



Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Procedure

This procedure supports the application of [MP 0174/22 Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Policy](#) (the policy).

It sets out the processes to be undertaken prior to a decision to refuse or withdraw health care from a patient exhibiting aggressive or violent behaviour. A decision to refuse or withdraw health care is to be exercised as an option of last resort, if and when all other available and reasonable measures have been exhausted. This must be assessed on a case by case basis.

1. Inclusion and exclusion criteria

The decision to refuse or withdraw health care requires the subjective expertise of clinicians, with consideration given to the specific individual circumstances. Clinicians need to consider factors such as the competency of the patient, clinical disorders that may affect behaviour, discharge supports and need for timely clinical care.

For the purposes of the policy, refusal and withdrawal of care:

- only applies to adults aged 18 years and over
- does not apply to families and carers
- does not apply to mental health patients – please refer to [MP 0101/18 Clinical Care of People with Mental Health Problems Who May Be at Risk of Becoming Violent or Aggressive Policy](#).

2. Considerations to inform a decision to refuse or withdraw health care within a clinical setting

Staff members must never be expected to put their own safety at risk to provide patient care, including when assisting with the management of aggressive or violent patients. Staff members must take reasonable care for their own health and safety in the workplace and the health and safety of others who may be affected by their actions.

Where a patient suffers harm as a result of a senior registered health professional's decision to refuse or withdraw care due to their aggressive or violent behaviour, the senior registered health professional will not be liable provided that any reasonable person (another senior registered health professional) would have refused or withdrawn health care in the circumstances.

2.1. Measures to be taken prior to a decision to refuse or withdraw health care

When a patient exhibits aggressive or violent behaviour, consideration must always be given to the possible clinical aspects of the behaviour. A violent outburst by a patient may be secondary to a number of physical and/or mental medical conditions, and initial clinical assessment and prompt treatment should form part of any response. The management of risks arising from a patient's behaviour must occur concurrently with their clinical treatment.

The option to refuse or withdraw health care must only arise after all other options have been considered and escalation to a senior clinical staff member has been undertaken. Consultation is pivotal at all stages of the risk identification, assessment and decision-making process. The decision to withdraw or refuse health care must only be made by a senior registered health professional and cannot be made by a non-clinical staff member. Where possible and available, a second clinical opinion must be sought. Notification and escalation to the site executive on call must be undertaken if a decision to refuse or withdraw care is made.

A comprehensive clinical review of the patient exhibiting aggressive or violent behaviour must be immediately completed by the senior registered health professional and include a documented management plan and medication review.

Prior to refusing or withdrawing health care the following must be considered:

- engaging patients and families, carers or legal substitute decision makers in controlling risks to the greatest extent possible
- temporary deferral of health care (if condition is not life threatening) until a more suitably skilled and experienced staff member is available, when the patient is more settled, or when security is available
- all reasonable efforts to retain a patient in treatment have been taken prior to placing conditions that restrict the patient access to health care. The focus should be one of effective risk management and prevention
- seeking assistance from the Western Australia Police Force where there is an immediate risk.

2.2. Measures to be taken following a decision to refuse or withdraw health care

Decisions regarding the refusal or withdrawal of care must be communicated to all relevant staff members and to the patient in order to assist in facilitating arrangements for their continuing care. Where appropriate, the patient's family, carer or legal substitute decision maker should be notified of the decision.

The decision to refuse or withdraw care must be exercised by a senior registered health professional and escalated to the executive on call for approval.

Once the decision to refuse or withdraw health care is made, there are three options:

- allow the patient to remain at the facility but with no care intervention until the risk is reassessed
- arranging for health care to be carried out in a different location, where the risks can be more appropriately managed. Arrangements must be made by clinical

staff for the continuing care of the patient, including passing on relevant clinical information and ensuring that the patient is adequately informed

- have the patient removed from the facility.

If the decision is made to transfer the patient to another facility, the suitability of the facility to manage the patient behaviour must be assessed. The receiving facility must agree to the transfer and have the appropriate security arrangements in place to provide a safe environment for the patient and staff.

If the decision is made to allow the patient to remain at the facility the following must occur:

- coordination and development of risk mitigation strategies, including a management plan or behavioural contract for the patient. The aim of the plan is to prevent recurrence of aggression or violence.
- identify a communication strategy to inform all staff members, including those from other departments, of the management plan and ensure this is communicated at all handovers
- confirm the patient's management plan with site security
- communicate the management plan to the patient, family, carers or legal substitute decision makers.

2.3. Considerations for a rural or remote clinical setting

While the considerations in section two apply to both metropolitan and, rural and remote clinical settings, it is recognised that staff members in rural and remote areas face particular challenges arising from isolation and limited support.

Risk mitigation strategies must be developed to address issues when dealing with patients exhibiting aggressive and violent behaviours in rural or remote clinical settings, with considerations regarding:

- the number of staff available
- capacity to manage aggression and violence
- the work being undertaken
- type and characteristic of the community
- degree of isolation of the community
- facility design
- emergency communication devices and response protocols
- access to emergency services
- capacity (if any) to refer to other facilities or services.

3. Considerations to inform a decision to refuse or withdraw health care within a community setting

Staff members working in the community face a particular set of risks associated with working on premises outside the direct control of the employer and away from the immediate support of their colleagues.

3.1. Measures to be taken prior to a staff member undertaking work in the community

The following steps must be taken to assist in mitigating the risk of aggressive or violent patient behaviour prior to a staff member commencing work in the community:

- conducting patient risk assessments and developing appropriate plans for the provision of care
- obtaining relevant client information from the referring clinician/service
- conducting an aggression and violence risk assessment prior to each visit and implementing appropriate management measures
- conducting environmental scans when arriving in the community to identify when danger may be present
- provision of communication devices including duress alarms and instruction on how to use them
- implementing a means of tracking staff to ensure safe return and follow up if they do not return, including procedures for responding to duress alarms
- arrangements for developing and maintaining good communication and cooperation with local police and other local support services.

3.2. Measures to be taken prior to a decision to refuse or withdraw health care

When a patient exhibits aggressive or violent behaviour, consideration must always be given to the possible clinical aspects of the behaviour. A violent outburst by a patient may be secondary to a number of physical and/or mental medical conditions, and initial clinical assessment and prompt treatment should form part of any response. The management of risks arising from a patient's behaviour must occur concurrently with their clinical treatment.

The option to refuse or withdraw care must only arise after all other options have been considered and (where possible) escalation to a senior clinical staff member has been undertaken.

The safety of staff member is of utmost importance. Should it be felt at any time that it is not possible to provide care without significant risk, the staff member must immediately remove themselves from the premises and report the incident to their supervisor.

3.3. Measures to be taken following a decision to refuse or withdraw health care

Decisions regarding the refusal or withdrawal of care must be recorded in the patient's medical record and/or care plans following an incident. This decision must be communicated to all relevant staff members and to the patient in order to assist in facilitating arrangements for their continuing care.

4. Specific considerations for Aboriginal and Culturally and Linguistically Diverse patients

When assessing if health care will be withdrawn from a patient exhibiting aggressive or violent behaviour, consideration must be given to the patient's cultural background.

For Aboriginal and Culturally and Linguistically Diverse patients, frustration due to misunderstandings and miscommunication may contribute to aggressive or violent behaviour. Where possible and practicable, staff members must:

- seek advice from the following staff members or contractors on ways to mitigate aggressive or violent behaviour before decisions are made:
 - Aboriginal liaison officers

- Aboriginal peer support workers
- ensure communication is being provided in the correct language and in a manner appropriate for the patient's level of health literacy. Contractors such as interpreters or translators can be used in accordance with MP 0051/17 WA Health System Language Services Policy
- accommodate all cultural and religious needs in care provision.

5. Staff member management following an incident

Violent incidents must be reported and recorded using the appropriate local format.

Appropriate support must be offered to staff members reporting or involved in an aggressive or violent incident.

Post incident staff member management must include:

- ensuring any injuries are treated in the first instance
- making certain the staff member is supported from the time of the incident, as immediately after an incident can often be a period of vulnerability
- ensuring any witnesses to an incident are also offered appropriate support
- sensitivity to the staff member when communicating the incident to other staff. For example, a staff member may not want to be present when their experience is described.

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