

Prevent work-related violence in hospitals

Patient / consumer factors

Do we have a patient / consumer with a known history of violence? Do we have patients / consumers with clinical presentation suggesting risk of violence (e.g., current illness with physiological imbalances or disturbances, intoxication)? Are any patients / consumers showing signs of deterioration? Is a management plan in place?

Resources

Are we checking, at shift commencement, that we have an appropriate skills mix on the team? Are additional resources required? Does the work design and staffing level support the team to manage evolving situations?

Environment

Do we have a space for high risk patients / consumers (i.e. staff are not isolated, duress alarms available and fully functional, clear of unsecured items that could be used as weapons)? Do we have a local space for managing overflow? Are wait times being communicated?

Visitor factors

Do we have a patient whose visitors have a known history of violence? Do we have visitors with risk factors (e.g. intoxication)? Are any visitors showing signs of aggression? Have we clearly communicated behavioural expectations?

Escalation

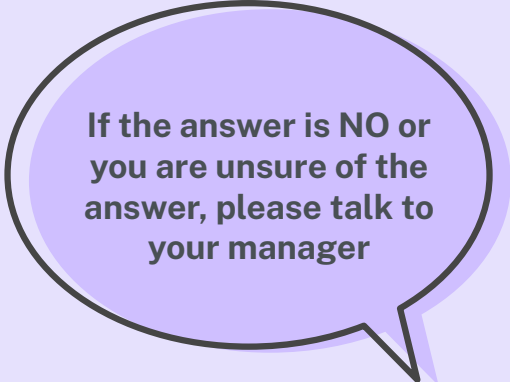
Do we know the procedures for escalation? Can we access support from senior staff / security if an incident occurs?

Notification

What do we know about our patients / consumers and visitors? Have we checked for flags? Have we asked about violence during handover? Have we conducted a safety huddle? Have we proactively communicated risks to other workers engaging with the patient (e.g. collections, allied health)?

Training

Have team members received training in violence prevention and management?



If the answer is NO or you are unsure of the answer, please talk to your manager

