SafeWork NSW

Preventing work-related violence in NSW Hospitals

Hospital Facility Risk Assessment Tool

2023

NSW GOVERNMENT

UniSC Australia

Centre for Human Factors and Sociotechnical Systems

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 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:

- Departmental risk assessments
- Data and trends relating to WRV (e.g., incident data, code black logs)
- Internal and external investigation findings and learnings (including at other facilities)
- Internal and external audit / compliance findings
- Complaints and concerns raised by staff, patients / consumers, or others
- Staff surveys
- Other relevant reports and data

Consult with:

- Workers and their representatives
- WHS staff
- HSRs / Committee
- Department managers and executive team
- Security management / senior security staff
- Other relevant persons within the facility

2. Hazard identification

Work-related violence 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 clinical presentation suggesting risk of violence (e.g., current illness with physiological imbalances or disturbances, intoxication, withdrawal)
- Patients / consumers or visitors with past history of violence
- Patients / consumers 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)

Contexts to consider include:

- Emergency departments
- General wards and higher risk wards (e.g., mental health wards, drug and alcohol units, geriatric units, neurological units)
- Treatment & interview rooms
- Offices and staff-only areas
- Ambulance bays and arrival areas
- Cafes / retail areas / public areas / toilets
- Car parking and external areas
- Daytime versus nighttime operations
- Busy periods (long wait times), issues of overflow or other mismatch of resources and patient needs

3. Risk assessment and prioritisation

If required, assess the likelihood and consequence of WRV associated with different sources and different contexts.
In relation to consequences, WRV 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, 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 facilities 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 within the facility • Resources allocated for developing behaviour management plans, including time to engage with patients and their family / carers in developing plans[1] • Resources allocated to ensure regular patient communication (e.g., patient rounds, including in emergency department waiting areas)[2] • Resources available for medical assessments / medication reviews
Resources
• Staffing policies, procedures and practices that support availability of appropriately trained staff and teams with an appropriate skill mix[3] • Work design and staffing supports teams to manage evolving situations and code black responses • Procedures and resources for managing unexpected events (e.g., overflow) • Access to security / emergency response, with appropriate response times • Procedures and resources for suitable allocation of beds • Appropriate communication and planning with security staff regarding presence / visibility and processes for them to attend and support clinical staff
Environment
• Furniture and equipment do not pose risk of use as a weapon (including consideration during procurement) • Access controls for staff areas • Exit paths and staff safe rooms / safe retreat areas are available • Safe Assessment Rooms are available in emergency departments • Appropriate levels of lighting

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

- Visibility / line of sight available for monitoring of staff interacting with higher risk patients
- Personal and fixed duress alarms in place and effective
- Mechanisms for reducing frustration and confusion (e.g., wait time information, clear wayfinding)
- Waiting areas with reduced stimulation (not noisy / crowded)

Visitors

- Controlled visiting times
- Clear communication of behavioural expectations (e.g., signage, condition of entry document, management plans)
- System to formally caution visitors for behavioural issues (e.g., restrictions or bans), in line with organisational policies

Escalation

- Escalation procedures, with suitable arrangements for after hours operations (e.g., contacting police)
- Code black response procedures
- Clear protocols for seclusion / restrictive practices[4]
- Procedures for post-incident debriefing and support

Notification

- Systems that enable staff to flag violent or aggressive patients
- Workers advised and supported to check patient records for flags on admission
- Workers advised and supported to flag patients of concern, including any information regarding ineffective risk controls / strategies
- Mechanisms for sharing patient flags across the facility (e.g., for collections, allied health staff and non-clinical staff such as cleaners / food delivery staff)
- Protocols for sharing information about violence risk during handover (e.g., between shifts, from ambulance officers, police, other facilities)
- Huddles / briefings to discuss patient flagging, the need for additional risk controls, and review effectiveness of current risk controls

Training

- All relevant facility staff trained in violence prevention and management (including communication and de-escalation techniques)[5]
- Joint training and live exercises for Code Black teams
- Staff training in restrictive practices
- Staff training in incident reporting, patient flagging and how to escalate concerns about violence risk
- Refresher training
- Consultation with workers regarding the effectiveness of training and possible areas for improvement
- Training for managers in safety management including WHS obligations, risk management (including consultation with workers), responding to incident reports, incident investigation, and supporting workers post-incident

4 In line with NSW Ministry of Health Policy Directive PD2020_004 - Seclusion and Restraint in NSW Health Settings
5 In line with NSW Ministry of Health Policy Directive PD2017_043 - Violence Prevention and Management Training Framework for NSW Health Organisations

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?
- Will controls always be available (i.e., across departments, 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 at the facility 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:

- Regular consultation with workers (with feedback to workers on outcomes of consultation)
- Workers being encouraged to report incidents involving violence
- Regular monitoring of facility incident data for incidents involving violence
- Investigation of incidents involving WRV, and feedback on the response is provided to workers
- Reviews of security response times
- Workers encouraged to report situations to supervisors where risk controls were not available, with information provided up to management
- Regular risk management governance committee meetings to support department managers to meet to share learnings and good practice, and to 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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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