

19 August 2020

Kate McCallum  
Mediaworks



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100 Heads Road, Private Bag 3003  
Whanganui 4540, New Zealand

**Via email:** [katemccallum@mediaworks.co.nz](mailto:katemccallum@mediaworks.co.nz)

Dear Kate

**Official Information Act Request – OIA 12999**

Under section 14 of the Official Information Act, the Whanganui District Health Board (WDHB) received a partial transfer of your request from the Ministry of Health on 22 July 2020. You requested the following information in relation to health workers alleged assault in the workplace in past three years.

"1. The number of complaints from mental health workers alleging they were assaulted in the workplace within the last 3 years. For each complainant please provide the following information:

- age, sex, job title of the complainant
- allegation details and date
- all investigations outcomes (including but not restricted to all investigation reports)
- if not investigated why not
- was there any criminal prosecution and details of the outcome
- if there was no criminal prosecution why not

2. The number of complaints made by health workers who have alleged they were assaulted while working at the Emergency Departments over the last 3 years. For each complaint please provide the following information:

- age, sex, job title of the complainant
- allegation details and date
- all investigations outcomes (including but not restricted to all investigation reports)
- if not investigated why not
- was there any criminal prosecution and details of the outcome
- if there was no criminal prosecution why not

3. The number of complaints from health workers who have made allegations they were assaulted while working at maternity services over the last 3 years For each complaint please provide the following information:

- age, sex, job title of the complainant
- allegation details and date
- all investigations outcomes (including but not restricted to all investigation reports)
- if not investigated why not
- was there any criminal prosecution and details of the outcome
- if there was no criminal prosecution why not"

**Whanganui District Health Boards response:**

**"1. The number of complaints from mental health workers alleging they were assaulted in the workplace within the last 3 years. For each complainant please provide the following information:**

- age, sex, job title of the complainant
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**2. The number of complaints made by health workers who have alleged they were assaulted while working at the Emergency Departments over the last 3 years. For each complaint please provide the following information:**

- age, sex, job title of the complainant
- allegation details and date
- all investigations outcomes (including but not restricted to all investigation reports)
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**3. The number of complaints from health workers who have made allegations they were assaulted while working at maternity services over the last 3 years For each complaint please provide the following information:**

- age, sex, job title of the complainant
- allegation details and date
- all investigations outcomes (including but not restricted to all investigation reports)
- if not investigated why not
- was there any criminal prosecution and details of the outcome
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The table below provides a high-level summary of the information provided:

Dates	Breakdown of incidents	Areas		
		Emergency	Maternity	Mental Health
<b>1 July 2017 to 30 June 2018</b>	Total incidents	9	2	52
	Patient incidents	8	2	35
	Staff incidents	1	0	17
	Verbal	3	2	11
	Physical	5	0	40
	Sexual	1	0	1
	Patient towards staff	8	2	52
	Visitor towards staff	1	0	0
<b>1 July 2018 to 30 June 2019</b>	Total incidents	30	0	61
	Patient incidents	23	0	45
	Staff incidents	7	0	16
	Verbal	16	0	14
	Physical	13	0	47
	Sexual	1	0	0
	Patient towards staff	24	0	60

	Visitor towards staff	6	0	1
<b>1 July 2019 to 30 June 2020</b>	Total incidents	11	0	43
	Patient incidents	10	0	32
	Staff incidents	1	0	11
	Verbal	4	0	14
	Physical	7	0	29
	Sexual	0	0	0
	Patient towards staff	11	0	43
	Visitor towards staff	0	0	0

**Appendix A** attached provides further detail as requested.

**Please note the following regarding the information provided:**

Age, Sex and Job Title

Age is an optional field for staff to complete on staff incidents. The spreadsheet shows some staff ages. Reports are not available for staff Sex or Title.

Allegation details

On spreadsheet under summary.

All investigation outcomes

On spreadsheet under investigations. The only investigations available are from staff and client incidents on the incident database.

If not investigated why not

Status of incidents is on the spreadsheet. Only 4 of the total number of incidents have not been completed.

Criminal prosecutions

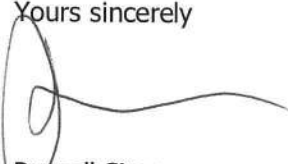
Information not collected. The WDHB encourages and supports staff to report incidents to the NZ Police.

Patient and staff incidents

- The information on the spreadsheet has been collated from patient and staff incidents classified as health and safety aggression.
- Staff do complete the patient incident form on the incident database but often do not complete the staff incident form.
- The spreadsheet shows where staff have completed a staff injury form "Staff". These staff have completed both patient and staff incident forms.
- Where two forms have been completed one incident has been counted to ensure accuracy.

Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at [anne.phoenix@wdhb.org.nz](mailto:anne.phoenix@wdhb.org.nz)

Yours sincerely



Russell Simpson  
**Chief Executive**

Whanganui District Health Board OIA response to OIA Request - OIA 12999 July 2020 from Kate McCallum - Mediaworks

Date	Age	Patient / Staff incident	Unit	Summary	Investigation	Status	Category
12 Jul 2017		Patient	Mental Health	Patient verbally aggressive and threatening towards staff and co clients	2017/18 Staff acted appropriately and all clinical documentation highlights risk and on going concerns with client. Same has been discussed with RC at MDT and brought up as a concern Doctor has reviewed his medication and increased PRN for agitation. Client has been informed and educated around policy by staff and manager but continues to verbally abuse and threaten nurses that are working with him. Less threatening to male staff and where possible will be nursed by a male staff member. Staff attempted to talk to client around items as above but later declined the same- client exhibits defiant behaviours against policy and restrictions that come with being in hospital on an on going basis. Discharge planning to continue through MDT and Dr to be made aware of on going concerns and threats as they happen. Client aware that threatening and intimidating behaviour may result in police being contacted and staff monitoring the impact of the same on co clients on the ward.	Complete	Verbal
2 Aug 2017		Patient	Emergency	very aggressive patient	Aggressive presentation to ED with an overdose +/- synthetic medication. De-escalation was not an option at this point of time patient was in danger of harming himself and staff felt at risk of being hurt physically. Police called for assistance Security present (not enough to restrain safely) Medical and nursing staff unable to assess patient due to his physical aggression. 2 ED restraints used and police used 2 handcuffs (as 2 other restraints from ED missing) Now located and also larger size wrist restraint have been ordered through stores department. Medication administered to try and help soothe the patients aggression. Police stayed in attendance. Paper work for monitoring of limbs commenced as per policy and riskman completed retrospectively 24 hours later. Family were spoken to regarding situation and understood the rationale for the physical restraint. Patient admitted into CCU where his behaviour was appropriate, patient was medically discharged with MH review, mental health team reviewed and his care was taken over by them.	Complete	Physical
15 Aug 2017		Patient	Mental Health	assault	client was abusive towards nursing staff, following his care plan this is an automatic stand down period of four hours. client was spoken to by CNM about his behaviour, client became verbally abusive and intimidating. He threw a bottle of milk at employee with the entire contents of liquid going over his top and glasses. Incident was witnessed by staff members. Police Job number.	Complete	Physical
17 Aug 2017		Patient Visitor	Emergency	abused by patient's sister	Reviewed by consultant but not for a further two hrs since presentation. This patient's "friend/sister" has now made a formal complaint regarding this clients care at ED. Patient patient has not provided her verbal or written consent to discuss patient's medical information therefore no further investigation will occur regarding patient's treatment at WDH's ED department. Also that our staff have a right not to be threatened regarding being taped and or recorded and threats to be taken to court, pertaining to the recorded message. This sister/friend was witnessed by multiple staff on duty to be threatening and aggressive towards scribe of this riskman and put her hand up into staff members face. No staff should be threatened in this manner while at work. Complaint letter will reflect that sister/friends behaviour towards our WDH staff was unacceptable. Staff member has been checked upon by CNM and NM for medical services to ensure she is alright regarding this matter.	Complete	Verbal
21 Aug 2017		Patient	Mental Health	IMI medication and seclusion Hit employee in face	Client very disturbed on admission. Physically assaulted CNC. Disinhibited in behaviours and needing confinement in seclusion areas. Slept once medicated. All SPEC aspects followed.	Complete	Physical
21 Aug 2017	54	Staff	Mental Health	Pushed by Patient who was unwilling to accept guideline and boundaries	- Staff member pushed by client, client expressing frustration and distress inappropriately- Staff deescalated the event and found meaningful activity for the client with whanau to deescalate mood- Client debriefed and reminded of the rules of the unit and law around assault of others- Staff member verbally debriefed with team post incident and there was nil injury to staff- Staff member aware of the process if any injury was to occur around seeing GP - Riskman completed - All clinical documentation updated appropriately.	Complete	Physical
22 Aug 2017		Patient	Emergency	py verbally and physically abusive	Pt mobilised out of AAU to fish bowl, started yelling, lashed out at staff members, pt agitated, hit DR and RN 1 and RN 2, hands restrained by DR attempted to bite Dr and also kicked staff, all staff attempted to talk pt down through de-escalation techniques, pt continue to escalate, continue to yell loudly, pt placed into wheel chair and moved out of corridor to room 9, pt administered medication to help ease increased agitation with IV Lorazepam and placed back onto bed, pt became calm. MHAHT rung yesterday declined to see patient as her presentation was physical not mental matter. Call CNM from MHAHT to review asap in ED to help assist with the current situation. Pt had been in AAU overnight, seen by RRT this morning and cleared, MHAHT contacted earlier and MHAHT declined to see pt as not acute.	Complete	Physical
9 Sep 2017		Patient	Mental Health	Extremely aggressive, threatening and verbally abusive behaviours	Patient lable in mood becoming aggressive toward a staff member refusing to take medication whilst shouting profanities at staff member. Initiated alarm and other staff attended to assist. Whilst initial staff member removed self from the scene staff members de-escalated the patient.	Complete	Physical
10 Sep 2017		Patient	Emergency	Patient Verbally abusive towards staff	All documentation complete. Staff involved ok.	Complete	Verbal
14 Sep 2017		Patient	Mental Health	Patient intimidating staff and blocking exit	Client floridly psychotic and behaviour is unpredictable in nature client unable to follow direction of staff due to lack of understanding and comprehension. Client already in a restricted environment due to AWOL risk related to level of psychosis. Staff acted appropriately in setting off alarms and seeking help to exit the area. Client potentially became overstimulated with number of staff required as once exited did not ask to leave the area and was more settled on access. Staff ensured the safety of client and staff on the ward by ensuring that access occurred with x 3 staff. PRN given and client was able to settle. All clinical documentation has been updated and reviewed.	Complete	Physical
16 Sep 2017		Patient	Mental Health	Smoking in bedspace	Staff acted appropriately in deescalating the situation so that hospital policy could be followed and the client was given education around the policy and affects and harm on others. Staff got items off the client and held them in the nurses station so that this did not occur again. On-going risk with this client as known to secret lighters so that he can smoke on the ward overnight. All clinical documentation updated to reflect risk and incident. On going monitoring required.	Complete	Verbal
30 Sep 2017		Patient	Mental Health	Patient Restrained to remove ligature from neck and administer IM medications	- Staff acted appropriately in ensuring the safety of client on the ward who was actively suicidal with gestures around the same as described above- Client was in seclusion due to the risk of violence that he posed to others and on a constant to ensure that the risk to himself was managed- Client was refusing to engage with staff around safety planning and getting in a highly threatening manner due to the risk to himself staff and was refusing any PRN medication in relation to his level of distress- Staff accessed with a safe amount of staff due to previous restraints and the violent and explosive nature of the same. - All items that could be used for self harm removed and seclusion gown in place to reduce the risk of ligatures and nooses being made by the client.- IMI medication administered to help decrease clients distress/ agitation- Staff attempted to keep client engaged. - All staff SPEC trained, MOA form completed. - All clinical documentation updated to reflect the risk and incident.- Client remained on constant observations in seclusion until he was able to engage with staff and the risk to others decreased.	Complete	Verbal
2 Oct 2017	40	Staff	Mental Health	injury to both knees when a patient became angry and pushed wooden table into knees	Staff member aware to see doctor if pain does not resolve and agrees to do the same. Nil further injury reported Staff member reported to appropriate personal as per WDH policy and completed riskman. Ending consultation an appropriate action due to the clients level of irritability.	Complete	Physical
9 Oct 2017		Patient	Mental Health	Threat to kill staff member	- All interventions appropriate - Staff member informed of threats and offered to work in different area- Treatment plan to be nursed by male staff member when possible - Review by clinical director and RC and discharge assessed appropriate and threats are not due to client being unwell strong antisocial trait evident and historic. - Police informed of discharge from the ward - OPA appointment scheduled	Complete	Verbal
9 Oct 2017		Patient	Mental Health	Pt secluded after threatening behaviours.	- Staff acted appropriately in ensuring the safety of clients and staff - Assistance sought due to level of agitation and threats by client to staff members - Police and Stanford house assisted to get client to a safe area/ KIWI due to the risk to others - All clinical documentation updated to reflect interventions and risk- Seclusion initiated as per policy/ procedure - Staff have reported incident to the police- re: threats to kill - Client known for threatening antisocial behaviour when he believes his perceived needs not met in this case Benzo's.- Staff ensured the safety of other clients on the ward.	Complete	Verbal

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Date	Age	Patient / Staff incident	Unit	Summary	Investigation	Status	Category
10 Oct 2017	60	Staff	Mental Health	Injury to inside muscle of L knee sustained in a minor scuffle with patient	Incident reviewed with employee. Client concerned was brought to Stamford House for the purposes of an assessment due to the inability of Te Awhina to admit and assess. The clients mood was labile and ranged from overly friendly to hostile and abusive, he was difficult to get a rapport with and was being spoken to by one of the staff who knew of this client. As the staff of five left the seclusion area a staff member left the door the exits the seclusion area unlocked making an assumption the staff member talking to the client would be following him immediately. This was not the case and the client was able to exit the seclusion area into the clinic foyer which leads to the nursing station at which point employee was the first to approach him as he entered the nursing station, he turned the client around back to the seclusion area, in doing so when entering the seclusion area RA R. Employee ended up pinned against the wall by the client, it was at that point the injury to the inner aspect of the Lknee was allegedly incurred. Staff assisted in being able to remove the client which provided a means of movement away from the client. Employee did not attend ED as at the time he had no pain however noticed pain symptoms once at home and as documented treated this himself. He reports today no ongoing pain and has FROM.	Complete	Physical
14 Oct 2017		Patient	Mental Health	Client was at N/S window and gave the gesture to light a cigarette. Became visibly angry when asked to calm himself. Became immediately more angry, aggressive, threatening.	Further deterioration in mental state as observed the previous day when client was observed to be pacing in the courtyard shadow boxing, decrease in rapport noted with familiar staff and increased agitation and restlessness. Use of PRN on this occasion assisted in calming however this only being the short term solution. Situation discussed and reviewed with RN and RN.	Complete	Physical
15 Oct 2017		Patient	Mental Health	Patient secluded	Seclusion initiated for the safety of self and others, previous attempts to maintain client in least restrictive environment unable to continue due to escalating aggression, intimidating behaviours of a threatening nature specifically aimed at a staff member which ultimately put the other clients at risk and requiring their removal from the dayroom for their safety. This client who for an extended period of time with MDT support has been on a drug free holiday with his intent to prove that he did not require psychotropic medications has ultimately appeared to have succumbed to his underlying illness to the point where he [according to him] is receiving mixed messages affecting his behaviours. Increasing restlessness evidenced with +++ pacing in the courtyard with poor to no eye contact, isolate, increased anger and marked decrease in impulse control as evidenced in the use of a steel framed table as a weapon, targeting staff and ultimately intimidating behaviours causing him to be a threat to staff and clients. Observed shadow boxing whilst pacing the courtyard - Smashed coffee mug by throwing it at the wall whilst pacing the courtyard, staff attempted to engage with him to ascertain thoughts at that time but client would not engage in discussion. - At 0730 hours Client was making gesture of wanting a cigarette. He became increasingly angry when this was not facilitated immediately. He became more hostile, aggressive, loud and threatening; swearing at staff, pacing in front of the nursing station (N/S) and kicking the N/S doors, demanding staff hurry up and comply with his demand. When asked if anything else was upsetting him he denied same. He continued to make his demand, abuse and threaten staff. 0747 hours: Complied when asked to accompany staff to A3 area. Was argumentative. Staff requested he remain there to calm himself. Observed to be pacing, kicking doors, yelling and issuing verbal abuse directed at staff. - Client requested a lighter off scribe who was NIC. I informed client he would have to wait until the medications were dispensed then all clients who smoke would be taken for a smoke. client became angry and hostile towards scribe, he commenced pacing in the dayroom. client approached the nurse's station window and indicated with sign language he wanted a lighter, scribe again reinforced he would have to wait as all other clients were doing. client then picked up a coffee table in the dayroom and threw it at the corner window in the nurse's station. - Seclusion commenced following this event occurring. - Clients debriefed at morning meeting/ CNM discussed and reviewed incident with RN and RN - Client in seclusion seen and reviewed by Dr.	Complete	Physical
29 Oct 2017	60	Staff	Mental Health	Became medically compromised following a physical restraint at Te Awhina unit. Racing pulse, lightheaded and dizzy.	Staff member was assaulted during physical restraint of a client at Te Awhina. On return to the unit (after taking another staff member to ED department) became dizzy and fell, requiring medical intervention and stabilization of physical condition at WDH Emergency department	Complete	Physical
29 Oct 2017		Staff	Mental Health	Skin tear to wrist during a physical restraint of a client in Te Awhina. Became breathless and experienced chest pain on return to Stamford House.	Patient resisted strongly to the restraint process. Kicking out and trying to prevent being restrained. Staff member injured as a result of patients actions as outlined above. Staff followed DHB policies and procedures that are in place	Complete	Physical
29 Oct 2017		Staff	Mental Health	Staff injured and 2 staff became medically compromised following a restraint of a client at Te Awhina	Staff were physically assaulted during the restraint at Te Awhina requiring immediate attention as above/ incident discussed at Monday morning meeting with clinical director. DAMHS, CNM and RC staff are encouraged to lay charges with police in regards to assault. All staff SPEC or MOA trained- all clinical documentation completed. To report concerns to health and safety meeting/ CNM/ NIC to confirm with staff any pre-existing medical conditions restraint and use police as alternative if this is the case. Staff aware and received prompt required medical follow up supported by their team. Thought to debriefing Stamford staff (where possible) prior to restraint event in regards to preparing the team who is attending. Followed up and discussed by CNM Stamford and TA. Serious incident review completed.	Complete	Physical
29 Oct 2017		Patient	Mental Health	Patient requiring restraint to seclusion following aggressive outburst	Staff acted appropriately attempted to engage the Client psychotic and unpredictable and acting in a highly aggressive manner Refer to riskman re: staff injury full investigation in the same/ All staff MOA trained and all clinical documentation updated/ Due to high risk of harm to others and menacing and threatening behaviour placed in seclusion as per police and all items removed as per search and seizure policy that client could use for harm to self Placed on a constant observation due to risk of harm to self while in seclusion. RC informed and client reviewed as per seclusion policy/ procedure. Serious incident review completed.	Complete	Physical
29 Oct 2017		Staff	Mental Health	Assaulted by client being restrained in Te Awhina. Sustained injuries to left cheek, side of head and left hand.	Staff member assisting in restraint of a patient injured as above. Patient had resisted strongly to staff moving arms and legs vigorously to achieve release from holds/ injuries sustained by staff member through patient pushing out with leg/ injuries sustained to staff member through the actions of the patient	Complete	Physical
2 Nov 2017		Patient	Mental Health	initiated seclusion, Aggressive and threatening to staff	As above aggressive behaviour/ Patient was transferred to seclusion area with assistance of police due to unpredictable behaviour	Complete	Physical
6 Nov 2017		Patient	Mental Health	Client aggressive and hostile towards staff	Client with ongoing impulsive behaviours and threatening behaviours towards staff becoming highly volatile unable to engage in conversation with staff and deescalation. Threats of violence made to staff Staff able to direct client to IPC for safety of others and for a period of destim with the client All other means of deescalation attempted and unsuccessful with the same. Client able to have period of destim away from other and then staff able to engage client once client more calm All clinical documentation updated.	Complete	Verbal
15 Nov 2017		Patient	Emergency	Verbal aggression + attempt at assault on staff	patient was verbal aggressive towards RN, several attempt were made to manage this situation with multiple attempts to calm the patient down, but once the pt became physically aggressive and police were contacted	Complete	Physical
18 Nov 2017		Patient	Mental Health	Patient safe held due to aggression towards mother not allowing mother to leave	Anger issues continue to be an issue for this patient that have caused her many problems in the past. Staff have managed this incident appropriately and fortunately no staff received significant harm.	Complete	Physical
25 Nov 2017		Patient	Mental Health	Threatening and verbally abusive to staff	Patient asking other patients for smokes advised of inappropriateness of this	Complete	Physical
8 Dec 2017		Patient	Mental Health	MOA restraint. Aggression towards staff	Physical restraint managed appropriately in situation that escalated rapidly. Staff must be aware of the compromise to the person if held in a prone position.	Complete	Physical
9 Dec 2017		Staff	Mental Health	Client sexually assaulted female Registered nurse	Staff on the shift were Clinical Coordinator, staff RN., Staff RN, Staff RN, HCA	Complete	Sexual
11 Dec 2017	58	Staff	Mental Health	Injuries to right upper arm and lower back during a client restraint	Patients behaviour very unpredictable. Event progressed rapidly. Staff managed situation appropriately but unfortunately staff member was injured in the process.	Complete	Physical

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Date	Age	Patient / Staff incident	Unit	Summary	Investigation	Status	Category
13 Dec 2017		Patient	Mental Health	Threatening to attack staff. MOA and restraint - Seclusion	Appropriate action taken throughout the event. Patient obviously unable to work with staff and it had become clear staff were at risk of attack if they had not taken this action.	Complete	Physical
14 Dec 2017		Patient	Mental Health	Physical aggressive behaviour	Unprovoked behaviour towards staff member. Appropriate action taken.	Complete	Physical
10 Jan 2018		Staff	Mental Health	Brusing to top of head and back when staff was assaulted by patient	Injury occurred during a physical assault. 1) All appropriate actions were taken with client prior to the assault 3) Client has since stated that assault was planned and deliberate. 4) Client had run into a window deliberately staff went to assist her and ascertain if she was ok. Discovered to have a ligature around her neck and was lying on her back on the floor 5) Staff member ran off to get the ligature cutter but in the meantime another staff member had removed it. 6) Afterwards employee was beside the patient assessing if she was ok the patient then stood up and commenced a full on attack of punching employee in the head, dragged her along the floor by her hair. 7) In amongst all of this employee had great trouble getting to her alarm and activating it but eventually was successful 8) Patient then moved her attention to employees colleague who came to assist and attacked her as well Riskman number 9) employee reported a carpet burn on her leg and two marks (superficial) on her side. employee also reported feeling teary after the event when she had an opportunity to reflect on it all 10) Assault was reported to the policy in a timely manner	Complete	Physical
10 Jan 2018		Patient	Mental Health	Patient assaulted staff, requiring restraint x 2 and seclusion	As above patient placed self at risk and assaulted two staff members. Staff carried approved spec techniques placing patient in seclusion. Patient assess to enable prescribed treatment regime.	Complete	Physical
11 Jan 2018		Staff	Mental Health	Sprains to left upper arm and shoulder during patient assault and subsequent restraint	Injury occurred during a physical assault 1) All appropriate action was taken with the client prior to the assault 2) Client has since stated to staff that the assault on two nurses was an intentional and planned attack 3) employee went to help her colleague who was being assaulted by the patient Riskman Patient then turned her attention to attacking employee 5) employee thrown against the wall in the attack 6) employee has reported a very sore shoulder and immense psychological distress post the attack 7) assault was reported in a timely manner	Complete	Physical
13 Jan 2018		Staff	Mental Health	Injury to left elbow sustained during restraint of client	Appropriate measures taken to reduce harm to staff and patient. Staff member involved/injured was contacted today. Fortunately no further pain or issues with his elbow.	Complete	Physical
25 Jan 2018	45	Staff	Mental Health	Assault to staff by patient. Punch to employee caused bruising and graze to side of neck	Patients behaviour had been very unpredictable. He was experiencing great confusion regarding whether it was day or night. Unable to take information on board that was given by staff member. Unfortunately this has resulted in patient striking out at staff member and hurting her.	Complete	Physical
3 Feb 2018		Patient	Mental Health	Patient abusive/assaultive to staff member	Patients behaviour continues to be unpredictable. He continues to believe different staff/patients are people from his previous life and is unable to listen to reason currently when told they are not who he thinks they are. He does at times get abusive when staff try to inform him what is factual. Appropriate action taken by staff involved.	Complete	Physical
14 Mar 2018		Patient	Mental Health	client was given a walk on grounds where he became intrusive to others and was not following writers direction was brought back to ward. Given time in Kiwi courtyard where he began banging	Patient has had many episodes of similar behaviour this admission. Struggles to then be able to listen to reason and behaviour will then continue to escalate. Staff involved have taken the right action to prevent things worsening and patient becoming a risk to himself or others.	Complete	Verbal
23 Mar 2018		Staff	Mental Health	Staff injury whilst assisting police to place a patient in seclusion area	Patient very distressed and agitated when being taken to the unit. required assistance as above. Patient may well have responded differently had her request for a te reo speaking staff member be made available to her. Unfortunately a staff member was injured in this incident. thankfully not seriously.	Complete	Physical
26 Mar 2018		Staff	Emergency	inappropriate touching by patient	28 year male patient that behaved very inappropriately with staff nurse attending to a nursing task while he was a patient in the emergency department Scribe was at bedside to complete a set of observations and further assessment when she felt the soft gentle clasp from the patients hand with her right inner thigh (close to RN's private female anatomy)RN was very shocked and immediately in a big loud voice said "don't touch me like that!! that is assault!!" patient was in AAU 2 bed space which was heard clearly by other patients in the 5 bedded room. Scribe continued with the task at hand and left the room, informed the cnc on dutyNext morning scribe informed CNM who checked her well being, asked scribe to complete riskman information filtered through riskman to the privacy officer who visited scribe in dept, offered to support scribe to report to policeRechecked welfare of scribe again the following day she is considering filing a complaint with police.	Complete	Sexual
29 Mar 2018		Patient	Mental Health	Safe hold initiated and staff member assaulted	Patient has had a very lengthy admission which has been very challenging for her. She has struggled with the confines of her stay at TA and has proved quite complex to get her to a stage where clear improvement in her mental state is apparent. client has often been unable to follow nursing direction and has had many events as is outlined above. Staff involved have managed this well and ensured the best outcome to keep patient and staff safe. Fortunately the staff member that was pushed was not injured.	Complete	Physical
1 Apr 2018		Patient	Maternity Ward	Verbal altercation - client not wanting to be told how to use Entonox, screaming at Midwife to leave room.	Continuing episodes of inappropriate behavior. Employee remained calm and with a unit woman in delivery in early labour. both midwives swapped roles.	Complete	Verbal
2 Apr 2018		Patient	Maternity Ward	Verbal abuse and inappropriate behaviour towards staff	I have rung employee today about her concerns, she is feeling stressed and felt the possibility to resign. employee also said the environment was unsafe, Patient had vomited on the floor and urinated. she had smeared blood over the mattress and the midwives did not feel they could improve this. employee happy for me to discuss this with services manager and that i would talk to her again on Thursday. Patient birthed over night and is now subdued she has seen social workers, mental health team ( her case worker is on leave) and employee is covering until next week. Employee feels this was a behavioral rather than mental health and suggested that the police may have needed to be called. I have meet with Manager and was aware of this case, he presented a risk assessment form which is available on intranet. This may have kept the midwives feeling more safe. ( charge midwife) on leave this week so we will all discuss this when she returns.	Complete	Verbal
5 Apr 2018		Patient	Mental Health	Verbal abuse directive at Admin Support staff whilst on his unescorted bike ride	Following this and for the next few days clients mood fluctuated with fixation remaining on what he perceived as "his goods" which he was not able to realise any monies from. Throughout the ensuing days there were mixed emotions where he was compliant/non compliant with medications, isolative, apologetic. This event however was the precursor to Riskman referring to barricading himself in his room.	Complete	Verbal
6 Apr 2018		Patient	Emergency	increased agitation throughout the night lead to threatening behaviour, first with an IV pole, then with a man made weapon.	ED Staff did the best with de-escalation of this situation methamphetamine positive in urine test Un clear as to why patient was kept in ED so long and requires further investigation.....Police will be pressing charges of "wilful damage and also threatening behaviour with a weapon"Police also looking into med lab to further investigate blood and urine test (potentially in breach of his bail conditions)	Complete	Physical
6 Apr 2018	48	Staff	Mental Health	Staff member sustained sore left thigh following restraint	Appropriate action taken. Luckily no further action required.	Complete	Physical

Whanganui District Health Board OIA response to OIA Request - OIA 12999 July 2020 from Kate McCallum - Mediaworks

Date	Age	Patient / Staff incident	Unit	Summary	Investigation	Status	Category
9 Apr 2018		Patient	Mental Health	Verbally abusive towards staff, barricaded himself in his bedroom, made a weapon for potential use on others	Situation was extremely well managed by staff (See debrief - documents). Situation and scenarios which led to this event were part of a number of situations where the client believed he was "being poked by staff" i.e. Road runner he stated was his which was not the case - threatening staff including receptionist/administration and ultimately a response of anger, the decline for the return of his TV leading to another event of anger with levels of paranoia evident throughout. Immediately following this the client made a conscious decision to stop his dietary intake inclusive of fluids. Plan implemented for his integration into communal areas which initially he refused to participate in, FBC initiated with physical observations attempted, continued to refuse food and fluid intake for a period of 4-5 days. Plan implemented with MDT approval for "a more flavoursome drink and food" item to be presented. Client accepted same on the agreement he would recommence medications and supplied hospital food with provision of access for therapeutic outing. Peer support input commenced with client ultimately returning to communal areas and also out of the A3 area and back into his bedroom at the RC instruction. Condition for bedroom is that any items brought back into his bedroom are only those approved and sanctioned by the MDT, this in order to prevent/minimise the excessive items found in his room following the episode of barricading plus the discovery of the "weapon" he had fashioned also meant no further access to the workshop for the foreseeable future and only following MDT approval.	Complete	Verbal
12 Apr 2018		Patient	Mental Health	Superficial assault of staff member	Patients admission has been lengthy with no discharge date in sight. Throughout these months she has had many episodes of similar behaviour to this, client has had many medications to try and manage her symptoms and has proved to be a very complex patient. It has been disconcerting for staff to try and find what works best for her when she gets distressed and the longer her admission goes on for the more challenging this has become. Staff on duty at the time of incident have managed this well. Will follow up today to ensure employee is alright following this event.	Complete	Physical
27 Apr 2018		Patient	Mental Health	Unprovoked assault on staff member	Patient has been reclusive during this admission. Has not engaged with any of the MDT. Declined support of any nature that would assist her to move out safely to the community. It has been impossible to gauge her mood, etc during her stay. This event was totally unprovoked and the staff involved were following process to ascertain her leave status prior to her exiting the unit. The assault came without warning and was completely irrational and unwarranted. Employee thankfully was there and was very helpful and prevented more injury to employee than what occurred. Employee then took the right action by reporting it immediately to the staff on the unit. Employee was understandably distressed post the event and experiencing pain where she had been struck by. Supported by AM staff, and duty nurse manager, CNM also. Advised to go home once cleared to do so by Dr. Advised to ask a friend to come and collect her and not to drive, not to be alone for the rest of the day. Employee left the ward with a friend when she was ready to do so. Became unwell once off the unit. Seen in ED. Diagnosed with concussion. Off work and supported by close family.	Complete	Physical
27 Apr 2018		Staff	Mental Health	Employee was attacked by a patient as she entered the ward.	This was an unprovoked assault on employee as she and employee were following ward procedure to ascertain her leave status prior to letting her exit the building. Had not engaged with staff at all during her admission, would not enable staff to gain a true picture of her mental state. Had been dismissive and uncooperative throughout. Refused any help for her future i.e. social work etc. CSA to be commissioned.	Complete	Physical
27 Apr 2018		Staff	Mental Health	kicked by an inpatient	Employee was asked by patient NA to open the door. Employee followed Te Awhina protocol and asked her if she had unescorted leave. The patient then strode towards another staff member entering the unit and asked the same thing. During this process she struck the second nurse and then moved on to employee kicking him below his right knee. Employee then removed himself to safety and sought appropriate help as outlined above. No ongoing injury for staff member.	Complete	Physical
28 Apr 2018		Patient	Emergency	Patient verbally abusive to staff and causing general disruption and stress to other patients in Department	Loud and verbally abusive female patient in ED from police cells with large portion of ETOH in her system needing to "safely sober up" Totally disruptive to other patients in ED at current time of her arrival 0115 hours De-escalation attempted with no significant gain for more appropriate behaviour from the medical and nursing staff in attendance with this patient. Seen by ED RMO no injuries/illness happy for patient to return to police cells for detox/DNM involved with this patient and her presentation with the poor display of inappropriate behaviour/Police called to remove patient. This kind of patient case causes un-due stress for staff in attendance to the potential situation that could escalate at any moment	Complete	Verbal
26 May 2018		Patient	Mental Health	Patient tried to assault staff	As above patient verbal and physical threatening to staff members. Patient appears to have a dislike for particular staff member stemming from a previous admission. Situation was resolved when another female member of staff approached and patient desisted and removed self from the situation.	Complete	Physical
28 May 2018		Patient	Emergency	blow to writers right elbow	Clearly this patient's behaviour was less an desirable towards nursing staff caring for her in ED ETOH was also an influencing issue and also the medication patient had taken as an overdose ED nursing staff did not want the patient to consume any further ETOH so RN was trying to remove same from patient this resulted in protest by the patient, she was unhappy that her alcohol was being removed from her patient property bag. This resulted in 2 staff members being hurt scribe was punched so hard that it made her cry to her elbow, next nurse in support had her abdomen pinched and twisted. 3rd RN (CNC) for duty was just out of reach as patient attempted to kick her, patient's verbal abuse was vital, unpleasant, loud and very abusive towards nursing staff. MHAHT moved patient away from ED to under go further assessment and treatment which resulted in an admission to Te Awhina unit. Scribe of riskman was seen in ED by on duty SMO No form of verbal de-escalation was going to resolve this situation	Complete	Physical
29 May 2018		Patient	Mental Health	Verbal abuse and threats of violence	This is a patient with a previous history of such behaviour when unwell in mental health services. As above patient verbally and physically threatening toward member of staff. Scribe on duty that shift and RN had reported incident to self. Patient was approached asked to desist from verbally abusing staff and that their manner was inappropriate. Patient responded in expressing that had not had a good birthday on previous Saturday and was blaming staff for this. Scribe reminded patient that the behaviour on said birthday had also been abusive and inappropriate toward staff, family and NGO, to which the reply was "I don't give a f*&k". Scribe left patient to desist, patient returned to watching television. Patient has been quite unwell at the time of the incident and was far from their base line which is one of quiet and gentle spoken when well.	Complete	Physical
4 Jun 2018		Patient	Mental Health	Hit staff	Patient has a history of such behaviour when unwell. Can be very selective of what staff patient will communicate with. Due to patient being verbally abusive toward nursing staff; staff backed away in order to deescalate the situation. Appears to have become calmer after spending time with another female patient	Complete	Verbal
4 Jun 2018		Patient	Mental Health	Client extremely verbally abusive, and threatening towards selected staff	Patient has been very abusive at times throughout this admission. Unable to listen to reason and has no patience for any staff and some co clients. Needs to be cared for with firm boundaries and be aware of having consequences for actions.	Complete	Physical
4 Jun 2018		Patient	Mental Health	Patient verbally abusive and physically threatening.	Patients behaviour has become more abusive and threatening as her admission draws out. Unable to listen to reason and work with staff more appropriately. This has been very hard for staff to manage and continue to put up with. This has also affected and impacted on other patients on the unit with a flow on effect to obtaining their own wellness. Staff member involved in this incident has managed this appropriately by moving away and ensuring she has kept safe.	Complete	Physical
5 Jun 2018		Patient	Mental Health	Patient physically shoved scribe with shoulder without provocation	Patient has been unpredictable and disruptive at times throughout this admission. Unable to reason with staff and abide by the rules of the unit.	Complete	Physical
7 Jun 2018		Patient	Mental Health	threat to assault staff	Patients behaviour is worsening the longer he is an inpatient at Te Awhina. He is unable to follow direction, listen to reason or generally behave in the expected manner whilst on the unit. He has become more abusive, threatening and disruptive.	Complete	Verbal
11 Jun 2018		Patient	Mental Health	Client restrained after attempting to assault staff.	Very difficult situation for staff to manage. Patients behaviour was threatening, abusive and unfortunately there was no other option available in order to keep the patient and staff safe. Also unfortunate that the time involved for this restraint was so lengthy as it put the patient at further risk as it did for staff.	Complete	Physical
9 Jul 2018	47	Staff	Mental Health	injury to right wrist sustained during patient initiated altercation	2017/18 Incident occurred as per detailed Riskman. In reflection this injury was reported as being non intentional however did occur as part of the incident and noted as such.	Complete	Physical
15 Jul 2018		Patient	Emergency	Aggression toward RN	Elderly patient was using unacceptable language. Patient was told that his language was unacceptable by RN, but he continued to use the same sort of language to CNC.	Complete	Verbal
20 Jul 2018		Patient	Emergency	aggression towards RN	Patient was abusive towards RN and was advised that the behaviour was not acceptable. Patient settled with reassurance from partner, Dr and RN's.	Complete	Verbal

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21 Jul 2018		Patient	Emergency	Agression toward RN	Patient in with head injury. Police attended and calmed patient. Security in attendance while patient remained for required observation period.	Complete	Verbal
23 Jul 2018		Patient	Emergency	Agression - threw punch	de-escalation strategies and support put in place. no injuries to staff.	Complete	Physical
23 Jul 2018		Patient	Mental Health	disrespectful behaviour	employee has had a very lengthy admission with no end in sight for the foreseeable future. She has utilised the programme at day services frequently and this has helped her immensely however now she is this far down the track with no future her behaviour at times reflects her frustration.	Complete	Verbal
28 Jul 2018		Staff	Mental Health	Assaulted by Patient who was subsequently restrained and secluded	employee went to prevent this patient assaulting the doctor. Fall and patient ended up on top of him where he proceeded to assault employee. Alarm activated and support arrived and patient placed in seclusion. employee was eventually seen in ED with the outcome of this assessment is highlighted above. employee has added psychological harm which is in line with the ward being extremely busy at the time. The unit was over numbers, staff were stretched and acuity was very high. The mix of patients at the time added to the risk as differing personalities were exacerbating the tension and difficulties.	Complete	Physical
28 Jul 2018		Staff	Mental Health	Injury received to back of right hand whilst attending client restraint at Te Awhina	Referred to Te Awhina for investigation. Employee is employed by the nursing resource unit and works at Stanford House on a casual basis. Employee with a number of other staff was involved in the restraint of client to assist a move to the seclusion room at Te Awhina. In the process of physically relocating client to seclusion the client was resistive and employee received a scratch to the back of his hand. Following the incident it was ascertained that the client had no health problems that would be of concern involving a scratch to skin.	Complete	Physical
31 Jul 2018		Patient Visitor	Emergency	MHAHT attended to Assess Client in ED & were exposed to verbally aggressive, intimidating, menacing behaviour from EPOA Carer	ED CNM discussed with CNC on duty regarding this matter. Both patient and male care giver at time of arrival into ED appeared elevated and were verbally aggressive on arrival to dept. Both patient and male care giver expressed anger about previous treatment via ED and mental health team historically. CNC was made aware 2 weeks ago that care giver had been removed from ED for similar behaviour from EDED CNC plus other staff members were witness's to this presentation's verbal aggressive and angry behaviour. Patient was very clear with his request that he wanted to be seen by the psychiatrist not MHAHT.	Complete	Verbal
15 Aug 2018		Patient	Mental Health	Threatened to physically harm nurse.	Patient involved in this event has been on the Te Awhina unit for a long time. She has struggled with many aspects of her time here and is currently very frustrated with the delay re her discharge. This has to be a slow transition out and patient is becoming quite angry about this. She has a history of becoming angry very quickly for little in the way as a trigger. She easily misinterprets information she receives and will become very hostile as a result.	Complete	Verbal
16 Aug 2018		Patient Visitor	Mental Health	Client making numerous phone calls throughout the night became verbally aggressive	Patient regularly gets admitted to Te Awhina. Staff managed this appropriately unfortunately this person does not always work well with others trying to help him.	Complete	Verbal
17 Aug 2018		Staff	Mental Health	pushed against wall around head and shoulders by client	Client was having florid delusional thoughts of a sexual nature believing the student was f..... with his head which he repeated several times and with intensity. The student was debriefed by staff and CNM following this incident asking if she had done anything wrong that may have precipitated this incident to which the answer was no, unfortunately as with other females in the unit she at this time was the focus of his delusions. The client had been given PRN medication some 15 minutes before this incident for some observed fixed staring without an inability to distract however this spontaneous incident was not able to be predicted as to what was the ultimate outcome which unfortunately saw her being hit. The student [afterwards] stated she thought he could have really hurt her if he had wanted to which from observation and the resulting restraint by five staff appears to have been a good assessment. Some 2 hours post incident and X2 lots of PRN [one being at his own request] the client has expressed his remorse. CNM has spoken to her tutor @ approximately 1420 hours and provided an overview of this event, the student is still keen and confident to resume her placement on Monday and we have provided some guidance for her return to work.	Complete	Physical
17 Aug 2018	60	Staff	Mental Health	Injured during restraint after client assaulted a UCOL student	CNM present during this incident and involved with restraint of client. From reflection and observations recalled at the time the client was floridly psychotic with fixed delusional beliefs towards the student who he had assaulted. As he was being directed away from the doorway area towards the bedroom areas the client again attempted to return to the doorway and had to be prevented from doing so to prevent the potential further risk to the student [who had been removed to the nursing station] but also given his fixed delusional beliefs and intent to hurt others the potential harm to other clients and staff. employee with four other staff was the first staff member out of the five who was directly faced with the client and attempted to guide him in the other direction, at this point the door to the doorway had been secured and once the client had struggled employee away it meant there was no other place for employee to end up being pushed away against the corner of the doorway and the wall. He lost his balance and fell to the floor with the bulk of the four other staff and the client feet ending up resting on employees lower limbs.	Complete	Physical
17 Aug 2018		Patient	Mental Health	Mentally unwell patient assaulting student	Incident occurred as described, well managed however one injury was sustained as described below: CNM present during this incident and involved with restraint of client. From reflection and observations recalled at the time the client was floridly psychotic with fixed delusional beliefs towards the student who he had assaulted. As he was being directed away from the doorway area towards the bedroom areas the client again attempted to return to the doorway and had to be prevented from doing so to prevent the potential further risk to the student [who had been removed to the nursing station] but also given his fixed delusional beliefs and intent to hurt others the potential harm to other clients and staff. employee with four other staff was the first staff member out of the five who was directly faced with the client and attempted to guide him in the other direction, at this point the door to the doorway had been secured and once the client had struggled employee away it meant there was no other place for employee to end up being pushed away against the corner of the doorway and the wall. He lost his balance and fell to the floor with the bulk of the four other staff and the client feet ending up resting on employees lower limbs.	Complete	Physical
11 Sep 2018		Patient Visitor	Emergency	father of pt verbally abusive towards staff	Distressed father and child arrived to hospital for child to be seen, it appears that child has an "open letter" for prompt timely review by the paediatrician. Dad was aggressive and also intimidating and verbally aggressive manner towards admin, ED nursing staff HCAs and paed staff. Yes dad was concerned about his child and staff tried carefully to de-escalate the situation to only be more verbally abused by the father, not working to resolve the situation. The team felt unsafe and with his presence in the ED and his approach towards them all, paed team reviewed child in ED. Mother arrived who was lovely and approachable for staff work with, aggressive father left the dept.	Complete	Verbal
11 Sep 2018		Patient	Mental Health	Patient brought onto the unit for assessment - prevented from having a cigarette - exploded into angry outburst	-	Underway	Verbal
11 Sep 2018		Patient	Mental Health	Patient broke staff spectacles	Patient arrived on the unit (not an admitted patient), became aggressive, threatening and wanting to damage property. Staff removed patients and tried to make the area safe, police were called and patient removed from where he could cause further harm. He has broken staff glasses during this violent outburst.	Complete	Physical
15 Sep 2018		Patient	Mental Health	Client elevated, angry, swearing, demanding, hit nursing station window with his fists threatening staff	Incident viewed, CP Notes reviewed, noted client believed he was not aware of the tool access exclusion for periods when he is not working on the carving(s) when this had previously occurred. Further explanation provided the following day with acceptance. Riskman captures another episode of mood elevation which involved anger and threatening behaviour. Medication adjustment by increase to Olanzapine made the same day of this incident occurring but prior to incident occurring.	Complete	Physical
15 Sep 2018		Patient	Mental Health	management of aggression- restraint for IMI	Incident occurred as described, de-stimulation techniques and other options of room transfer attempted however client unresponsive, all correct SPEC processes occurred with nil injuries to staff or client.	Complete	Verbal
16 Sep 2018		Patient	Mental Health	Restraint to administer IMI	Patients behaviour unpredictable, aggressive and threatening. Required restraint as was highly aroused and could not work with staff to have oral meds or comply with any care or treatment.	Complete	Physical
17 Sep 2018		Patient	Mental Health	Restraint via safeholds to administer IMI medication	(None Entered)	Not Investigated	Verbal



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19 Sep 2018		Patient	Emergency	Agression	Spoke with RN regarding situation where she explained that she was talking to patient in her cubicle when she had pushed the BP button, the patient was aware of this. It appeared that patient just became overwhelmed with the tightness from the BP cuff and used a very loud voice to request the machine to stop. RN was in the process of stopping this and calming stated to the patient "not to yell at her" she was completing the task that the patient had requested. Patient became tearful and apologetic to RN. Yelling was reported as it was unnecessary verbal aggression to the staff member (did resolve quickly)	Complete	Verbal
23 Sep 2018		Patient	Mental Health	Ongoing lability of mood, with threatening abusive verbally and physically behaviour.	As above patient becoming increasingly aggressive toward staff. Required transfer to seclusion in Stamford House due to acuity at Te Awhina. Police utilized to assist in transfer	Complete	Physical
24 Sep 2018		Patient	Mental Health	Restraint to administer IMI	Patient unwell and unable to work with staff to de-escalate. Remained threatening, aggressive and unpredictable. Staff were required to restrain her and administer medication.	Complete	Physical
26 Sep 2018		Patient	Mental Health	Risky behaviour, aggression towards staff, high potential for serious physical injury to staff and co-clients if his admission is prolonged.	Patients behaviour had been intimidating and threatening prior to this event as is highlighted above. Staff involved have managed the situation well and ensured patient was removed from the acute side into a low stim area. This has been challenging for staff involved.	Underway	Physical
30 Sep 2018		Patient	Mental Health	Verbal threat to kill staff nurse	Patients behaviour has been very volatile all of her admission to date. She has been unpredictable and selective with whom she will work with.	Complete	Physical
5 Oct 2018		Patient	Emergency	pt placed in restraints due to volatile behaviour and aggression	All appropriate services called in including Haumoana, Police, MHAT, Psychiatrist and Paediatrician. Appropriated documentation filled out including regular restraint monitoring. Neurovascular monitoring well documented. Good discussion with parents who were well informed and included in all decisions. Well managed during a very challenging shift which included volume and high acuity.	Complete	Physical
13 Oct 2018		Patient	Emergency	Pt accused scribe of touching her nipple.	Employee took appropriate steps by removing herself from the situation and reporting the incident to the CNC on duty.	Complete	Verbal
14 Oct 2018		Patient	Mental Health	Verbally abusive and threatening including son and another male visitor	Unacceptable behaviour by patient and also family member.	Complete	Verbal
16 Nov 2018		Patient	Mental Health	Staff assault from client PT	15.11.18 - Incident described from the morning of the event leading to this incident as follows: client played a major part in a Powhiri held for employee this mane in the Community Lounge with an opening Korero followed by a Waiaata. He also cited a Karakia at the end of the Powhiri, client had presented settled in mood and manner, prior incident had a taiaha in which staff assumed was to be presented to new staff member at Powhiri today as this was the only item he was holding before powhiri. At this time client was in a good mood, polite and pleasant with staff and co-clients. Smiling often. Behaviours appropriate throughout the powhiri and prior to. Dressed appropriately, hair and clothing well groomed. Ate a full breakfast and took prescribed medications. Staff questioned when client took to his room after the powhiri. He said he had given another away instead. At the powhiri he was respectful and behaviours were unable to be faulted. Staff discussion held in nursing station. RN: and RN: retrieved taiaha from client (thrown at them then client picked this up from the ground and threatened staff with it in a spear like manner). After staff returned to nursing station client then left his room, slamming the door the door repeatedly. He was screaming and yelling and threw an object (his mug) at the nursing station door which smashed. RN: and staff exited the nursing station to attempt to verbally calm client who threatened staff. at approx. 1040hrs, as RN: left the nursing station to pick up the mug client walked over to RN: in a aggressive manner stood up to RN: in a threatening manner and struck RN: s head/face with a closed fist minimum of three (3) times with both fists striking blows. RA: RA and RN: Using SPEC approved holds moved client away from RN: and into the bedroom wing corridor in a standing position. Cultural Advisor employee was in attendance. Directed by staff to A3 where client willingly walked without assistance client spent time pacing A3 courtyard where Cultural Advisor employee, RN: and RA: were in attendance. Psychiatrist Dr informed and staff were advised to seclude client and he would be over to assess. Staff gathered and discussed with client who was in A3 courtyard that he was to be secluded and asked to enter the room which he did willingly at 1050hrs. Cultural Advisor in attendance. Seclusion initiated. 10/60 observations. Given fluids. Client remained calm and quiet. PRN not given due to client settling quickly in Seclusion B.	Complete	Physical
16 Nov 2018		Staff	Mental Health	Patient punched scribe x2 (left and right side of face)	See attached document	Complete	Physical
21 Nov 2018		Patient	Mental Health	Client consistently banging on window to Nurses Station	Patient has struggled to work with staff and the rules required on the unit throughout his entire admission.	Complete	Verbal
6 Dec 2018		Patient	Mental Health	Aggression towards staff and AWOL	Patient has struggled with the restrictions of his admission and he has not managed his frustration very well. At times this has escalated to verbal and intimidating behaviour towards staff as in this case. Staff involved have managed this appropriately.	Complete	Verbal
10 Dec 2018		Patient	Mental Health	Client went AWOL from the unit of his UEL on HG for smokes and didnt return to the unit. post arrival threatening intimidating behaviour towards staff	Patient left the unit without permission. Went to family and was eventually brought back to the unit accompanied by Police at 1800hrs. Behaviour was intimidating on his return and staff managed this appropriately.	Complete	Verbal
21 Dec 2018		Patient	Emergency	Verbally abusive towards reception and scribe (triage nurse).	History as per night RN above. Security not available at this time of the night finished for the evening. Police called for assistance to help manage the aggression and verbal abuse towards the nursing and admin staff. RN frightened about situation due to patient's loud yelling and un-cooperative behaviour partner unable to assist with patients escalating behaviour. This is a growing concern for ED staff at night with intoxicated and or drug altered patients when they present to ED. May need to review hours for the security in ED moving forward. Messaged night staff to check on their welfare the following day as their CNM.	Complete	Verbal
24 Dec 2018		Patient	Mental Health	Patient physically aggressive towards staff and required restraint.	Patients behaviour had escalated to the point that staff had no option but to restrain her for her own and their safety. This was despite all staff trying other options to calm her down like sensory modulation and 1-1.	Complete	Physical
3 Jan 2019		Patient	Emergency	Patient tried to bite nurse when she attempted to triage patient	patient appeared to be under the influence of ETOH scribe unable to triage and assess pt would not answer any questions. Attempted to bite scribe's arm. MHAHT team requested to have patient triaged and assessed at ED who was delivered to ED by the police dropped him and left. No sign of MHAHT team to be here on his arrival to ED. Triage nurse called patient for triage while completing her assessment patient tried to bite her (patient did not have any teeth but still attempted to bite her arm). Patient was asked to leave the triage room and police were called and notified of the alleged assault on the triage nurse. Would have been nice if MHAHT team were in ED to help assess the patient when he was dropped off by the police at MHAHT teams request.	Complete	Physical
5 Jan 2019		Staff	Emergency	patient assaulted staff	Growing concerns regarding this patient and his increased strength and power when he becomes unwell or the management of his physical well being is not at a manageable level. client becomes difficult to manage in his post ictal state that behaviour models psychosis. Unable to reason with client and he becomes a danger to all around him with his physical aggression and anger towards all, he kicks, punches, scratches, spits and yells. I have asked for a meeting with the paediatric team to help start a community discussion regarding on-going management for this young man and his parents moving forward.	Complete	Physical
5 Jan 2019		Patient	Emergency	Extremely violent young man requiring restrained with police involvement	History from the scribe of this riskman who has very valid and sincere concerns for all parties involved with the management of this young man. Patient, family and ED staff plus security and police. Client is a young man that is growing and he is becoming stronger and appears to be more violent with his aggression at times, family appear to be struggling to manage this increase in his physical strength and outbursts of behaviour. I have emailed paediatrician to try and help start a family meeting with wider community teams to help strengthen the support for his parents. Patient being cared for by mental health team currently, a wide community meeting was held. Psychiatrist was to keep ED CNM informed of care plan for this young man.	Complete	Physical
5 Jan 2019	50	Staff	Mental Health	bruising during restraint	Staff member has incurred some bruising following on from needing to be part of a restraint for a Te Awhina patient. Was feeling aware of this post the event.	Complete	Physical

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10 Jan 2019		Patient	Mental Health	Aggressive behaviour when asked to return to bedspace	Patient has become obstructive and threatening towards staff despite their best attempts to deescalate her behaviour. Staff called in were able to calm her and eventually she settled. Patient was reviewed the next morning and assessed as being able to be discharged to community care.	Complete	Verbal
10 Jan 2019		Patient	Mental Health	Client was brought in to the unit via police handcuffed, he was then moved to kiwi lounge restrained, restraint lasted for 40 minutes. Staff assaulted	Patient arrived on the unit with very little pre warning given to staff as outlined above. Patient highly aroused and extremely distressed. Staff involved had very little chance to get ready for the admission and plan their response. MHA paperwork was not started however restraint and administration of medication was required to be done urgently due to patients risk to harming himself and others. Patients father was present and tried to help calm patient but this was deemed unhelpful eventually and the suggestion was made that he exit the room until patient had calmed which he did. Te Awhina did not have a full restraint team on duty due to previous sick calls needing to be covered and two pregnant staff and one orientating HCA available to assist to cover the unit. Full staff debrief held after the event and a report has been created by employee as to the outcomes and tasks that need to be addressed as an outcome.	Complete	Physical
10 Jan 2019		Staff	Mental Health	Slapped by client	No injury sustained. CNM notes re investigation - patient brought to Te Awhina in a rush there was only a few minutes notice, accompanied by Police, patient was distressed and highly aroused. In the events that followed he has struck out and connected with staff member as above. He has not been able to be reasoned with or follow the direction of the staff present. Patients father was beside client and was assisting with proceedings in the hope he could calm him down. This has not worked and eventually the parents left and patient eventually settled.	Underway	Physical
13 Jan 2019		Patient	Emergency	Pt became hostile towards prison guards.	New patient arrival for ED. Prison patient arrived with x 2 guard from corrections dept for assessment of patient. Upon patients arrival and despatch from the correction dept vehicle patient has attacked the 2 prison guards. RN was leaving ED for home and heard shouting and banging against wall of ambulance bay. Correction dept van parks in the designated "police parks" and the assault was occurring in a small space between the parked van and the wall of the ambulance bay. RN quickly went into ED to ask for further help and assistance. Security called. Prisoner returned to Kaitoke Prison as not needing ED at all, and too much of a risk to be seen in ED (Corrections and police decision). 2 x RN's and 1 x SMO with police support administered medication to help support a more relaxed state for the prisoner. Prison guard needed assessment and treatment in ED. Large scalp laceration (18 clips) and also piece of his pinna was cut with hand cuff metal when hit by prisoner. No WDH staff injured with this event but concerns regarding near miss for staff safety. Security guard from external security firm was seen by ED Drs due to an injury from this event.	Complete	Physical
21 Jan 2019		Patient	Mental Health	attempted assault on staff	As above staff accessing patient to provide clean hospital nightwear for patient and enable shower, whilst staff cleaned room. Patient made toward staff member and attempted to grab staff members wrist. Patient made to follow staff members out of area alarm activated	Complete	Physical
31 Jan 2019		Patient	Emergency	Restraint	patient arrived by St John appeared to be intoxicated and ? also under the influence an illicit drug. Yelling and shouting on his arrival to dept. Agitated and difficult to reason with. Impulsive with sudden movements and verbally aggressive towards staff behaviour escalating and not able to rationalise with patient. Safe felt unsafe with patients behaviour. Security called to be in dept nearby assisted to redirect patient back onto his bed. Patient continued to get out of bed and punched toward security guard. Risk to self and safe therefore ED SMO requested restraints be placed on patient. ED SMO requested some medication to be administered IM (this when patient has assaulted ED RN via head butting her while trying to administer medication). Restraints applied. Police called. Monitoring sheets completed for period of time patient was in restraints. Patient Reviewed and discharged	Complete	Physical
31 Jan 2019	22	Staff	Emergency	pt assaulted (headbutted) RN whilst RN attempting to give pt medication	pt aggressive both physically and verbally towards staff in ED. Unable to reason with patient. Launching out at staff, unsafe for all staff and patient trying to care for patient. ED SMO requested restraints to be applied. Security in attendance. RN positioned to give IM medication. pt launched up and headbutted RN. RN felt dizzy immediately after and developed headache. seen by ED consultant and sent home sick as per CNC, ED consultant and DNM orders. police in attendance and have taken statement from assaulted RN. Telephoned RN injured today who has slept for 14 hours post injury. Has headache. Taking mild analgesia rest and fluids to aid headache. Spoken to staff member regarding her decision to press alleged assault charges with police, ED RN has given a statement to police last night following the event. Due back at work on Monday 4th Feb	Complete	Physical
31 Jan 2019		Patient	Mental Health	MOA utilised to restrain patient from harming scribe.	Patients behaviour escalated during handover process. Staff member has taken patient away from the area and tried to de-escalate. Patient has then lunged at and threatened to harm him. MOA utilised call for help made by yelling. More staff arrived and patient was escorted to a more secure place for de-escalation. Police called to assist to Stanford House	Complete	Physical
31 Jan 2019		Staff	Mental Health	Near miss when holding patient down to prevent injury to other RN. Agitated Pt's mouth came in contact with employees skin - did not penetrate	Staff member had a near miss when trying to intervene between a patient and another staff member. Patients teeth managed to come into contact with staff skin but fortunately no penetration occurred. Other staff came and assisted their colleagues and put in a plan of care for the patient. Staff member stated he was ok post the event when followed up by CNM. Did not require further support or any time off.	Complete	Physical
1 Feb 2019		Patient	Mental Health	Patient had a plastic spoon which he was utilising as a shank type of knife threatening staff to cut their throats.	Patient had been given a plastic spoon which he had made into a knife type weapon and was threatening to harm staff.	Complete	Verbal
10 Feb 2019		Patient	Mental Health	Destructive behaviour - tipped water over staff	As above patient with continuing complex needs and adverse behaviours placing self and staff at risk of harm.	Complete	Physical
10 Feb 2019		Patient	Mental Health	Inappropriate behaviour - Client trying to put plastic in mouth several times pushed staff member	Patient trying to swallow cutlery, pushed staff member prevented staff member exiting, and threw water over her..	Complete	Physical
14 Feb 2019		Patient	Mental Health	Aggressive and non compliant behaviour	Patient unable to work with staff appropriately, follow direction and take her medication. Has then required safe holds to keep staff safe and stop her behaviour. Has then required to be moved into a safe area.	Complete	Physical
17 Feb 2019		Patient	Emergency	Violent and threatening and aggressive behaviour by pt	Concerns raised from staff that this is becoming a very regular occurrence, staff do not feel safe at work with the increase in verbal aggression towards health professionals. Patient arrived to ED following a head injury after being allegedly assaulted, heavily intoxicated. Rye cut under eye, patient very very agitated nil active bleeding, abusive to staff drinking alcohol in ED department, rang police as patients was very abusive and threatening. ED has been locked down due to threatening behaviour of abuse and alleged threats. " Ill get a gun and come back here and shoot you all" patient was escorted out the ambulance bay with St John staff member until police arrived to manage situation. CNC locked down ED pulled patients from waiting room into ED until police arrived to remove patient. Security present from a distance as patient (associated to a European group) and security staff member Maori this appeared to escalating situation rather than de-escalating situation. Once patient had been removed by police all clinical areas unlocked and returned to B.A.U with heighten awareness 03:18:58 RN NOTES WRITTEN IN RETROSPECT DUE TO ACUITY AND NUMBER OF PATIENT IN DEPARTMENT. patient represented to department with 2 X police - due to risk of aggression to staff and other patients - patient was initially assessed in triage room by DR and RN - Dr asked for patient to be moved into room 6 for further assessment - patient placed on bed into room 6 - wound to right eye brow glued at approx. 24:00hrs - after discussions between RN, Dr and police it was decided that the patient should remain in the department for further neuro assessment - patient settled on to side and appeared to sleep for approx. 60 mins - police personnel in place during this time. patient reassessed by Dr at 01:30hrs - patient fit for discharge to care of police -. Patient declined observations or bloods during stay in department - given analgesia as charted and take home packs and discharged in to care of police at 02:00hrs. No obvious concerns on Next day patient returned 11:59:16 RNpt brought into room 6 from waiting room seen by RMO has been very polite and patient. face cleaned up by scribes of dry blood. Grazes dressed with as guard flex and now waiting for CT pt has no nausea minimal pain 13:07:47 RNpt returned from ct. obs stable, alert and orientated. a/wrv	Complete	Verbal

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Date	Age	Patient / Staff incident	Unit	Summary	Investigation	Status	Category
19 Feb 2019		Patient	Emergency	Pt was throwing punches and attempted biting a student nurse hand	patient in ED from Rest home who suffers from dementia (no rest home staff present with patient) Son arrived later on Pt appears disorientated and anxious. Pt has attempted to get off bed multiple times, have had to re-orientate pt to where she is - settles down after being told but forgets almost instantly. Asked HCA to CSO pt, son has just turned up to ED Pt got up off corridor bed and tried to go into rm3, wandering in and out of other patients rooms within ED thatpt uncooperative with re-direction, behaviour displayed was aggressive, biting and punching staff. Son in situ is becoming quite upset but trying to help as best as he can. Pt went into the nurses station and when asked to leave turned on scribe trying to punch and bite scribe. CNC helped scribe pt put herself onto the floor. Got pt off floor into wheelchair and took most of ED staff to get pt into rm4. RN asked RMO for medication to ease patients state of anxiety Pt currently appears settled, sitting in wheelchair in rm4 with HCA and son. MSU attempted, pt taken to toilet x3 by HCA but wasn't able to go. ECG attempted but pt was uncooperative and aggressive so wasn't able to get a reading. Pt has been cleared for DX by RMO who has consulted with SMO and has decided that pt is not for further treatment as per DX summary. RN rung pt's rest home to give them a heads up that pt would be coming home and let them know what has happened. Pt is awaiting DX papers, is going to be taken to rest home by son. Pt given DX papers by RMO	Complete	Physical
20 Feb 2019		Patient	Mental Health	Assault on nursing staff.	Patients behaviour has escalated stemming from his demand to have a cigarette paper. Staff have attempted to deescalate the situation but he has continued to become more agitated and belligerent eventually ripping staff members' glasses off his face and stomping on them. (This is the second time he has done this to a staff member.)	Complete	Physical
21 Feb 2019		Staff	Mental Health	Patient became agitated with staff on the unit. During escalation of behaviour he has ripped employees glasses from his face	Patient had increasingly belligerent in response to not getting his needs met immediately. He was starting to encroach upon other co clients personal space and was intimidating towards staff. His behaviour escalated very quickly once it was apparent he was upset re not getting what he wanted. He then yelled, threatened and required direction and guidance to be removed to a low stimulus area.	Underway	Physical
22 Feb 2019		Staff	Mental Health	Supported TA staff to move Patient in seclusion lounge to room. Whilst moving patient he lashed out and his right hand which hit scribe on the left side of my face.	RA reported to CNM at Stanford House he received a glancing blow to the L) Temple/ear region with no significant effects noted. Incident referred to Te Awahina for investigation	Complete	Physical
3 Mar 2019		Patient	Mental Health	attempted assault on staff	04.03.19: Incident reviewed and occurred as described, client resistive to attempted SPEC de-escalation attempts. Client attempted to engage staff into physical conflict which required 4 person intervention. No injuries sustained to staff or reported to have occurred to client. Staff members spectacles were damaged	Complete	Physical
10 Mar 2019	57	Staff	Mental Health	Scribe was punched in the face by Client	Whilst staff member was passing patient the phone she has been hit by the patient in the process of this. Attack unprovoked. Staff member pushed her personal alarm and help was provided by staff on duty. Patient was then restrained and taken to a desim area. Staff member was then assisted by staff on duty and ascertained what care and support she needed following being punched. Staff member involved contacted the next day to ascertain she was ok and what extra support she required following this attack. Encouraged to have review by GP if any soreness occurred that did not resolve shortly after the event, utilise EAP if felt helpful, review of roster offered to ensure not too many days in a row, pms to ams etc, and to keep in touch with CNM	Complete	Physical
10 Mar 2019		Patient	Mental Health	Restraint Event - punched in the face	Patient has punched staff member without provocation and no warning. Alarm has been pressed, staff on duty have come quickly to assist, then once released has used her cardex to exit room, has then not been able to work with staff to return to area voluntarily has then required to be held with safe holds once more as has assaulted another staff member in the face. Cardex has been removed from patient, and safe holds continued as patient has tried to bite and head butt staff involved. IMI has been administered, then safe holds further maintained until police arrived to also assist. Staff gathered as soon as was possible (once environment and patient safe), to ascertain what help they all needed in particular the two that were attacked.	Complete	Physical
10 Mar 2019	34	Staff	Mental Health	Patient punched staff member on the jaw	Patient had struck one staff member in the face and then following being placed in a low stim area she has been able to exit unaided and then was unwilling to work with staff to return to that area. In this process has struck a second nurse on the jaw. She has then required restraining and returned to the Kereru area. Staff have regrouped once the patient was safely where she was needing to be and they have ensured everyone was ok and started to resettle the ward. Staff member had one day off sick post the event more for the psychological effects than the injury itself. He stated he felt the effects of the shock sometime later as did not see the punch coming at all. CNM and staff member affected have remained in contact and has stated he is now ok to return to work. There will continue to be follow up post this event to ensure staff remains well and to ascertain if more support is required further down the track.	Complete	Physical
1 Apr 2019		Staff	Mental Health	Assaulted by patient. Hit in groin and knee. R knee injured	Employee was seen by an RMO in ED and managed as an ACC claim. CNM of TA aware and managed outcome. CNM follow up with staff member involved post the event. Will stated he was all good now after an initial soreness in the affected area. No on-going issues or need for further medical input/assessment. Patient stated on asking why he did this that there was too much "chatter" from the staff member.	Complete	Physical
9 Apr 2019		Patient	Mental Health	Management of aggressive behaviour	Aggressive behaviour directed at patients father and TA staff.	Complete	Physical
13 Apr 2019		Patient	Mental Health	Assault x2 Staff and Aggression	Patient is finding his continued admission difficult. There are limited options for him at the present time and he is having to stay in one low stim area and does have trouble communicating how he is feeling and what he needs. He can portray these difficulties at time by striking out at staff and being quite threatening. Medication administered, room cleared of objects that might cause harm to patient or others, staff left the area to ensure their safety.	Complete	Physical
17 Apr 2019		Patient	Emergency	Aggression - swearing	More aggression toward nursing staff while trying to attend to patient injuries following an event that occurred earlier in the afternoon verbally aggressive and swearing when questions being asked about the mechanism of injury that brought patient to ED for care. Sarcasmic reply with hast given to 2 RN's 2 RN's walked out of cubicle to ensure their own safety and not to take any further verbal abuse. CNM on duty spoke with patient about her language. Mother also spoke to patient and Haumoana team called to support patient mother and staff at this point.	Complete	Verbal
18 Apr 2019		Patient	Mental Health	Client hostile striking out at staff	Patient has tried to hit a female staff member. Required restraint for upwards of 30 minutes as his behaviour was still very unpredictable and risky.	Complete	Physical
18 Apr 2019		Staff	Mental Health	During restraint of client writer got struck in the face	Patient has hit RN during a restraint. Once restraint is over staff have regrouped and ascertained all is ok, team debrief was held, skin scratches cleaned and assessed. DNM informed and advised employee to get checked out by an RMO if injuries worsen. Awaiting contact from employee to check how she is feeling post this injury/event.	Complete	Physical
19 Apr 2019		Patient Visitor	Emergency	Aggressive relative -demanding child to get a CT	Dad was stressed and felt overwhelmed. His way of coping was to be aggressive and use bully tactics. Staff did their best to calm him and keep him informed at all times.	Complete	Verbal
19 Apr 2019		Patient	Emergency	Patients partner showing aggression towards partner and staff.	De-escalation techniques used. Support from Haumoana called in.	Complete	Verbal
20 Apr 2019	36	Staff Visitor	Emergency	Assault by relative - grabbed arm	RN advised me of the situation. She did not require any assessment as no injuries or bruising sustained. I took the relative aside and explained that while I realised he was concerned about his mother, that sort of behaviour would not be tolerated. He again apologised and said he would be happy to apologise to employee again. He was a lot calmer and so I allowed him to stay on the proviso that he remained in control of his emotions.	Complete	Physical
21 Apr 2019		Staff	Emergency	Pt slapping and scratching staff while she was being cleaned from being incontinent of urine	Discussed with RN. He reports patient was intoxicated. Steps taken were to minimise interaction with the patient apart from what was absolutely necessary to protect staff. Patient went on to be admitted. Nil ACC required by RN as only minor scratch to skin. Second risk man by RN employee re the same patient on the previous shift.	Complete	Physical

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Date	Age	Patient / Staff Incident	Unit	Summary	Investigation	Status	Category
23 Apr 2019		Patient	Emergency	Verbally abusive pt	Verbally aggressive toward RN at this time due to patients request for strong controlled medication for chronic chest pain. Patient asking for fentanyl, same discussed with 2 ED SMO's who decided that IV panadol and tramadol would be a good starting point rather than directly going for a controlled drug like fentanyl. Patient has taken offense to his request being deferred at this point by the RN and Dr(s). Resulted in RN being verbally abused and name calling, patient was totally disrespectful and RN tried hard to de-escalate situation with explanation but patient was not listening at this point of time ED CNC discussed situation with RN, RN removed from patient at this time due to his displeasure. Unpleasant situation again by patients feeling they have the right to request such medications as strong Fentanyl before trying any other agent first.	Complete	Verbal
24-Apr-19		Staff	Emergency	Security issue. Verbal threats to staff	2 riskman completed for this patient. Nursing and admin staff concerned for their safety and that of patients and family members under treatment from ED. Security guard walked out off duty into a potentially aggressive situation at 0300 (concerning for his own safety). Also leaving 3 female staff members to manage the escalating situation as it was the end of the security guards shift time. ie 0300 Screen pulled down for safety for admin. DNM stayed with admin staff member and triage nurse will a list of verbal abuse was delivered to the team. MHAHT team also called they had seen patient 1 hour before at police cells and felt he was not at risk but this was a behavioural situation. Patient has a brother that is currently an inpatient. Police called to assist with situation.	Underway	Verbal
5 May 2019		Patient	Emergency	Agitated behaviour requesting higher medications	RMO and Consultant were made aware of his actions throughout the country, and it was a discussion made by CNC RMO and Consultant that this gentleman be asked to leave.	Complete	Verbal
10 May 2019		Patient	Mental Health	pushed staff	Patient remains very unwell. At times being out in more communal areas with other patients makes her current mental state worse. Patient misinterprets and her current state of being delusional is exacerbated. Eventually able to be taken to a quieter area of the ward for her own and others safety.	Complete	Physical
11 May 2019		Patient	Mental Health	seclusion and assault on staff	Patients admission continues to present many challenges to all staff on the unit due to his age and diagnosis. Patient has great difficulties expressing himself and often will behave as above in frustration. Patients father has also had difficulties managing all of this and can struggle to maintain behaviour that is in the best interests of his son. The restrictions placed upon patient re his environment also adds difficulties to the situation further adding to his frustration and at times this boils over to anger. Staff to access group supervision to debrief and problem solve. The longer this admission goes on for the harder it is becoming for the staff caring for him. Staff injured have not needed to progress towards further care and treatment however do require psychological support via the appropriate pathway.	Complete	Physical
16 May 2019		Patient	Mental Health	Patient aggressive and sexually inappropriate towards staff	It is clear throughout this patient's admission that at night he responds better to a low stimulus environment and does not do well if enabled to wander around the ward. He has struggled with the rules and restrictions of the unit and has required frequent reminding of what behaviour is expected whilst he is an inpatient. This behaviour towards the female staff is not acceptable and puts them all at too high a risk as well as our vulnerable female patients. Each night whilst an inpatient he must have a night safety order for everybody's safety and to promote a restful sleep for the patient.	Complete	Physical
17 May 2019		Patient	Mental Health	Aggressive towards nursing staff RN kicking out with knee and hitting out with hand.	Patient has had some difficulty adhering to staff direction. Patients need to have the rules reiterated to them on receiving their property when in the IPC areas.	Complete	Physical
22 May 2019		Staff	Mental Health	I was pushed roughly by an agitated patient in the upper left trunk area.	Staff member pushed roughly by an agitated patient. Alarm activated and support arrived. Taken back to his de slim area and given PRN. Staff member spoken to post the event and ascertained she was ok.	Complete	Physical
23 May 2019		Patient	Mental Health	Assault on staff	Patient has struck a staff member whilst pushing her way through a door. Alarm activated and staff came to assist. Staff member who was hit supported post the event.	Complete	Physical
24 May 2019	48	Staff	Emergency	Physically assaulted by female patient ? drug induced	16 year old female picked up in a disorientated state by St John and transported to ED for assessment. Arrived as semi conscious multiple attempts by staff to find out patients personal details name, age, DOB etc. When investigations were occurring in resus bay patient had moments of being wide awake and aggressive verbally and then physically. Staff felt that she was a danger to herself, high falls risk due to her sudden movements and erratic behaviour. Not responding to verbal requests to settle, that she was safe in the ED and to lie still on trolley bed. ECG was requested as unsure what chemical substance had been taken, it was during this process that the HCA was punched by patient in right breast (riskman completed medication was prescribe and administered with this decision to physically restrain patient for safety of all involved in her care). While trying to get the restraints onto her limbs patient then punched CNC on her right cheek and eye (2 punches). Once patients limbs were held in position then patients started to spit at staff. With this CNC went to apply a mask over patient to protect all others from patients spit and at this point of time patient turned her head and bit CNC's little finger, the bite was so hard that it broke the skin and was very painful. CNC bleed wound as much as possible was seen by ED medical team, ACC completed, tetanus administered, finger soaked in betadine, given, AB prescription. Bloods taken for HIV and Hep C. Full statement given to police from CNC. CNC requested to process with assault charges. Patient is a minor and therefore will be managed by a restorative process rather than a judicial process. Final blood test shows no BBV after 6/12 therefore no further testing required.	Complete	Physical
24 May 2019		Staff	Emergency	assaulted by pt	employee sustained a punch to R) side of breast, nil obvious sign of any injury. Supported by team members and police. Taken by surprise and shocked at patient turning on her while she was working. Sent staff member for as break. Message to check on staff member sent from CNM - Yes she is absolutely fine.	Complete	Physical
29 May 2019		Patient	Mental Health	property damage and threatening staff	As above patient causing damage to property and verbally threatening toward staff. Placed in Kiwi area for a period of low stimulus.	Complete	Verbal
30 May 2019		Patient	Mental Health	Aggressive Behaviour	Patients behaviour towards nursing staff at times has been threatening and aggressive. He has struggled with changes of nurses looking after him and it has often taken something very minor to exacerbate his behaviour. As he cannot express himself his behaviour reverts to that of aggression which at times has been very frightening for the staff member involved. Continue support for the staff post incidents.	Complete	Physical
6 Jun 2019		Patient	Mental Health	Aggression and assault on x2 staff members	Patients behaviour continues to challenge all staff involved in her care. Does not follow direction nor can she engage with staff on 1-1 in order for staff to find a better solution for her distress or find the rationale for her to behave this way.	Complete	Physical
9 Jun 2019		Patient	Mental Health	Aggression and placed in seclusion	Patient unwell and lunged at a staff member. Moved to a low stimulus area which was more appropriate for her high arousal and need to be in a calming area.	Complete	Physical
24 Jun 2019		Patient Visitor	Emergency	Daughter of patient verbally aggressive	Daughter of patient was angry upon her arrival to WDHB (travelled from Wellington) as mother unwell. Confused as to why her mother was sitting in chair in the corridor of our ED which was close to a floor air vent and was verbally aggressive and attacking toward nursing staff regarding this placement of her mother in our dept. Making threats was not acceptable towards staff and this was enforced by CNC. Discharge occurred mother placed onto dept in AAUF. Further explanation by ED RN about situation was that we wanted to keep an eye on her mother but we physically had no bed trolley or space av for this to occur. This appeared to be comprehended by daughter. No further out bursts verbally while mother was being treated in ED.	Complete	Verbal
26 Jun 2019		Patient	Mental Health	assault on staff and restraint for IMI	Patient presenting as very agitated and unwell. Unable to work with staff re oral medication and to stop causing harm to herself. Has then progressed to assaulting RN. Staff have exited and then had to restrain to administer required medication IMI. Staff present able to support RN and ascertain she was ok. Team on duty have then formed a "huddle" to plan out next appropriate move to ensure patient receives appropriate next care input. Staff informed of the event. CNM to work with RN and ensure no after effects from assault. Patient to be debriefed when able to work with staff re this process.	Complete	Physical
27 Jun 2019		Patient	Emergency	Patient verbally abusive and non-compliant	pt heavily intoxicated at time of presentation and belligerent to all staff and family, security called and present, DNM explained low tolerance for behaviour to pt, pt went to CCU as a surgical admission and once sober caused no more concern	Complete	Sexual

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27 Jun 2019		Patient	Mental Health	Approached by staff asking if he wanted to attend room search as per MDT request. Verbal outbursts of sweating and smashed his cup throwing it towards the bedside that staff were searching.	Client became agitated when as per MDT decision his room was to be searched prior to him being returned to sleep there from A3. Decision to search based on X5 lighters having been found on or within his bed-space over a period of approximately 3 weeks meaning a high potential for fire which needed to be assertively addressed. Same completed and nil found.	Complete	Verbal
2019/20							
12 Jul 2019		Patient	Emergency	Pt refusing VS checks and verbally abusive	Pt is for Urology Referral to Midcentral but nil ICU bed. Reviewed by RMO. For ward admission instead of ICU due to being uncooperative with his cares. To have Obs every 4 hours but will be respected if he refused. Haumoana offered him coffee and sandwich but became angry as well. DNM is attending to him at the same time.	Complete	Verbal
16 Jul 2019		Patient	Mental Health	Scribe verbally abused by client and client threatening to scribe	Threatening behaviour by patient towards staff member completely unprovoked. Staff member involved was then able to get support from TA staff.	Complete	Verbal
18 Jul 2019		Patient	Mental Health	Verbally abusive	Mood deterioration directly reflective of recent incident directly involving this client which resulted in him benefitting from another clients bank account. As per previous instructions related to maintaining updated information related to this clients periodic mood disturbance which result in either physical or verbal abuse its Riskman adds to that database	Complete	Verbal
19 Jul 2019		Patient	Mental Health	Refusal of medication, stood up and threatened staff member. Swore at staff member.	This is a direct result of the MDT outcome where the client was asked to explain his involvement in receiving monies from another clients bank account. He subsequently wrote a letter informing staff that he was not taking any medications and also not going to be eating as a result of his belief that he was being blamed for something the other affected client had asked him to do for him i.e. use his bankcard to withdraw cash for which he said he was offered fifty percent of the amount withdrawn - amounting to \$300.00 on the two occasions this occurred, of what we have been able to ascertain. Up to time of this incident he had not eaten since the previous MDT and had been non compliant with medications resulting in a marked decompensation in associated with increased anger. Situation well managed by staff at the time of this Riskman notification.	Complete	Verbal
27 Jul 2019		Patient	Mental Health	Threatened to kill staff member, placed in Seclusion	Patient has become agitated and aggressive in response to being informed he wasn't discharged and needed to return to the unit. This behaviour has escalated to threatening to kill a staff member and requiring two police to "contain" him.	Complete	Verbal
3 Aug 2019		Patient	Mental Health	Client pushed staff when being returned to Kiwi, pushed door into staffs knee in the process.	Patient has pushed staff in protest at having to go back to KIWI lounge as directed by nursing staff. Patient has a clear management plan that states she is to have some deslim time when she smears faeces etc.	Complete	Physical
10 Aug 2019		Patient	Mental Health	Restraint and administration of IMI	Patient has decompensated, unable to work with staff, would not listen to reason. Required restraining to get back to a quiet private, safe area.	Complete	Physical
12 Aug 2019		Patient	Emergency	Pt required mechanical restraints	Pt presented to ED via EMS as a STAT 2 intentional medication OD with active suicidal thoughts, aggressive and combative behaviour needing mechanical restraints for medical assessment and nursing interventions to be completed. Nursed 1:1 on completed cardiac monitoring and 10 -minute observation. Restraint Policy followed and removed after deemed safe to do so. Husband made aware of the procedure. Pt admitted to CCU for close observation.	Complete	Physical
13 Aug 2019		Patient	Emergency	Aggressive family member.	Staff member followed correct format and removed family they were told there is a zero tolerance for physical or verbal bad behaviour asked to leave and appropriate personal were called i.e. police	Complete	Physical
13 Aug 2019		Patient	Emergency	Mechanical Restraint	History as above. no riskman generated on application restraints. Mechanical restraints applied in ED - Restraint use form was not completed on application of restraints - however was identified in CCU and form completed. Mechanical restraint monitoring form was commenced in ED and continued CCU until restraints were removed an hour post ccu admission as patient was more cohesive, compliant and settled. self inflicted laceration to wrist pre admission - superficial cut steri strip and dressing in CCU	Complete	Physical
16 Aug 2019		Patient	Emergency	aggressive behaviour	Pt was verbally abusive to the staff while was given PO medications upon return to ED with abdominal pain after did not wait for treatment in the early hours of morning due to dental pain. Staff ask the Pt to desist and the behaviour is against our Zero Tolerance Policy. Staff followed the de-escalation procedure for an Aggressive Behaviour.	Complete	Verbal
19 Aug 2019		Patient	Mental Health	Assault on one staff member	Patient has attacked staff member for no reason. Employee eventually able to summons help from other staff and get herself to safety. Staff have then supported employee and ascertained she was ok. Patient was spoken to by senior staff that her behaviour was unacceptable and she would be seen by the police as a consequence.	Complete	Physical
19 Aug 2019		Patient	Mental Health	removing belongings and cords from clothing.	Patient has struggled with her admission and being confined within the Kereru bed space. Has now assaulted three staff and has often been verbally abusive and threatening. Staff have intervened appropriately to remove objects that patient could potentially self harm with.	Complete	Verbal
19 Aug 2019		Staff	Mental Health	Staff member assaulted by an angry patient	Patient has assaulted staff previously this admission and has been very challenging to keep safe as well as staff. Is in an inappropriate environment as she awaits a bed in the Rangatahi unit in Wellington. Struggles with her on-going admission and the fact she has to have staff with her 24/7. Has no coping skills and will hit out when annoyed and frustrated. Due to past behaviour and her age has had to remain in a low stim "contained" environment which she is also finding difficult.	Complete	Physical
24 Aug 2019		Patient	Mental Health	Verbally and physically abusive to staff	Patient does struggle to manage when an inpatient with direction and care delivery. This becomes challenging for all staff to safely manage until she becomes well enough to engage therapeutically and work towards discharge planning. In this instance she has been unable to work with staff around medication administration and it has escalated to pushing a staff member and requiring some time in low stim.	Complete	Physical
5 Sep 2019		Patient	Mental Health	Patient assaulted 2 staff causing injury to both	Patient has assaulted two staff members in the process of being restrained. Fortunately result of which was minimal bruising to both staff involved. Patient taken to KIWI and placed in seclusion. Staff regrouped and have gone to ED for further assessment. Both were cleared.	Complete	Physical
5 Sep 2019		Staff	Mental Health	Agitated patient has required restraint. Staff member has been hurt during the process	Very agitated patient once he awoke (after initial admission). Would not comply with staff re any treatment. Aggressive and paranoid. Required restraint for his and staff safety. Staff member has been hurt in the process as patient flipped over during restraint and has attempted to bite HCA. On face to face discussion with staff member involved he assured scribe he was ok after the event. He had no pain or injuries that have come to the fore the next morning. Feels safe to be at work and is not feeling any psychological consequences either. However will be monitored and supported post the event.	Complete	Physical
5 Sep 2019		Staff	Mental Health	Agitated aggressive patient who required restraining has hit staff member in the face during the restraint process	Patient very agitated on waking after a short sleep on admission. Unable to work with staff and accept medication. Staff have had to restrain patient for his and their own safety. Taken to a seclusion area which was more appropriate for his continued agitation and risk. Staff member involved was contacted today by scribe. feeling a little stiff but ok. Has no real bruising at this stage and his face is not sore. Advised staff member to keep in touch with scribe and let me know what other support might be helpful. He has rostered days off now so is going to relax and take care of himself.	Complete	Physical
10 Sep 2019		Staff	Mental Health	Verbal abuse and then damage to personal property from patient in TA		Underway	Verbal
12 Sep 2019		Patient	Emergency	Abusive behaviour	Pt became verbally abusive after knowing that he will not get his script of clonazepam. Yelling vulgar words to both RMO and RN. CNC advised him to cease such behaviour and will be asked to leave ED if he continues. Nil change in behaviour. Pt was advise that police will be called if he will not leave ED the he left still yelling.	Complete	Verbal
13 Sep 2019		Patient	Emergency	Aggression towards staff	Child's father became verbally abusive after having to wait for child's treatment. RN attempted to de-escalate situation but nil avail. Haumoana came in to assist and explained to the whanau the situation with good result of de-escalation.	Complete	Verbal

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2 Oct 2019		Patient	Emergency	Restraint	pt presented to ED in an agitated stateshe was thrashing about in bed.Not responding to de-escalation attemptsPatient was verbally aggressive towards staff Patient then moved from verbal aggression to punching self in face trying and trying to hit staff membersMedication administered as per Dr requestAppeared to have little effect on the verbal or attempts to physically lash out at staff Decision made to restrain arms initially to see if that was enough to help keep patient and staff safe.arms restrained paperwork commenced to support physical restraintRiskman completed by staffDisestablished once patient more settled and controlled	Complete	Physical
12 Oct 2019		Patient	Emergency	Patient on ? LCD. Aggressive	Patient and staff safety a priority. Deescalation unsuccessful and physical restraint required. Protocol followed.	Complete	Physical
12 Oct 2019	26	Staff	Emergency	Punch to face by aggressive patient	Patient was hallucinating on ? LSD and struck out. Police called and patient restrained. Separate Risk man completed for restraint.ED CNM checked on Dr she states she is fine following injury.	Complete	Physical
16 Oct 2019		Patient	Mental Health	Threw a jug full of water in direction of staff	Incident occurred as described. A couple of hours prior to this event CNM had spent time with client discussing a number of issues related to his current presentation (Entry CP made) one of the issues was to explain to client why we were restricted to only being able to offer him (when asked) any medication which had a limit as to the amount we could legally dispense in a certain period of time, at the time CNM explained this to him he acknowledged understanding this to be the case however this appears not to have been the case.	Complete	Physical
25 Oct 2019		Patient	Mental Health	Assault on staff member-King Hit	Suicidal tendencies upon previous admissions also reports of a recent hanging attempt whilst up the river with partner and grandfather.It remains unclear what drove this behaviour by this patient towards staff member. Staff have since debriefed with him but he was unable to clarify what participated this. When the event occurred TA staff members immediately on the scene were stretched to manage to remove the patient away from the employee and manage everything that was required. They managed this very well under the circumstances however more staff on board and planning would have enabled them to be more able to get on top of this. CMHT CM arranged for staff involved to receive a debrief	Complete	Physical
25 Oct 2019		Staff	Mental Health	MHAHT Staff member assaulted (hit in the head) by proposed patient. Appeared to be unconscious for a 1-2 minutes	- employee was recommended to avoid direct close contact with patients due to the head injury for up to 20 days.A work plan was agreed for employee to return to work with colleagues, who were aware of the distance required between patients and employee.	Complete	Physical
9 Nov 2019		Patient	Mental Health	Damaging property and verbally abusive, making threats and risk to others	*	Underway	Physical
16 Nov 2019		Patient	Mental Health	Verbal altercation	Both of these patients involved in this event have had difficulties with each other for some time. The open environment and the freedom that they both have within this space has aggravated their behaviour at times as we are not able to really restrict their movements.	Complete	Verbal
26 Nov 2019		Patient	Mental Health	Aggression and intimidation towards staff	Patient has not been able to work with staff re the rules around smoking. His behaviour has instantly escalated and has become threatening and abusive to staff placing them at high risk of assault. Environmentally they have not been able to place themselves in an area of safety due to the need for them to remain responsive to their other patients. Low levels of staff has resulted in them not having extra resources and they have managed this very well under the circumstances	Complete	Physical
6 Dec 2019		Patient	Mental Health	Client assault on staff member	Client was given the opportunity to discuss this soon after the event with scribe however as outlined under details he chose to focus on other issues which were unfounded and was not able to willingly and rationally discuss the issue of him pushing/showing staff which scribe informed him was not tolerated toward staff or clients. In discussions at MDT (informal review dated ) it appears client is beginning to push boundaries with staff as documented in the MDT minutes "he has been pushing boundaries – verbally – towards employee on outings. This patterned behaviour appears to arise at or near when his depot is due which in this case was administered two days ago.Appropriately managed by staff and employee able to calm sufficiently for him to be reintegrated without any other interventions required, Client apologised for his behaviour. As client was not present at the morning meeting where other clients were reminded that the door must remain open during the taking of their bloods for Clozapine at the laboratory he was informed of this once reintegrated.	Complete	Physical
13 Dec 2019	60	Staff	Mental Health	Scratches received to right forearm of staff member during a restraint of young female client.	Staff restrained client and one member received four scratch marks on her forearm. Cleansed and band aid applied post incident. Discussion with staff member Nil further discomfort Healed No concerns	Complete	Physical
24 Dec 2019		Patient	Emergency	Pt assault staff	Patient in ED following an alleged assault where patient sustained a laceration to left side of his neck and investigations required for head injurySedation medication prior to C.T scan was ordered by ED SMOpatient appeared calm and happy to have his laceration sutured however became more un-cooperative with staff as patient wanted a cigaretteSMO not happy for patient to go outside for same due to medicationsPatient more unhappy agitated and un co-operative with staffAssistance bell rung staff attended, police in department from patients arrivalPatient more aggressive in his mannerLashed out with a closed fist contacting RN Smith acceptancee left arm and chest Police restrained and patient removed to police station Welfare check to RN completed by ED CNM	Complete	Physical
29 Jan 2020		Patient	Mental Health	IPC protocol not followed - potentially dangerous item/s left in room overnight, limiting safe access.	Patient nursed in IPC during acute phase of illness. Nocte staff have discovered policy and procedure has not been followed by the previous shift and a potential weapon has been found in the IPC environment. This has placed the nocte staff and patient at risk.	Complete	Verbal
30 Jan 2020		Patient	Mental Health	Found with lighter and smoking overnight, verbally abusive, disturbing sleeping patients	Patients admission has been extremely challenging. Patient struggles to work within the rules of the unit and becomes threatening and intimidating when staff try to remind him of these. This often results in affecting co clients as well as his behaviour is loud and abusive. Patient has extremely limited options of where he could go on discharge from TA so remains here just waiting for accommodation which continues to create great difficulties for all involved.	Complete	Verbal
15 Feb 2020		Patient	Mental Health	This note is written by RN. Client became agitated and not being allowed to go home. Surged toward RN who stopped client and semi held patient against wall.	As above patient became challenging toward staff as unable to go home with father.Staff followed through with de escalation leading to patient becoming calmerPatient eventually following staff direction and having time on unescorted leave to visit hospital shopMother contacted by staff and given reassurance around the patients care	Complete	Physical
20 Feb 2020	33	Staff	Mental Health	assaulted by client. Punched under right ear	client struggles with many aspects of his admission to Te Awahina and as outlined above seeking medication is often a driving force for his escalating behaviour. When clients behaviour changes it does so very quickly and like in this case people are not always able to get out of the way of the attack. Staff member was fortunately not badly hurt and the staff on duty were able to assist with the transfer of client to the appropriate area. Next day scribe contacted RN to check he was ok and he advised he was. Encouraged to go to the police which he did. The police took a statement but advised he cannot be charged due to the fact he is in TA under the MHA.	Complete	Physical
26 Feb 2020		Patient	Mental Health	Assaults on Staff	Extremely distressing event for staff involved. Employees phoned today to ascertain they were ok and what do they need. Employee feeling a bit sore but states ok despite the trauma of events. Employee 2 states ok also and able to come to work today. Advised to keep in touch around what might help at the minute and moving forward. CNM to arrange a review with the personality disorder team for support and input re patient management CNM to liaise with police around the need to work with the nursing team and follow their specific instructions during these events.Debrief with patient, nurses 1 and 2 and CNM on Thursday. Patient stated she was aware she needs to address her anger and how she is to respond to bad news etc. Staff reiterated that what she did is not acceptable. She said she would apologise if given a chance but still some ambivalence present re her actions and what was actually her responsibility. On-going support for staff involved and suggestions of clinical supervision and EAP if required.	Complete	Physical

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26 Feb 2020	34	Staff	Mental Health	Strained lower back when grabbed by a client	During the restraint procedure the police have asked if it was "finished". The staff involved stated that it was meaning the IMI had successfully been administered but they still needed the patient to be restrained with a gradual release once everyone was able to exit. Unfortunately the police thought it was safe to let go completely which has then meant that client was left very vulnerable and patient has gone to attack her. Police have then been able to intervene but patient has been able to strike out at client in that short period of time. Client has been left with some discomfort post this attack which has impacted on her sleep. Client on later communication with scribe did outline that the entire event had been extremely difficult to manage but she had appreciated her teams support in ensuring she was not left in a position to care for this patient and that her team mates had rallied around her to ensure she was ok.	Complete	Physical
4 Mar 2020		Patient	Mental Health	Threatening assault. Near miss	Patient is in the midst of a lengthy admission due to accommodation difficulties, a forensic history and a previous head injury all of which ensures his options are limited. Client struggles at times to run with the rules and regulations of the unit alongside of difficulties expressing his frustration more appropriately. The staff member involved has called out for support in this instance and the team have assisted.	Complete	Physical
9 Mar 2020		Patient	Mental Health	Client asked to move on from smoking out the front reception	This is an on-going problem with patients that smoke and are admitted to TA. Many of them find it very difficult to adhere to the rules that if they have leave they are to smoke out on Heads Road. This problem escalates if the weather is inclement. Writer spoke to employee post the event and she said she was ok but the behaviour from this patient is escalating towards her when she informs him to move away and not to smoke outside of front reception. Employee advised that as a safety precaution she is to ring the nurses station and ask them to stop patient's smoking outside of reception.	Complete	Verbal
16 Mar 2020		Patient	Mental Health	Kicked glass door causing damage - threatened to kill staff	Patient has a history of giving his money away to co clients, his ex partner and other consumers which will often leave him in financial difficulty unable to meet his own financial obligations which has a flow on effect of affecting his own mental health and wellbeing. Staff had been trying to work with patient to keep his money for himself and work with his EPOA around how he could still support some of his friends if he wished to do so but also protect his own interests. Client was unable to work with staff with this plan and eventually behaviour took a sudden escalation and he broke a glass window. Post this event staff then tried to assist him to settle so they could work with him to de-escalate the situation. client remained angry and struggled to contain this. Staff utilised safe holds and walked alongside of him to the KIWI area. They have then taken appropriate steps to ensure the broken glass window was temporarily repaired and the area made safe. Event was clearly captured on the new CCTV for that area and is to be given to the police.	Complete	Physical
16 Mar 2020		Staff	Mental Health	Attempted physical assault on staff member in Kiwi lounge	On follow up with staff member involved in this incident today he outlined that client was talking at length about the need to get access to his money as it was his pay day. He mentioned it several times and then later in the night became more vocal with his requests. Staff were unable to facilitate this request for patient due to the time of night, lack of transport and staffing levels. Also staff were very concerned that as had previously occurred patient wanted the money to give to a predatory co client (ex partner) Patient informed of same and his behaviour very quickly escalated. Some of the staff on duty have known patient for a very long time and have a good care relationship with him but have been saddened to see a considerable change in presentation with client over the last few admissions. Staff member involved stated he was a bit tender post the event, sad about how the event panned out and the effect on patient but overall felt ok and didn't feel they needed any thing extra re support.	Complete	Verbal
28 Mar 2020		Patient	Mental Health	Patient threw glass with hot coffee at staff member	Patient is having to have a very lengthy admission and struggles with the restrictions that are placed upon him.	Complete	Physical
1 Apr 2020	31	Staff	Mental Health	Injury sustained to lower back and hip during a restraint	Patient arrived on the ward in a highly distressed and agitated state. She had created a great deal of problems during her assessment in CMHT and then this was further exacerbated when informed she was coming to TA. On top of that her true COVID status was not known at that stage which made working with her much more problematic. In the event that occurred which involved employee the door opened on its own freeing the patient to move towards the main unit. Employee has been injured in her valiant attempt in preventing the patient to gain this access. Employee was then removed from the situation and supported by on duty staff as all of the patient events up to this point had been very traumatic for all staff involved and the patient. Employee has then required some time off to recuperate.	Complete	Physical
8 Apr 2020		Patient	Mental Health	Aggressive behaviour towards staff	Patient has had a very lengthy admission whilst he awaits an appropriate accommodation situation to eventuate. He struggles with the ward environment and the restrictions that are placed upon him for his own and others safety. His history of head injury, growing forensic history and enduring mental illness creates almost daily challenges to work with and keep him and others safe.	Complete	Physical
14 Apr 2020		Patient	Mental Health	verbally abusive and property damage	Patient was admitted in a very unwell state. Staff had placed her in the Kereru area in order for her to have some space, quiet time but remain highly visible to staff. However patient had continued to deteriorate in this space with her behaviour and this then progressed to property damage, verbal abuse etc. After discussion with staff it was decided to move her to another low stim area for continued close monitoring and support to get to have some much needed sleep.	Complete	Verbal
16 Apr 2020		Patient	Mental Health	Restraint due to verbal threats and physically attacking staff	Patient has come into hospital in a very unwell state. Misinterpreting information and is struggling at times with the unit environment which has led her to have great difficulty with staff guidance etc.	Complete	Physical
18 Apr 2020		Patient	Mental Health	Patient shoved co patient and punched a staff member in the head.	client has had a very lengthy admission to TA and his behaviour is becoming more dangerous as he continues to stay here. There have been several incidents now that have involved staff/patients being hit, shoved, coffee being spill over them, verbal abuse etc. This is despite him remaining in the high care need area of TA and having 1-1 care and low stimulus environment to sleep in. The combination of his mental illness, head injury is challenging to manage and client has certainly changed in his behaviour over recent admissions. Staff he used to get on well with he now is targeting and it has become very difficult to find what manner of working with him can manage his unpredictability and increasing risk.	Complete	Physical
18 Apr 2020		Patient	Mental Health	Restraint due to verbal threats and physically attacking staff	client is in the midst of a prolonged admission whilst he is referred to CCDHB for a more appropriate rehab placement. He continues to struggle with the confines of this admission and there has been many incidents over this admission and his previous ones where he has attacked staff or other patients. client remains very unpredictable and is now seemingly targeting certain staff at present which is creating significant unease for those staff involved and they have been taken off the list of staff who can care for him. The risk this man is presenting on the unit is growing and it is proving more and more difficult to keep him and others safe whilst we await the outcome of his plan for the future. Staff member phoned today to seek how he was after the incident. He stated he was ok but his leg was still sore. Advised to seek further input if it doesn't settle and take care of himself post this awful event. to keep in touch with CNM re anything else he may need.	Complete	Physical
18 Apr 2020	43	Staff	Mental Health	injured hip and kicked in the knee when patient unprovoked attacked myself	Patient has had a very prolonged admission and has at times struggled to work with restrictions around his smoking and generally working with the team around our lock down etc. Employee has been targeted in this instance when he was angry and has been attacked. Employee was removed from the situation and has been supported to be assessed. Thankfully injuries were not worse than they were. CNM phoned employee on the Monday to ascertain he was ok. Employee stated that other than some residual soreness he was feeling ok and would be back at work on the Tuesday.	Complete	Physical
5 May 2020		Patient	Mental Health	Reported health consumer used derogatory language and threatening physical harm to staff	Patient involved has been very unwell on the unit and as outlined above has been selective with some staff who she has at times targeted. Unfortunately employee has become one of these people and she has threatened to hit her as well as verbally abuse her.	Complete	Verbal

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13 Jun 2020		Patient	Mental Health	Assault on staff. Damage to Unit	<p>Patient had been on leave and returned under the influence. Initially working with staff until asked for a urine drug screen which is usual procedure after which he became extremely volatile and aggressive towards staff and damaged property. What made the entire situation much worse was that staff on duty had no place to move patient to that was safer for them and more appropriate for the patient has the only area for this was fully occupied (due to over capacity). This problem delayed the staff being able to make a good safe plan to manage this as there was nowhere free to go to. This increased the risk for staff and their safety. Staff were chased and the nurses station was entered by patient where he continued to target CNC. Fortunately he was able to call police from his space of safety and they arrived and helped staff move patient where he had to go and calm things down. The IMI was administered and the patient was monitored under the 10/60s for breathing, colour, position, activity. These assessments did not raise anything of concern re the patient physically and if they did a plan of getting extra support to access the patient would have needed to be put in place for staff to safely access patient for further assessments - obs. This was handed over to night staff. Staff immediately post the event and some time later remain affected by this psychologically</p>	Complete	Physical
27 Jun 2020		Patient	Mental Health	verbal abuse and threatening harm to staff	<p>Patient has expressed her dissatisfaction with her admission and has been verbally threatening and abusive at times. Despite staff trying hard to work with her and support her re her current situation she has continued to express her anger which has led at times (as above) to being obstructive.</p>	Complete	Verbal