SAFE WORK AUDIT TOOL

ANMF (VIC BRANCH) UPDATED PLAN TO END OCCUPATIONAL VIOLENCE AND AGGRESSION

[OVA SWAT]

ANMF

Australian® Nursing & Midwifery Federation
VICTORIAN BRANCH

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MEMBERS AND HSRS TOLD US THEY WANTED A PRACTICAL TOOL.

Maddy Harradence, ANMF (Vic Branch) Secretary

FOREWORD

The original *10-Point Plan to End Violence and Aggression* was designed to start to change the way occupational violence and aggression (OVA) was perceived in healthcare and ensure that it was treated as an occupational health and safety issue, rather than simply the inevitable result of clinical issues.

The plan and the subsequently developed Guide for health services helped start a much-needed conversation about what is a complex system of work in healthcare and what needs to be implemented to prevent OVA and the risk to workers. But 12 years on from the plan's release, and 10 years on from the Guide's release, it is time for review, time for updating and time to consider what is next.

Our members and Health and Safety Representatives (HSRs) told us very clearly that they wanted the plan to be more practical in the form of an audit tool. This would enable the guidance to be applied and more easily implemented and monitored in their workplaces. Members also told us they wanted a tool that better recognised the different contexts in which OVA occurs, so that was central to the review. We've taken on board the feedback and worked with a dedicated working group representing many different clinical and other areas of nursing, midwifery and aged care. We added to and amended the original guide for health services and created a Safe Work Audit Tool or 'SWAT'.

The OVA SWAT builds on the learnings that have occurred over the last 12 years. While it supersedes the original guide, all the original concepts are reflected in the OVA SWAT, along with new ones. The extensive detail required to meet the needs in healthcare have meant that the itemised audit tool will now be available online to facilitate more practical and targeted use, while this booklet will provide an overview of what the OVA SWAT is and how to use it.

We look forward to working with you in further implementing strategies to prevent violence and aggression in health.

INTRODUCTION

Every healthcare worker has the right to a physically and psychologically safe workplace, but we know that OVA is all too commonly faced by our members across all areas of healthcare. OVA is a preventable workplace hazard and must not be accepted as an inevitable part of the job as a nurse, midwife or carer.

This OVA SWAT provides a systems-based framework for assessing and strengthening the governance, leadership, work design, workplace and workforce factors that prevent and manage OVA. It supports healthcare organisations and HSRs to identify strengths, gaps and opportunities for improvement and to create safer environments for healthcare workers, patients, families and visitors.

The OVA SWAT applies across all healthcare settings including hospitals, community health services, residential aged care, mental health, home-based care, outreach services and rural and regional services. It is underpinned by the fundamental principle that every worker has the right to a physically and psychologically safe workplace.

FIRST NATIONS PEOPLES AND CULTURAL SAFETY

OVA prevention, like all aspects of our health system, should recognise the importance of cultural safety and the ongoing impacts of colonisation, racism, trauma and health inequities experienced by Aboriginal and Torres Strait Islander peoples.

Services should ensure that risk management processes, workplace design, workforce capability and prevention strategies incorporate culturally safe and trauma-informed approaches.

This includes consultation with Aboriginal and Torres Strait Islander workers, Aboriginal health workers and communities to identify risks, support culturally safe service delivery and promote safe outcomes for workers and healthcare consumers.

UNDERPINNING PRINCIPLES

There are six principles that underpin the OVA SWAT. These principles support the successful use of the audit tool and are the core values and operating assumptions that form the foundation of the entire framework. They explain why OVA prevention matters and what is needed for effective prevention. Principles should be evident across every part of the organisation and every prevention activity.

Without any one of these underpinning principles, an attempted implementation of the audit tool will be unsuccessful.

These are the values that guide all decisions.

1 Workers have the right to a safe and healthy workplace

Every worker has the right to perform their work in an environment that is safe and without risks to physical or psychological health. Occupational violence and aggression is not an acceptable or inevitable part of healthcare work, is preventable and must be prevented at every opportunity.

2 Occupational violence and aggression is a workplace hazard

Occupational violence and aggression must be recognised and managed as a workplace health and safety hazard. Risks arising from violence and aggression should be identified, assessed and controlled using an OHS risk management approach, consistent with the hierarchy of controls.

3 Prevention must be the primary focus

The most effective approach to occupational violence and aggression is prevention. Healthcare employers should prioritise measures that eliminate hazards and reduce risk at the source through workplace design, safe systems of work, staffing, service planning and organisational controls rather than relying on reactive responses or worker behaviour.

4 Workers and HSRs must be consulted

Workers and HSRs possess critical knowledge about workplace hazards and risks, including OVA. Effective prevention requires meaningful consultation and participation of workers and HSRs in hazard identification, risk assessment, control decisions and implementation, incident investigation, workplace change and continuous improvement activities.

5 Safe workplaces and safe care are mutually reinforcing

The safety of nurses, midwives, carers and their patients are complementary objectives. Systems that support the safety, wellbeing and capability of workers also support the delivery of safe, high-quality and respectful care. These are not mutually exclusive, and are in fact mutually reinforcing.

6 Continuous improvement is essential

Prevention of OVA requires ongoing monitoring, review and learning. Organisations should use consultation, incident data, investigations, audits and worker feedback to evaluate controls and continuously improve safety outcomes.

PREVENTION PILLARS

The five prevention pillars identify the key organisational focal points that support the prevention and management of occupational violence and aggression.

They also provide the framework for how organisations assess, implement and improve OVA prevention systems. While each pillar is distinct, they are interconnected and should be considered collectively to support a comprehensive and effective approach to prevention. The pillars can be considered the structures that support implementation.

1

Risk management

OVA risks must be systematically identified, assessed and controlled across all work activities, services and settings. Risk management processes should consider patient, visitor, environmental, organisational and work-related factors and apply the hierarchy of controls to eliminate or reduce risks so far as is reasonably practicable. Risk assessments should be regularly reviewed with HSRs and affected workers and updated when circumstances change or new information becomes available.

2

Safe work design

Work should be designed to eliminate or reduce occupational violence and aggression risks wherever possible. This includes consideration of whether admissions are appropriate to the clinical environment and context, staffing levels, skill mix, acuity, workload, patient flow, models of care, communication systems, escalation pathways, emergency responses and other organisational factors that influence risk.

3

Safe physical environment

The physical environment should support the prevention and management of OVA. Workplace design, security measures, access controls, duress systems, visibility, safe interview spaces, emergency exits, workplace fixtures and fittings and other engineering controls should be implemented to reduce exposure to risk and support worker safety.

4

Workforce capability

Nurses, midwives and personal care workers must be provided with the information, instruction, training, supervision and support necessary to identify, assess, prevent and respond to OVA as it applies to their role. Education and training should support the implementation of risk controls and safe systems of work and should not be relied upon as the primary means of risk control.

5

Governance and organisational systems

Effective prevention requires organisational leadership and commitment through integrated governance arrangements, clear responsibilities, adequate resourcing, robust policies and procedures and the incorporation of OVA prevention into broader organisational systems. Decisions about health service delivery, workplace change, resource allocation and organisational priorities should consider their impact on worker health and safety. Monitoring, review and evaluation processes should be embedded within governance systems to support accountability and continuous improvement.

OVERVIEW

The OVA SWAT is a systems-based audit tool developed to assist in the prevention of occupational violence and aggression in all healthcare settings, and is intended to support healthcare organisations and HSRs to identify strengths, gaps and opportunities for improvement to ensure workplaces are safer for healthcare workers, patients, families and visitors.

PRINCIPLES

What we believe

1 Workers have the right to a safe and healthy workplace	2 Occupational violence and aggression is a workplace hazard	3 Prevention must be the primary focus	4 Workers and HSRs must be consulted	5 Safe workplaces and safe care are mutually reinforcing	6 Continuous improvement is essential

PILLARS

What organisations should focus on systemically

1 Risk management	2 Safe work design	3 Safe physical environment	4 Workforce capability	5 Governance and organisational systems

DOMAINS

What can be assessed and improved

1 Improve security	**Audit 1.1 –** Security governance and workforce capability **Audit 1.2 –** Security risk assessment **Audit 1.3 –** CCTV systems and search procedures **Audit 1.4 –** Duress alarms and systems
2 Identify risk to workers and others	**Audit 2.1 –** Risk assessment and admission processes **Audit 2.2 –** Home visits **Audit 2.3 –** Documentation **Audit 2.4 –** Alerts and risk communication
3 Family and carer engagement	**Audit 3.1 –** Care planning and behaviour support
4 Report and act	**Audit 4.1 –** Incident communication **Audit 4.2 –** Incident investigation **Audit 4.3 –** Incident monitoring **Audit 4.4 –** Governance, consultation and continuous improvement **Audit 4.5 –** External partnerships **Audit 4.6 –** Reporting system effectiveness
5 Prevent violence through workplace design	**Audit 5.1 –** Workplace design and environmental controls
6 Provide education and training to healthcare workers	**Audit 6.1 –** OVA training framework **Audit 6.2 –** Workforce training **Audit 6.3 –** Leadership and management training
7 Integrate legislation, policies and procedures	**Audit 7.1 –** OVA policy framework
8 Provide post-incident support	**Audit 8.1 –** Immediate response, debriefing and wellbeing support **Audit 8.2 –** Recovery and return to work **Audit 8.3 –** Organisational learning and accountability

OVA SWAT

THE 8 DOMAINS

1. IMPROVE SECURITY

Why it matters

Effective and integrated security systems provide an essential foundation for healthcare worker safety. Security measures help prevent OVA incidents, improve response capability and support safe care delivery across diverse healthcare settings.

What good practice looks like

Organisations implement risk-based security systems appropriate to their services and patient cohorts. This includes qualified security workers, security risk assessments, CCTV, duress systems, multi-disciplinary training for healthcare workers with security, search procedures and governance arrangements that ensure security risks are identified and managed proactively.

Key outcomes

- Strong security governance
- Appropriate workforce capability
- Effective security infrastructure
- Rapid response capability
- Consistent risk-based decision making

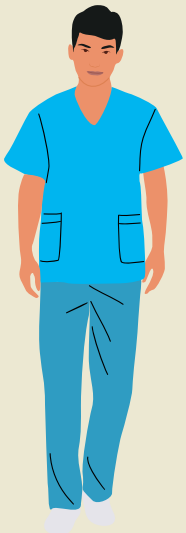
2. IDENTIFY RISK TO WORKERS AND OTHERS

Why it matters

Preventing OVA begins with identifying risk before harm occurs. Early recognition enables proactive planning and implementation of controls that protect workers, patients and visitors.

What good practice looks like

OVA risks are assessed consistently throughout the healthcare journey. Information is documented, communicated and integrated into care planning, alert systems and operational decision making.



Key outcomes

- Early identification of risk
- Consistent risk assessment and implementation of risk control processes
- Effective communication and consideration of risk information and identified successful (and unsuccessful) risk controls
- Better patient admission and allocation decisions
- Reduced escalation and harm

3. FAMILY AND CARER ENGAGEMENT

Why it matters

Families, carers and support people often hold important information about patient needs, triggers, communication preferences and effective support strategies. They can also present OVA risks themselves and therefore must be considered and included when undertaking risk assessments and implementing controls.

What good practice looks like

Services engage patients, families and support persons appropriately in risk assessment, behavioural planning and care delivery while balancing worker safety and service obligations.

Key outcomes

- Better understanding and communication of OVA risk factors and controls
- Improved behavioural support planning
- Enhanced collaboration
- Earlier intervention
- Safer care environments
- More consistent care and behaviour support planning
- Improved identification and management of family, visitor and support person risks

4. REPORT AND ACT

Why it matters

Reporting and investigation systems enable organisations to understand risks, identify trends, learn from past occurrences and prevent future incidents.

What good practice looks like

Nurses, midwives and carers are supported to report incidents, hazards and near misses. Investigations focus on system improvement and corrective actions are monitored for effectiveness. Trends are identified across all types of OVA incidents and not just those that have catastrophic or serious consequences.

Key outcomes

- Strong reporting culture
- Organisational learning
- Timely corrective action
- Improved risk controls
- Better governance oversight

5. PREVENT VIOLENCE THROUGH WORKPLACE DESIGN

Why it matters

The physical environment can contribute to, or reduce, occupational violence risk. Safe design is one of the most effective prevention strategies available.

What good practice looks like

Workplaces are designed using risk assessment, consultation and safe design principles. Environmental controls support visibility, access, egress, supervision, emergency response and the management of identified OVA risk.

Key outcomes

- Safer environments
- Reduced environmental triggers
- Improved emergency response
- Better workforce confidence
- Fewer opportunities for OVA
- Improved management of identified OVA risks
- Safer access, egress and worker-only areas
- Stronger workplace security and environmental controls

6. PROVIDE EDUCATION AND TRAINING TO HEALTHCARE WORKERS

Why it matters

Workers need the knowledge, skills and confidence to identify, prevent and respond to OVA risks, and also to understand how OVA must be considered within every aspect of their work.

What good practice looks like

Education is risk-based, practical and relevant to the work environment. Training supports prevention, de-escalation, reporting, response and recovery, as well as the broader organisational OVA prevention systems in place.

Key outcomes

- Increased workforce capability
- Improved confidence
- Consistent responses
- Better risk identification
- Enhanced prevention outcomes
- Cross-disciplinary support and consistency of understanding of risk

7. INTEGRATE LEGISLATION, POLICIES AND PROCEDURES

Why it matters

Clear policies and procedures provide the foundation for consistent and legally compliant management of OVA risks. They support consistent decision-making, accountability, consultation, compliance with legislative requirements and continuous improvement.

What good practice looks like

The organisation maintains a contemporary OVA policy framework supported by practical procedures, effective consultation, clear governance processes and regular review. Policies and procedures are accessible, regularly evaluated and used to guide prevention, response and continuous improvement activities.

Key outcomes

- Compliance with legal obligations
- Consistent organisational practices
- Clear responsibilities
- Effective risk governance
- Better information sharing
- Meaningful worker and HSR consultation
- Effective policy implementation and review
- Continuous improvement in OVA prevention and management

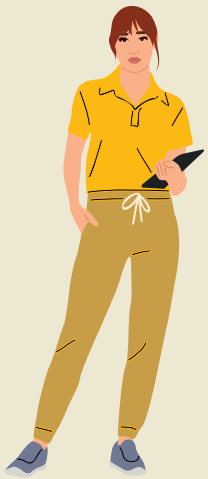
8. PROVIDE POST-INCIDENT SUPPORT

Why it matters

The effects of OVA can continue long after an incident occurs and don't just impact those immediately involved. Trauma can be cumulative, and multiple exposures can create lasting impacts. Timely support assists recovery, reduces psychosocial harm and strengthens workforce wellbeing.

What good practice looks like

Workers receive immediate support, follow-up care, wellbeing services, recovery assistance and return-to-work support where required.



Key outcomes

- Improved worker recovery
- Reduced psychological harm
- Stronger organisational trust
- Better retention and wellbeing
- Enhanced organisational learning

The OVA Safe Work Audit Tool has 8 domains. Under each domain you can access the relevant audit documents which are formatted as editable PDFs.

Audit documents can be completed by anyone, particularly HSRs or organisational representatives (in consultation with relevant HSRs) and should be used to develop action plans to address any areas of partial or non-compliance.

Where an HSR completes an audit, you are able to then use these to highlight non-compliance or questions that have been identified and raise these with your employer for further action.

HOW TO USE THIS OVA SWAT

This OVA SWAT supports healthcare organisations, HSRs and workers to assess and improve systems for preventing OVA. It can be used to identify strengths, gaps and opportunities for improvement and to support a structured approach to risk management.

The tool applies across all healthcare settings, including hospitals, community health services, residential aged care, mental health services, home-based care, outreach services and rural and regional services, and should be applied to the specific context in which it is being used. It is underpinned by the fundamental principle that every worker has the right to a physically and psychologically safe workplace.

The entire OVA SWAT does not have to be completed at once. Individual audits can be used independently to assess and improve specific areas, such as security, incident reporting, workplace design, consultation arrangements or patient alert systems.

Audit findings can then be used to develop and monitor action plans and identify areas where improvements can be made. There may be particular sections in a workplace where there are concerns, ongoing incidents or consistent failures and the OVA SWAT can be used to identify more specific concerns to focus on. It may also be used to develop an organisation-wide action plan, looking at each domain and consideration and how these can be addressed.

The OVA SWAT may be used as:

- a comprehensive review of an organisation's OVA prevention systems;
- a targeted audit of a specific risk, department or service; or
- an action planning tool to address a particular issue or improvement project.

Scan the QR code to access the OVA SWAT or visit anmfvic.asn.au/OVASWAT.

Use it to identify risks, gaps and opportunities to strengthen OVA prevention in your workplace.

There is NO EXCUSE for ABUSE

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VICTORIAN BRANCH

POSTER CONCEPT BY ANMF JOB REP ASHLEY PRENDERGAST

IF YOU...
EXPERIENCE OCCUPATIONAL VIOLENCE OR AGGRESSION...

REPORT THE INCIDENT

1 **REPORT IT TO YOUR EMPLOYER**

2 **REPORT IT TO YOUR HSR**

REPORT VIA YOUR WORKPLACE REPORTING SYSTEM SUCH AS VHIMS/RISKMAN, TO YOUR MANAGER AND TO YOUR HSR.

3 **REPORT IT TO YOUR UNION (ANMF)**

ANMF OVA NOTIFICATION

ANMF MEMBERS CAN USE OUR ONLINE FORM TO REPORT A VIOLENT OR AGGRESSIVE INCIDENT TO YOUR UNION SO WE CAN ENSURE YOU HAVE THE RIGHT SUPPORT AND FOLLOW UP SAFETY ISSUES IN YOUR WORKPLACE.

ANMFVIC.ASN.AU/OVAREPORT

TERMINOLOGY

Safe Work Audit Tool (SWAT)

A structured framework used to assess systems, identify strengths, gaps and risks, and support continuous improvement in the prevention and management of occupational violence and aggression. The tool may be used as a comprehensive review or to focus on a specific issue, service area or improvement project.

Consultation

Sharing information and giving workers and HSRs a reasonable opportunity to express their views and contribute to health and safety decisions and then taking these views into account before making a final decision.

Continuous improvement

The ongoing process of reviewing performance, learning from experience and implementing changes to improve health and safety outcomes.

Cultural safety

An environment that is spiritually, socially, emotionally and physically safe for people and where their identity, culture and experience are respected.

Duress system

A system that allows workers to quickly summon assistance during an emergency or when faced with a threat of violence or aggression.

Hierarchy of controls

A system for controlling risk that prioritises elimination of hazards, followed by other controls that reduce risk as far as reasonably practicable.

HSR (Health and Safety Representative)

A worker elected by workers to represent members of a designated work group on health and safety matters.

Occupational Violence and Aggression (OVA)

Any incident where a worker is abused, threatened, intimidated or assaulted in circumstances arising out of, or in the course of, their work.

Patient

Patient is used to include patient, consumer, client and resident.

Psychological health

A state of mental wellbeing that is free from work-related psychological injury and supports a worker's ability to participate safely and effectively in work.

Risk management

The process of identifying hazards, assessing risks and determining and implementing appropriate control measures, and then continuously reviewing to address as appropriate.

Safe design

The integration of health and safety considerations into the design of workplaces, equipment, systems of work and services.

RESOURCES

Framework for Preventing and Managing Occupational Violence and Aggression: Tool for Health Services
health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/f/framework_preventing_and_managing_occupational_violence_and_aggression_v3.pdf

Framework for Preventing and Managing Occupational Violence and Aggression: Guide to Implementation
health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/o/ova-framework-guide-to-implementation.docx

Prevention and Management of Aggression in Health Services: A Handbook for Workplaces
worksafe.vic.gov.au/resources/prevention-and-management-violence-and-aggression-health-services

Guide for Security Arrangements to Prevent and Manage Occupational Violence and Aggression
health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/o/ova-guide-for-security-arrangements.docx

Security Risk Assessment Tool
health.vic.gov.au/sites/default/files/migrated/files/collections/forms-and-templates/o/ova-security-risk-assessment-tool.docx

Duress Alarms in Healthcare (WorkSafe Victoria)
worksafe.vic.gov.au/safety-alerts/duress-alarms-healthcare

Criteria for Searches to Maintain Safety in an Inpatient Unit
health.vic.gov.au/chief-psychiatrist-guidelines/criteria-for-searches-to-maintain-safety-in-an-inpatient-unit

WorkSafe Victoria OVA Incident Investigation Tool
content-v2.api.worksafe.vic.gov.au/sites/default/files/2018-08/ISBN-WorkSafe-OVA-incident-investigation-tool.pdf

Notifiable Incidents under the Occupational Health and Safety Act 2004
worksafe.vic.gov.au/notifiable-incidents-under-occupational-health-and-safety-act-2004

High-Impact Interventions for Occupational Violence: Building Better Partnerships Between Police and Health Services
health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/1/high-impact-interventions-occupational-violence.pdf

Designing Safer Buildings and Structures
content-v2.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Designing-safer-buildings-and-structures-2005-12.pdf

Occupational Violence and Aggression Training
health.vic.gov.au/worker-health-wellbeing/occupational-violence-and-aggression-training

Guide for Violence and Aggression Training in Victorian Health Services
health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/violence-aggression-training-guide-health-services-doc.docx

Minimum Training Standards: Preventing and Managing Clinical Aggression Including the Use of Physical Restraint
health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/m/minimum-training-standards.docx

Post-Incident Support
health.vic.gov.au/worker-health-wellbeing/post-incident-support

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