



ANMF (Vic Branch) Policy

Prevention of occupational violence and aggression (OVA)

1. Introduction

The Australian Nursing & Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] believes that occupational violence and aggression is not acceptable in any workplace, and that all members¹ have a right to work without being subjected to violence and aggression. Further, ANMF (Vic Branch) believes that occupational violence and aggression is an occupational health and safety (OHS) issue, which should be addressed as per other OHS issues, beginning with prevention through a risk management framework.

2. Objective

The objective of this policy is to clarify the expectations of the ANMF (Vic Branch) regarding the prevention and management of risks to the health and safety of its members as a result of occupational violence and aggression.

3. Scope

This policy applies to all ANMF (Vic Branch) members, and all nurses, midwives and carers eligible for ANMF (Vic Branch) membership in Victorian healthcare environments and other industries.

This policy focuses on violence and aggression perpetrated by patients², patients' relatives or other visitors to the workplace. It is also relevant in relation to violence perpetrated by intruders to the workplace.

4. Definitions

Occupational violence and aggression (OVA)

"OVA involves incidents in which a person is abused, threatened or assaulted in circumstances relating to their work."

Within this definition, **threat** means a statement or behaviour that causes a person to believe they are in danger of being physically attacked. It may involve an actual or implied threat to safety, health or wellbeing. Neither intent nor ability to carry out the threat is relevant. The key issue is that the behaviour creates a risk to health and safety."³

Examples of occupational violence and aggression include, but are not limited to:

- Biting, spitting, scratching, hitting, kicking
- Pushing, shoving, tripping, grabbing
- Throwing objects, damaging property
- Verbal abuse and threats

¹ Members refers to nurses, midwives and personal care workers

² The word "patient" in this policy is interchangeable with the words "client" and "resident" as is appropriate for the clinical setting

³ WorkSafe Victoria, June 2017 *Information for employers: Prevention and management of violence and aggression in health services*, Edition 2, June 2017, page 5

- Using or threatening to use a weapon
- Sexual harassment or assault⁴

Code black: A hospital-wide internal security response to actual or potential aggression involving a weapon or a serious threat to personal safety (Australian Standard 4083--2010 Planning for emergencies - Health care facilities)

Code grey: An organisation-level response to actual or potential violent, aggressive, abusive or threatening behaviour, exhibited by patients or visitors, towards others or themselves, which creates a risk to health and safety. In addition:

- A Code Grey is an emergency response initiated by staff for immediate assistance with a current incident.
- A Planned Code Grey is initiated by staff for anticipated assistance with a scheduled event (such as a patient appointment), where following a risk-based assessment, it is anticipated that an incident may occur.
- Code Grey is a clinically-led response, often with support from security.

5. Policy

The ANMF (Vic Branch) policy is that:

- 5.1. All employees have a right to perform their work in an environment that is safe and without risk to health from occupational violence and aggression.
- 5.2. Occupational violence and aggression is not 'part of the job' for members and it is critical that leaders such as government departments (eg - Department of Health and Human Services) and healthcare employers actively demonstrate their commitment to occupational violence and aggression prevention in the healthcare environment.
- 5.3. Occupational violence and aggression, like other occupational health and safety hazards, is most effectively addressed by prevention at the source. Therefore, determining the sources and causes of, and contributing factors to, occupational violence and aggression provides the best opportunity to prevent incidents.
- 5.4. ANMF (Vic Branch) supports the implementation of a systematic, risk management approach to preventing and responding to the risks associated with occupational violence and aggression, in consultation with Health and Safety Representatives. This involves:
 - 5.4.1 Identifying precursors to, and risk factors associated with, occupational violence and aggression, including gaps in the implementation of the *ANMF Vic Branch's 10 Point Plan to End Violence and Aggression*⁵:
 - a. Improve security
 - b. Identify risk to staff and others
 - c. Include family in the development of patient care plans
 - d. Report, investigate and act
 - e. Prevent violence through workplace design
 - f. Provide education and training to healthcare staff
 - g. Integrate legislation, policies and procedures
 - h. Provide post-incident support
 - i. Apply anti-violence approach across all health disciplines
 - j. Empower staff to expect a safe workplace

⁴ WorkSafe Victoria, June 2017 *Information for employers: Prevention and management of violence and aggression in health services*, Edition 2, June 2017, page 5

⁵ ANMF (Vic Branch), *10 Point Plan to end violence and aggression – a guide for health services* (2017)

- 5.4.2 Assessing risks to members of occupational violence or aggression to determine how the hazard can most effectively be eliminated or controlled.
 - 5.4.3 Eliminating or controlling risks of occupational violence and aggression through risk control measures which focus on eliminating, at their source of the factors that cause or contribute to occupational violence and aggression or, if elimination is not reasonably practicable, implementing measures that reduce the risk.
- 5.5. A collaborative approach is required between all parties, that is ANMF (Vic Branch), health care employers and their associations, other professionals who work in health settings, the Department of Health and Human Services (DHHS), Victoria Police, WorkSafe Victoria (Victorian WorkCover Authority) and the Department of Justice and Community Safety (DJCS), for effective prevention and management of occupational violence and aggression.
- 5.6. Statistical data on the occurrence of occupational violence and aggression incidents must be collected and maintained by healthcare employers, Department of Health, WorkSafe Victoria and Victoria Police to assist with the development of future policies, codes, standards and guidelines. This data must be analysed and used in the development and implementation of future systemic preventative actions for occupational violence and aggression.

6 Key elements

6.1 Consultation and representation

- 6.1.1 The participation of, and consultation with, staff and their representatives, including ANMF (Vic Branch) and Health & Safety Representatives (HSRs), is critical to the effective implementation of relevant and sustainable control strategies for preventing and responding to the risks associated with occupational violence and aggression, and a requirement under s.35 of the Victorian OHS Act 2004.
- 6.1.2 Appropriate consultative and representative structures (including Designated Work Groups (DWGs), HSRs and OHS committees) are necessary to encourage and enable staff to report OVA incidents.

6.2 Employers

Healthcare employers must establish and maintain an effective occupational violence and aggression prevention and management program which targets the multi-factorial nature of this hazard, and addresses contributing factors. This includes:

- 6.2.1 Establishing a work culture which actively encourages and supports formal reporting and investigation of all incidents involving occupational violence and aggression as an occupational health and safety incident, in addition to clinical incident reporting, where appropriate.
- 6.2.2 Establishing a work culture which actively encourages reporting of offences to police, the laying of charges and prosecutions where appropriate, and support nurses, midwives and carers to uphold their legal rights, for example, seeking intervention orders.
- 6.2.3 Establishing and maintaining specific operational policies and procedures in consultation with HSRs and staff in relation to response to the threat or incidents of OVA, including allocating and training Code Grey and Black teams, use of Planned Code Greys, and ensuring appropriately educated and trained team members.
- 6.2.4 Establishing and maintaining specific operational policies and procedures in consultation with local police for managing firearms and non-firearm weapons if detected at the facility to ensure the safety of all staff, clients and visitors, and

develop a partnership with local police for support and cooperation in responding to incidents and when completing necessary documentation.

- 6.2.5 Providing employees with safely designed premises, work environments, facilities, fixtures, fittings, equipment and systems of work that do not create, contribute to or exacerbate risks of occupational violence.
 - 6.2.6 Providing adequate information, instruction, education, training, staffing levels, skill mix and supervision so that employees can perform their work safely.
 - 6.2.7 Employing or engaging persons who are suitably qualified to provide advice to the employer around risks of occupational violence and aggression, and preventative actions.
 - 6.2.8 Monitoring the health of employees and workplace conditions, particularly the physical and psychological health of members exposed to or affected by occupational violence and aggression.
- 6.3 Instruction, education & training
- 6.3.1 Education on how to prevent and respond to aggression and violence should begin at undergrad level, and be monitored ongoing, with service-specific education and training provided to newly qualified personnel and any new staff, at induction, and prior to commencement of clinical care. This should include the role of graduate nurses and midwives in the organisation's systematic prevention and response to OVA.
 - 6.3.2 All new clinical and non-clinical staff should receive multidisciplinary training on prevention and response as part of induction / orientation program, including on de-escalation and early identification training, and training in employer-specific and relevant policies and procedures, including weapon searches, and behavioural contracts.
 - 6.3.3 Education and how to prevent and respond to aggression and violence should continue throughout a health worker's career and include face to face learning, recognition of early warning signs for agitation, development of de-escalation skills, implementation of processes for identifying and recording of risk, and safety management plans.
 - 6.3.4 Health workers must receive mandatory, regular refresher training inclusive of face to face learning.
 - 6.3.5 Health workers and security staff must receive regularly scheduled, emergency procedure training and drills including on Code Grey, Planned Code Grey and Code Black that are mandatory and attended by all members of the emergency teams. Debriefs discussed afterwards should identify opportunities for improvement.
 - 6.3.6 Employees should receive regular mandatory training on the functions and powers of VicPol and security staff including their role in prevention and management, and how and why to lodge a police report.
 - 6.3.7 ANMF members must be provided with sufficient information, instruction and training to facilitate timely reporting of all incidents of OVA, to both the employer and ANMF Vic Branch. HSRs may require that any policy or procedure that disincentivises reporting, be and reviewed and revised.
 - 6.3.8 Health services must provide training to middle management on conducting incident investigations and providing post-incident support.
- 6.4 Policies and procedures
- Employers must develop and implement policies, programs and systems of work to identify OVA hazards, to assess risk and to eliminate or appropriately control risks of OVA so far as reasonably practicable, including:

- a. Code Grey / Planned Code Grey / Code Black policies and procedure with clear process for multiple simultaneous code activations
- b. De-escalation procedures
- c. Escalation – requests for additional staffing or other resources
- d. Prevention and response system, including post-incident response
- e. Local area processes for satellite and regional campuses
- f. Pre-admission and ongoing OVA risk assessments, and appropriate changes to care plans, including the potential for any changes to increase violence and aggression
- g. Patient and visitor searches
- h. Regular review of policies and procedures in consultation with HSRs and members
- i. Processes to regularly review of training to keep currency with industry knowledge

6.5 ANMF (Vic Branch) members

ANMF (Vic Branch) members have the right to:

- 6.5.1 be treated with respect;
- 6.5.2 be consulted on matters related to management of the risk of violence, including procedures, facility design, systems of work and equipment;
- 6.5.3 be informed of, and receive training in, policies, procedures, legal rights and responsibilities, services and resources available to assist staff to prevent and manage occupational violence and aggression;
- 6.5.4 make their own assessments of the degree of risk to themselves, and not put themselves at risk, even if directed to by their employer, which may involve the withdrawal of labour in relation to immediate risks to their health and safety presented by patients, visitors or others;
- 6.5.5 withdraw themselves to a safe area, or defend themselves with the use of reasonable force if physically assaulted;
- 6.5.6 access a health professional of choice for the purpose of recovery from the effects of occupational violence or aggression;
- 6.5.7 report threats, abuse and assaults to the police, and to be involved in any subsequent investigations and proceedings in the justice system;
- 6.5.8 workers' compensation for any physical or psychological injury suffered as a result of occupational violence or aggression; and
- 6.5.9 rehabilitation and return to work so as to achieve the maximum possible functionality, activity and quality of life possible.

7 References

This policy should be read in conjunction with the following ANMF (Vic Branch) policies relating to OHS:

- ANMF (Vic Branch)'s Occupational Health and Safety Policy

Other references include:

Chrisfield, K 2014, "A 10-pronged approach to the prevention of occupational violence against health workers", in Needham I, Kingma M, McKenna K, Frank O, Tuttas C, Kingma S & Oud N, *Fourth International Conference on Violence in the health Sector – Towards safety, security and wellbeing for all*, Kavanah, The Netherlands, pp. 444-447

Department of Health and Human Services 2017, *Code Grey Standards*, September 2017,

<https://www2.health.vic.gov.au/Api/downloadmedia/%7B1DE7558F-55D0-48C7-9E72-DEF1DB9302B3%7D>

Department of Health and Human Services 2018, *Weapons management in Victorian health services*– October 2018, available at

<https://www2.health.vic.gov.au/Api/downloadmedia/%7BA7A50C64-0235-45EB-856E-056B28598991%7D>

Department of Health and Human Services, Occupational Violence and Aggression website, (accessed 26 October 2020)

<https://www2.health.vic.gov.au/health-workforce/worker-health-wellbeing/occupational-violence-aggression>

Department of Human Services 2005, *Victorian Taskforce on Violence in Nursing Final Report– November 2005*, DHS, Melbourne

Parliament of Victoria, 2012, *Inquiry into Violence and Security Arrangements in Victorian Hospitals*– December 2011, Government Printer for State of Victoria, Melbourne

Standards Australia 2010, *Planning for Emergencies – Health Care Facilities*, AS 4083 – 2010

Standards Australia 1997, *Security for Health Care Facilities Part 1 – General Requirements*, AS 4485.1 – 1997

Standards Australia 1997, *Security for Health Care Facilities Part 2 – Procedures Guide*, AS 4485.2 – 1997

Victorian Auditor General’s Office (VAGO) 2015, *Occupational Violence Against Healthcare Workers*, Victorian Government Printer Melbourne.

Violence in Healthcare Taskforce Report – Taking action to reduce violence in Victorian hospitals, June 2016

WorkSafe Victoria 2017, *A Handbook for workplaces – Prevention and management of aggression in health services*, Edition 2, June 2017

WorkSafe Victoria 2006, *Working Safely in Visiting Health Services* (refer to checklist) – 1st Edition, June 2006

8 Relevant legislation

Reference should be made to:

- *Occupational Health and Safety Act 2004*
- Occupational Health and Safety Regulations 2007
- Sentencing Amendment (Emergency Workers) Act 2014
- Justice Legislation Amendment (Confiscation and other matters) Act 2014

For further information, please contact the ANMF (Vic Branch) Office, Telephone (03) 9275 9333.