

Trainee Doctor in Difficulty

Policy Statement

NMH is committed to the training of Registrars, Resident Medical Officers (RMOs) and Interns. An ability to identify and manage the trainee Doctor in difficulty is an important part of this.

Purpose

This policy covers the identification and management of trainees in difficulty, with emphasis on three main aspects of their working life:

- Performance and Development
- Professionalism
- Health, Safety and Wellbeing

It may also serve as a guide for helping trainees having difficulty due to any other aspect of their work or life.

Scope

Any NMH employee involved in the supervision and training of Registrars, RMOs and Interns

Definitions:

EAP – Employee Assistance Program

MPS – Medical Protection Society

MCNZ – Medical Council of New Zealand

PES – Prevocational Educational Supervisor

CS- Clinical Supervisor

Procedure

- 1. Identifying the Trainee in Difficulty:** Appendix 1 list of contributing factors and Warning signs of a trainee in difficulty can be used to help identify if a trainee maybe in difficulty.

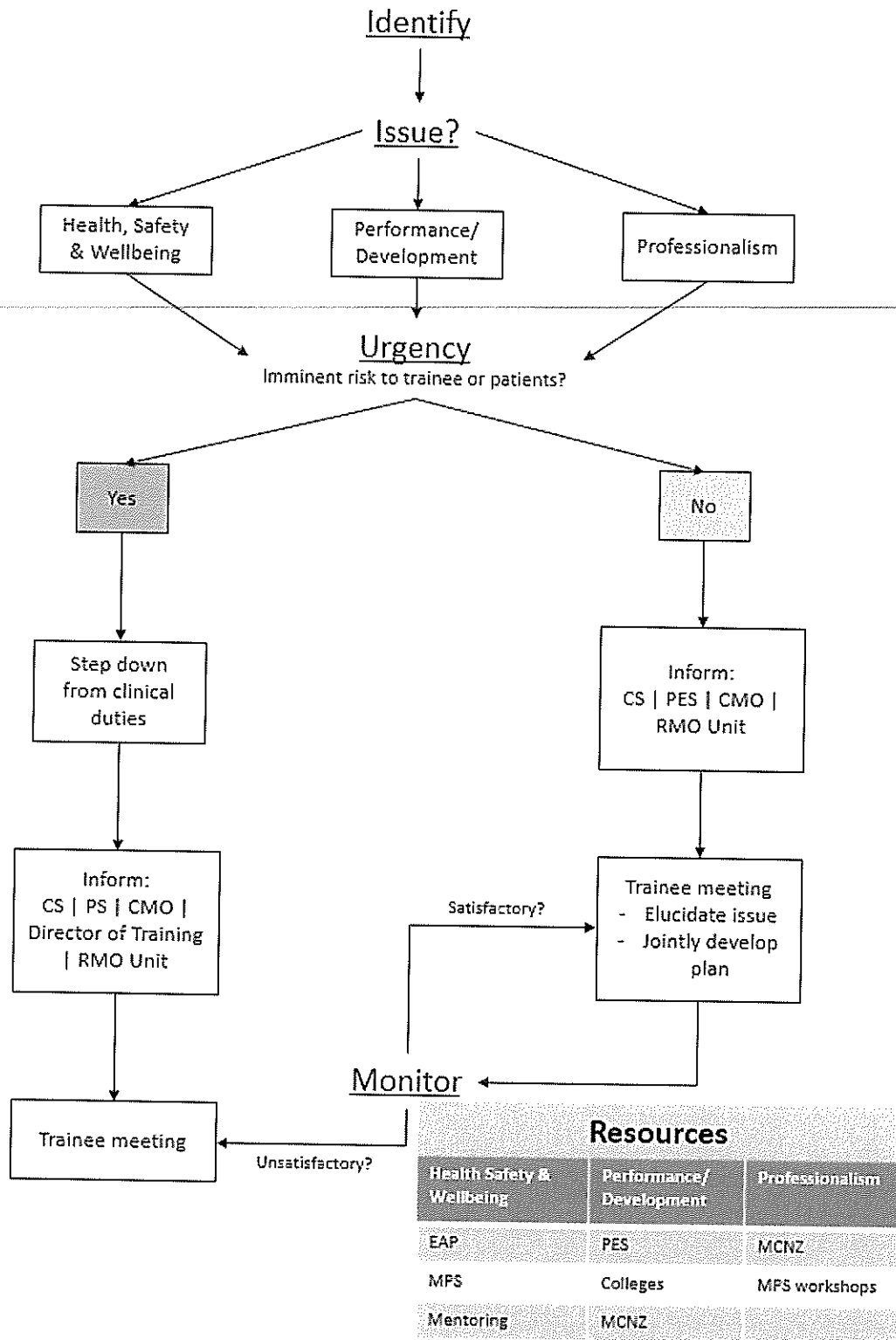
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2. Flowchart for management of the trainee in difficulty

Trainee in distress



Inform:

If the RMO is a PGY1 or 2 the PES will need to be informed, and will be the one to meet with the RMO. The clinical supervisor of PGY1/2 will need to inform the PES of concerns. The RMO unit will direct any concerns raised about PGY1/2 to their relevant PES.

If the RMO is PGY3 and above, the CMO will be able to determine who the best person is to meet with the intern. For registrars it will be their director of training, or relevant head of that department. The RMO unit will be able to direct any concerns through these channels.

NMH Associated documents –

- Staying safe at work Policy
- Prevention, Minimisation and Management of Discomfort, Pain and Injury
- Notifiable injury, illness or incident policy
- Bullying and Harassment Prevention

Resources

NMH Staff Support site and link to Employee assistance programme:
<http://nmhintranet/staffsupport/General/Needsupport.html>

Medical protection Help and Advice:
<https://www.medicalprotection.org/newzealand/help-advice/counselling-service>

MCNZ: <https://www.mcnz.org.nz/support-for-doctors/>
<https://www.mcnz.org.nz/maintain-registration/prevocational-training-pgy1-pgy2-and-nzrex-requirements/supervision-for-interns/>

Appendix 1: Identifying the Trainee in Difficulty

Look out for the RMO who:

- Is struggling in their PGY1/2 years or early training years
- Has consistently poor performance
- Has a sudden drop off in performance
- Is experiencing non-work stress and difficulty (see below)
- Is/has been poorly supervised (e.g. has done recent locum work and returned to regular work force)
- Has a health issue
- Has recently moved to NZ and is unfamiliar with working conditions

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6 Bs (causes of stress):

- Booze – alcohol/drug dependence
- Blues – depression or other mental health problems
- Babes/Blokes - relationships
- Babies – children (particularly under 5)
- Banks – financial difficulties
- Bullying

Warning signs in the work environment:

- MIA – does not respond to calls, never found where expected
- Bypass syndrome - 'it's not my problem'
- Rigidity – 'if I can't do it my way I won't do it at all'
- Slow work rate
- Poor engagement with learning activities

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Notifiable Injury, Illness or Incident Policy

Overview

The intent of this policy is to outline for Nelson Marlborough Health (NMH) workers and others; understanding of the procedures in place to ensure the appropriate reporting of notifiable injury, illness or incidents to WorkSafe NZ.

Policy Statement

The notification of injury, illness or incidents is a requirement as set out by WorkSafe New Zealand. The NMH is committed to ensuring all relevant legislative obligations in reference to the Health and Safety at Work Act 2015 (HASW 2015 and all other relevant legislation) are managed appropriately.

Scope

This policy applies to all workers, volunteers, contractors and others, who work for; or are contracted to work for NMH.

Background

There are duties owed by Nelson Marlborough Health NMH (as the PCBU – person conducting business or undertaking) under the Health and Safety at Work Act 2015, S56 Duty to notify notifiable event

- (1) A PCBU must, as soon as possible after becoming aware that a notifiable event arising out of the conduct of the business or undertaking has occurred, ensure that the regulator (WorkSafe NZ) is notified of the event.
 - (a) May be given by telephone or in writing (including by email, or other electronic means); and
 - (b) Providing all relevant information relating to the notifiable event
 - (c) NMH may be required to give written notice within 48 hours
- (2) For the purposes of subsection (2), a person giving notice by telephone must—
 - (a) Give the details of the incident requested by the regulator; and
 - (b) If required by the regulator, give a written notice of the incident within 48 hours of being informed of the requirement.

Meanings/definitions:

Meaning of notifiable injury or illness

- (1) Under the HSWA 2015, a **notifiable injury or illness**, in relation to a person, means—
 - (a) Any of the following injuries or illnesses that require the person to have immediate treatment (other than first aid):
 - (i) The amputation of any part of his or her body;
 - (ii) A serious head injury;
 - (iii) A serious eye injury;
 - (iv) A serious burn;
 - (v) The separation of his or her skin from an underlying tissue (such as degloving or scalping);
 - (vi) A spinal injury;
 - (vii) The loss of a bodily function;
 - (viii) Serious lacerations;

(b) An injury or illness that requires, or would usually require, the person to be admitted to a hospital for immediate treatment:

(c) An injury or illness that requires, or would usually require, the person to have medical treatment within 48 hours of exposure to a substance:

(d) Any serious infection (including occupational zoonoses*) to which the carrying out of work is a significant contributing factor, including any infection that is attributable to carrying out work—

(i) With micro-organisms; or

(ii) That involves providing treatment or care to a person; or

(iii) That involves contact with human blood or bodily substances;

(*Zoonoses – disease transmitted to humans by animals including viruses, fungi, bacteria or parasites e.g. a farm worker presenting at ED with signs/symptoms or diagnosis of Q fever or Leptospirosis)

Meaning of notifiable incident

(1) Under the HSWA 2015, a **notifiable incident** means an unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure.

Meaning of notifiable event

Under the HSWA 2015, a **notifiable event** means any of the following events that arise from work:

(a) The death of a person; or

(b) A notifiable injury or illness; or

(c) A notifiable incident.

Notifiable death

Someone dies as a result of work

If someone dies as a result of work, then you **MUST** notify us as soon as possible.

You only need to notify us if the death was related to the work of the business. This could be as a result of:

- the condition of the work site,
- the way the work activity is organised, or
- the way equipment or substances are used

Duties and Responsibilities

The Health Safety and Wellbeing (HSW) service on behalf of the PCBU will notify WorkSafe New Zealand as soon as practicable. With the exception; in the circumstances of the injury or incident which requires immediate notification directly to WorkSafe NZ e.g. death.

On discovering an incident/injury

At the scene of the notifiable Incident/Injury:

Uninjured worker: (when a worker/s or other on the scene)

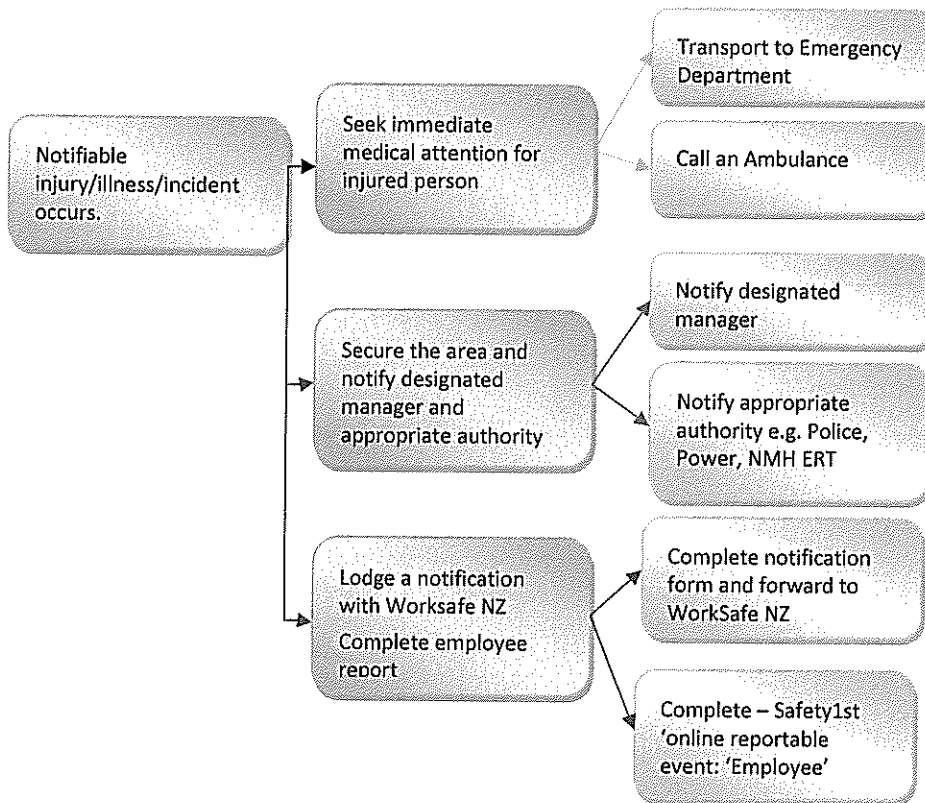
1. Secure the area (where practicable)
2. Assess the injured worker/s – provide appropriate first aid response if able to do so.
3. Notify the designated manager and HSW

Designated Manager:

1. Seek medical attention required for injured worker/s
2. Notify appropriate Authority/Authorities e.g. Power. (Please refer to Designated Work Area Management regarding notification of authority/authorities.)
3. Ensure the area remains secured until 'All Clear' has been authorised
4. Ensure the HSW Service has been notified.
5. Provides relevant information to complete notification form for WorkSafe NZ
6. Ensure reportable event via Safety1st has been submitted.

Health, Safety and Wellbeing Service:

1. Complete the notification of a notifiable incident/event form and forward to WorkSafe NZ.
2. In consultation the HSW Team will commence the communication process.
3. Commence the 'reported event' injury management.
4. Ensure appropriate investigation is initiated.
5. Ensure 'all clear' indication has been provided by the attending authority; and
6. Completes the online reportable event (Safety1st) process.



Designated Work Area Management

Nelson: Contact '7777' in the event of an emergency. Notify the After Hours Duty Manager, senior person on duty or on-call Unit Manager/General Manager (depending on work area and event type).

Wairau: Contact '8888' in the event of an emergency. Notify the After Hours Duty Manager, senior person on duty or on-call Unit Manager/General Manager (depending on work area and event type).

Health, Safety Wellbeing Service

Monday to Friday Service: Extension 7362

After hours contact the operator Nelson Marlborough Health.

Reference:

Health and Safety at Work Act 2015
Staying Safe at Work Policy

Use of Information Technology

Overview

As part of Nelson Marlborough Health's commitment to the productive use of information technologies, many employees use computers and other devices such as smartphones, which gives access to email and the internet.

Purpose

The purpose of this policy is to provide rules and guidelines for the acceptable use of Nelson Marlborough Health computing and communication resources, including computers, networks, electronic mail (e-mail) services, electronic information sources, and other communication resources.

Scope

All Nelson Marlborough District Health Board employees and contracted staff with access to computers and mobile devices must follow this policy.

Exemptions

In certain cases the General Manager IT may grant exemptions to this policy such as approving the use of Generic Logons.

Definitions

Information technologies, devices, and NMH Infrastructure include:

- Computers
- Landline telephones
- Data cards
- Networks, including internet connections
- Cloud Services (eg Dropbox, Slack)
- Cellphones
- Smart Phones
- Memory sticks
- External hard drives
- Servers
- Email and internet
- Tablets

Access

NMH must protect both the physical and information assets it owns. To ensure this:

- Only authorised people may gain access to NMH's server room facilities
- Only authorised people may gain access to NMH's network
- Users must attend appropriate training prior to gaining access to NMH applications
- Users may not alter any system settings on any NMH device or software installation.
- Users may change user level settings such as "flight mode".
- Creation of access accounts requires the authorisation of the area's manager, and the application administrator for each NMH application.

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Security

NMH must protect the privacy of the information it holds. To ensure this:

- Generic logons will not be used to access applications without approval of the General Manager IT.
- Audit capabilities will be available for clinical applications.
- User IDs/passwords must not be shared, written down, or stored electronically. e.g. do not save the network account password in the browser (if prompted).
- Accounts will be disabled upon a relationship with NMH ceasing.
- Users are accountable for the security of any information in their possession, including on portable storage devices.
- Users are encouraged to lock their workstations when they are left unattended by holding down the "Windows" key and the letter "L" simultaneously.

Connection to the NMH infrastructure

To help prevent the spread of malicious applications, optimise support costs and maintain preferred supplier relationships, NMH must control the devices that are connected to the Board's infrastructure. To ensure this, **only equipment authorised by NMH may be connected to the NMH infrastructure.**

Changes to the NMH infrastructure

NMH must manage infrastructure changes to ensure that risks to the infrastructure and application environment are minimised.

- All such change must follow NMH's Change Management Guidelines.
- Users may not alter any system settings on any NMH device.

Remote Access

Remote access to NMH's application and infrastructure carries certain risks that need to be managed.

NMH's ICT engineers will provide the necessary connectivity and the appropriate security requirements.

All remote access must be approved by an appropriate NMH manager and the ICT Manager.

Portable Storage Devices

All portable devices, including USB storage devices (USB keys, memory sticks), external hard drives and unapproved cloud services and are not recommended for use within NMH. If such devices are used, users must be aware that they are not backed up by NMH. They must be kept physically secure at all times and must not store patient identifiable information. Smart phones are another source of storage and must be locked by a secure PIN.

Appropriate use of NMH information technologies

Employees should be aware that use of NMH information technologies is monitored, logged and audited by the organisation to ensure compliance with this policy. Use of applications, email, internet and mobile devices is recorded and traceable to individual users.

Employees are expected to use NMH information technologies appropriately, responsibly and not to breach any legislation or other NMH policies, nor to use such technology to perform any illegal activities.

Refer to the conditions applying to specific technologies below.

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Inappropriate use of NMH information technologies

NMH users must not engage in any activity that could be reasonably construed as offensive or abusive to other persons or the Board.

NMH information technologies may not be used for purposes including, but not limited to: pornography, copyright infringement, obscenity, slander, libel, fraud, defamation, plagiarism, forgery, impersonation, gambling, soliciting for illegal pyramid schemes, wilful tampering (e.g. spreading computer viruses), privacy infringement (e.g. the unconsented use of camera phones) or harassment, intimidation or abuse (e.g. text bullying).

Consequences of inappropriate use

Breach of the rules and conditions described in this policy shall be investigated and may be subject to the provisions of the NMH *Disciplinary Code*.

Conditions of email use

Emails containing file attachments less than 50 megabytes will be delivered/sent. Any files greater than 50 megabytes will be rejected and the sender notified that the message/attachment has been rejected as a result of the file attachment restrictions.

Users must not join personal mailing lists using their NMH email address. Such mailing lists generate a large volume of email to NMH.

“All User” emails may only be sent by staff with the delegated authority to do so.

Users must not auto-forward NMH emails to private email addresses.

Staff must take precautions against introducing viruses into the computer system such as not opening files or attachments from unknown parties. Where a staff member suspects a virus may have been introduced to NMH computer systems they must advise the Help Desk immediately.

NMH does not guarantee the delivery of any email.

Professional standards

NMH, as a government-funded health service organisation, requires a high standard of professionalism in its communications, which may be above that of other organisations.

Email communications sent from NMH travel on our “electronic stationery” and employees should treat them in the same manner as if the communication were sent on letterhead paper.

Professionalism should be maintained in all email communications and this should be reflected in the language, content and grammar used.

Email users should be aware that internal messages between NMH employees, as well as external emails, are “discoverable” under the Official Information Act

Privacy of information in emails or on the internet

Emails need to comply with Clinical Governance Guidelines and all DHB privacy policies. The internet is not a secure medium for exchanging information. Sensitive material transferred over the internet may be at risk of detection by a third party. Email messages can easily be copied and forwarded on to other people without the original sender’s knowledge or approval. Employees must exercise caution and care when transferring sensitive material in this form.

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Technology Manager

File name Information Technology Use

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Where an internal email has patient-identifiable information, the sender should ensure that the intended recipient is entitled to receive such information. External internet email is not a secure medium so patient-identifiable information must not be emailed to recipients outside of NMH unless the patient has provided consent to do so.

Conditions of internet access

Users may not install applications from the internet and minimise applications that require an internet connection (e.g. Google Earth, iTunes).

Users may not access internet content that generates large amounts of traffic, such as streaming audio and video, which are not directly related to NMH operations.

Employees shall not place company material (copyrighted software, internal correspondence, etc.) on the internet without prior permission.

Users must not attempt to interfere with NMH's internet and security settings.

Personal use - email and internet

Personal use of NMH communication technologies, subject to the conditions stated above is permitted if it does not interfere with work responsibilities.

Personal use of email, the internet or mobile devices must not compromise or interfere with the performance or use of these systems by staff for work purposes.

Messages sent via NMH email remain the property of the NMH and may be accessed by the organisation at any time. Email communications should, therefore, be considered as non-confidential.

The delivery of personal internet email to and from NMH users is not guaranteed.

NMH may limit access to internet sites that are not related to NMH's business. Such restrictions may be for security, content or traffic management reasons, e.g. www.trademe.co.nz.

Conditions of mobile device use

NMH will fund:

- o Business-related mobile device expenses.
- o Restricted International roaming costs, when the travel relates to NMH operations.

NMH will not fund:

- o Expenses relating to games, ringtones, wallpaper, weather, news reports, picture messaging, video, 0900 services or similar.
- o Unauthorised International Roaming costs.

Guidelines for mobile device use

NMH calling plans for 2Degrees cell/smart phones provides unlimited calling and texting to New Zealand and Australian landlines and cellphones. All calls from NMH landlines to 2Degrees cell/smart phones are also free.

All data use is restricted to business related purposes only.

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A greener NMH

Computers contribute to NMH's power consumption. When not in use for extended periods, including overnight, personal and laptop computers should be turned off, unless a specific request is made by ICT.

Associated documents

NMH Disciplinary Policy

NMH Change Management Guidelines

NMH Code of Conduct

User Statement

Every person employed by or contracted to NMH and authorised to use NMH information technology including email, internet, and mobile devices must sign and date a statement that they have read and understood the terms and conditions of this policy and its contents, that they will comply with the policy at all times, and acknowledge that NMH reserves the right to monitor any communication sent or received through the DHB's technology infrastructure.

User Statement

In consideration of receiving access to *NMH's email / internet / mobile devices* I confirm that I have read and understood the NMH *Use Of Information Technology* policy and will comply with the policy at all times.

I acknowledge that any breach of the *Use Of Information Technology* policy may lead to disciplinary action.

Signed: _____ Dated: ____ / ____ / ____

Print Name: _____ Log-On ID: _____

Manager Name: _____

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PRIVACY

Purpose

While recognising the cultural imperatives and sensitivities of members of the public when receiving services provided by Nelson Marlborough Health (NMH), the purpose of this policy is to ensure that NMH meets all legal requirements of the Privacy Act 1993 and the Health Information Privacy Code 1994.

- The Privacy Act 1993 establishes that information concerning an identifiable individual should be collected, stored, used and destroyed in a manner which ensures that the individual concerned (and in certain circumstances their relatives) are not either actually, or potentially harmed. Failure to comply with the 12 Information Privacy Principles in the Privacy Act (which became operative on 1 July 1993) can result in severe legal penalties for the individual and/or organisation breaching the principles.
- The Privacy Act allows the Privacy Commissioner to promulgate Codes of Practice which tailor the Privacy Principles of the Act to a particular activity or occupation. The Health Information Privacy Code 1994 applies to all "Health Agencies" (which include DHBs and General Practitioners) and individuals (including students and trainees) who use health information. The Code covers, for example, information about an individual's medical and treatment history, any disabilities they may have or have had and their contact with any health or disability providers.

Scope

This policy must be followed by all Nelson Marlborough District Health Board (NMH) employees and contracted staff.

Privacy at NMH is subject to:

- the Privacy Act 1993 and associated 12 Information Privacy Principles that cover the collection, handling and use of personal information
- the Health Information Privacy Code 1994 and associated 12 Health Information Privacy Rules that cover the collection, handling and use of personal health information
- the Official Information Act 1982.

Policy Statements

Creation and collection of personal information

Personal information in NMH care will be managed carefully and respectfully.

- NMH commits to collecting information only for the purposes linked to its organisational functions.
- NMH commits to making people aware of the collection of information, the organisation's purposes for doing so, and their rights to access and correct that information.
- NMH collects personal and health information from a variety of sources including information provided by patients/service users, and information supplied by others including treatment providers, employers, staff, and other government agencies. This information may be collected via various channels (such as mail, telephone, face to face conversation, email) and in various formats (such as forms, letters, electronic file notes, taped conversations and accessing websites via the internet).

Storing, accessing and availability of personal information

NMH commits to maintaining all reasonable safeguards against the loss, misuse or inappropriate disclosure of personal information, and maintaining processes to prevent unauthorised use or access to that information.

NMH commits to providing individuals with access to their personal information, where appropriate, and respects the individual's right to seek amendment of factually incorrect information.

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Author: Clinical Governance Support Manager
 File name: Privacy Policy
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- NMH will keep physical documents secure when there is a business need to take them outside of NMH premises, and no technical solution is applicable;
- NMH will keep electronic personal and health information secure by ensuring its data storage is protected from external sources, maintaining regular back up of data to secure storage and applying best practice for information security management.
- NMH will acknowledge and respond to requests for personal information held by NMH to the individual concerned within 20 working days of the request being made unless sections 27-29 of the Privacy Act 1993 apply.
- Where a dual request for official information is received at the same time as a request for personal and/or health information, NMH will respond with separate replies for official information and the personal and/or health information.
- Where a person seeks correction of personal information held by NMH, NMH will first respond to that request, informing them of resulting action. This may be in the form of correction of factual information, or attaching a statement of correction to the information held by NMH.

Use of and maintenance of personal information

- NMH commits to only using or disclosing personal information for the purposes for which it is collected, taking reasonable steps to ensure it is complete, relevant, and up to date, and will engage with the patient/service user who owns that information in ensuring the quality of that information.
- NMH will not use or disclose information for a purpose that is inconsistent with the original purpose of collection, unless legislatively able to do so or we have consent.
- NMH uses personal and health information to fulfil its role as a healthcare provider. NMH will use personal and health information only for the purposes consistent with the reasons it was provided. NMH may share this information with treatment providers and suppliers, employers, and other government agencies to enable it to fulfil its role.
- NMH will support treatment providers, employers, and other government agencies that are provided with personal and health information supplied by NMH to protect that information.
- NMH will ensure that work streams such as actuarial analysis are not conducted on raw, identifiable personal and/or health information. Research should not be conducted on raw, identifiable personal and/or health information unless approved by Clinical Governance Committee.
- NMH will not use personal or health information in its user training or systems testing unless it is cleared for use by the Clinical Governance Committee.

Archiving and destruction of personal information

- NMH will maintain and implement retention and disposal policies for personal information as agreed with New Zealand's Chief Archivist and make these policies available to the public.
- Because of the nature of its role and ongoing responsibility to patients and service users NMH may store personal and health information for substantial periods of time.

Privacy incidents

- A privacy incident includes a breach, a near miss, or actions where NMH does not comply with the provisions of privacy legislation.
- NMH employees and contractors will endeavour to resolve privacy incidents at source with the affected parties at the time it comes to their attention.
- NMH will have clear, consistent processes for managing and escalating privacy related incidents, following clear lines of responsibility.

Responsibilities for personal and health information

NMH has the following roles and responsibilities embedded in the organisation:

- The Board is responsible for ensuring the organisation is aware of the need to look after our patients and service users information through high-quality monitoring and information management practices.
- The Executive Leadership Team will model best practise privacy practices and ensure privacy is core to all aspects of NMH's culture.
- NMH has a Privacy Officer as part of the Executive Leadership Team who acts as the single point of contact for all matters relating to privacy for the Executive.
- The Clinical Governance Support Manager acts as the NMH Privacy Officer and ensures organisational controls are in place to support this policy, raise NMH staff awareness of this policy, collate, report and analyse privacy incidents to identify and coordinate mitigation of root causes, and develop training to ensure privacy knowledge is dispersed throughout the Corporation.
- All NMH managers will ensure this policy is embedded within their area of responsibility and processes are used consistently to collect, use, store and destroy privacy and health related information, reporting any privacy incidents to the Privacy Group.
- All NMH staff will maintain best practice privacy behaviours, promote privacy at work, actively participate in privacy training, report all privacy breaches and near misses to managers, and identify privacy risks.

Further obligations

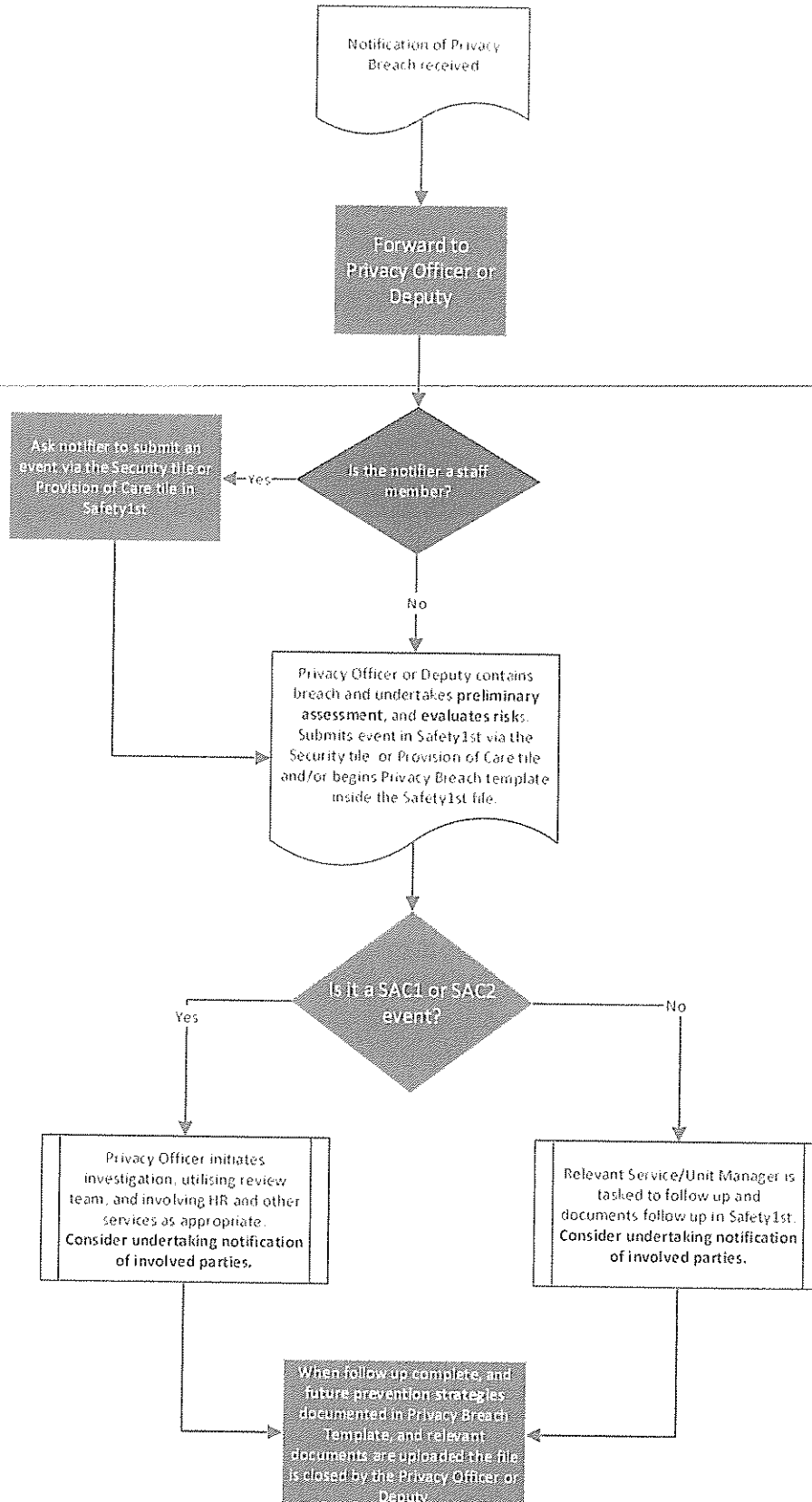
NMH will:

- train and inform its employees and contractors of this policy and ensure the above principles are applied when fulfilling their role within NMH
- all staff will complete the on-line e-learning privacy module, which is available on the NMH Intranet. This will be completed within the first months of commencing at NMH.
- endeavour to protect the privacy of staff members
- regularly review NMH business processes that relate to the collection, recording, access, use, storage and destruction of personal and health information so they remain relevant and use best practice.

References

- [Privacy Act 1993](#) and associated [Information Privacy Principles](#)
- [Health Information Privacy Code 1994](#) and associated [Health Information Privacy Rules](#)
- [Official Information Act 1982](#)

Privacy Breach Procedure



ABUSE OF PATIENTS/CLIENTS/SERVICE USERS BY NMH STAFF

Overview

Patients/clients/service users have the right to be protected from abuse or neglect at all times, when they are accessing Nelson Marlborough Health (NMH) services.

Abuse is defined as any action that can be harmful, injurious or offensive to another person. Abuse can range from using a piece of equipment incorrectly to causing serious physical harm to a consumer.

Abuse may be direct and obvious, or may be disguised and hidden. It may occur in relationships between people to gain and/or maintain power and control over another person. Abuse can result from actions as well as omissions (the failure to act).

Abuse is unlawful, wrong and NMH has zero tolerance for this in all of its services. There are five different types of abuse:

1. Sexual abuse
2. Physical abuse e.g. unauthorized restraints and restricted practices
3. Emotional/Psychological (including verbal) abuse e.g. Silencing so victims are unable or unwilling to complain
4. Financial/Material abuse
5. Neglect.

Older persons and people with intellectual or psychiatric disabilities are often more vulnerable to abuse and less able to protect themselves. As most abuse takes place in the context of trusting relationships, the possibility of it occurring in long term services must not be discounted. Abuse may also involve family members, members of the public or other service providers.

It is often difficult for people including consumers/service users, staff, family and friends to report suspected abuse. Where there is the suggestion abuse may be occurring within our services then NMH is obliged to investigate further. An immediate response is required to ensure the person potentially being abused can be protected and safe from ongoing abuse or neglect.

NMH staff receiving information about suspected abuse must react promptly and supportively to those reporting it, and act quickly to notify the appropriate supervisor/team leader/head of department/ manager. Not reporting suspected abuse could be construed as further neglect.

Scope

All NMH employees or persons contracted to work for or provide volunteer services for NMH.

Purpose

The purpose of the abuse & neglect of patients/clients/service users by NMH staff policy is to set the context for providing an environment free of abuse and neglect, and provide a set of principles for minimising the risk of abuse and neglect.

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Policy Statement

NMH undertakes to protect the personal safety of the people who use its services by:

- having a zero tolerance to abuse and neglect across all services;
- acknowledging and supporting people's rights to be protected from abuse;
- effectively reporting and responding to allegations of incidents, physical, emotional, financial, sexual abuse or neglect
- meeting or exceeding related Health & Disability Service Standards and contractual requirements on personal safety
- providing staff training on abuse and neglect relevant to standards expected of individual services.

Definitions

Personal Safety: refers to people's right to continued wellbeing in environments that are free from physical, emotional, sexual and financial abuse or neglect.

Neglect: occurs when a person experiences harmful physical, psychological, sexual, material or social effects as a result of another person failing to perform behaviour that is a reasonable obligation of their relationship to that person and is warranted by the person's unmet needs.

Physical abuse: acts of violence that may result in pain, injury, impairment or disease. Acts may include hitting, choking or in any way assaulting another person, and also under/over medication. Except in the case of children, there is usually visible evidence of physical abuse (bruising, fractures, burns, lacerations etc.) though the differences between accidental injury and abuse can be slight and require expert investigation. Child physical abuse often results in internal injury that is not visible.

Psychological/emotional abuse: any behaviour that causes anguish or fear. Behaviour includes verbal abuse, intimidation, harassment, damage to property, threats of physical or sexual abuse, the removal of decision making powers (in relation to adults), and (in relation to a child) exposing the child to the physical, psychological or sexual abuse of another person, as well as concerted attacks on an individual's self-esteem and social competence, thus increasing social isolation.

Sexual abuse: any forced or coerced sexual behaviour imposed on an individual, including sexual acts imposed on a person unable to give consent, or an adult with mental incapacity that is unable to understand. Any sexual activity involving a child is abuse.

Financial/Material abuse: illegal or improper exploitation and or use/misuse or withdrawal of funds or other resources.

Vulnerable Adult: a person by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person.

Unauthorised restraint or restricted practices: Restraining or isolating an adult for reasons other than medical necessity or the absence of a less restrictive alternative to prevent self-harm.

Associated documents

NMH Human Resource Manual

NMH policies:

- [Protected Disclosures](#)
- [Disciplinary](#)
- [Adverse Event Management](#)
- [Family Violence Policies & Procedures](#)
- [Crimes Amendment Act \(No 3\) 2011: Public Act 2011, No 79](#)

References

[Disability Action Plan 2014 -2018 Priority 6. Reduce the number of disabled children and adults who are victims of violence, abuse or neglect.](#)

Health & Disability Commissioner's [Code of Health & Disability Services Consumers' Rights](#).
[New Zealand Disability Strategy 2016 - 2026 Outcome 4 – Rights, protection and justice.](#)

[Personal Safety and People with Intellectual Disability – Issues and guidelines for services CRHA 1995](#)

Restraint Minimisation and Safe Practice policy:
[Restraint Minimisation and Safe Practice](#)

[The United Nations Convention on the Rights of the Child](#)

[Vulnerable Children Act 2014](#)

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COMPLAINTS MANAGEMENT - POLICY

Overview

Nelson Marlborough Health (NMH) values input from its patients/clients as important feedback on its services and as an opportunity for continuous quality improvement.

Purpose

This policy is designed to provide a positive response to complaints and comments, and ensure that Nelson Marlborough Health is open about the improvements that we have made as a result of feedback

This policy does not cover complaints from staff about matters related to their employment or workplace, which are dealt with directly by the Service Manager and/or by Health safety & Wellbeing and/or Human resources Services

Policy statement

NMH is committed to providing a quality service and achieving the highest standards. One of the ways in which we can continue to improve our service is by listening and responding to the views of our service users, members of the public or others who submit a complaint/comments and/or suggestion. Therefore we aim to ensure that:

- Complaints received in this organisation will be dealt with promptly, decisively and in ways that provide support to the complainant, their families/ whanau and to any staff members involved
- Major complaints are “owned” by the relevant senior staff who are triaged to review/ respond to complainant
- Complainants know how to make a complaint or raise a concern and are encouraged to do so
- Complaints and complainants are treated with compassion, respect and dignity and in ways that are appropriate for different cultural groups
- Complaint management will ensure compliance with relevant legislation
- Complaints will be kept confidential to the parties concerned unless a concern is raised in relation to a safeguarding matter or in relation to serious criminality in which case we reserve the right to escalate the matter to relevant authorities Refer *Privacy Act 1993*
- Appropriate communication throughout process to ensure the outcomes are as favourable as possible for both the patient/client and their caregivers
- We must not allow a patients complaint to adversely affect their care and treatment
- Complaints are learning opportunities and anonymised data may be shared with others to achieve health system improvement
- Responses are written in a manner that will be easily understood by complainant avoiding ‘medical jargon’ wherever possible and completed to the criteria and guidelines provided
- We respond in the right way – for example, with an explanation or an apology where we have got things wrong and if relevant and appropriate information on any action taken
- NMH to regularly analyse customer feedback records to guide recommendations for improvement/service planning and/or development.

NB- NMH have the right to consider refusing to accept a complaint where the complaint is clearly vexatious, malicious or motivated by racist, sexist, homophobic or other discriminatory attitudes, or where the complaint threatens or abuses NMH Staff/volunteers.

The decision as to whether a complaint is vexatious will be taken by the Clinical Governance Core Group in conjunction with the Chief Executive where necessary. NMH defines a vexatious complainant as someone who persists in making a complaint or demand when all reasonable attempts to resolve their concerns have been made. Where this occurs, NMH will endeavour to provide alternative avenues open to them in order to aid in seeking resolution.

Definitions

Complaint	Any expression of dissatisfaction from an external source that needs a response from the Provider. If the consumer or other source contacting the Provider believes they have a complaint, then it is regarded as a complaint. An anonymous complaint will be treated as a negative comment (see below).
Open complaint	A complaint that has been received by the Provider but is not resolved.
Resolved complaint	A complaint is resolved when the complaint response letter is completed to the criteria and guidelines provided
Comment or Concern	An observation, remark, or expression of opinion that highlights a part of the service that could be improved.
Compliment	A compliment is a positive comment
Query	An inquiry or question about some aspect of the service that requires a response. It is not a complaint, comment or concern.
Measures	100% of Complaint Letter Responses will meet the response timeframes and criteria set out in the final checklist/guidelines for response Letters Refer 'Complaint Response Letter Guidelines/Checklist'
Reportable Event	Refer definition in NMH <u>Incident Management</u> policy.
Vexatious	Denoting an action (complaint) or the bringer of an action (complainant) that is brought without sufficient grounds and serving only to be of annoyance to the District Health Board.

Response timeframes

NMH have arrangements in place to handle complaints effectively, investigating them properly and delivering a timely and appropriate response

The Code of Health and Disability Services Consumers' Rights stipulates the following timeframes:

- within 5 working days of receiving a complaint the Provider must acknowledge the complaint in writing, unless it has been resolved to the satisfaction of the consumer within that period;
- within 10 working days of giving written acknowledgement of the complaint the Provider must:
 - decide whether or not to accept the complaint as justified, and if so:
 - decide whether more time is needed to investigate the complaint, and if so:
 - determine how much more time is needed to investigate the complaint, and if that time is more than 20 working days:
 - inform the consumer of that investigation period and the reasons for it;
- as soon as practicable following receipt of a complaint the Provider must inform the consumer of:
 - the reasons for the decision
 - any actions the Provider proposes to take
 - any appeal procedure the Provider has in place.

Complaints procedure

Refer NMH *Complaints Management - Procedure*

References

- [Health and Disability Commissioner Act 1994](#)
- [Code of Health and Disability Services Consumers' Rights](#)
- [Treaty of Waitangi](#)
- [Health Information Privacy Code 1994](#)
- [Privacy Act 1993](#)
- NMH [Incident Management](#) policy
- Complaint Response Letter Guidelines/Checklist'
- NMH Guideline to Complaints Management

Staff Safety

Purpose

The purpose of this policy is to describe procedures to promote staff safety and security in NMDHB Mental Health and Addictions Service.

Scope

This policy applies to all staff employed by Nelson Marlborough District Health Board (NMDHB) Mental Health and Addictions Service.

Policy Statement

NMDHB Mental Health and Addictions Service acknowledges the risks to staff inherent in the practice of mental health care and undertakes to ensure staff safety by supporting appropriate procedures.

Education of New Employees and Students

All new employees and students in day-to-day contact with clients will be made aware of this policy and related policies/guidelines as soon as practicable after their appointment. This is the responsibility of the Unit Manager and Clinical Nurse Co-ordinator.

The topics of **minimisation of restraint** (including seclusion) and the documentation of **reportable events** warrant particular attention:

New staff and students should become aware of the legal obligations, responsibilities and procedures of the Mental Health (Compulsory Assessment & Treatment) Act 1992, and any subsequent reviews.

Ongoing Education

NMDHB Mental Health and Addictions Service recognises the need for ongoing education and updating of staff knowledge and skills. The staff appraisal/skills inventory system allows for the identification of learning needs.

In addition to the key topics referred to above, education in the following areas is of major importance:

- **Basic knowledge of mental disorders.**
Clinicians and other relevant disciplines are expected to have a good understanding of the various mental disorders and of the possible manifestations of aggressive behaviours associated with particular conditions.
- **Personal Restraint education (PR).**
This course consists of restraint techniques, breakaway methods for when a person is attacked, and verbal de-escalation techniques for approaching and talking to a potentially aggressive individual. All clinical staff working in the inpatient facilities and crisis team workers are expected to have undertaken a PR course.
- **Non-Violent Crisis Intervention (NVCi).**
This is an alternative course which emphasises de-escalation of potentially dangerous situations as well as safe intervention techniques for protecting consumers from harm or self-harm. All non clinical staff and community case workers, support workers should attend this training.

Sharing Information

Open and continuous information-sharing between all members of the team is vital to the ongoing safety of both staff and clients.

Staff who have been involved in caring for a client previously may have important information about that person, and have a responsibility to pass it on as required.

Mobile Service Providers

Unit Managers should ensure that minimum safety procedures are in place. These include:

- A central point where daily schedules are recorded, e.g. where team members are going to be for that day.
- An after-hours contact point where intentions can be left
- A set procedure to follow if the staff member fails to return within a specified time frame. This should be clearly set out step-by-step instructions.

Home Visiting

- Assess potential for violence by asking questions at the time of referral.
- If violence has occurred, the caller should be advised to call the police.
- It is advisable that the initial visit take place in a safe place, i.e. clinic, base or doctor's surgery, police cells, ED.
- Ensure that the maximum information is available before going into an unknown situation, e.g. find out who is in the house, presence of dogs, offensive weapons.
- If the client is believed to be potentially violent, do not visit alone. If in doubt, do not enter the home.
- If the situation needs clarification, the team member should be accompanied by a colleague and/or the police.
- Police assistance is available for DAO duties. Should problems arise, leave as quickly as possible and seek assistance.
- Dogs – ask consumer to secure dogs before visiting. If risk remains, do not enter.

Transporting Consumers

At risk Clients:

Staff will assess potential for dangerous behaviour before setting out on the journey, and plan transport and staffing levels accordingly.

Options:

- The client should not be transported with only a driver.
- The client should not be sitting directly behind the driver.
- Escorting staff should be sitting in the back, either side of the client, with appropriate restraints applied.
- If restraints are required, then the appropriateness of nursing staff providing the escort should be assessed.
- Child safety locks should be used.

Stable Clients

Communicate adequately with colleagues to assess client's risk level, and if in doubt about the safety of the client, do not transport with only one staff member.

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Working in Isolation

Mental Health and Addictions Service staff may find themselves alone with a client. Some client behaviour can be unpredictable and staff should be aware that that difficult or dangerous situation may arise if there are no other staff present or aware of the situation.

This can be minimised by staff always informing another team member of their whereabouts, and terminating the interview if feeling unsafe.

Emergency Situations on DHB Grounds

All staff must have a working the current knowledge of the alarm system.

In an emergency:

- DIAL 7777
- IDENTIFY YOURSELF
- STATE LOCATION including city
- STATE THE PROBLEM

Interacting with Consumers

Mental Health and Addictions Service maintains a strong awareness of the rights of clients, especially the rights to be treated with respect and dignity and to complain about unprofessional practice.

Subsequently in all interactions staff need to be aware of their vulnerability to accusations of improper conduct. Inappropriate intimate contact with clients will not be tolerated and can result in disciplinary action.

Debriefing and Staff Support

It is essential that staff receive support after difficult or dangerous situations.

It is the responsibility of the Unit Manager and other senior unit management to follow up any incidents that may have compromised staff safety.

A checklist to assist this process is in the service manuals.

Any staff member involved in any incident with a severity rating of 3 or more on the Incident Reporting form is to be offered a debrief.

References

NMDHB Policies

- Restraint Policy
- Reportable Events Policy
- Risk Assessment and Management Policy
- Security Policy

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