SafeWork NSW

Preventing work-related violence in NSW Hospitals

Department Level Risk Assessment Form

2023

NSW GOVERNMENT

UniSC Australia

Centre for Human Factors and Sociotechnical Systems

This form intends to support risk assessment within hospital departments. It should be used in conjunction with the Department Level Tool, which provides additional guidance on each step. Additional documentation can be attached to this form to provide more detail.

Risk assessment details	
Risk assessment date:	Conducted by:
Department:	Approved by:

1. Risk assessment details

Review sources of relevant information:

- ☐ Facility risk assessments
- ☐ Incident data and trends relating to WRV
- ☐ Internal investigation reports into incidents involving WRV
- ☐ Internal and external audit / compliance findings
- ☐ Complaints and concerns raised by staff, patients, or others
- ☐ Other relevant reports and data

Stakeholders consulted:

- ☐ Workers and their representatives (clinical, ancillary, allied health, security, cleaning, retail, reception / administrative), as well as students / volunteers (as relevant)
- ☐ WHS staff
- ☐ HSRs
- ☐ Other relevant persons within the department and facility

Record of those consulted:

Key findings from document review:	Key findings from consultation:
1.	1.
2.	2.
3.	3.

2 and 3. Hazard identification and assessment

Immediate sources of risk (tick those relevant to the department)

- ☐ Patients with clinical presentation suggesting risk of violence (e.g., current illness with physiological imbalances or disturbances, intoxication, withdrawal)
- ☐ Patients or visitors with past history of violence
- ☐ Patients or visitors demonstrating behavioural indicators (e.g., physically or verbally threatening, attacking objects)
- ☐ Visitors with signs of intoxication

Indirect sources of risk may include:

- ☐ Internal factors (e.g., policies and procedures, management attitudes, knowledge and experiences, culture and norms, budgetary constraints)
- ☐ External / societal factors (e.g., community attitudes, police availability / workload, standards, government investment)

2 and 3. Hazard identification and assessment

Contexts to consider (tick those that apply)

- ☐ Patient / visitor / public areas
- ☐ Treatment & interview rooms
- ☐ Reception areas, offices, and staff-only areas
- ☐ Busy periods (long wait times), issues of overflow or other mismatch of resources and patient needs
- ☐ Daytime versus after hours operations
- ☐ Working alone
- ☐ Type of unit
- ☐ Staffing, skill mix, and worker demographics (including age, sex, skills and experience)
- ☐ Various tasks undertaken in the department (i.e., personal care tasks)
- ☐ Other:

Key hazards identified (for example, working alone at reception on night shift; high numbers of patients experiencing dementia / delirium; recent intake of graduates with limited experience). List all relevant.	Likelihood (e.g., H, M, L Consequence (e.g., Severe, Major, Minor, Insignificant)	Priority
1.		
2.		
3.		
4.		
5.		

4. Identification of risk controls

	Control in place and effective?	**Adopt / improve control**	
	Yes / No (if no complete boxes to right)	Yes / No (If no, give reasons)	Action required (adopt / escalate / investigate options) If escalate, describe the escalation pathway If investigate, provide plan for further investigation, including due date
Patient			
Supervision of staff to ensure application of screening tools / checklists (where mandated)			
Supervision of patient management plan implementation			
Processes for requesting medical assessments or medication reviews			
Supervision to ensure regular communication with patients (e.g., patient rounds, including in emergency department waiting areas)			

4. Identification of risk controls

	Control in place and effective?	Adopt / improve control	
	Yes / No (if no complete boxes to right)	Yes / No (If no, give reasons)	Action required (adopt / escalate / investigate options) If escalate, describe the escalation pathway If investigate, provide plan for further investigation, including due date
Resources			
Rostering ensures availability of appropriately trained staff and that teams have an appropriate skills mix[1]			
Skills mix checked at shift commencement			
Work design and staffing supports team to manage evolving situations			
Supervision of inexperienced workers			
Workers with appropriate skills / experience available for higher risk tasks and higher risk patients / consumers			
Environment			
Checks that furniture, fixtures and equipment are not able to be used as a weapon. Items required for care are removed when not in use			
Access controls in place for staff areas, supervision, and encouragement of staff to maintain secure access			
Availability of exit paths, safe rooms and safe retreat areas for staff			
Processes for placement of higher risk patients			
Safe spaces are available for patients at risk of behavioural deterioration (e.g., Safe Assessment Rooms)			
Visibility / line of sight available for monitoring of staff interacting with higher risk patients			
Appropriate levels of lighting			
Visibility of security staff (where relevant)			

1 Appropriate numbers of experienced staff, staff trained in de-escalation, restrictive practices, and Code Black responses

4. Identification of risk controls			
	Control in place and effective?	**Adopt / improve control**	
	Yes / No (if no complete boxes to right)	Yes / No (If no, give reasons)	Action required (adopt / escalate / investigate options) If escalate, describe the escalation pathway If investigate, provide plan for further investigation, including due date
Environment			
Staff access to personal and fixed duress alarms, supervision, and encouragement to use alarms			

4. Identification of risk controls			
Visitors			
Implementation of strategies for communication of behavioural expectations (via signage, condition of entry signage and notices, management plans) in the local work area			
Enforcement of controlled visiting times and behavioural expectations of visitors. Where necessary, escalation of concerns about a visitor's behaviour to a request for limiting their access or banning them from the facility			
Escalation			
Staff inductions include information regarding escalation processes including use of duress alarms and emergency numbers, as well as how to raise concerns about violence risk and seek additional support			
Supervision and encouragement of workers to call for supervisor / senior worker / clinician or for code black response as appropriate			
Post-incident debriefing and support			

4. Identification of risk controls

	Control in place and effective?	Adopt / improve control	
	Yes / No (if no complete boxes to right)	Yes / No (If no, give reasons)	Action required (adopt / escalate / investigate options) If escalate, describe the escalation pathway If investigate, provide plan for further investigation, including due date
Notification			
Supervision of workers and encouragement to add flags for patients with history of violence			
Supervision of workers and encouragement to check patient records for flags on admission / transfer			
Supervision and encouragement of workers to request information about violence / aggression during handover (e.g., from ambulance officers, police, other facilities)			
Conduct of staff huddles to discuss patient flagging, effectiveness of risk controls and need for additional risk controls			
Regular and ongoing consultation with workers regarding the effectiveness of current systems and controls			
Training			
Checks that workers have received relevant training, identified in consultation with workers, including local information (e.g., how to use duress alarms provided in the work area, location of code black muster points, use of safe havens)			
Checks that workers have received relevant refresher training			
Supervisors model communication and de-escalation skills to workers			
Other controls			
•			
•			
•			

5. Risk control evaluation

- [ ] Does the set of controls address WRV from all relevant sources?
- [ ] Does the set of controls address WRV in all relevant contexts?
- [ ] Will controls always be available (i.e., day / night shifts, infrequent or emergency situations)? If not, what will be implemented at such times?
- [ ] Are the controls likely to be sustainable over time, acceptable to stakeholders, feasible, and aligned with recommended practice?
- [ ] Are there additional reasonably practicable controls that can be implemented within the department?
- [ ] Might any controls introduce new, unintended risks that need to be managed? (e.g., negative impacts on staff safety / wellbeing; patient safety / wellbeing)
- [ ] What measures can be used to review the effectiveness of the control, once implemented?

Based on the above, are there additional controls that need to be implemented or improvements to controls that need to be made?

- [ ] Yes (describe below)
- [ ] No

6. Risk control review and improvement

Are the following strategies available to monitor the implementation and effectiveness of controls:

- [ ] Regular consultation with workers (with feedback to workers on outcomes of consultation)
- [ ] Regular monitoring of flags regarding patient / visitor risk of violence, with workers rewarded for adding flags
- [ ] Regular monitoring of department incident data for incidents involving violence, with workers rewarded for reporting incidents
- [ ] Investigation of incidents involving WRV, with feedback on actions taken provided to workers
- [ ] Workers encouraged to report situations to supervisors where risk controls were not available, workers rewarded for raising concerns. Information about risk controls not being available is provided to management
- [ ] Any other risk controls identified in step 5 (see above)

If no to any strategies, what improvements can be implemented?

Further resources

SafeWork NSW (May 2021). Code of Practice: Managing psychosocial hazards at work. NSW Government. Retrieved from https://www.safework.nsw.gov.au/__data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf.

Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies. https://www.health.nsw.gov.au/policies/manuals/Documents/prot-people-prop.pdf

Developed by the Centre for Human Factors and Sociotechnical Systems at UniSC for SafeWork NSW, in consultation with the Action Against Violence in NSW Hospitals Working Group.

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Catalogue No. SWNSW_35806_23
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