ANMF Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

1 IMPROVE SECURITY

AUDIT 1.1:
SECURITY GOVERNANCE AND WORKFORCE CAPABILITY

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 1.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Clear baseline security standards and processes of work are established, including consideration of: • security workforce requirements • CCTV systems • duress alarm systems • code grey and code black response arrangements • security coverage and operating hours.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: security management plan/security framework

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. A trained and competent security workforce is available and accessible across operational areas and service hours, appropriate to the service's assessed risk profile.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: external security audit reports

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Organisation maintains and monitors security workforce capability requirements to ensure security workers are appropriately qualified, trained, supervised and assessed for the risks and service environment in which they operate.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: audit action plans/corrective action registers

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Security resources and workforce levels are determined through site-specific security risk assessments and incident data, including: • minimum staffing requirements • response capability • allocation of resources to high-risk areas • alternative controls where dedicated security is not available.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: site-specific security risk assessment reports

AUDIT 1.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Security roles, responsibilities and escalation arrangements are clearly documented and communicated to workers.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: security roles and responsibilities framework

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Internally employed security services are prioritised where reasonably practicable. Where outsourced security services are utilised, equivalent standards of training, capability, supervision and performance are demonstrated.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: security workforce strategy

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Clinical leadership is established during security incidents, with security personnel operating in support of clinical teams and agreed safety management plans.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: code grey and code black procedures

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Independent reviews or audits of security arrangements are undertaken periodically, with improvement actions monitored, reported and escalated through OVA, OHS and governance structures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: independent security audit reports

AUDIT 1.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Improvements identified through audits, reviews and risk assessments are monitored, reported and tracked to completion through governance structures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: progress and status reports

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Workers, HSRs and relevant stakeholders are consulted in security governance activities including reviews, audits and improvement initiatives.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: consultation and engagement records

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. A documented process is implemented to identify, assess, prioritise and apply for relevant security and OVA funding opportunities, informed by security risk assessments.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: funding application policy/procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Dedicated and sustainable funding for security and OVA prevention initiatives is maintained within organisational budgets and resource planning processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: approved annual budget showing security funding allocations

For more *Improve security* audits visit
anmfvic.asn.au/OVAsecurityaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

ANMF Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

1

IMPROVE SECURITY

AUDIT 1.2:
SECURITY RISK ASSESSMENT

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 1.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Comprehensive security risk assessments are conducted and regularly reviewed across all operational areas and points of care, considering the following: • incident trends • near misses • hazard reports • environmental risks • significant changes to services/risk profiles.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: security risk assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. External and co-located services (e.g. ambulance services, Victoria Police and other attending services) are considered within the organisation's overall security risk-profile and control measures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: Memoranda of Understanding (MOUs), or service agreements with external agencies

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Documented safe zones and lockdown procedures are implemented, including: • clear delineation of security coverage areas • workers having appropriate access • worker awareness and training • functionality of infrastructure.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: emergency management plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Security risk assessments include consideration of physical security controls, access management arrangements, restricted areas and after-hours access processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: access control audits and swipe-card access reviews

AUDIT 1.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Security risks are periodically reviewed using site inspections, audits, incident data and consultation with workers and relevant external agencies where appropriate.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: site inspection reports and walk-through records

For more *Improve security* audits visit
anmfvic.asn.au/OVAsecurityaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

ANMF Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

1

IMPROVE SECURITY

AUDIT 1.3:

CCTV SYSTEMS AND SEARCH PROCEDURE

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 1.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. CCTV is installed in high-risk areas, based on standardised risk assessment methodology across all work areas.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: CCTV coverage plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Continuous monitoring procedures are implemented, including from a security control room where applicable, to support timely incident identification and response.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: CCTV/control room monitoring

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Clear protocols govern the access, use, storage and release of CCTV footage, including its use for incident investigation and organisational learning, with monitoring and oversight processes in place to ensure compliance with privacy and legal requirements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: CCTV management policy

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Specific guidelines are in place regarding the use of body-worn cameras (BWC), including requirements for: • activation • data handling • authorised access • review processes for footage.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: BWC operating and management procedure

AUDIT 1.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. CCTV coverage and camera positioning are reviewed periodically against incident locations and emerging risk areas.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA incident trend analysis reports

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Search procedures are implemented for patients and visitors and include clear guidance regarding: ▪ consent ▪ legal requirements ▪ escalation pathways ▪ situations where treatment or access may be limited.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: documented patient and visitor procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Search processes are risk-based, consistently applied and informed by available clinical, behavioural and security information.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: completed search risk assessments or patient risk assessments demonstrating application of search requirements

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Searches are undertaken safely, ethically and in accordance with organisational procedures, including use of appropriate screening tools and escalation processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: search procedure demonstrating required search methods, screening tools and escalation processes

AUDIT 1.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Protocols exist for the management, storage, documentation and handover of prohibited or confiscated items.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: register of confiscated items

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Workers receive education and training in search procedures and associated safety controls	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: search procedure training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Safe environments are identified and maintained for undertaking searches where required.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: designated search area identified in local security or operational procedures

For more *Improve security* audits visit
anmfvic.asn.au/OVAsecurityaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

ANMF Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

1

IMPROVE SECURITY

AUDIT 1.4:
DURESS ALARMS AND SYSTEMS

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 1.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Duress alarm system needs analyses are conducted, with documented evidence supporting decisions to implement or decline systems across all areas, choice of system, functionality etc.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: duress alarm needs analysis report

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Duress alarm systems meet minimum safety requirements (e.g. GPS location and transmission and response verification), with testing schedules in place to ensure ongoing functionality.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: duress system testing and maintenance schedule

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Clear processes define who is alerted and responsible for responding to duress activations.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: code grey and code black procedures

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Workers, including transient workers, receive orientation, education and information to ensure they are aware of duress alarm locations and competent in the use of duress systems.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: agency, contractor and transient worker induction records

AUDIT 1.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Duress systems are stress tested following new installations, building works, refurbishments, and fit-outs to verify coverage, functionality and response effectiveness.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-installation testing reports

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Duress alarm activations and response drills are routinely reviewed to evaluate system performance, response effectiveness, high-risk locations and improvement opportunities, with identified issues rectified.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: duress activation review reports

For more *Improve security* audits visit
anmfvic.asn.au/OVAsecurityaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

Australian® Nursing & Midwifery Federation
VICTORIAN BRANCH

2 IDENTIFY RISK TO WORKERS AND OTHERS

AUDIT 2.1:

RISK ASSESSMENT AND ADMISSION PROCESSES

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 2.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Pre-admission OVA risk assessments are undertaken using documented and consistent processes appropriate to the service context.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: pre-admission OVA risk assessment tool

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Admission risk assessments identify patient-related and visitor/family-related violence risks and are used to inform admission decisions.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: admission review and escalation records

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Risk assessments consider patient-related, workforce and setting-specific factors including dementia, cognitive impairment, mental health presentations, community-based care delivery, geographical isolation and lone worker arrangements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: admission risk-assessment tool

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Risk information is shared effectively across departments, programs, other services, agencies, and transitions of care.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: clinical handover procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Admission decisions prioritise workers' safety and appropriate patient allocation.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: risk-based patient allocation records

AUDIT 2.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Identified risks lead to clear, proactive control measures that are supported and enforced by leadership.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: risk-management plans

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. The environment and available resources support safe care delivery for individuals with identified risks.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: patient care plans

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Previous incidents, alerts, behavioural support and management plans, and external agency information, are reviewed before acceptance wherever available.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: patient alert and flagging system records

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Risk assessment is completed on arrival and informed by inter-agency information, and determines patient placement and care environment.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: admission risk-assessment tool

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. A consistent OVA risk tool is used across all services.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: standardised OVA risk-assessment tool

AUDIT 2.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Risk assessments are repeated when a patient's clinical condition, behaviour, treatment status or environment changes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: completed reassessment records

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Documentation captures known triggers, escalation indicators and effective de-escalation strategies.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour support/management plans

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Immediate controls are implemented based on assessed risk.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: escalation and response procedures

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. Staffing and resources support timely risk management.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: risk-based staffing plans

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Current OVA risk information is readily identifiable, visible and communicated across care transitions through alert systems, previous presentation history and relevant inter-agency information.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: patient alert/flagging system records

AUDIT 2.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
p. Alerts (e.g., NWN, FYIs) are standardised, reviewed and actionable.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: alert-system procedure and review records

Consideration	Compliant	Partially compliant	Not compliant or unknown
q. Clear processes support escalation, redirection or discharge when safety risks are identified.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: escalation and patient-flow procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
r. Risk assessments incorporate previous incidents, alerts, historical information and relevant information received from patients, families, support persons and external agencies.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: completed OVA risk assessments

Consideration	Compliant	Partially compliant	Not compliant or unknown
s. Risk assessments consider risks associated with patients, visitors, support persons and family members where relevant to worker safety.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: completed OVA risk assessments

Consideration	Compliant	Partially compliant	Not compliant or unknown
t. Risk assessments consider known risk factors, escalation indicators, protective factors and circumstances that may increase or reduce the likelihood of OVA.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour support and risk-assessment documentation

AUDIT 2.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
u. OVA risks are reassessed following changes in condition, behaviour, treatment status or care environment.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: updated risk-assessment records

Consideration	Compliant	Partially compliant	Not compliant or unknown
v. Risk assessments consider known risk factors, escalation indicators, protective factors and circumstances that may increase or reduce the likelihood of OVA.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: risk-management or safety plans demonstrating implemented controls

For more *Identify risk to workers and others* audits visit **anmfvic.asn.au/OVAriskaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

2 IDENTIFY RISK TO WORKERS AND OTHERS

AUDIT 2.2:
HOME VISITS

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 2.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Prior to visits, OVA risks, triggers and environmental risks are assessed, documented and communicated to support safe care delivery, with alternative arrangements implemented where the home environment is assessed as unsuitable.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: completed home-visit risk assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Risk information is readily accessible across services.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: client record alerts/flags

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Workers are trained in OVA and community safety and supported by effective risk controls, including (but not limited to) alternative service arrangements, paired visits, stop-work authority and functional duress systems.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA and community safety training record

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Safety concerns are reported and actioned.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: reported safety concern with documented corrective actions

AUDIT 2.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Continuous review of home-visit safety practices	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA committee minutes reviewing home-visit safety risks and controls

For more *Identify risk to workers and others* audits visit **anmfvic.asn.au/OVAriskaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation
VICTORIAN BRANCH

2 IDENTIFY RISK TO WORKERS AND OTHERS

AUDIT 2.3:
DOCUMENTATION

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 2.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. OVA hazards, risks, controls and required actions are documented, clearly visible and accessible to workers.	☐	☐	☐
Action required and by when	**Evidence of compliance**		
	for example: OVA alerts/behavioural alerts visible within patient records		
Consideration	**Compliant**	**Partially compliant**	**Not compliant or unknown**
b. Risk documentation is regularly reviewed and updated to support timely decision-making and risk management.	☐	☐	☐
Action required and by when	**Evidence of compliance**		
	for example: completed risk assessments showing documented review and update dates		

For more *Identify risk to workers and others* audits visit **anmfvic.asn.au/OVAriskaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation
VICTORIAN BRANCH

2 IDENTIFY RISK TO WORKERS AND OTHERS

AUDIT 2.4:
ALERTS AND RISK COMMUNICATION

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 2.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. End-to-end patient alert system in place for real-time communication across care settings.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: patient alert/behavioural alert system

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Governance, oversight and executive support established for alerts and behaviours of concern.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: alert governance committee minutes

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Standardised, accessible multidisciplinary behavioural and support and management plans are implemented.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour support and management plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Worker training, support and escalation pathways enable safe enforcement of standards of behaviour.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: BOC and OVA escalation procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Alert systems support identification and communication of risks associated with visitors, family members and support persons.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: visitor alert system records

AUDIT 2.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Processes exist for initiating, reviewing, escalating and removing patient and visitor alerts.	☐	☐	☐
Action required and by when	**Evidence of compliance**		
	for example: alert-management procedure		
Consideration	**Compliant**	**Partially compliant**	**Not compliant or unknown**
g. Processes exist for managing unsafe visitor behaviour, including escalation pathways	☐	☐	☐
Action required and by when	**Evidence of compliance**		
	for example: visitor behaviour management procedure		
Consideration	**Compliant**	**Partially compliant**	**Not compliant or unknown**
h. All workforce groups have access to relevant alert information.	☐	☐	☐
Action required and by when	**Evidence of compliance**		
	for example: alert information accessible within the clinical record system		
Consideration	**Compliant**	**Partially compliant**	**Not compliant or unknown**
i. Alert systems support communication of risk information across services and transitions of care.	☐	☐	☐
Action required and by when	**Evidence of compliance**		
	for example: handover documentation containing alert information		
Consideration	**Compliant**	**Partially compliant**	**Not compliant or unknown**
j. Alert information is standardised, accurate and current.	☐	☐	☐
Action required and by when	**Evidence of compliance**		
	for example: alert review records		

AUDIT 2.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Alerts are visible within systems and include relevant risk information and safety actions.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: patient record alert displaying risk information and required controls

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Alert systems are routinely reviewed for relevance and effectiveness.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: alert system audit report

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Worker safety is prioritised, with clear escalation and organisational support where risk remains.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: escalation and response procedure

For more *Identify risk to workers and others* audits visit **anmfvic.asn.au/OVAriskaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

3 FAMILY AND CARER ENGAGEMENT

AUDIT 3.1:

CARE PLANNING AND BEHAVIOUR SUPPORT

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 3.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Patients presenting an OVA risk have documented care and behavioural management plans that support the early identification, assessment and management of risks.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour support plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Care plans incorporate known triggers, escalation indicators, communication strategies, effective de-escalation approaches and other control measures (environmental, treatment etc) to manage OVA risks and contributing factors.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA care plan documenting triggers and de-escalation strategies

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. OVA-related care plans are developed and reviewed using a multidisciplinary approach, including consultation with workers providing direct care.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: multidisciplinary care plan review record

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. OVA-related care plans are linked to alert systems and flags, and are readily visible within clinical workflows across departments, services, campuses and transitions of care.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: care plan linked to patient alert/flag system

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Care plans and associated controls are reviewed following incidents, transfers of care, changes in condition or identification of new risk information.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: updated care plan following an incident review

AUDIT 3.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Governance arrangements define responsibility for development, implementation, review and escalation of OVA-related care plans.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: care planning policy or procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Worker safety considerations are balanced with patient care, with clear escalation pathways where competing risks exist.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: escalation procedure addressing worker and patient safety risks

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Behaviour support and management plans are developed for patients identified as presenting an OVA risk.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour support and management plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Behaviour support plans identify known triggers, preventative strategies, behavioural expectations and escalation responses.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour support and management plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Families, support persons and relevant stakeholders are engaged in behavioural planning where appropriate.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: care planning record demonstrating family/support person involvement

AUDIT 3.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Behaviour support plans are visible, accessible and communicated to relevant workforce groups.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour management and support plan available within the clinical record

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Behaviour support plans are visible, accessible and communicated to relevant workforce groups.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: clinical handover record referencing the behaviour support and management plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Behaviour support plans are reviewed following incidents, behavioural escalation and changes in identified risk.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: reviewed behaviour support and management plan with documented update date

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. Behaviour planning considers cultural, family and community factors where relevant.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behaviour support plan documenting cultural or family considerations

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Behaviour support approaches include clear communication of behavioural expectations, behavioural agreements, visitor restrictions, warning notices and escalation responses where appropriate.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: behavioural agreement or warning notice documentation

AUDIT 3.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
p. Behaviour support processes include documented pathways for alternative service arrangements, police involvement, sanctions and restricted access where risks cannot be safely managed and where lawful and appropriate.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: escalation and behavioural response procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
q. Workers are supported when implementing behavioural controls and other safety measures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: manager or executive escalation and support procedure

For more *Family and carer engagement* audits visit **anmfvic.asn.au/OVAengageaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

4 REPORT AND ACT

AUDIT 4.1:
INCIDENT COMMUNICATION

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 4.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Clear processes exist for reporting OVA incidents, hazards, threats, near misses and cumulative exposure events.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA incident reporting procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Reporting requirements, pathways, investigation processes and available supports following incidents are communicated during orientation, training and ongoing workforce education.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA orientation and training materials

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Workers receive feedback regarding reported incidents, investigation outcomes, recommendations, implemented controls and organisational learnings arising from incidents.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident investigation outcome communication to workers

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Information regarding OVA trends and organisational responses is routinely communicated to workers.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA dashboard or workforce safety report

AUDIT 4.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Communication processes support trust, transparency and a positive reporting culture.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: worker survey results relating to incident reporting culture

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Reporting processes support identification of physical, verbal, psychosocial and cumulative OVA exposure events.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident reporting system categories and options

For more *Report and act audits* visit
anmfvic.asn.au/OVAreportaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

4 REPORT AND ACT

AUDIT 4.2:
INCIDENT INVESTIGATION

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 4.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. OVA incidents are investigated using a documented investigation framework and defined escalation criteria.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA incident investigation procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. All OVA incidents and near misses are reviewed to determine investigation requirements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident triage and review records

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Investigations are commenced and completed within agreed timeframes by workers who are appropriately trained and competent.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: investigator training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Sufficient time and resources are allocated to support quality investigations.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: completed investigation reports demonstrating allocated investigator time

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Affected workers, HSRs and others involved in incidents are consulted and provided the opportunity to contribute to the investigation process.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: investigation interview records

AUDIT 4.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Investigations examine system, organisational, environmental, clinical and human factors, including the patient journey, known triggers and events preceding escalation.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: completed incident investigation report

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Investigations include review of the patient journey, behavioural triggers and events preceding escalation.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: root cause/contributing factors analysis

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Corrective actions focus on elimination or reduction of risk through system-level controls where possible.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: corrective action plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Investigation findings, recommendations and corrective actions are documented and supported by action plans with assigned responsibilities, implementation of action dates, review dates, and are communicated and reviewed for effectiveness.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident action register

AUDIT 4.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Managers responsible for investigations have delegated authority to implement or escalate controls.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: delegations or incident-management procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Processes exist to review incidents involving cumulative exposure, psychosocial hazards and repeated aggression.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: psychosocial hazard review records

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Investigation processes are undertaken using a no-blame, systems-focused approach.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident investigation framework

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Investigation findings are used to inform policy, procedure, training and risk-control improvements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: evidence of implemented improvements arising from investigations

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. Repeated incidents and cumulative exposure events are reviewed to identify systemic risks and prevention opportunities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA trend analysis report

AUDIT 4.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Workers involved in incidents are consulted during investigations and review activities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: worker consultation records within investigation files

For more *Report and act audits* visit
anmfvic.asn.au/OVAreportaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

4 REPORT AND ACT

AUDIT 4.3:
INCIDENT MONITORING

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 4.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. OVA incident data is routinely analysed to identify trends, recurring risks and emerging hazards.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA incident trend analysis report

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Monitoring includes incidents, near misses and hazard reports of physical, verbal, psychosocial and cumulative OVA exposure events.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA dashboard or incident data report

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Reporting systems support meaningful analysis of OVA risks, contributing factors and control effectiveness.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: RiskMan incident analysis report

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Incident trends are reviewed through OVA, OHS and governance committees, including with HSRs, with a focus on prevention.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA committee meeting minutes

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Actions arising from incidents are tracked, reviewed and closed out within agreed timeframes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: corrective action register

AUDIT 4.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Repeat incidents, high-risk areas and recurring themes are monitored to determine whether additional controls are required.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA trend analysis report

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Data is maintained to support trend analysis across locations, services, patient cohorts and risk factors.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA dashboard

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Increases or decreases in reporting are reviewed within the context of reporting culture, workforce awareness and risk exposure.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: governance report reviewing OVA reporting trends

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Organisational learning is used to inform workforce planning, environmental improvements, education and care-planning processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA improvement action plan linked to incident findings

For more *Report and act audits* visit
anmfvic.asn.au/OVAreportaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

4 REPORT AND ACT

AUDIT 4.4:

GOVERNANCE, CONSULTATION AND CONTINUOUS IMPROVEMENT

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 4.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. OVA data is routinely reported to executive leadership and boards.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: board OVA performance report

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Governance reporting includes incident severity, themes, risk factors (including psychosocial indicators, cumulative exposure and repeated incidents), worker impact and control effectiveness.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA governance dashboard

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. OVA committees reviews incident trends, investigations, recommendations and corrective actions.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA committee meeting minutes

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Governance, board and executive reporting include monitoring of overdue actions, implementation of controls and effectiveness of controls.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: corrective action status report

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Boards and executives receive sufficient information to understand organisational OVA risks and resource requirements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: executive OVA risk report

AUDIT 4.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Governance arrangements monitor consultation with workers and HSR involvement in OVA prevention activities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: HSR consultation records

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Executives are accountable for implementing measures to prevent and reduce OVA.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: executive accountability framework

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. OVA performance measures are incorporated into organisational governance and assurance processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: board assurance framework

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. OVA governance structures include multidisciplinary representation.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA committee terms of reference

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Workers, HSRs and relevant workforce groups are consulted regarding OVA prevention activities, controls and system improvements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: consultation meeting records

AUDIT 4.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. OVA committee membership, reporting structures, actions and outcomes are communicated to relevant stakeholders.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: committee communiqué or meeting summary

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. OVA incident trends, investigations and organisational learnings are routinely reviewed through governance structures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: governance committee meeting minutes

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Action plans arising from incidents, audits, reviews and consultation activities are monitored and reviewed through governance processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA action register

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. OVA prevention initiatives are informed by workforce feedback, consultation, incident data and security information.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA improvement plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Resources allocated to OVA prevention activities are reviewed through governance processes to ensure ongoing effectiveness.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA budget review report

AUDIT 4.4

Consideration	Compliant	Partially compliant	Not compliant or unknown
p. Continuous improvement activities are informed by consultation, organisational learning and performance monitoring.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: continuous improvement register

For more *Report and act audits* visit
anmfvic.asn.au/OVAreportaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

4 REPORT AND ACT

AUDIT 4.5:
EXTERNAL PARTNERSHIPS

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 4.5

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Formal partnerships and processes exist with Victoria Police regarding OVA incidents and prevention strategies and are communicated and regularly reviewed.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: Victoria Police liaison agreement

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. The organisation maintains documented procedures supporting police reporting of OVA incidents where appropriate.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: police reporting procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Workers receive information, support and assistance regarding police reporting, statements, prosecutions and personal safety orders.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: worker guidance document on police reporting and legal processes

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Workers are supported to report assaults and other criminal acts to police.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: documented worker support procedure for police reporting

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. The organisation maintains regular communication and consultation with local police and external agencies regarding OVA risks and responses where lawful and appropriate.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: meeting minutes with Victoria Police or external agencies

AUDIT 4.5

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Processes exist to share relevant OVA risk information during transfers between services and agencies.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: information sharing procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Relationships with police, ambulance services and other relevant agencies support coordinated risk management.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: Memorandum of Understanding (MOU) with external agencies

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Organisational procedures clearly outline when and how police involvement should occur.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: police escalation procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. External partnerships contribute to prevention activities as well as post-incident response.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: joint OVA prevention initiative or action plan

AUDIT 4.5

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. External partnership arrangements are reviewed following significant incidents and used to inform continuous improvement.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident partnership review report

For more *Report and act audits* visit
anmfvic.asn.au/OVAreportaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

4 REPORT AND ACT

AUDIT 4.6:
REPORTING SYSTEM EFFECTIVENESS

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 4.6

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Reporting systems are accessible, user-friendly and available to all workforce groups.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident reporting system user guide

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Reporting systems support timely reporting of incidents, hazards, threats, near misses and cumulative exposure events.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA incident reporting procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Reporting processes are accessible to workers from diverse backgrounds and abilities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: accessible reporting procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Reporting categories capture physical, verbal, psychosocial and cumulative OVA exposure events.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident reporting system categories

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Reporting systems support collection of information required for meaningful analysis and prevention activities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA incident reporting form

AUDIT 4.6

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Workers can report incidents without fear of blame, reprisal or negative consequences.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: incident reporting policy

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Reporting systems provide mechanisms for tracking actions and communicating outcomes to reporters.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: closed incident report showing outcomes communicated to the reporter

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Reporting barriers are routinely reviewed and addressed through consultation with workers and HSRs.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: worker consultation records regarding reporting systems

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Reporting system effectiveness is monitored through governance, OHS and OVA committee structures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA committee meeting minutes

AUDIT 4.6

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Reporting systems support organisational learning and continuous improvement in OVA prevention and management.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA improvement plan informed by incident data

For more *Report and act audits* visit
anmfvic.asn.au/OVAreportaudits

For other OVA audits visit
anmfvic.asn.au/OVASWAT

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

5 PREVENT VIOLENCE THROUGH WORKPLACE DESIGN

AUDIT 5.1:

WORKPLACE DESIGN AND ENVIRONMENTAL CONTROLS

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes No

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 5.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Workplace design incorporates OVA prevention principles and supports the safety of workers, patients and visitors.			

Action required and by when	Evidence of compliance
	for example: workplace design risk assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Safe design is used as a primary prevention strategy and is prioritised before reliance on administrative controls such as training.			

Action required and by when	Evidence of compliance
	for example: design plans demonstrating implemented engineering controls

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Workplace design risk assessments are undertaken during planning, design, construction, refurbishment and commissioning phases.			

Action required and by when	Evidence of compliance
	for example: completed workplace design risk assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Design decisions are informed by current and projected patient cohorts, models of care, service demands, patient demographics and workforce requirements.			

Action required and by when	Evidence of compliance
	for example: service planning or business case documentation

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Workplace design promotes safety and security through controlled access, clear lines of sight, worker visibility and clearly defined spaces.			

Action required and by when	Evidence of compliance
	for example: facility floor plans

AUDIT 5.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Workers have access to safe retreat areas, exits and emergency response pathways.			

Action required and by when	Evidence of compliance
	for example: emergency evacuation plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Clinical environments, including consultation, interview and treatment areas, provide safe access, egress and emergency escape arrangements for workers, patients and visitors.			

Action required and by when	Evidence of compliance
	for example: consultation room design assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Home visit protocols support workers to safely access and exit residences and other community-based environments.			

Action required and by when	Evidence of compliance
	for example: home visit safety procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Systems are in place to minimise isolated work risks and ensure workers, including those working across multiple locations, are aware of local environmental hazards and controls.			

Action required and by when	Evidence of compliance
	for example: lone worker safety procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Security infrastructure, including CCTV, duress systems and emergency response arrangements, is incorporated into workplace design and routinely tested.			

Action required and by when	Evidence of compliance
	for example: security infrastructure testing records

AUDIT 5.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Workplace design incorporates secure worker-only areas, access controls and other measures that support consistent OVA risk controls across services, campuses and care settings.			

Action required and by when	Evidence of compliance
	for example: access control plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Signage, wayfinding and environmental design of waiting areas, treatment spaces, interview rooms, car parks and external environments minimise confusion, frustration and OVA risks.			

Action required and by when	Evidence of compliance
	for example: wayfinding and signage plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Design considers environmental contributors to OVA, including noise, lighting, temperature, overcrowding and privacy.			

Action required and by when	Evidence of compliance
	for example: environmental risk assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. Design and environmental controls are adapted to settings where traditional hospital infrastructure may not exist, including aged care, community health, school-based and primary care settings.			

Action required and by when	Evidence of compliance
	for example: site-specific environmental risk assessment

AUDIT 5.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Workplace design risk assessments are undertaken using a consistent methodology and consider physical, psychological, environmental, security and operational risks.			

Action required and by when	Evidence of compliance
	for example: completed workplace design risk assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
p. Workers, HSRs, clinicians and relevant stakeholders are consulted during design, redevelopment and refurbishment activities, and their feedback is documented and considered in decision-making.			

Action required and by when	Evidence of compliance
	for example: consultation records

Consideration	Compliant	Partially compliant	Not compliant or unknown
q. Incident data, hazards, near misses, investigations, complaints and lessons learned are used to inform workplace design decisions.			

Action required and by when	Evidence of compliance
	for example: post-occupancy evaluation report

Consideration	Compliant	Partially compliant	Not compliant or unknown
r. Environmental controls are implemented to eliminate or reduce OVA risks identified through risk assessments.			

Action required and by when	Evidence of compliance
	for example: environmental improvement action plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
s. Purpose-designed environments are available where required to safely manage high-risk behavioural presentations and OVA risks.			

Action required and by when	Evidence of compliance
	for example: behavioural assessment or safe response room

AUDIT 5.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
t. Security, parking and external areas are included in workplace risk assessments, environmental controls are reviewed following incidents, complaints and identified hazards, and temporary, leased or alternative clinical environments are subject to the same safety assessment requirements as permanent facilities.			

Action required and by when	Evidence of compliance
	for example: workplace OVA risk assessment including external areas and leased facilities

For more *Prevent violence through workplace design* audits visit **anmfvic.asn.au/OVAdesignaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

6 PROVIDE EDUCATION AND TRAINING TO HEALTHCARE WORKERS

AUDIT 6.1:
OVA TRAINING FRAMEWORK

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 6.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. The organisation maintains a documented OVA education and training framework.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA education and training framework

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Training forms part of a broader OVA prevention strategy and is not relied upon as the primary control measure.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA prevention strategy demonstrating training as one component of risk control

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Risk controls prioritise elimination, substitution, engineering and work-design controls before reliance on administrative controls or training.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA risk assessments demonstrating application of the hierarchy of controls

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Training requirements are informed by a documented training needs analysis, based on the findings of risk assessments, incident data, consultation and workforce needs.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA training needs analysis

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Training needs analysis and risk assessments are undertaken and regularly reviewed to identify, prioritise and address workforce training requirements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: reviewed training needs analysis and action plan

AUDIT 6.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. OVA training requirements are defined for all workforce groups, including clinical, non-clinical, security, agency and contracted workers.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: workforce training matrix

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Training content reflects the clinical environments and OVA risks relevant to participants.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: role-specific OVA training package

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. OVA competencies are clearly defined and assessed.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA competency assessment tool

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Training requirements are tiered according to risk exposure, role responsibilities and expected response requirements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: risk-based OVA training framework

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Training completion is monitored through a centralised recording and reporting system.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: learning management system training compliance report

AUDIT 6.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Managers are accountable for ensuring workers receive required OVA education and training.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: manager training compliance reports

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Training content reflects current legislation, policies, clinical practice, emerging OVA risks and incident trends.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: training material review records

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Training providers possess appropriate clinical, OVA, OHS and educational experience.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: trainer qualification and competency records

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. Training resources are standardised where possible to promote consistency across service.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: standardised OVA training package and facilitator guide

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Security workforce participate in organisational OVA education and training programs.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: security staff training attendance records

AUDIT 6.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
p. HSRs receive role-specific OVA training to support effective consultation, hazard identification, risk assessment, incident review and implementation of controls.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: HSR OVA training records

For more *Provide education and training to healthcare workers* audits visit **anmfvic.asn.au/OVAtrainingaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

6 PROVIDE EDUCATION AND TRAINING TO HEALTHCARE WORKERS

AUDIT 6.2:
WORKFORCE TRAINING

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 6.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. OVA education is provided to all workers when they commence work, during orientation and onboarding processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA orientation attendance records

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Documented processes ensure temporary workers, agency staff, contractors, students and volunteers receive role-appropriate OVA education and orientation prior to commencing work in environments where OVA risks are present.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: agency and contractor induction records

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Training includes the identification of OVA hazards and risk factors, risk assessment processes, recognition of escalation indicators, de-escalation tools and the implementation of preventative and mitigating controls/intervention in accordance with the hierarchy of controls.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA training package

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Workers receive education on reporting systems, incident notification and escalation processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA training records

AUDIT 6.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Training includes communication and documentation of OVA risks during handover, transfer and patient transitions.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: training materials covering handover and risk communication

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Training includes trauma-informed care, behavioural drivers and underlying causes of OVA.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: trauma-informed care training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Workers are trained in local OVA procedures, Code Grey, Code Black, security arrangements and duress systems.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: code grey and code black training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Training includes post-incident response; workers support pathways and available organisational supports.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident support training materials

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Training reinforces workers' right to withdraw to safety where there is an immediate risk to health and safety.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA training materials addressing withdrawal to safety

AUDIT 6.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Clinical specialty-specific training is provided where additional OVA risks are identified.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: specialty-specific OVA training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Training content reflects setting-specific risks including residential aged care, mental health, community health, rural and regional health services, and lone worker environments.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: service-specific OVA training program

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Practical training uses scenario-based, simulation and face-to-face methodologies relevant to the workplace environment and patient cohort.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: scenario-based training program

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Workers participate in practical exercises involving escalation, de-escalation, communication and emergency response arrangements.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: practical OVA training attendance records

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. Practical training supports multidisciplinary participation and involvement of external agencies where relevant.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: multidisciplinary training exercise records

AUDIT 6.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Practical exercises incorporate organisational learning, incident trends, investigation findings and emerging OVA risks.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: training program updated following incident reviews

Consideration	Compliant	Partially compliant	Not compliant or unknown
p. Workers have opportunities to practise and maintain skills relevant to their level of risk exposure and operational responsibilities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: annual competency assessment records

Consideration	Compliant	Partially compliant	Not compliant or unknown
q. Practical training includes the use of local security systems, duress devices, alarms and emergency communications.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: duress alarm training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
r. Practical training is evaluated through workforce feedback, consultation, competency assessment and incident data.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: training evaluation report

Consideration	Compliant	Partially compliant	Not compliant or unknown
s. Processes ensure refresher training occurs within 12 months of induction and at least annually thereafter, or more frequently where required by risk assessment.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: training matrix

AUDIT 6.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
t. Enhanced refresher training is provided for workers in higher-risk environments.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: high-risk area training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
u. Refresher training incorporates organisational learning from incidents, investigations, audits and reviews.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: refresher training content updated following incident reviews

Consideration	Compliant	Partially compliant	Not compliant or unknown
v. Workers are provided with opportunities for ongoing learning between formal training sessions.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: in-service education records

Consideration	Compliant	Partially compliant	Not compliant or unknown
w. Workers returning from extended leave are supported to refresh OVA-related knowledge and skills.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: return-to-work orientation records

Consideration	Compliant	Partially compliant	Not compliant or unknown
x. Training effectiveness is evaluated through workforce feedback, competency assessment and incident data.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA training evaluation report

AUDIT 6.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
y. Barriers to participation in training are identified and addressed.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: training needs analysis

Consideration	Compliant	Partially compliant	Not compliant or unknown
z. Protected time is provided where required to support participation in OVA education, practical training and refresher activities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: rosters showing protected training time

For more *Provide education and training to healthcare workers* audits visit **anmfvic.asn.au/OVAtrainingaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

6 PROVIDE EDUCATION AND TRAINING TO HEALTHCARE WORKERS

AUDIT 6.3:
LEADERSHIP AND MANAGEMENT TRAINING

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 6.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Managers receive education regarding their responsibilities for OVA prevention and management.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: manager OVA training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Leadership training includes OHS obligations, consultation requirements and risk management principles.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: leadership training program

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Managers receive training in OVA risk assessments and implementation, incident investigation methodologies and corrective action processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: manager training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Leaders are trained to support workers following OVA incidents using a trauma-informed approach.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: trauma-informed leadership training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Managers are trained in post-incident support, recovery, WorkCover, return-to-work and referral pathways.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident support and recovery training records

AUDIT 6.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Executives and senior leaders receive education regarding governance responsibilities and accountability for OVA prevention.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: executive OVA governance training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Leadership capability is reviewed and strengthened through ongoing professional development.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: performance development review records

For more *Provide education and training to healthcare workers* audits visit **anmfvic.asn.au/OVAtrainingaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

7 INTEGRATE LEGISLATION, POLICIES AND PROCEDURES

AUDIT 7.1:
OVA POLICY FRAMEWORK

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 7.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. The organisation maintains a documented OVA prevention and management policy endorsed by executive leadership.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: approved OVA prevention and management policy

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. The policy outlines organisational commitment to prevention, reporting, investigation, post-incident support, and continuous improvement.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA prevention and management policy

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. The policy defines occupational violence and aggression, including physical, verbal, psychological, sexual, threat-related, gendered, racist and culturally unsafe behaviours that may cause harm to workers.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA prevention and management policy

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. The policy defines responsibilities and accountabilities for workers, managers, executives and governance bodies.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA prevention and management policy

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. The policy supports a no-blame approach to reporting and investigation.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA prevention and management policy

AUDIT 7.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. The policy requires reporting of OVA incidents, threats, hazards and near misses.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA prevention and management policy

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. The policy is reviewed periodically and following significant incidents, legislative change or identified gaps.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: policy review schedule

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. OVA policies are accessible, current and available to all workforce groups.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: policy available on the organisation's intranet

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. The policy is supported by documented implementation, monitoring and review processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: policy implementation plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Workers, HSRs, clinicians and relevant workforce groups are consulted during the development, review and implementation of OVA policies and procedures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: consultation records

AUDIT 7.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Consultation outcomes and responses to feedback are documented and communicated.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: consultation summary report

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Policy and procedural changes are communicated through documented consultation and change management processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: change management communication plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Consultation processes consider the needs of multi-site, rotating, casual, agency and transient workforces.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: consultation plan identifying affected workforce groups

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. OVA and psychosocial risks are assessed prior to significant organisational change and workers and HSRs are consulted on resulting risks and controls.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: organisational change risk assessment

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. OVA policies are supported by practical procedures, tools and guidance that define roles, responsibilities, escalation pathways and response expectations.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA response procedure

AUDIT 7.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
p. Procedures support hazard identification, risk assessment, incident reporting, investigation, emergency response and post-incident support activities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA procedures and guidelines

Consideration	Compliant	Partially compliant	Not compliant or unknown
q. Procedures are periodically reviewed to ensure they remain practical, relevant and effective in operational environments.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: procedure review schedule

Consideration	Compliant	Partially compliant	Not compliant or unknown
r. Policies integrate relevant legislative, regulatory and governance requirements and provide guidance where competing obligations may exist between worker safety, privacy, patient care and duty of care.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: legislative compliance register

Consideration	Compliant	Partially compliant	Not compliant or unknown
s. Policies and systems support the lawful communication and sharing of OVA risk information with relevant workers, services and external agencies.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: information sharing procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
t. Legislative and policy changes are monitored and incorporated into organisational processes in a timely manner.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: policy revision history

AUDIT 7.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
u. Compliance with OVA policies and procedures is routinely monitored through audits, investigations, performance measures and worker feedback.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA compliance audit report

Consideration	Compliant	Partially compliant	Not compliant or unknown
v. OVA data, investigations, audits and organisational learnings are used to inform policy review and continuous improvement activities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: policy review report

Consideration	Compliant	Partially compliant	Not compliant or unknown
w. Governance structures monitor implementation, effectiveness, emerging risks and policy gaps, with significant issues escalated through governance processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: governance committee meeting minutes

For more *Integrate legislation, policies and procedures* audits visit **anmfvic.asn.au/OVApoliciesaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation
VICTORIAN BRANCH

8 PROVIDE POST-INCIDENT SUPPORT

AUDIT 8.1:

IMMEDIATE RESPONSE, DEBRIEFING AND WELLBEING SUPPORT

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 8.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. A documented post-incident response process exists for OVA incidents.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident response procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Immediate action (including wellbeing support) is taken to ensure the safety of all persons affected by the incident.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident support checklist

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Medical assessment and treatment are provided where required.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident medical assessment record

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Workers are provided access to psychological support following all incidents.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: referral to psychological support services

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Support processes recognise physical injury, psychosocial injury and cumulative exposure to occupational violence.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident support procedure

AUDIT 8.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
f. Practical assistance is available following incidents, including transport, leave and workplace adjustments where required.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: workplace adjustment plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
g. Immediate support measures are not solely reliant on Employee Assistance Programs.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident support procedure outlining multiple support options

Consideration	Compliant	Partially compliant	Not compliant or unknown
h. Workers receive information regarding available support services and recovery pathways.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: worker post-incident support information pack

Consideration	Compliant	Partially compliant	Not compliant or unknown
i. Structured debriefing processes are available following OVA incidents and are clearly differentiated from routine wellbeing conversations and informal support activities.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: debriefing procedure

Consideration	Compliant	Partially compliant	Not compliant or unknown
j. Debriefing is conducted by appropriately trained personnel.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: debrief facilitator training records

AUDIT 8.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
k. Ongoing psychological support is available based on worker needs and preferences.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: follow-up wellbeing support records

Consideration	Compliant	Partially compliant	Not compliant or unknown
l. Managers are trained in supportive conversations, psychological first aid and worker wellbeing support.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: manager wellbeing training records

Consideration	Compliant	Partially compliant	Not compliant or unknown
m. Ongoing follow-up occurs following incidents to assess recovery and support needs.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: follow-up welfare review records

Consideration	Compliant	Partially compliant	Not compliant or unknown
n. The organisation monitors wellbeing outcomes and the effectiveness of support processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: post-incident support evaluation report

AUDIT 8.1

Consideration	Compliant	Partially compliant	Not compliant or unknown
o. Support processes address vicarious trauma and secondary traumatic stress.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: resources and guidance addressing vicarious trauma and secondary traumatic stress

For more *Provide post-incident support* audits visit **anmfvic.asn.au/supportaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

8 PROVIDE POST-INCIDENT SUPPORT

AUDIT 8.2:
RECOVERY AND RETURN TO WORK

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 8.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Workers are provided information and assistance regarding WorkCover and compensation processes where required.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: WorkCover information provided to affected workers

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Workers are supported throughout compensation, rehabilitation and recovery processes.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: rehabilitation and recovery plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Return-to-work processes are tailored to worker needs and clinical advice, and consider the circumstances of the incident and any ongoing OVA risks.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: individual return-to-work plan

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Recovery processes are trauma-informed and focused on worker wellbeing.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: trauma-informed recovery and support procedure

AUDIT 8.2

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Recovery outcomes are reviewed and adjusted where required.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: return-to-work review records

For more *Provide post-incident support* audits visit **anmfvic.asn.au/supportaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**

Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

8 PROVIDE POST-INCIDENT SUPPORT

AUDIT 8.3:

ORGANISATIONAL LEARNING AND ACCOUNTABILITY

Compliance with this document does not automatically demonstrate compliance with the *Occupational Health and Safety Act 2004 (Vic)*, associated regulations, or WorkSafe Victoria requirements. Health services are responsible for independently meeting all applicable legislative requirements.

For more information, resources and guidance refer to the *OVA Safe Work Audit Tool: ANMF (Vic Branch) Updated Plan to End Occupational Violence and Aggression* via **anmfvic.asn.au/OVASWATbooklet**.

Date audit completed:

Facility name: Work area:

Name of the person conducting the audit: Elected HSR: Yes ☐ No ☐

Role:

Name of HSR and DWG consulted:

Key issue of concern:

Date submitted:

Name of person SWAT provided to:

© THIS WORK IS COPYRIGHT. APART FROM ANY USE PERMITTED UNDER THE COPYRIGHT ACT 1968, NO PART MAY BE REPRODUCED BY ANY PROCESS, NOR MAY ANY OTHER EXCLUSIVE RIGHT BE EXERCISED, WITHOUT THE PERMISSION OF THE SECRETARY, AUSTRALIAN NURSING & MIDWIFERY FEDERATION (VICTORIAN BRANCH), MELBOURNE, 2026.

AUDIT 8.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
a. Organisational learning from incidents is shared beyond the local work area.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: organisation-wide safety communication following an OVA incident

Consideration	Compliant	Partially compliant	Not compliant or unknown
b. Significant incidents are reviewed through organisational governance and OHS structures.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OHS committee meeting minutes

Consideration	Compliant	Partially compliant	Not compliant or unknown
c. Corrective actions are assigned, implemented, monitored and tracked to completion, with governance structures overseeing implementation and effectiveness.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: corrective action register

Consideration	Compliant	Partially compliant	Not compliant or unknown
d. Trends relating to psychosocial harm, cumulative exposure and repeated incidents are reviewed.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: OVA trend analysis report

AUDIT 8.3

Consideration	Compliant	Partially compliant	Not compliant or unknown
e. Executive leadership receives reporting on post-incident support outcomes, investigations and prevention initiatives.	☐	☐	☐

Action required and by when	Evidence of compliance
	for example: executive OVA performance report

For more *Provide post-incident support* audits visit **anmfvic.asn.au/supportaudits**

For other OVA audits visit **anmfvic.asn.au/OVASWAT**