide identifying information about the patient to the police if the disclosure is necessary to lessen or prevent a serious threat to public safety or to the patient's own life, health or safety.
- Use of the Mercy Health Search Consent Form should be recorded in the patient medical record.
- A detailed VHIMS report is to be completed as soon as practicable. This should be completed by the worker involved in the initial find of a Prohibited Item.
- NUM / AHC should inform the relevant Program Director / After hours Executive on call of the incident as soon as practical.
- Mercy Health Executive on call will arrange for Critical Incident Stress Management debriefing to be provided if appropriate.
- A Prohibited Items Register will be maintained by Security, detailing the patient contact details, date, time, and brief description of Prohibited Item found.
- A copy of the written notice which has been issued to the patient advising that the Prohibited Item has been confiscated will be kept in the medical record and on file in a Security register.

All Other Facilities (No Security Present)

- If a Mercy Health worker suspects that a patient/resident/client or visitor may have a Prohibited Item in their possession they are to notify the senior manager on site immediately.
- If the Manager deems the suspicion likely or has confirmation of a dangerous weapon Code Black (Personal Threat) response will be initiated, including calling the police immediately.
- A detailed incident report is to be completed as soon as practicable. This should be completed by the staff member involved in the initial find of the Prohibited Item.
- NUM / AHC / Senior Nurse in charge of the facility should inform the relevant Mercy Health Executive on call of the incident as soon as practicable.
- Mercy Health Executive on call will arrange for Critical Incident Stress Management debriefing to be provided if appropriate.
- The NUM/AHC/Senior Nurse in charge of the facility can provide identifying information about the patient/resident to the police if the disclosure is necessary to lessen or prevent a serious threat to public safety or to the person's own life, health or safety.
- Police should always be called to assist with the management of Weapons.

Precautions & Contraindications

Where a person carries a sheathed dagger, Kirpan, as part of their faith discussion will be undertaken and documented in the patients history regarding the requirement to maintain this item sheathed at all times.

Definitions

Term	Definition
Alcohol	Any liquid/beverage (eg beer, whiskey and others) that when consumed in excessive quantities may lead to intoxication.
CPTED	Crime Prevention through Environmental Design

Title: Prohibited Items Procedure

Division: All

Facility or Program: All

Approved by: Executive Director Risk Management and Quality

Policy Link: Work Health & Safety Policy



Drugs	Drugs as stated within this procedure refers to either; <ul style="list-style-type: none">• Any form of illicit drugs, not legally permitted or authorised and that are classified as unlawful. Eg. speed, cocaine• Prescription Drugs in excessive quantities that may hinder a patients care whilst at Mercy Health.
Imminent Threat	An immediate threat to public safety or a threat to the persons own life, health or safety
Kirpan	A small dagger worn beneath clothing by Khalsa Sikhs. It is one of the five physical symbols, 5 Ks, that they must wear.
Non Firearms weapons	As defined by the 'Control of Weapons Act' (includes knives, swords & extendable batons).
Prohibited Item/s	For the purpose of this procedure, where the term "prohibited item" is used, this will refer to any item as defined as a weapon, drugs or alcohol.
Weapon	An item designed, used or usable as an instrument for inflicting bodily harm including: <ul style="list-style-type: none">• Firearms (whether whole or in parts)• Imitation firearms• Knives• Spear guns• Batons• Bayonets• Crossbows• Knuckledusters• Slingshots• Martial arts weapons• Swords• Oleoresin capsicum spray (OC Spray)• Dangerous articles (i.e. any other article which has been modified so as to be capable of being used as a weapon or is carried with the intention of being used as a weapon).

Links to Related Documents

- Work Health & Safety Policy
- Patient Search Procedure, Mercy Mental Health
- Occupational Violence Procedure
- Emergency Procedure Manuals
- Patient Search Consent Form

Key Legislation, Acts, Standards & References

- [Occupational Health & Safety Act 2004 \(Vic\)](#) Retrieval date 21/05/2013
- [Work Health and Safety Act 2011NSW](#) Retrieval date 21/05/2013
- [Work Health and Safety Act 2011 \(ACT\)](#) Retrieval date 21/05/2013
- [Control of Weapons Act 1990 \(Vic\)](#) Retrieved 28/05/13
- [Control of Weapons Regulations 2011 \(Vic\)](#) Retrieved 28/05/13
- [Health Records Act 2001 \(Vic\)](#) Retrieved 28/05/13
- [Crimes Act 1958 \(Vic\)](#) Retrieved 28/05/13
- [Firearms Act 1996 \(Vic\)](#) Retrieved 28/05/13
- [Firearms Regulations 1997 \(Vic\)](#) Retrieved 28/05/13
- [Health Services Act 1988 \(Vic\)](#) Retrieved 28/05/13
- [Mental Health Act 1986 \(Vic\)](#) Retrieved 28/05/13
- [Information Privacy Act 2000 \(Vic\)](#) Retrieved 28/05/13

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Title: Prohibited Items Procedure

Division: All

Facility or Program: All

Approved by: Executive Director Risk Management and Quality

Policy Link: Work Health & Safety Policy



- [Drugs, Poisons and Controlled Substances Act 1981 \(Vic\)](#) Retrieved 28/05/13
- [Drugs, Poisons and Controlled Substances Regulations 1981 \(Vic\)](#) Retrieved 28/05/13
- [Firearms Act 1996 \(NSW\)](#) Retrieved 28/05/13
- [Weapons Prohibition Act 1998 \(NSW\)](#) Retrieved 28/05/13
- [Firearms Act 1996 \(ACT\)](#) Retrieved 28/05/13
- [Prohibited Weapons Act 1996 \(ACT\)](#) Retrieved 28/05/13
- [Charter of Human Rights & Responsibilities Act 2006 \(Vic\)](#) Retrieved 28/05/13
- [Department of Health; Victorian taskforce on violence in nursing: Final Report, 2005](#) Retrieved 28/05/13
- [Department of Health; Deter, detect and manage: A guide to better management of weapons in health services 2011](#) Retrieved 28/05/13
- [Department of Health; Preventing occupational violence: A Policy Framework including principles for managing weapons in Victorian health services. December 2011](#) Retrieved 28/05/13
- <http://www.sikhs.org/gloss2.htm> Retrieved 28/05/2013

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General Counsel

Keywords

N/A

Version History & Author / Contributors

V.	Date Created (MM/YYYY format)	Section(s) Changed (eg procedure / definitions / references)	Created/Amended by (position title)
1	07/2013	New Procedure	Executive Director Nursing & Midwifery MPH



Mercy Health
Care first

UNIT SAFETY

ALL VISITORS

Mercy Mental Health is committed to providing a safe environment for everyone

To assist us with this

PLEASE

Check with Staff if it is safe to bring any personal items or other objects onto the unit.

2015 EDUCATION CALENDAR

March	April	May	June	July
1	1	1	1	1
2	2	2	2	2
3	3 - PUBLIC HOLIDAY	3	3 - AGGRESSION MANAGEMENT WMH Antenatal Room	3
4	4	4	4	4
5 - ASSESSMENT DAY - SWC	5	5	5	5
6	6 - PUBLIC HOLIDAY	6 - GENDER SENSITIVITY - SWC	6	6
7	7	7	7	7
8	8	8	8 - PUBLIC HOLIDAY	8
9 - PUBLIC HOLIDAY	9	9	9	9
10 - MENTAL HEALTH ACT - CCU	10	10	10	10
11	11	11	11 - SENSORY MODULATION - WMH LP	11
12	12	12	12	12
13	13	13	13	13
14	14	14 - TRAUMA INFORMED CARE - SWC	14	14 - ASSESSMENT DAY - CCU
15	15	15	15	15
16	16 - SENSORY MODULATION - SWC	16	16	16
17	17	17	17	17
18	18	18	18 - COMPETENCY DAY - SWC	18
19 - GENDER SENSITIVITY - SWC	19	19	19	19
20	20	20 - ASSESSMENT DAY - WMH LP	20	20
21	21	21	21	21
22	22 - COMPETENCY DAY - SWC	22	22	22 - GENDER SENSITIVITY - WMH LP
23	23	23	23	23
24	24	24	24	24
25 - TRAUMA INFORMED CARE - WMH LP	25 - PUBLIC HOLIDAY	25	25 - MENTAL HEALTH ACT - SWC	25
26	26	26 - SENSORY MODULATION WMH Seminar Room	26	26
27	27	27	27 SCHOOL HOLIDAYS	27
28 SCHOOL HOLIDAYS	28 - AGGRESSION MANAGEMENT - WMH LP	28	28	28 - TRAUMA INFORMED CARE - SWC
29	29	29	29	29
30	30	30	30	30
31		31		31

All bookings must be emailed to MMH Education Department: MEducationDepartment@mercy.com.au

2015 EDUCATION CALENDAR

August	September	October	November
1	1	1	1
2	2	2	2
3	3 - TRAUMA INFORMED CARE – WMH LP	3	3 PUBLIC HOLIDAY
4	4	4	4
5- COMPETENCY DAY- SWC	5	5	5 - MENTAL HEALTH ACT - SWC
6	6	6 - SENSORY MODULATION - SWC	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10 - ASSESSMENT DAY – WMH LP	10	10
11	11	11	11 - GENDER SENSITIVITY – WMH LP
12	12	12	12
13 - AGGRESSION MANAGEMENT – WMH LP	13	13	13
14	14	14	14
15	15 - GENDER SENSITIVITY – CCU	15- COMPETENCY DAY - SWC	15
16	16	16	16
17	17	17	17
18	18	18	18
19 - SENSORY MODULATION – WMH LP	19 SCHOOL HOLIDAYS	19	19 - TRAUMA INFORMED CARE - SWC
20	20	20 - AGGRESSION MANAGEMENT – WMH LP	20
21	21	21	21
22	22	22	22
23	23	23	23
24	24	24	24
25 - MENTAL HEALTH ACT - CCU	25	25	25 -COMPETENCY DAY - SWC
26	26	26	26
27	27	27	27
28	28	28 - ASSESSMENT DAY – WMH LP	28
29	29	29	29
30	30	30	30 - AGGRESSION MANAGEMENT – WMH LP
31		31	

WMH LP – Werribee Mercy Hospital Learning Precinct Seminar Room - 300 Princes Highway, Werribee VIC 3030
WMH Seminar Room - Werribee Mercy Hospital, 300 Princes Highway, Werribee VIC 3030
WMH Antenatal Room - Werribee Mercy Hospital, 300 Princes Highway, Werribee VIC 3030
SWC – Saltwater Clinic Training Room, 94 Nicholson Street, Footscray VIC 3011
CCU – Community Care Units Activity Room - 131-135 Synnot Street, Werribee Vic 3030