Institute Name:	Al Masarra Hospital				
Document Title:	Policy and Procedure of Aggression Management				
Approval Process					
	Name	**Designation**	**Institution**	**Date**	**Signature**
Written by	Mahmood Al Bimani	Professional Development and Career Guidance Dept. HoD	Al Masarra Hospital	27-2-23	[signature]
Reviewed by	Local Clinical Guideline Committee	Committee	Al Masarra Hospital	26/2/2023	[signature]
Validated by	Kunooz Balushi	Document Manager, QMPSD	Al Masarra Hospital	27/2/2023	[signature]
Approved by	Dr. Bader Al Habsi	Executive Director	Al Masarra Hospital	28/2/2023	[signature]

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Table of Contents

Acronyms ……………………………………………..……………....................3

1. **Introduction …………………………………..………………….....................4**
2. **Scope ………………………………………..……………………………........4**
3. **Purpose ………………………………………………..………………….........4**
4. **Definition ……………………………………………………..….......................5**
5. **Policy…………………………………………….………..…………….6-8**
6. **Procedure…………………………………………….………..………….8-9**
7. **Responsibilities ………………………………..……………………..10-11**
8. **Document History and Version Control…………………..…......................12**
9. **Related Documents……………………………….......................................12**
10. **References ……………………………………..………………………….…..13**
11. **Appendices ………………………………………………………….……………14-24**

Appendix 1 Broset Violence Checklist ……………………….............................14

Appendix 2 Restraint and Seclusion Checklist…………………………………….15

Appendix 3 Recommended Protocol for the Treatment of Agitation Algorithm….16

Appendix 4.Qarar for Formulating Deterioration Response Team-Arabic……….17

Appendix 5 Qarar for Formulating Deterioration Response Team-English……….18

Appendix 6 Guideline for Managing Workplace Violence………………….19

Appendix7 Occupational Injury Notification Form …………………….20-21

Appendix 7.Audit Tool ……………………………………………………22-24

Appendix 8.Document Request Form…………………………………………..25

Appendix 9. Validation Checklist ………………………………………………26

Acronyms

AMRH	Al Masarra Hospital
HOD	Head of Department
P&P	Policy & Procedure
PRO	Public Relations Officer
CW	Code White
IRLS	Incident Reporting and Learning System
ROP	Royal Oman Police
SOS medication	Medications used as chemical restraint
Vers.	Version Number
WPV	Workplace Violence
PSAM	Personal Safety & Aggression Management Course
SMU	Substance Misuse Unit
BVC	Broset Violence Checklist

Policy and Procedure of Aggression Management

1. Introduction

Dealing with violence and aggression is an aspect of occupational risk wherein health care professionals often feel uncertain of best appropriate response. Violent events in psychiatric hospital settings are considered as a major recurring problem. Managing a psychiatric patient's aggressive or disruptive behavior can be difficult and demanding for all concerned employees. Facilitating actions to reduce the danger to themselves, to the patient, and to the people around them, with consideration of maximizing the opportunity for a positive outcome remains a challenge. Thus, this document is created to serve as a guide towards safe management of aggressive behavior in psychiatric healthcare setting.

2. Scope

This document is applicable to all concerned health care providers and administrative personnel in Al Masarra Hospital (AMRH).

3. Purpose

3.1. Patient Related**:**

3.1.1 To provide a standardized and organized procedures for the safe and best management of patient's aggressive behavior until he regains control of his behavior within the hospital.

3.1.3 To screen and identify patients with any potential for threatening or aggressive behavior, in order to apply timely and appropriate aggression management interventions

3.1.4 To regain control in an emergency situation, wherein a client's escalating behavior are beyond the assigned staff's ability to control.

3.2. Institution and Staff Related:

3.2.1 To provide all staff of Al Masarra Hospital a guideline on how to maintain a safe and violence-free work environment

3.2.2. To identify the responsibilities of personnel and/or staff in maintaining safety and protection from actual, attempted, or threatened violence.

3.2.4. Preventing damage to the organization which may result from violence in the workplace.

4. Definitions

4.1. Agitation: a state of anxiety or nervous excitement; a feeling of worry, nervousness, or unease about something with an uncertain outcome.

4.2. Aggression/Violence: refers to the intention to cause harm directed towards staff, other people, objects or self, which includes any threatening statement or behavior which gives an individual a reasonable cause to believe that he or she is at risk of injury.

4.3. De-escalation: a technique used during potential crisis situation in an attempt to prevent a person from causing harm to self or others.

4.4. Restraints: it is a temporary, therapeutic safety measure to manage violent or self-destructive behavior and uses any manual methods, physical, chemical or materials that reduces the patient's destructive behavior or immobilizes free movement of patient's arms, legs, body or head.

4.5 Seclusion: it is the temporary, therapeutic safety measure wherein a patient is confined in a room or an area from which the patient is physically prevented from leaving to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient and staff members.

4.6. Workplace Violence: is violence or threat of violence against workers which ranges from threats and verbal abuse to physical assaults.

4.7. The Deterioration Response Team: acting as the hospital's "Central Code White Team" established through the Administrative Qarar No. 21/2022 of Al-Masra Hospital (*Appendix 4*).

4.8. The Local Code White Team: A trained team locally assigned in each wards, emergency department, and outpatient clinics to deal with aggressive cases.

5. Policy

5.1**.** All admission wards, emergency department, and out-patients clinics must formulate a Local Code White Team consisting of at least four members during all duty hours. *(Refer to PSAM Manual in Local Site)*

5.2. Members of "Local Code White Team" must be assigned by the Head of department or Ward in-charge at the start of the shift.

5.3. The Local Code White Team is activated in the following situations:

5.3.1. Staff perceives themselves or others to be in danger of physical harm from an aggressive client.

5.3.2. Client is acting out in a manner that is dangerous to self, others or the hospital properties.

5.3.3. There is an imminent risk of acting out.

5.3.4. The situation is rapidly escalating out of control.

5.3.5. Releasing patient from seclusion or restraint after being aggressive.

5.3.6. Newly admitted clients with history of violent or hostile behavior.

5.4. **The Deterioration Response Team (as Central Code White Team)** is composed of the following members:

5.4.1. **Team Leader** (Emergency Department psychiatrist/Second on call psychiatrist)

5.4.2. **Physician on-call**

5.4.3. **Nursing Supervisor**

5.4.4. **One staff from Male Ward 1 or 2**

5.4.5. **One staff from Female Ward 2**

5.4.6. **One staff from male Ward 5 or 6**

5.4.7. **PRO on-call**

5.5. The Deterioration Response Team member/s from Male1/Male2 and Male5/Male6 and Female2 as part of "Central Code White Team" must be assigned by Nursing Supervisor/ Unit Nurse at the beginning of each shift

5.6. The Deterioration Response Team as "Central Code White Team" must be activated only to contain aggression in the following situations:

5.6.1. In areas that do not have a Local Code White Team

5.6.2. When the Local Code White Team determines that the code white situation is beyond their abilities and/or perceived as a high risk of physical harm to staff member/s, client/s or to the hospital.

5.6.3. Whenever the perpetrator is not a psychiatric patient (e.g.; SMU Patient, Visitor, Co-worker, etc.)

5.6.4. When "edged" weapon or firearm is involved;

5.6.4.1. In the case that an "edged" weapon or firearm is involved, the "Central Code White Team" must consider other necessary additional safety measures including calling and involving the police through the P.R.O. to aid the team in controlling the situation.

5.7. Physical interventions must be limited to situations that threaten safety and must be used as a last resort; with full consideration of professionalism and respect of patient and staff rights.

5.8. The least restrictive interventions that are allowed to use are manual restraint, seclusion, (keeping in padded room or in an appropriate seclusion room) mechanical restraint, and chemical restraint.

5.9. In emergency, chemical restraint can be used in combination with other types of restraint according to Recommended Protocol for the Treatment of Agitation Algorithm (*(See Appendix 3).*

5.10. A psychiatrist from the treating team must be informed and updated when patient is secluded and or restrained

5.11. All orders for seclusion must be time-limited and shouldn't exceed four (4) hours for adults, two (2) hours for children and adolescents ages nine (9) to seventeen (17), and one (1) hour for children younger than age nine (9), with the possibility of renewing the order depending on patient's condition.

5.12. Restraint shall be applied in the shortest possible time.

5.13. The possibility of renewing the order can be decided by the Deterioration Response Team, on-call psychiatrist, or a psychiatrist from the treating team depending on patient's behavior.

5.14. The client should be kept under close observation at least once every 15 minutes, with nurses' record of observation updated on nursing Kardex in Al Shifa 3+ system; and the Restraint and Seclusion Checklist Form maintained by the assigned staff. *(See Form in Appendix 2)*

5.15. If any adverse event such as injury to patient/ staff/ response team member occurs, it must be reported immediately in the Incident Reporting and Learning System (IRLS) in Al Shifa 3+ system.

5.16. In case of inoculation injury- bite or scratch, exposure to blood and body fluid, the Infection Control Department should be involved, and inoculation form should be filled. (*Refer to Prevention and Management of Blood and Body Fluids Exposure in Healthcare Facilities, AMRH/IC/P&P/008/Vers 02*)

5.17. Injury Notification Form should be filled when applicable (*Refer Prevention and Management of Blood and Body Fluids Exposure in Healthcare Facilities, AMRH/IC/P&P/008/Vers 02)*

5.18. Guidelines for managing Workplace Violence situations in which the aggressor is not psychiatric patient should be followed (*See Appendix 6)*

5.19. All staff must undergo training in how to deal with aggressive situations and maintain a valid certificate of Personal Safety & Aggression Management Course (PSAM).

5.20 The Personal Safety & Aggression Management Manual (PSAM) is the approved reference for aggression management in Al-Masarra Hospital *(available in Al Masarra Hospital Local Site).*

6. Procedures

6.1 The process of controlling aggression begins with a proactive assessment and removal of all triggers for aggression. This can be done by doing risk assessment and patient's assessment of behavior through use of appropriate assessment tool, **Broset Violence Checklist** (BVC) *(See Appendix 1).*

6.2 If the perpetrator begins to act aggressively, the staff will start initial response by applying breakaway techniques, and will proceed with activating the Code White Team or the Deterioration Response Team accordingly.

6.3 The Local Code White Team or the Central Code White Team should be activated immediately according to the criteria of activation stated on the ***Policy 5.3. and 5.6.***

6.4 The Central Code White is activated by dialing **700 to record** the details of the event after hearing the beep sound, which must include the following:

6.4.1 "Code White"

6.4.2 Ward/Location

6.4.3 Then immediately dial **701 to send the recording of the event details** to the Deterioration Response Team acting as Central Code White Team.

6.5. The Deterioration Response Team/Central Code White team takes control of the situation upon arrival and acts according to the policy.

6.6. After making sure the situation is under control, the patient, staff, others, and hospital properties must be assessed for any injuries or damage resulting from this emergency.

6.7. The injured staff and patient should be referred for further medical management as needed, and hospital property damages are reported to the concerned department.

6.8.The patient must be kept under observation, and the record should be maintained.

6.9. If a restraint has been used, the patient must be assessed by using a BVC tool before release.

6.10. If the validity of restraining orders expired the patient must be re-assessed and released if possible, or renew the order.

6.11. For any legal claims staff must follow-up with the Public Relationship and Patient Services Department.

7. **Responsibilities:**

7.1.<u>The Local Code White</u> Team Leader:

7.1.1. Assess the situation.

7.1.2. Develops intervention plan.

7.1.3. Informs and directs team members about the plan of action, including approach to be used, type of intervention and how each member will exit from room.

7.1.4. Decide to call for additional resources if required through proper channel (e.g. Police through PRO)

7.1.5. Acts as the spokesperson for the team and the ONLY PERSON TALKING unless a spokesperson is delegated by Team Leader.

7.1.6. Communicates with acting out individual (De-escalation Techniques).

7.1.7. Ensures safety of team.

7.1.8. Ensures debriefing takes place as soon as possible following the incident and that staff know about and are able to access all available support if necessary.

7.1.9. To secure the Patient Head during the physical intervention.

7.2.The members of the Local Code White Team (According to the Leader instructions):

7.2.1. Two members to secure the hands.

7.2.2. Two members to secure leg.

7.2.3. One staff to apply the belts of restraint kits.

7.2.4. Carryout any intervention assigned by team leader.

7.3.Assigned staff to the aggressive patient:

7.3.1. In the event medication is to be administered, ensure medication orders are made, and medication has been prepared and kept ready.

7.3.2. Write the report in IRLS if needed.

7.3.3. Carry out any intervention assigned by team leader.

7.4.<u>The Deterioration Team Leader</u>:

7.4.1. Take over the role of the Local Code White Team Leader.

7.4.2. Rapidly reassess the situation and decide for further action (e.g calling the police through PRO).

7.5. The Deterioration Response Team member- nursing staff from MW1/MW2, MW5/MW6, FW2:

7.5.1. They act as additional support for Local Code white team.

7.5.2. Carry out any assignment given by team leader.

7.6. The Deterioration Response Team member-Nursing Supervisor/Unit

7.6.1. Writing the IRLS report.

7.6.2. Carryout any intervention assigned by team leader.

7.7. The Deterioration Response Team member- Physician

7.7.1. Assess and manage the patient's physical condition if required.

7.7.2. Help the leader to take decision in regard to special cases (E.g, patient with heart problem, Epileptic patient, Geriatric and child and adolescent patients etc..).

7.7.3. Carry out any assignment given by team leader.

7.8. The Deterioration Response Team member- PRO:

7.8.1. Making a call to seek additional help from police as decided by the Deterioration Response Team Leader.

7.8.2. Follow-up any legal claims made by the staff.

7.8.3. Assess for any damage of the hospital properties resulting from this emergency and take necessary action.

7.8.4. Carry out any assignment given by team leader.

7.8.5. Follow the procedures in Al Masarra Hospital Guideline for managing Workplace Violence as necessary (Appendix 6).

7.9. **All Head of Departments**

7.9.1. Must ensure that all staffs have a valid certificate of PSAM Course.

7.9.2. Must be aware about the policy and act accordingly and ensure that their staffs are aware of it and implementing it.

7.9.3. Must ensure that Deterioration Response Team and the Local Code White Team members are assigned before the start of the shift.

8. Document History and Version Control Table:

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01	Initial Release	Mahmood Al Bimani	February 2026
02			

Written by	**Reviewed by**	**Approved by**
Mahmood Al Bimani	Local Clinical Guideline Committee	Dr Bader Al Habsi

9. Related Documents

9.1 Prevention and Management of Blood and Body Fluids Exposure in Healthcare Facilities.

9.2. Occupational Health Policy

9.3. Appendix (1) Broset Violence Checklist BVC

9.4. Appendix (2) Restrain and Seclusion Checklist Form

9.5. Appendix (3) Recommended Protocol for the Treatment of Agitation in Algorithm.

9.6. Appendix (5) Qarar of Formulating Deterioration Team.

9.7. Appendix (6) Al Masarra Hospital Guideline for Managing Workplace Violence

9.8. Appendix7. Occupational Injury Notification Form

9.9. Appendix (8) Audit Tool.

9.10. Appendix (9) Document Request Form.

9.11. Appendix (10) Document Validation Checklist.

10. References

Title of book/Journal/Website	Author	Year of Publication	page
Policy and Procedure of Workplace violence of Al Masarra Hospital	Saleha Al Jadidi, and Najla Al Zadjali	Not published	1-26
Personal Safety & Aggression Management (PSAM) Mandatory Course	A Project of Training & Staff Development Department and PSAM Team	Not published (Avialable in Al Masarra Hospital Local Site)	1-102
Policy and Procedure of Code White Response of Al Masarra Hospital	Buthaina Rashid Al Muqaimi	Not published	1-20
Policy and Procedure of Workplace violence Prevention of Directorate General Quality Assurance Center, MOH	Ms Nada Hussain Al Rahma	Not published	1-16

10. Appendices

Appendix 1. *Broset Violence Checklist* (BVC)

SULTANATE OF OMAN MINISTRY OF HEALTH DOCUMENT CODE: NSS -25 DATE CREATED:27/01/2013 Rev:09/05/19 DATE TO BE REVIEWED: 09/05/21 DEVOLOPED BY: CNI APPROVED BY : NSG AFFAIRS DEPT	AL MASARRA HOSPITAL NURSING AFFAIRS DEPARTMENT CODE WHITE RESPONSE FORM WITH BVC	PATIENT STICKER

DATE		LOCATION OF INCIDENT	
TIME		OTHER CLIENT INVOLVED	
TRIGGER OF INCIDENT			

BRØSET VIOLENCE CHECKLIST (BVC)
(Please put a tick √ mark if the behavior is present then count the total score)

Date										Score Interpretation with Suggested Management
Time										0 = THE RISK FOR VIOLENCE IS LOW
Confused										
Irritable										1-2 =THE RISK OF VIOLENCE IS MODERATE Preventative Measures should be taken (e.g. Verbal De-escalation, Diversion technique, Quiet Room)
Boisterous										
Verbal threats										
Physical threats										>2 = THE RISK OF VIOLENCE IS HIGH Preventative Measures should be taken, Plan should be developed to manage potential violence (e.g. Verbal De-escalation, SOS, Seclusion, Restraint)
Attacking objects										
TOTAL										

Additional Observed Behavior:

Confused: Appears obviously confused and disorientated. May be unaware of time, place or person.	**Verbal threats:** A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a grumbling aggressive manner.
Irritable: Easily annoyed or angered. Unable to tolerate the presence of others.	**Physical threats:** Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another person's clothing; the raising of an arm, leg, making of a fist or modelling of a head-butt directed at another.
Boisterous: Behaviour is overtly "loud" or noisy. For example slams doors, shouts out when talking etc.	**Attacking objects:** An attack directed at an object and not an individual. For example the indiscriminate throwing of an object; banging or smashing windows; Kicking, banging or head-butting an object; or the smashing of furniture.

INTERVENTIONS RENDERED (Please put a tick √ mark in the box listed below)

1	Doctor Notified		8	Physical Restraint	
2	Psychotherapy			Specify type of restraint used:	
3	Diversion Technique		9	Chemical Restraint (SOS medication Administered)	
4	Verbal De-escalation Technique		10	Debriefing Rendered	
5	Escorted Client		11	Constant Observation	
6	Provided low environmental stimuli (Quiet Room)		12	QA Event Reporting and Documentation	
7	Seclusion Room		13	Others pls. specify:	

SOS MEDICATION ADMINISTERED

NAME OF MEDICATION	DOSAGE	ROUTE	FREQUENCY	TIME
CLIENT EVALUATION				

TEAM MEMBERS AND OTHER RESPONDERS

NO.	NAME	TASK PERFORMED	SIGNATURE
1.			
2.			
3.			
4.			
CODE WHITE LEADER			
NURSING SUPERVISOR/ WARD IN CHARGE			

Appendix 2. Restrain and Seclusion Checklist Form

SULATANATE OF OMAN MINISTRY OF HEALTH DOCUMENT CODE: NSS - 19 DATE CREATED: 22/11/2011 DATE TO BE REVIEWED: 19/11/2013 DEVOLOPED BY: CQI APPROVED BY : NSG AFFAIRS DEPT	IBN SINA HOSPITAL NURSING AFFAIRS DEPARTMENT NURSING SERVICE SECTION RESTRAIN AND SECLUSION CHECKLIST	PATIENTS STICKER

DATE: TIME: RESTRAIN ☐ SECLUSION ☐

PURPOSE:____

ORDERED BY:____

DATE/TIME	CHECKED BY SIGNATURE	TIME	CHECKED BY SIGNATURE	TIME	CHECKED BY SIGNATURE	TIME	CHECKED BY SIGNATURE	STATUS OF CLIENT AFTER 1 HOUR

Appendix 3. Recommended Protocol for the Treatment of Agitation Algorithm

Michael P Wilson, M. P. (2012). The Psychopharmacology of Agitation: Consensus Statement of the American Association for Emergency Psychiatry Project BETA Psychopharmacology Workgroup. *PMI*, 26–34.

Appendix 4. Qarar of Formulating Deterioration Response Team (Arabic)

Sultanate of Oman
MINISTRY OF HEALTH
AL MASARRA HOSPITAL

سلطنة عمان
وزارة الصحة
مستشفى المسرة

قرار اداري رقم (12) لسنة ٢٠٢٢م

- استنادًا إلى قانون الخدمة المدنية الصادر بالمرسوم السلطاني رقم ٢٠٠٤/١٢٠م ولائحته التنفيذية الصادر بقرار رئيس مجلس الخدمة المدنية رقم ٢٠١٢/٩.
- و إلى المرسوم السلطاني رقم ٢٠١٤/٣٦ باعتماد الهيكل التنظيمي لوزارة الصحة.
- وإلى قانون التفويض و الحلول في الاختصاصات الصادر بالمرسوم السلطاني رقم ٢٠١٠/٧١.
- وبناء على ما تقتضيه مصلحة العمل.

تقرر

المادة(١): فقد تقرر تشكيل فريق الاستجابة للحالات الطارئة (DeteriorationTeam)والذي يشمل الحالات التي تحتاج إلى الإنعاش القلبي الرئوي أو الحالات العدائية أو الحالات التي تستوجب الاستجابة الطبية السريعة (Response Rapid) ويتكون الفريق من الأعضاء التاليين وحسب ما حددته السياسة:

- طبيب باطني (القائد فريق حالة الاستجابة السريعة ولحالات الإنعاش القلبي الرئوي).
- طبيب الطوارئ/الطبيب المناوب الثاني (قائد فريق الاستجابة للحالات العدائية)
- مشرف التمريض (Nursing Supervisor)
- ممرض من جناح الرجال ١أو جناح الرجال ٢
- ممرض من جناح الرجال ٥أو جناح الرجال ٦
- ممرض من جناح النساء ٢
- مشرف العلاقات العامة وخدمات المرضى

المادة(٢): يتم تعيين أسماء أعضاء الفريق قبل بداية المناوبة بواسطة رئيس القسم

المادة(٣): على المختصين تنفيذ هذا القرار كل فيما يخصه

صدر في: ٣جمادى الأخرة١٤٤٤هـ
الموافق: ٢٨ ديسمبر٢٠٢٢

الدكتور/ بدر بن علي الحبسي
مدير المستشفى

P.O. Box : 3, P.C. : 119
Al-Amerat, Sultanate of Oman
Tel. : 24873018 - Fax : 24873800

ص.ب: ٣، الرمز البريدي: ١١٩
العامرات. سلطنة عمان
هاتف: ٢٤٨٧٣٠١٨، فاكس: ٢٤٨٧٣٨٠٠

Appendix 5. Qarar of Formulating Deterioration Response Team (English)

Administrative Qarar No. (23) of 2022

- Based on the Civil Service Law promulgated by Royal Decree No. 120/2004 and its executive regulations issued by Decree of the President of the Civil Service Council No. 9/2012,
- And Royal Decree No. 36/2014 approving the organizational structure of the Ministry of Health,
- And the Law of Delegation and Subrogation in Competences promulgated by Royal Decree No. 71/2010,
- Based on what is required by the interest of the work.

Decided

Article (1): It was decided to form a Deterioration Team, which includes cases that need cardiopulmonary resuscitation, Violent cases, or cases that require a rapid medical response. The team consists of the following members, as specified in the policy:

- Physician (General Medicine) (leader in rapid response and cardiopulmonary resuscitation).
- Emergency Psychiatrist/Second on call Psychiatrist (Violent cases/Code White Response Team Leader)
- Nursing Supervisor
- A nurse from the Male Ward 1 or the Male Ward 2
- A nurse from the Male Ward 5 or the Male Ward 6
- A nurse from the Female Ward 2
- Supervisor of Public Relations and Patient Services

Article (2): The names of the team members are assigned before the start of the shift by the Head of Department.

Article (3): The concerns staff shall implement this decision, each on his jurisdiction.

Date: December 25, 2022

Signed by: Dr. Bader Al Habsi- Hospital Director

Appendix 6. Al Masarra Hospital Guideline for Managing Workplace Violence

Sultanate of Oman
MINISTRY OF HEALTH
AL MASARRA HOSPITAL
OFFICE OF EXECUTIVE DIRECTOR

سلطنة عمان
وزارة الصحة
مستشفى المسرة
مكتب المدير التنفيذي

٢٠١٥/٩/١٧

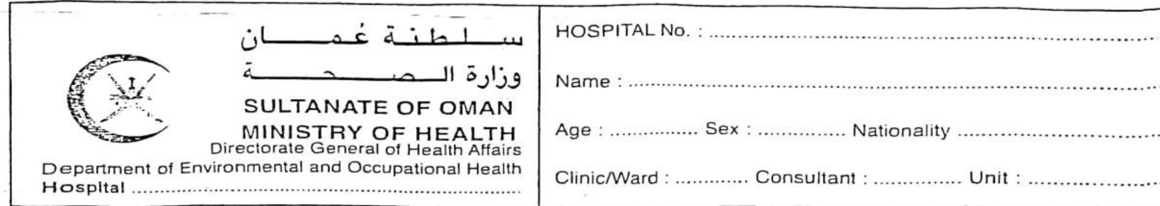
الدليل الإرشادي حول الإجراءات المتبعة
في حالة تعرض الموظف للإعتداء أثناء تأدية العمل

تعريف الاعتداء :
هو تصرف لشخص إتجاه موظف مصحوبًا بالتهديد أو السب أو خطر الاساءة الجسدية أو الاصابة .

الاجراءات المتبعه في حالة تعرض الموظف للإعتداء اثناء تأدية العمل:

١. يقوم الموظف المعتدى عليه بإبلاغ قسم خدمات المرضى فور وقوع الاعتداء.
٢. يقوم موظف خدمات المرضى بالتوجة فورا الى موقع الاعتداء برفقة فرد الأمن (اذا استدعى ذلك)
٣. يقوم موظف خدمات المرضى بإخطار أطراف النزاع بالحضور للقسم.
٤. يقوم موظف خدمات المرضى بإبلاغ مركز شرطة العامرات اذا استدعى الامر ذلك (فقط في حالة الاصابة الجسدية)
٥. بعد الإستماع الى الطرفين يُبادر موظف خدمات المرضى بعمل صلح بين الطرفين في حالة إمكانية التصالح.
٦. يقوم موظف خدمات المرضى بإخطار الموظف المعتدى عليه بكتابة شكوى رسمية بالاستمارة الخاصة بذلك.
٧. يقوم قسم خدمات المرضى بتحويل الشكوى للدكتور/ المدير التنفيذي لإبداء الراي.
٨. تقوم إدارة المستشفى بمخاطبة الادعاء العام بالعامرات بخصوص الشكوى المقدمة من الموظف المعتدى عليه وذلك حسب المادة (١٧١، ١٧٢، ١٧٣) من قانون الجزاء العماني.
٩. يقوم قسم خدمات المرضى بمتابعة الشكوى بالادعاء العام.
١٠. في حالة رفع الشكوى للمحكمة المختصة يتم مخاطبة المديرية العامة للاعمال القانونية بالوزارة للمتابعة.
١١. يقوم المعتدى علية (الموظف) بإبلاغ قسم خدمات المرضى فورا اذا تنازل عن حقه في الشكوى.
١٢. يقوم الموظف بإحضار نسخة عن التنازل لقسم خدمات المرضى.
١٣. يقوم قسم خدمات المرضى بإفادة الدكتور/ المدير التنفيذي اولا بأول فيما يتعلق بسير القضية.

Appendix7. Injury Notification Form



سـلـطـنـة عـمـــان
وزارة الـصـــحـــة
SULTANATE OF OMAN
MINISTRY OF HEALTH
Directorate General of Health Affairs
Department of Environmental and Occupational Health
Hospital ....

HOSPITAL No. : ....
Name : ....
Age : .... Sex : .... Nationality ....
Clinic/Ward : .... Consultant : .... Unit : ....

OCCUPATIONAL INJURY NOTIFICATION FORM

Governorate :
Health institution:

PARTICULARS OF INJURED WORKERS

Full Name :
Age :
Phone number :
ID Card Number :

Sex:
- ☐ 1-Male
- ☐ 2-Female

Nationality:
- ☐ 1-Omani
- ☐ 2-Expatriate (specify) ....

Medical or Psychological problem:
1-No.
2-Yes, specify ------------------------------------

Previous injury at work:
1-No.
2-Yes, specify --

JOB DETAILS

Economic Activity:
- ☐ 1-Construction
- ☐ 2-Oil and gas
- ☐ 3-Mining and Querying
- ☐ 4-Agriculture
- ☐ 5-Fishing
- ☐ 6-Hunting and forestry
- ☐ 7-Manufacturing
- ☐ 8-Repair of motor vehicle and motor cycles
- ☐ 9-Electricity supply
- ☐ 10-Water supply
- ☐ 11-Sewer and waste management
- ☐ 12-Wholesale and retail trade households
- ☐ 13-Real estate, rental and commercial business activities
- ☐ 14-Human Health services
- ☐ 15-Education
- ☐ 16-Police, defense and social security
- ☐ 17-Food services activities
- ☐ 18-Transport and storage
- ☐ 19-Information and communication
- ☐ 20-Financial and insurance activities
- ☐ 21-Professional, Scientific and technical activities
- ☐ 22-Administrative and support service activities
- ☐ 23-Social work activities
- ☐ 24-Arts, entertainments and recreation
- ☐ 25-Extra territorial organization
- ☐ 26-Other activities, specify ....

Occupation or job Title:.................
Type of working shift
- ☐ Fixed
- ☐ Rotating

INJURY DETAILS

Date :
Time:

Cause of injury:
- ☐ 1-Fall from height
- ☐ 2-Fall on the same level (strike)
- ☐ 3-Falling object
- ☐ 4-Manual tools
- ☐ 5-Injury by working machine
- ☐ 6-Radiation
- ☐ 7-Electricity
- ☐ 8-Compression
- ☐ 9-Exposure to heat or cold
- ☐ 10-Explosion
- ☐ 11-Chemicals
- ☐ 12-Fire
- ☐ 13-Vehicle accident
- ☐ 14-Gases, Dust, Fumes
- ☐ 15-Exposure to mechanical vibration
- ☐ 16-Needle prick
- ☐ 17-Others, specify ....

HP-252

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Nature of injury:

- ☐ 1-Fractures
- ☐ 2-Dislocations
- ☐ 3-Joint or muscular injury
- ☐ 4-Intracranial injury
- ☐ 5-Spinal injury
- ☐ 6-Injuries to nerves and arteries
- ☐ 7-Internal injuries of chest, abdomen and pelvis.
- ☐ 8-Traumatic amputations
- ☐ 9-Superficial injuries(abrasions/contusion)
- ☐ 10-Deep open wound not involving traumatic amputations
- ☐ 11-Crushing injury (excluding those with fracture)
- ☐ 12-Penetrating injury
- ☐ 13-Foreign body
- ☐ 14-Chemical burn
- ☐ 15-Electrical burn
- ☐ 16-Direct thermal burn
- ☐ 17-loss of vision (temporary or permanent)
- ☐ 18-Poisoning and exposure to textic substance
  19-Effects of weather
- ☐ 20-Drowning or near drowning
- ☐ 21-Electrical shock
- ☐ 22-Violence or assault
- ☐ 23-Others, specify......................................

Bodily Location of Injury:

- ☐ 1-Right eye
- ☐ 2-Left eye
- ☐ 3-Right ear
- ☐ 4-Left ear
- ☐ 5-Nose
- ☐ 6-Face
- ☐ 7-Mouth and teeth
- ☐ 8-Scalp
- ☐ 9-Head (other than eye, ear, nose and face)
- ☐ 10-Neck
- ☐ 11-Chest
- ☐ 12-Abdomen (other than internal organs)
- ☐ 13-Back
- ☐ 14-Right shoulders
- ☐ 15-Left shoulders
- ☐ 16-Right arm
- ☐ 17-Left arm
- ☐ 18-Right elbow
- ☐ 19-Left elbow
- ☐ 20-Right forearm
- ☐ 21-Left forearm
- ☐ 22-Right hand and fingers
- ☐ 23-Left hand and fingers
- ☐ 24-Right hip
- ☐ 25-Left hip
- ☐ 26-Right thigh
- ☐ 27-Left thigh
- ☐ 28-Right knee
- ☐ 29-Left knee
- ☐ 30-Right leg
- ☐ 31-Left leg
- ☐ 32-Right foots and toes
- ☐ 33-Left Foot and toes
- ☐ 34-Internal organs
- ☐ 35-Genitalia
- ☐ 36-Multiple locations

MANAGEMENT DETAILS

At work place:

- ☐ 1-First aid
- ☐ 2-No treatment given

At Health institution:

- ☐ 1-Treated and discharged home
- ☐ 2-Admitted
- ☐ 3-Referred to secondary care hospital
- ☐ 4-Referred to tertiary care hospital

Outcome of injury:

- ☐ 1-Nonfatal
- ☐ 2-Fatal

Work time lose (sick leave days):

- ☐ 1-Yes
- ☐ 2-No.

Number of sick leave days ....

REPORTER DETAILS

Name and signature :
Date :
Stamp :
Time :

HP-252

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Appendix 8. Audit Tool

Department: __________________ **Date: _____________**

S.No.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
		ASSESSMENT					
2.	Observation Interview Document review	Is there evidence that the risk assessment was done? Such as BVC or any other document					
	Document review	The in-charge were able to provide evidences that The client kept in seclusion or in any kind restraint is be kept under close observation and nursing record is maintained at least once every 15 minutes.					
	Document review	No patient exceeded the valid time of seclusion without assessment and renewal of the order.					
3.	Observation Interview	The restraints, the Seclusion (Quiet) room and the restraint bed ready to receive cases					
	Observation Interview Document review	Provide a sufficient number of employees in the place					

	Observation Interview Document review	The tasks of the White Code Team were distributed among the members for both local and central level.					
	Observation Interview Document review	The staff were able to recognize the early symptoms of aggression and using BVC tool					
	Observation Interview	The staff were able to activate the local and central code white response system					
	Observation Interview Document review	The Code white team arrived within appropriate time (for local CW less than 2 minutes, and Central CW less than 10 minutes).					
	Observation Interview	The team used effective de-escalation techniques					
	Observation Interview	The team were able to apply physical, mechanical, and chemical restrain in safe and appropriate manner					
	Observation Interview	A psychiatrist from the treating team came and assessed the patient within one (1) hour					
	Observation Interview Document review	All adverse events such as injury to patient or member occurs, are reported immediately in the IRLS.					

	Observation Interview Document review	All documentation done (Code white form, **IRLS, Kardex and doctor notes, and seclusion and restraint checklist**					

Appendix 9. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Mahmood Al Bimani	Date of Request	February 2023
Institute	Al Masarra Hospital	Mobile	24873794
Department	Administration	Email	almasarratsdd@gmail.com
The Purpose of Request			
☒ Develop New Document	☐ Modification of Document	☐ Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Aggression Management		
Document Code	AMRH/ADMIN/P&P/028/Vers.01		
Section B: Completed by Document Controller			
☒ Approved	☐ Cancelled	☐ Forward To:……………..	
Comment and Recommendation: to proceed with the document			
Name	Kunooz Al Balushi	Date	February 2023
Signature	Kunooz	Stamp	AL-MASARRA HOSPITAL QUALITY MANAGEMENT DEPT SULTANATE OF OMAN - MINISTRY OF HEALTH

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Appendix 10. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Aggression Management		**Document Code:** AMRH/ADMIN/P&P/009/Vers.01			
No	Criteria	**Meets the Criteria**			**Comments**
		Yes	**No**	**N/A**	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart			✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ………For implementation ✓………. More revision …….. To be cancelled					
Reviewed by: Kunooz Balushi		**Reviewed by:** Maria Claudia Fajardo-Bala			

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