

Preventing work-related violence in NSW Hospitals

Healthcare Organisation Level Risk Assessment Tool

2023

This tool provides guidance to support the risk assessment of hospital facilities for the prevention of work-related violence (WRV). The tool provides a set of prompts for supporting risk assessment processes using systems established within your healthcare organisation.

1. Planning for risk assessment

Prior to conducting the assessment, gather and review relevant data and consult with those with knowledge and expertise.

Review relevant sources of information:

- Facility risk assessments
- Incident data and trends relating to WRV within the healthcare organisation (e.g., incident data, workers compensation claims)
- Internal and external investigation reports (including at other healthcare organisations)
- Internal and external audit / compliance findings
- Complaints registers
- Other relevant reports and data (e.g., training records)
- Issues raised through HSRs, WHS Committees, and unions

Consult with:

- WHS staff
- Facility managers and executive teams
- Other relevant persons within the organisation
- Relevant unions

2. Hazard identification

WRV arising from different sources and in different contexts should be identified. Consider a broad definition of violence (includes physical assault, sexual assault / contact, intentionally coughing / spitting on someone, harassment, threats, bullying, intimidation, gendered violence, family violence occurring in the workplace, verbal abuse, written abuse, armed robbery and malicious damage).

Immediate sources of risk may include:

- Patients / consumers with risk factors for violence (including those flagged for previous violence)
- Visitors with risk factors for violence

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)

Contexts to consider include:

- Metropolitan versus rural / regional settings
- Facilities of higher risk (e.g., mental health units, drug and alcohol units, geriatric units, neurological units, emergency departments)
- Facilities with higher incident rates

3. Risk assessment and prioritisation

If required, assess the likelihood and consequence of work-related violence associated with different sources and different contexts.

In relation to consequences, violence can result in physical injuries / fatalities, as well as psychological harm from single incidents or exposure to multiple incidents over time.

In relation to likelihood, while violence may be assessed as more likely to occur in some contexts (e.g., mental health wards, geriatric units, emergency departments), violence can arise in any context of the hospital, meaning that risk controls are required in all environments.

4. Identification of risk controls

Risk controls should be considered from the perspective of the PREVENT framework. Multiple risk controls should be implemented within each of the PREVENT areas, avoiding over-reliance on staff-based controls. The following risk controls are based on recommended practices, but healthcare organisations should consider their own circumstances in developing risk controls, including other controls that fit outside of the PREVENT categories.

Patient / consumer

- Consider adoption of screening tools / checklists across the healthcare organisation
- Policies, procedures, and resources allocated for the development of management plans, including engagement with patients and their family / carers in developing plans¹
- Policies, procedures and resources for regular patient communication (e.g., patient rounds, including in emergency departments)²

Resources

- Policies / strategies describe senior leadership prioritisation of WRV prevention and management and commitment to allocate appropriate resources
- Staffing and recruitment policies, procedures and practices that support availability of appropriately trained staff and teams with an appropriate skill mix³
- Work design and staffing supports team to manage evolving situations and allow staff involved in incidents to access appropriate support
- Policies, procedures, contracts are in place to ensure effective de-escalation and code black responses, including clearly defined roles across the multidisciplinary team (including clinical and security staff)
- Policies, procedures, and resources allocated to ensure availability of sufficient suitable beds and clinical resources
- Sufficient resourcing to conduct risk management activities (consultation with staff, local risk assessment, implementation of controls, monitoring of controls)

Environment

- Policies and procedures for design/re-design of hospital facilities, considering environmental risk factors for violence⁴ and effective consultation with workers and their representatives

1 See Australian Commission on Safety and Quality in Healthcare (2017) Comprehensive Care Standard (Action 5.34)

2 See Australian Commission on Safety and Quality in Healthcare NHQHS Communicating for Safety Standard

3 Appropriate numbers of experienced staff, staff trained in de-escalation, restrictive practices, and code black responses

4 See NSW Health Facility Planning Process GL2021_018

- Application of design standards that set specifications for health infrastructure⁵
- Application of design standards to reduce patient / visitor frustration and confusion (e.g., wait time information, clear wayfinding, reduced noise and crowding)
- Policies and procedures for patient placement
- Policies and procedures for removal of items that may be used as weapons
- Policies, procedures, and resources allocated for procurement of furniture and fixtures that cannot be used as a weapon

Visitors

- Policies and procedures for controlled visiting times
- Processes for clear communication of behavioural expectations to visitors (e.g., signage, condition of entry document, management plans)

Escalation

- Policies, procedures, and resources allocated for risk escalation, with suitable arrangements for after hours operations
- Policies, procedures, and resources allocated for timely and effective duress response (e.g., code black, police response), with clear guidance on action where an effective response is not available
- Policies, procedures, and resources allocated for seclusion / restrictive practices⁶
- Policies, procedures, and resources allocated for post-incident debriefing and support

Notification

- Systems that enable staff to flag patients / consumers with a history of violence across the healthcare organisation
- Processes to share information regarding aggression risk across healthcare organisations.
- Culture change processes to encourage staff to flag patients / consumers
- Memorandums of understanding with other agencies to support information sharing regarding violence risk (e.g., NSW Ambulance, NSW Police)
- Policies and procedures for handovers and huddles / briefings to include WRV incidents and risks

Training

- Policies, procedures, and resources allocated for all staff to be trained in communication and de-escalation techniques⁷
- Policies, procedures, and resources allocated to training, exercises and drills for code black teams
- Resources for staff training in restraint and seclusion practices
- Policies, procedures, and resources allocated for all staff training in incident reporting, patient flagging and how to escalate concerns about violence risk
- Resources allocated for staff refresher training
- Policies, procedures, and resources allocated to training managers / leaders in safety management including WHS obligations, risk management (including consultation with workers), responding to incident reports, incident investigation, and supporting workers post-incident

5 See Australasian Health Facility Guidelines – Part C – Design for Access, Mobility, Safety and Security; and NSW Health Infrastructure Design Guidance Notes

6 See NSW Ministry of Health Policy Directive PD2020_004 - Seclusion and Restraint in NSW Health Settings

7 See NSW Ministry of Health Policy Directive PD2017_043 - Violence Prevention and Management

5. Evaluation of proposed risk controls

Once a suite of risk controls has been identified, consult with relevant individuals (see step 1) to consider the controls holistically, evaluate their overall effectiveness and decide whether they are acceptable or additional controls are required.

In the evaluation of proposed risk controls, consider:

- Does the set of controls address WRV from all potential sources?
- Does the set of controls address WRV in all relevant contexts / facilities?
- 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 at the organisational level?
- Might any controls introduce new, unintended risks that need to be managed?
- What measures can be used to review the effectiveness of the control, once implemented?

6. Post-implementation risk control review and improvement

Once controls are implemented, strategies should be used to monitor their effectiveness over time. These may include:

- Active engagement with workers regarding effectiveness, unintended consequences and areas for improvement
- Regular analysis of data (e.g., incident data, workers compensation claims), with feedback on actions taken in relation to trends provided to workers
- Investigation of incidents involving WRV, with feedback on actions taken provided to workers
- Review of systems in place to monitor staff violence prevention / management training
- Regular risk management governance committee meetings to support WHS / risk managers from facilities to meet to review controls in place, share learnings and good practice, and support the consistent implementation of controls
- Any other measures identified in step 5 (see above)

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_35804_23

SafeWork NSW, 92-100 Donnison Street, Gosford, NSW 2250

Locked Bag 2906, Lisarow, NSW 2252 | Customer Experience 13 10 50

Website www.safework.nsw.gov.au

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