

Safe Assessment Rooms

Summary This Guideline describes the appropriate use, governance and design of Safe Assessment Rooms (SARs) in NSW Emergency Departments.

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Distributed to Ministry of Health, Public Health System, Divisions of General Practice, NSW Ambulance Service, Health Associations Unions, Tertiary Education Institutes

Audience All Clinical Staff;Emergency Department;All Mental Health Staff;Drug and Alcohol Staff

SAFE ASSESSMENT ROOMS

PURPOSE

The purpose of this Guideline is to outline the requirements for the design and use of Safe Assessment Rooms (SARs) in NSW Emergency Departments (EDs). A SAR is designed to accommodate the needs of patients with, or at risk of developing, acute severe behavioural disturbance (ASBD) who require assessment in a therapeutically supportive environment.

KEY PRINCIPLES

- All NSW Health Organisations with a SAR should have local processes in place which comply with this Guideline and support the principles detailed here.
- The SAR is a staffed clinical area for the purposes of ED staffing allocation, staff establishment and clinical governance
- ED capacity relies on the flexible use of treatment spaces, and no individual patient group is identified as being the sole user of the SAR. The room may be used for a variety of clinical purposes.
- SARs have a number of design features which allow the patient to be managed in a safe environment while also optimising the safety of other patients and staff.
- The use of co-design methodology is a key principle to inform and support development, design and use of the SAR.
- SARs are not intended to be used for seclusion
- SARs should not be the default pathway in the ED for people presenting with mental health conditions.
- A collaborative approach between the ED and mental health (MH), drug and alcohol, and security services on the governance, safe practice, and use of SARs is beneficial for good patient outcomes.
- Police and NSW Ambulance are key stakeholders.

USE OF GUIDELINE

This Guideline should be used as a resource to support NSW Health organisations to co-design clinical spaces and local guidelines and policies to support management of patients with or at risk of developing ASBD.

REVISION HISTORY

Version	Approved by	Amendment notes
January-2020 (GL2020_001)	Deputy Secretary, System Purchasing and Performance	New Guideline

ATTACHMENTS

1. Safe Assessment Rooms: Guidelines

Safe Assessment Rooms

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- *service redesign and evaluation* – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services
- *specialist advice on healthcare innovation* – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment
- *initiatives including guidelines and models of care* – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system
- *implementation support* – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW
- *knowledge sharing* – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement
- *continuous capability building* – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

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Key Definitions

Acute Severe Behavioural Disturbance (ASBD)	Behaviour that puts the patient or others at immediate risk of serious harm. This may include threatening or aggressive behaviour, extreme distress and self-harm.
Co-design	Co-design involves bringing consumers, carers, families and health workers together in an equal and reciprocal relationship to design and deliver services in partnership with each other. Planning, designing and producing services with people that have experience of the problem or service means the final solution is more likely to meet their needs.
De-escalation	The use of techniques aimed at defusing anger and averting aggression. This may include verbal and non-verbal communication skills and the use of medication administered with the patient's consent.
Restraint	<p>The restriction of an individual's freedom of movement to prevent them from harming themselves or endangering others, or to ensure that essential medical treatment can be provided.</p> <p>Physical restraint: the application by staff of 'hands-on' immobilisation or the physical restriction of a person.</p> <p>Mechanical restraint: the application of devices to a person's body to restrict their movement.</p> <p>Chemical restraint: the use of medication or chemical substance for the primary purpose of restricting a person's movement.</p>
Safe Assessment Room (SAR)	A clinical area in an Emergency Department (ED) designed to accommodate the needs of patients with, or at risk of developing, ASBD who require assessment in a therapeutically supportive environment.
Seclusion	The confinement of a person in a room or area from which free exit is prevented.
Sedation	The process of reducing agitation, irritability and ASBD through administration of sedative medications for the purpose of assessment, treatment and restoring a therapeutic alliance.
Trauma Informed Care (TIC)	An organisational structure and treatment framework that involves understanding, recognising and responding to the effects of all types of trauma and ensuring that care does not re-traumatise.

Background

About this document

This guideline describes the appropriate use, governance and design of Safe Assessment Rooms (SARs) in NSW Emergency Departments (EDs) and should be used to inform the co-design of local guidelines, policies and procedures.

Operation of a Safe Assessment Room

Criteria for Patients Suitable for Management in a SAR

Allocation of patients to a SAR will be a function of multiple competing interests, including the number of patients that may benefit from a low stimulus environment and individual patient needs and preferences.

The SAR should not be used as the default pathway for any particular patient group and EDs should have alternative clinical pathways for people presenting with ASBD.

EDs should co-design local guidelines regarding the inclusion or exclusion of patients suitable for management in SARs based on local practices and availability of resources.

Inclusion Criteria:

- patients with, or at risk of developing, ASBD who require assessment in a therapeutically supportive environment

Exclusion Criteria:

- patients with 'red zone' vital signs according to Between the Flags criteria ([PD2013 049 Recognition and Management of Patients who are Clinically Deteriorating](#))
- patients with a serious physical injury or medical illness, or those at risk of deterioration
- patients who do not consent to a search if requested
- patients who have been accepted for admission and are awaiting transfer to a ward who do not have a specific requirement to remain in a low stimulus environment

Search

A physical search of a patient by NSW Health staff requires patient consent ([NSW Health Policy 'Protecting People and Property'](#)). Items that may be used to harm themselves or others, including medications, potential ligatures and sharp objects, should be removed, recorded and safely stored.

Information regarding patient searches involving NSW Police is contained in the memorandum of understanding between NSW Health staff and NSW Police ([NSW Health - NSW Police Memorandum of Understanding 2018](#)).

While in a SAR

Confidentiality and dignity of the patient must be maintained throughout the entire episode of care. This includes maintaining privacy to ensure the patient is shielded from view of the public and non-essential staff.

All health staff have a responsibility to ensure patients feel safe and to minimise any distress through clear communication and trauma-informed interactions. Consideration should be given to the potential effect of the patient's age, disability, race, gender and culture. Available support services may include:

- interpreters
- Aboriginal Liaison Officers
- paediatric, adolescent and older persons specialty services
- pastoral care
- peer support
- disability services

Building a therapeutic relationship with patients in the SAR decreases the risk of trauma and reduces the likelihood of escalation. The components of a therapeutic relationship include:

- providing care that is person-centred
- approaching non-judgementally and non-confrontationally
- displaying empathy and sincerity
- avoiding medical jargon
- allowing the person to be heard and taking the time to listen
- identifying and responding to any triggers of traumatic stress
- offering to involve carers and relatives in the assessment of patients allocated to the SAR

De-escalation strategies should be employed for patients in the SAR. Oral sedation and sensory modulation equipment may be useful ([GL2015 001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services](#)).

Clinicians must avoid responding to verbal provocation.

Staff should not attempt to approach a patient alone if there are any concerns of physical violence or aggression.

Security must not be the only staff observing a patient in a SAR.

Patients in a SAR should receive all usual ED care, including direct visual observation, recording of vital signs and clinical care.

Transfer from a SAR

Patients should be transferred from the SAR as soon as it is safe to do so. Patients may be transferred to another area in the ED, to an inpatient unit, or discharged.

Staffing

The SAR is a clinical area for the purposes of ED staffing allocation and staff establishment.

Training in protocols and procedures used in the SAR should be included in the orientation and education program at each site.

All staff who work in the SAR should undertake the following training:

- trauma-informed care and practice training
- sensory modulation training
- de-escalation training
- patient searches
- violence prevention and management
- recognition of the deteriorating patient

Governance

Clinical and operational governance of the SAR is the responsibility of the ED Director and Nurse Manager/Nursing Unit Manager or their delegates in consultation with Mental Health, Drug and Alcohol services, Security Services, people with lived experience and their carers.

Service delivery within the SAR should be informed by standard ED performance measures, incident reporting and patient experience information.

The SAR is subject to emergency access and timeliness of care performance targets.

The activities of the SAR should be part of the discussions held at the local Memorandum of Understanding (MOU) Committee as part of the [2018 Memorandum of Understanding between NSW Police and NSW Health](#).

All aspects of patient care should be consistent with Local Health District (LHD), State and National Policy, Procedures and Guidelines.

Design Considerations of a Safe Assessment Room

SARs have several design features to maximise the safety of patients and staff. NSW Health Infrastructure has developed a Design Guidance Note for SARs and health services should obtain this information before detailed planning of the SAR begins.

SARs should be co-designed with patients, carers and staff. The design of the SAR will:

- be sized so a range of activities can be managed within the space
- provide for privacy of patients
- provide for the special needs of vulnerable patient groups
- have no ligature points or sharp edges
- contain no potentially dangerous equipment or objects
- provide a calming environment through lighting, colour and finishes
- include an internal entry point and a secondary egress point
- be maintained at a comfortable temperature
- be located near a toilet that is easily accessed and safely fitted out
- allow for all usual ED care to be provided, including visual observation, recording of vital signs and therapeutic interventions
- provide staff with access to duress alarms

Seclusion

SARs are not designed or intended to be used for seclusion or restraint. If any form of restraint is used in a SAR, the area is no longer acting as a SAR but as a site of seclusion. Clinical care must then be in line with the Policy Directive on Seclusion and Restraint in NSW Health Settings.

Clinical care of ED patients being given sedation for ASBD is outlined in [GL2015_007 Management of patients with Acute Severe Behavioural Disturbance in Emergency Departments](#).

Related Documents

- NSW Health Infrastructure Design Guidance Note 039 – Safe Assessment Room Design Requirements (available on request from [NSW Health Infrastructure](#))
- [NSW Health – NSW Police Memorandum of the Understanding 2018. Incorporating provisions of the Mental Health Act 2007 \(NSW\) No 8 and the Mental Health Provisions Act 1990 \(NSW\)](#)
- [NSW Health GL2015_007 Management of patients with Acute Severe Behavioural Disturbance in Emergency Departments](#)
- [NSW Health GL2015_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services](#)
- [NSW Health PD2012_035 Aggression, Seclusion & Restraint in Mental Health Facilities in NSW](#)
- [NSW Health PD2005_406 Consent to Medical Treatment - Patient Information](#)
- [NSW Health PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating](#)
- [NSW Health 2013 - Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#)
- [NSW Health 2015 - Mental Health for Emergency Departments – A Reference Guide 2015](#)
- [NSW Health - Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities](#)
- [NSW Health – PD_2018-010 Emergency Department Patients Awaiting Care](#)
- [Agency for Clinical Innovation - A Guide to Build Co-design Capability, 2019](#)