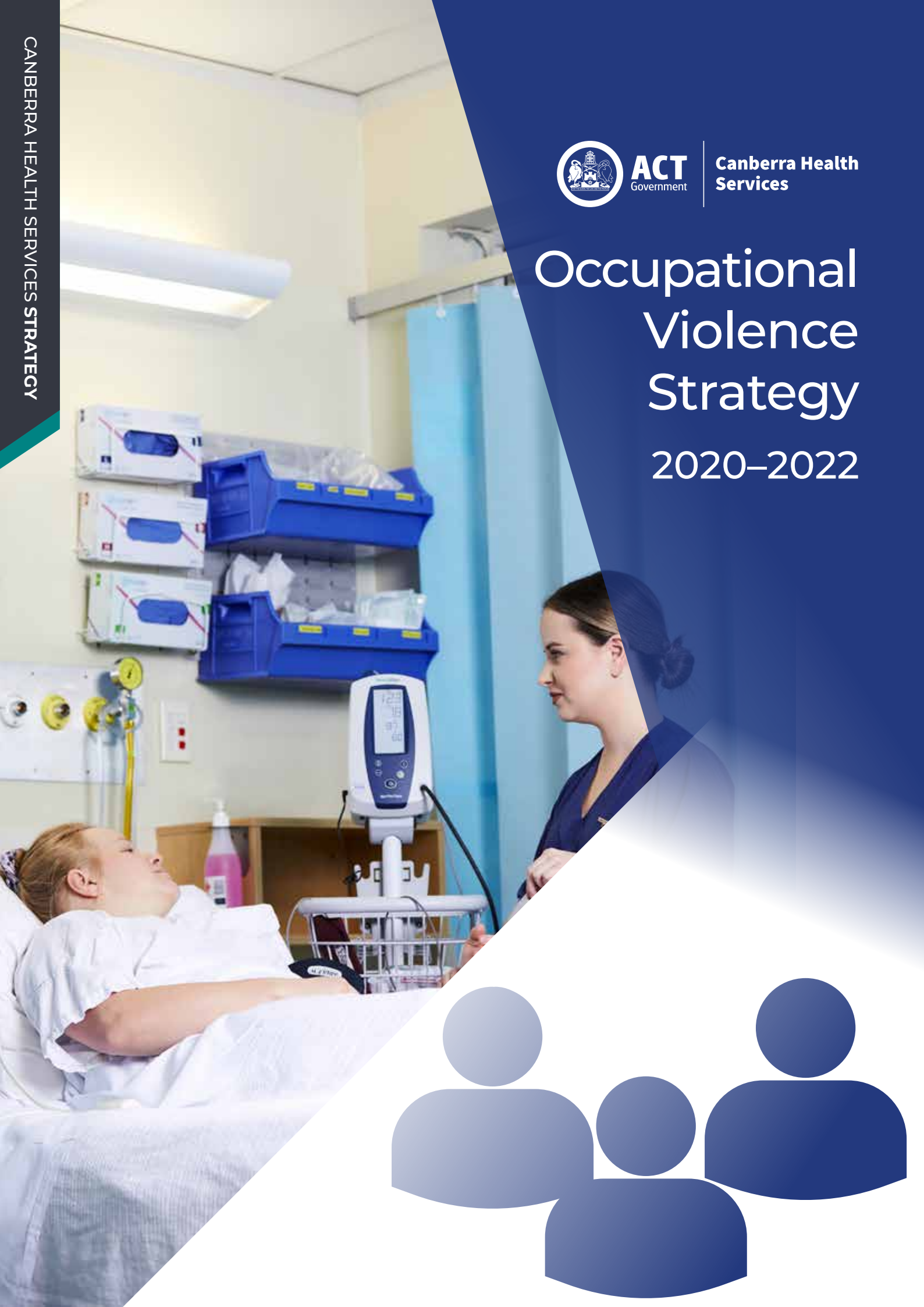




ACT
Government

**Canberra Health
Services**

Occupational Violence Strategy 2020–2022



Acknowledgment of Country

Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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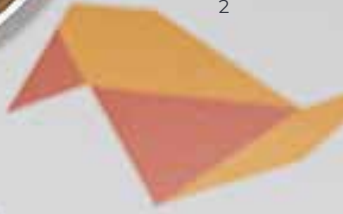
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Emergency Medical Unit (EMU)



CEO's Foreword



Canberra Health Services (CHS) is committed to the provision of a safe and healthy working environment.

Occupational violence (OV) is an increasing challenge that impacts on the safety of staff, consumer and others involved in the delivery of healthcare services. To address this challenge, it is important that we work together to eliminate and minimise the risks of occupational violence in our work environment.

This requires a commitment from executive, management and staff across the organisation. It requires that we work in partnership with consumers and their carers to proactively engage and seek to prevent, as far as possible, triggers of occupational violence. It also requires a systematic focus on how we provide services to consumers, the physical environment in which health care is provided and the steps we need to take to identify and manage risk, on a continuous basis.

Reducing occupational violence is one of the highest priorities for our health service and our primary focus must be on prevention. This requires planning and preparedness across all of our health services' operations and in every setting in which we operate, from our inpatient wards, emergency department and outpatient clinics, to our community health and outreach services.

Key components of prevention include safe workplace design and staff training. For example, our intent is that all of our workforce, both clinical and support staff, receive training on the prevention and management of occupational violence including a renewed focus, particularly in areas of elevated risk, on de-escalation skills. Our cycle of training will include reviews of effectiveness so that our training is relevant to our models of care and risk settings.

We are also consolidating and coordinating our systems of response to intervene as early as possible to incidents of occupational violence. Our tightly integrated response teams will be highly trained and clinically led. Wherever possible, our focus is on timely responses that are anticipatory and maximise the opportunity to de-escalate occupational violence. The valued support role of our security officers and wards-persons will continue as an essential part of our response strategies.

My expectation is that immediate support is provided to any staff member, patient, consumer or visitor who is affected by occupational violence. All staff involved in incidents of occupational violence will be supported to receive follow-up care relevant to their needs.

The CHS Occupational Violence Strategy has eight strategic domains: governance, prevention, training, response, reporting, support, investigation and staff/consumer awareness. This holistic approach is essential to ensure that all of the key aspects of occupational violence are considered and effectively managed.

I look forward to working collaboratively with all staff, in partnership with our consumers and with our key stakeholders to implement this strategy over the next three years.

A handwritten signature in black ink, reading "Bernadette McDonald".

Bernadette McDonald
Chief Executive Officer, Canberra Health Services

Introduction

Context

As in many other health services across Australia, Canberra Health Services (CHS) has experienced an increase in the number of incidents of violence directed towards staff by patients, consumers and visitors. Bullying and harassment by a co-worker, while unacceptable, is not considered occupational violence for the purposes of this strategy. This increase has occurred in all CHS settings including inpatient, outpatient, community, home-visiting and outreach services. To respond to this challenge, CHS has committed to the development and implementation of an organisation-wide strategic approach to prevent and manage occupational violence (OV).



This OV strategy has been informed by a literature review and jurisdictional scan of best practice approaches to OV prevention and management.

The OV strategy is also consistent with CHS's statutory and other quality and safety requirements including:

- » CHS Work Health Safety Strategy 2018–2022
- » ACT Health Nurses and Midwives Towards a Safer Culture – The First Step Strategy
- » ACT Health Myhealth Strategy and Action Plan (Staff Health and Wellbeing)
- » ACT Government Addressing Occupational Violence Strategy 2019–2022
- » ACT Government Managing Occupational Violence Policy
- » Independent Review into Workplace Culture within ACT Public Health Services March 2019
- » *Work Health and Safety Act 2011 (ACT)*
- » *Work Health and Safety Regulations 2011 (ACT)*
- » *Mental Health Act 2015 (ACT)*
- » *Public Sector Management Act (1994)*
- » National Safety and Quality Health Service Standards (NSQHS).¹

¹ Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Health Service (NSQHS) Standards Second Edition, November 2017

Definition

Occupational violence is defined as follows:

Occupational violence is defined as ‘any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed or injured by a person other than a co-worker in the course of, or as a direct result of, their work’.

Occupational violence may also include personal intimidation, verbal abuse, sexual harassment, threatening behaviour, abuse through technology (text, emails and phone calls), making vexatious complaints, and making derogatory, slanderous or threatening statements to or about another person.

Occupational violence is not limited to incidents which occur within a workplace. It can also include violence that occurs away from work, but is a result of work. Violence experienced occupationally may also be of sufficient severity or concern to constitute reporting the incident(s) to the ACT Police in addition to following internal procedures.

Occupational violence in this strategy applies only whenever a worker is threatened or assaulted in circumstances arising from their employment by someone other than a staff member.²

Violence between staff members, while unacceptable, is not considered occupational violence for the purpose of this strategy (e.g. bullying and harassment). Staff on staff violence is addressed by the Public Sector Management Act (1994), ACT Government Respect, Equity and Diversity Framework (2010) and the CHS Respect at Work – Resolving Workplace Issues Policy.

2 ACT Government Managing Occupational Violence Policy

Purpose

The overarching purpose of this OV strategy is to define the strategic objectives relevant to the prevention and management of OV at CHS. Fundamentally, this OV strategy aligns directly with the CHS Work Health Safety Strategy 2018-2022 which seeks to 'provide a safe and healthy environment; an environment where our staff and all persons who enter CHS workplaces are protected from harm and feel safe at all times.'

The CHS Work Health Safety Strategy emphasises this key message: 'My Safety...Your Safety...Our Priority.' This message is also integral to the CHS OV strategy.

Strategic domains for the prevention and management of OV are summarised schematically in Figure 1.

Figure 1: Strategic domains for the prevention and management of OV





Governance

STRATEGIC GOAL

CHS governance processes ensure appropriate commitment, strategies and accountability structures are in place to prevent and manage OV.

Strategic objectives and outcomes

Table 2: Governance – strategic objectives and outcomes

Strategic objective	What success looks like
1. Demonstrate organisational commitment to the prevention and management of OV	<ul style="list-style-type: none"> » The CHS CEO has oversight of OV prevention and management » A designated CHS-wide OV Prevention and Management Committee (OVPMC) is in place with multi-disciplinary representation and consumer/carer representation » The OV strategy is resourced and implemented under the oversight of the OVPMC
2. Develop and implement a comprehensive OV strategy	<ul style="list-style-type: none"> » The OV strategy is developed through consultation with staff, health and safety representatives (HSRs), consumer/carer advocacy groups and unions » The OV strategy is accessible to all CHS staff » The OV strategy is reviewed every two years and monitored on an ongoing basis by the OVPMC
3. Integrate the OV strategy both internally and externally	<ul style="list-style-type: none"> » CHS consults and collaborates with relevant internal and external CHS stakeholders, including unions and consumer/carer advocacy groups, to coordinate actions to reduce OV risk
4. Implement OV risk management with defined accountability	<ul style="list-style-type: none"> » CHS uses a planned and systematic process for OV risk management » CHS monitors OV risks on its organisational risk register

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » designating responsibility and accountability for OV at the executive level
- » establishing a multi-disciplinary CHS-wide OVPMC to implement and monitor the OV strategy
- » developing a change management plan
- » developing and implementing the OV communication plan
- » establishing links between the OVPMC and executives and managers to promote input and integrate actions in relation to organisational models of care that have an OV impact
- » reviewing existing memorandums of understanding (MoUs) with ACT Policing and ACT Ambulance Service in relation to eliminating or reducing OV risks
- » developing an MoU with ACT Corrective Services for the safe provision of CHS primary health and mental health services delivered in correctional services settings.



Prevention

STRATEGIC GOAL

CHS has in place effective prevention measures to eliminate or reduce the risk of OV.

Strategic objectives and outcomes

Table 3: Prevention – strategic objectives and outcomes

Strategic objective	What success looks like
1. Apply a hierarchy of OV risk management controls	<ul style="list-style-type: none"> » Determining high risk areas and/or priority action areas » Regular OV hazard and risk assessments are conducted across all CHS services » OV risks are eliminated at the source, as far as reasonably practicable » OV risks are reduced, as far as reasonably practicable, through risk management controls
2. Use a multi-faceted approach to OV prevention	<ul style="list-style-type: none"> » A suite of prevention measures relevant to the risk profile of each CHS service are implemented, including, but not limited to: <ul style="list-style-type: none"> · design, redevelopment and refurbishment of facilities that complies with the Australasian Health Facility Guidelines and safe design principles · consumers are involved in designing systems, models of care and environments which support calm, cooperative interactions · communication of standards of acceptable behaviour · processes for identifying and assessing challenging behaviours · managing OV risk during patient transfer and at clinical handover · integration of patient information systems to allow transfer of alerts across CHS · models of care to mitigate OV risk · tailored behaviour management strategies with input from consumers/carer(s), where possible · environmental audits and risk assessments · security audits and risk assessments, as per the ACT Government Protective Security Policy Framework · security response/systems including access control and surveillance



Prevention

STRATEGIC GOAL

CHS has in place effective prevention measures to eliminate or reduce the risk of OV.

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » calculating the level of risk of exposure to OV in each CHS service, across all settings
- » reviewing existing consultation arrangements with staff, consumers and carers for models of care, design, redevelopment and refurbishment of facilities
- » developing and implementing an annual OV risk assessment tool (OVRAT) for all areas, according to an agreed schedule
- » implementing security audits as per the ACT Government Protective Security Policy Framework and enhancing systems to reduce OV risk
- » prioritising and implementing refurbishment or redevelopments identified in risk assessments
- » implementing clinical screening and assessment tools to identify challenging behaviours and/or OV
- » developing and implementing the policies and procedures regarding alerts management, challenging behaviours, weapons management, transfer of potentially aggressive consumer(s) and security officer body worn camera
- » reviewing existing policies and procedures related to OV such as home visiting and searching of a consumer's person or property
- » reviewing existing procedures related to consumer and carer involvement in behaviour management strategies
- » undertaking training in behaviour management strategies and tools to prevent OV and where possible, involving consumers and carers in the development of these strategies.



Training

STRATEGIC GOAL

All CHS staff are trained to prevent and manage OV using an organisation-wide approach to training based on best practice guidelines.

Strategic objectives and outcomes

Table 4: Training – strategic objectives and outcomes

Strategic objective	What success looks like
1. Training is tailored to staff requirements	» CHS staff have knowledge and skills relating to OV that are relevant to their role in, for example, identifying deterioration or challenging behaviours, de escalation and other contributing factors to OV
2. Training is delivered as part of a model of care	» CHS staff are trained in evidence-informed models of care to support the prevention and management of OV » CHS works in partnership with consumers to incorporate their views and experiences into OV training and education for the workforce
3. Training is based on the level of risk of exposure to OV in each area	» Training addresses the differing knowledge and skill requirements for the assessed level of risk of exposure to OV in the local CHS work area
4. Training is evidence-based and reflects local need	» The mode of delivery for training is adapted to the work area's services to meet local needs
5. Training programs have clearly defined goals and measurable outcomes	» Goals and outcomes are defined and refined to better meet local knowledge and skills requirements

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » introducing a set of training principles that are used to guide OV training for different work areas based on the assessed level of risk to OV
- » delivering training in a tiered approach, ranging from basic OV training for all staff to advanced, tailored training for clinical, security and non-clinical staff who provide an incident response
- » updating current or creating new online and face-to-face OV training modules to align with the training principles, OV policy and OV procedure(s)
- » using training methods that, where reasonably practical, reflect local service circumstances, delivered by trainers with relevant qualifications and experience
- » evaluating training programs for relevance and effectiveness on an annual basis.



Response

STRATEGIC GOAL

CHS applies systematically planned, coordinated and timely responses to prevent and manage OV.

Strategic objectives and outcomes

Table 5: Response – strategic objectives and outcomes

Strategic objective	What success looks like
1. Responses are tailored to the role and level of OV risk of the CHS work area	» Response procedures are designed to consider organisational role(s) and assessed OV risk at individual CHS departments or work areas
2. Responses align with the OV Policy and OV Procedure(s)	» CHS' responses to the management of OV incidents align with the Code Grey and Code Black responses within the OV Policy and OV Procedure
3. Systems for alarms and calling codes provide comprehensive coverage of all of CHS	» All CHS staff, including community-based staff, are aware and have the immediate ability to activate an incident response which promptly alerts internal and external responders

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » introducing a tiered response with a Planned Code Grey, Code Grey and a Code Black
- » educating the organisation on the definition and purpose of a Planned Code Grey and Code Grey and how to activate these
- » designating roles to form part of Code Grey and Code Black response teams
- » providing dedicated Code Grey training for clinical and non-clinical staff who form response teams
- » establishing a lone worker duress system for community based staff
- » reviewing current security systems (for example access control, surveillance and duress alarms) against the level of risk of exposure to OV in each area and updating as required and
- » establishing relationships with ACT Policing, ACT Ambulance Service and ACT Corrective Services, including proactive communication strategies to support effective response, particularly for community-based staff and CHS staff working in prison settings.



Reporting

STRATEGIC GOAL

CHS uses robust, efficient and reliable incident reporting systems to comprehensively collect and report data on OV incidents and uses a comprehensive suite of organisation-wide key performance indicators (KPIs) to monitor incidents and evaluate OV prevention and management actions.

Strategic objectives and outcomes

Table 6: Reporting – strategic objectives and outcomes

Strategic objective	What success looks like
1. Robust and routine reporting systems are in place	<ul style="list-style-type: none"> » All CHS's OV incidents are routinely classified and reported » External reporting to WorkSafe occurs as required » Staff are supported in reporting incidents of assault to police, laying charges and pursuing prosecutions » In consultation with ACT Policing, CHS has developed and implemented a policy and procedure relevant to prosecution of patients, consumers or visitors who cause OV » CHS's data collection systems include capture of high volume, low impact incidents » Streamlined reporting processes and ability for staff to report incidents during work time » CHS regularly reports statistics and key performance indicators for OV » CHS staff feedback about WHS, support and experience of OV is collected annually » Consumers/carers are encouraged and supported to report incidents about themselves or others where they have concerns about OV

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » sourcing and introducing methods of in-shift reporting to capture high-volume, low impact incidents such as verbal abuse
- » designing and conducting a campaign to promote staff incident reporting in Riskman
- » selecting a set of statistics and developing OV KPIs for organisational reporting and feedback across all CHS settings inclusive of inpatient, outpatient, community, home-visiting and outreach services
- » conducting a staff survey on work health safety, support and OV experience annually to assess the impact of the implementation of the OV strategy
- » developing a policy and procedure to guide staff to report serious incidents to ACT policing and encouraging them to do so when they occur.



Support

STRATEGIC GOAL

CHS uses evidence-based approaches to provide timely and appropriate support to maximise staff recovery from OV incidents.

Strategic objectives and outcomes

Table 6: Support – strategic objectives and outcomes

Strategic objective	What success looks like
1. Immediate and follow-up support for staff, patients, consumers and visitors is provided	<ul style="list-style-type: none"> » Local immediate actions ensure that all staff exposed to OV receive post-incident support, including medical, practical, emotional and social support » Arrangements are in place to allow immediate relief from duties for staff involved in OV incidents (if required) » Psychological support services are in place and staff are able to self-refer » Follow-up support occurs for all staff, patients, consumers and visitors involved in OV incidents

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » sourcing and delivering a training program for managers in the provision of immediate post-incident support, according to best practice
- » ensuring that timely and accessible external psychological support is available for staff and assisting or encouraging staff to engage with these services
- » establishing a process to ensure ongoing practical and emotional support is provided to staff involved in OV incidents, according to best practice
- » designating responsibility for the follow-up of consumers and visitors involved in each OV incident.

Investigation

STRATEGIC GOAL

Systematic and thorough investigation of OV incidents enables CHS to identify contributing factors and underlying causes from which lessons can be applied to prevent and reduce future risks of OV.

Strategic objectives and outcomes

Table 7: Investigation – strategic objectives and outcomes

Strategic objective	What success looks like
1. Incidents are systematically investigated	<ul style="list-style-type: none"> » CHS investigates OV incidents with appropriately trained staff » Staff members involved in the OV incident are included in the incident review if appropriate
2. Outcomes of investigations are extensively reported and evaluated	<ul style="list-style-type: none"> » CHS ensures that recommended actions are implemented, and feedback provided to staff involved » CHS evaluates implemented actions for effectiveness, reviews staff feedback, and both are reported to the OVPMC

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » training staff and managers in incident investigation methods
- » establishing minimum team requirements for investigations of OV incidents, including staff involved in the OV incident if appropriate
- » determining minimum reporting and feedback channels for all investigation outcomes and implemented actions.



Staff/consumer awareness

STRATEGIC GOAL

CHS uses a range of methods to communicate to staff, patients, consumers and visitors that OV is unacceptable and that CHS will protect the safety and wellbeing of its staff by using behaviour management strategies.

Strategic objectives and outcomes

Table 8: Consumers – strategic objectives and outcomes

Standard	What success looks like
1. Standards of acceptable behaviour are consistently communicated to patients, consumers and visitors	<ul style="list-style-type: none"> » CHS uses a variety of approaches to convey expectations about appropriate behaviour to patients, consumers and visitors » CHS communicates explicitly through a variety of approaches that it will implement a range of behaviour management strategies for patients, consumers and visitors who cause OV, including withdrawal of treatment and prosecution » CHS advocates for ACT-wide publicity campaigns to raise the awareness that OV is unacceptable
2. Standards of acceptable behaviour are consistently communicated to staff	<ul style="list-style-type: none"> » CHS uses a variety of approaches to convey expectations about appropriate behaviour to staff » Unacceptable behaviours by staff are addressed in a timely manner
3. Behaviour management strategies are used for patients, consumers and visitors who cause OV	<ul style="list-style-type: none"> » CHS staff are trained in the implementation of behaviour management strategies, including consumer/carer input to such strategies and addressing consumer feedback » The use and outcomes of behaviour management strategies are monitored as part of the suite of KPIs by the OVPMC

Activities

To achieve these strategic objectives, key activities that CHS will undertake include:

- » developing a statement of acceptable behaviour expectations, unacceptable behaviour and consequences for patients, consumers and visitors
- » developing a statement of acceptable behaviour expectations for staff
- » implementing signs, posters, patient information booklets or flyers, in consultation with consumer and carer advocacy organisations, to clearly state behaviour expectations
- » educating staff on behaviour management strategies, including consumer/carer input to such strategies and addressing consumer feedback
- » monitoring the use of behaviour management strategies through the OVPMC.



