

## Scenario 1

# Health care

### Example scenarios for managing psychosocial hazards and risks at work



The control measures you choose must suit the organisational and worker needs and effectively control the risks to the highest level that is reasonably practicable. Below is an industry-specific scenario example featuring common psychosocial hazards and risks, example controls and approaches to maintain, monitor, review and achieve continual improvement of the risk management approach.

## Scenario context and work content

An emergency department in a public hospital triages people requiring acute mental health care. Aggressive and violent behaviour is common. Sometimes it's linked to the patient's clinical condition or sometimes some behaviours are due to patient frustrations and/or drug and alcohol abuse.

Workplace culture discourages reporting of all but the most serious incidents and accepts patient/visitor aggression as part of the job. Workers regularly witness violent incidents and are part of the response team when incidents occur.

High workloads and/or new policies requiring increased documentation frustrate workers by taking them away from direct patient care.

Many inexperienced workers have not been trained in Violence Prevention and Management (VPM) and rely on hospital security officers to respond.

## Psychosocial hazards and risks

**Role overload:** not enough workers to manage patient behaviours, particularly when patient acuity is high and there is a poor skills mix with more inexperienced workers on the roster. Increased demands from new systems of work compete with existing workloads.

**Exposure to Traumatic Events:** workers provide trauma informed care to some patients with extensive histories of trauma.

Ongoing exposure to violent incidents has a cumulative effect on workers. Workers responding to incidents are at high risk of injury themselves. Appropriate support may not occur due to role overload.

**Occupational violence:** workers have regular exposure to both threats and actual violence from patients. Inadequate rostering means there are not enough trained workers available on all shifts to participate in violence prevention if required.

## Psychosocial controls

The organisation managed role overload and occupational violence by rostering adequate worker numbers to take into account new systems of work, patient acuity, staff skills mix, and ensure there are adequately trained workers on all shifts to respond effectively to violent incidents. Workers received training in Violence Prevention and Management (VPM) and hazard/ incident reporting.

An **escalation process** was implemented to senior leadership to make quick decisions to respond to early warning signs, and for when there are differing views amongst the clinical team on patient management.

**Exposure to traumatic events** was managed by regular supervision to allow opportunities to consult (for eg safety debriefing, early referral to support services), as well as a peer support program for workers.

## Review and improve

Reported incidents are investigated and feedback on investigations and response to incidents is provided to workers.

Review of all code blacks (assault on workers) is introduced including both clinical and non-clinical workers.

Work is undertaken to improve the incident reporting system and encourage reporting of all incidents and near misses.

A more comprehensive violence risk assessment and profile process is developed, and the design of the waiting area is reviewed to reduce, where possible, the frustration experienced by patients while waiting to be triaged.

Refer to SafeWork NSW's [Code of Practice Managing Psychosocial Hazards at Work](#) for more information or [Designing Work to Manage Psychosocial Risks](#) which also includes four case studies illustrating organisational and team level work design, and team and task level work design.