Prevention of Workplace Aggression and Violence

Policy and Guidelines

Department of Health Western Australia | June 2004
Foreword

Workplace aggression and violence are serious issues that are causing increasing concerns within the health system. The need to manage workplace aggression and violence has been identified by all sectors involved in health care delivery and this policy and guidelines forms part of an overall strategy to address these serious concerns. All of us in the health care system have both a responsibility for and a right to safety. Representatives from employee, employer and consumer groups have been involved in the development of the policy and guidelines, demonstrating a mutual willingness to address the problems of workplace aggression and violence in a practical manner.

The policy and guidelines within this document provide a framework of steps to take to address workplace aggression and violence. The policy statement clearly articulates that all health services must identify, assess and control workplace violence and have prevention programs in place. The guidelines include the regulatory requirements, training and prevention, risk management and response to violence.

I am pleased to acknowledge and thank the Chair, Mrs Lois Andersen and members of the Advisory Committee for their contribution to the development of the policy and guidelines. These will form a valuable part in addressing the problems associated with workplace aggressive behaviour and violence in the public health care system.

Mike Daube
Director General
Department of Health
Acknowledgements

In 2003 the Minister for Health set up The Workplace Aggressive Behaviour and Bullying Working Party to research and produce a Discussion Paper on Workplace Aggressive Behaviour and Bullying.

Following the recommendations of the discussion paper the Policy and Guidelines on Workplace Aggressive Behaviour and Violence have been developed along with a Directory of workplace training and a Guide to managing workplace aggression.

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Bibliography
Introduction

This policy has been developed following the recommendations of the Workplace Aggressive Behaviour and Bullying Working Party that prepared a Discussion Paper on Workplace Aggressive Behaviour and Bullying in 2003.

Scope

This policy statement and its supporting guidelines apply to all employees of the Department of Health, which incorporates the following:
- Royal Street Offices
- Metropolitan Health Services
- WA Country Health Service
- South West Area Health Service.

Objectives

The objectives of this policy are to:
- provide a framework for the prevention and management of workplace violence
- promote zero tolerance to workplace aggressive behaviour and violence
- promote a safe working environment for all employees
- promote strategies for the management of workplace aggressive behaviour and violence.

Policy Statement

All health services must identify, assess and control the risk of workplace violence. In order to achieve this, health services must have a violence prevention program in place. This program will focus on the elimination of violent behaviour. Where risk cannot be eliminated, it must be reduced. Strategies to reduce risks must be undertaken using a consultative framework with input from employees.

All managers and supervisors are responsible for promoting a workplace free of aggressive behaviour and violence, this would include the management of incidents involving aggressive behaviour and violence.

Workplace violence impacts on employees and their ability to perform their work as well as impacting on their families and the community as a whole.

A health worker employed by the Department of Health is a public officer for the purposes of the Criminal Code: section 1 Criminal Code; and section 3–5 Public Service Management Act (PSMA). Accordingly any person who assaults a public officer, who is performing a function of the office or employment, is guilty of a crime and liable for imprisonment for 10 years: section 318(1)(d) of the Criminal Code.
Employees have the right to work in an environment free from aggressive behaviour and violence. Patients and others have the right to visit or receive health care, in a therapeutic environment free from risks to their personal safety.

Employees who believe they are subjected to workplace violence and aggression are encouraged to report such incidents to their supervisor. All complaints will be treated seriously and will be investigated promptly.

Support mechanisms will be made available to all Department of Health employees, through an Employee Assistance Program or the internal support network.

It is important to note that an employee or employer does not have the right to retaliate physically to an act of assault unless the responding action is deemed to be self-defence, sections 248-249 of the Criminal Code.

Violence towards staff is a significant occupational health and safety (OHS) issue, and just like other aspects of OHS, all staff have a role in, and responsibility for, maintaining a safe workplace.

**Definitions**

The Workplace Aggressive Behaviour and Violence Advisory Committee has developed a number of definitions to clarify and describe workplace aggressive behaviour and violence. These definitions have been developed and amended from a review of the literature and a number of key policy documents relating to this issue.

*Zero tolerance:* a complete refusal to tolerate aggressive behaviours. It is important to differentiate unacceptable workplace aggressive behaviour from that of behaviour demonstrated as a result of a medical condition such as dementia, hypoxia or brain injury, for example.

*Workplace aggressive behaviour:* incidents, perceived or real to individuals, when they are abused, threatened or assaulted in circumstances arising out of, or in the course of their employment, involving an explicit or implicit challenge to their safety, health or wellbeing.

*Workplace violence:* an action or incident that physically or psychologically harms another person. It includes situations where employees and other people are threatened, attacked or physically assaulted at work.

*Non-physical violence* such as verbal abuse, intimidation and threatening behaviour, may also significantly affect a person’s health and wellbeing. Threats may be perceived or real and there does not have to be physical injury for the violence to be a workplace hazard. Employees may be affected by workplace violence even if they are not directly involved.

*Physical violence:* the use of physical force against another person or group that results in physical harm. It includes, but is not limited to, pinching, biting, pushing, spitting, slapping, kicking, beating, shooting and stabbing.

*Psychological violence:* the use of power against another person or group that results in psychological harm or an inability to develop professionally. This includes, but is not limited to, verbal abuse, suggestive behaviour, threats of physical abuse, intimidation and bullying.
Supporting Documents


Relevant Legislation

Criminal Code Act Compilation 1913 (WA)
Equal Opportunity Act 1984 (WA) (as amended)
Occupational Safety and Health Act 1984 (WA) (as amended)
Occupational Safety and Health Regulations 1996 (WA) (as amended)
Public Sector Management Act 1994 (WA) (as amended)
Workers’ Compensation and Rehabilitation Act 1981 (WA) (as amended)

Related Policies And Other Documents

Public Sector Standards in Human Resource Management
Western Australia Public Sector Code of Ethics
Codes of Conduct **
Grievance Resolution Policies and Procedures **
WorkSafe Western Australia Commission Dealing with Workplace Bullying – A Guide for Employees
WorkSafe Western Australia Commission Dealing with Workplace Bullying – A Guide for Employers

** These policies and procedures are those that are currently relevant in your Health Service or at Royal Street Offices.

Useful Links

http://www.bulliesdownunder.com/

If You Have A Query

When an employee has a query about the policy they should contact their supervisor or manager. Managers or supervisors with queries should contact their Human Resource Department.
Continuous Improvement

To ensure continuous improvement in the development of policies, please refer any feedback regarding this policy to the Office of the Chief Nursing Officer on 08 9222 4075.

Version Control

This document has been developed in accordance with the Department of Health's Human Resource Policy Development Framework.

Date endorsed by Committee: 20 April 2004
Policy effective date: June 2004
Policy review date: June 2007

Prevention of Workplace Aggression and Violence

Guidelines
Introduction

Employers have a duty of care under the Occupational Safety and Health Act 1984, to provide and maintain a safe work environment where employees are not exposed to hazards and can work without risk of injury or harm to themselves and other staff members.

The Department of Health aims to meet its responsibilities by:

- providing an overarching policy on the prevention of workplace aggression and violence
- providing information and guidance to employees and managers
- identifying a framework for grievance resolution
- providing a directory of education and training programs
- outlining relevant support mechanisms including internal support networks, such as, contact officers, grievance officers, peer support officers and an Employee Assistance Program
- identifying risk management approaches.

These guidelines provide information for employees on how to promote a working environment free from workplace aggression and violence and how to resolve complaints if incidents are reported.

A fundamental principle underpinning the development of the policy and guidelines is that employees have the right to work in an environment that is free from workplace aggression and violence.

Regulatory Strategies

It is obligatory to address all forms of occupational violence, as outlined in several areas of the law including:

- Common law
- Criminal Code
- Industrial Law
- Occupational Safety and Health Act 1984
- Occupational Safety and Health Regulations 1996
- Whistleblowers Protection Act
- Western Australian Public Sector Code of Ethics
- Workers' Compensation and Rehabilitation Act 1981.

The Occupational Safety and Health Act 1984

The Occupational Safety and Health Act 1984 imposes a duty of care upon employers to take reasonable steps to ensure that workplaces are safe and without risk to the health of employees. Patient and visitor initiated aggression in the government health system is identified as a workplace hazard.
**Occupational Safety and Health Regulations 1996**

The general obligations imposed by the *Occupational Safety and Health Act 1984* are complemented by the more specific safety and health requirements imposed in specific circumstances by the *Occupational Safety and Health Regulations 1996*.

**Duty of Care**

The Act contains general duties of care which describe the responsibilities of employers, employees and others who influence work environments. Many of the duties of care under the Act apply 'so far as is practicable'. This means that all reasonable measures must be taken, bearing in mind:

- the severity of the hazard
- the likelihood of the hazard occurring
- how much is known about the hazard and how to remove or control it and
- the availability, suitability and cost of safeguards.

(Worksafe Western Australia Commission, 2002, p3)

**Code of Practice – Workplace Violence**

The *Code of Practice – Workplace Violence (1999)* was issued under section 57 of the *Occupational Safety and Health Act 1984*. It provides practical guidance for workplaces where people may be exposed to intimidation, verbal abuse, harassment, bullying, threats, and physical assault.

**Criminal Code of Western Australia**

A health worker employed by the Department of Health is a public officer for the purposes of the Criminal Code: section 1 Criminal Code; and section 3–5 Public Sector Management Act (PSMA). Accordingly any person who assaults a public officer, who is performing a function of the office or employment, is guilty of a crime and liable for imprisonment for 10 years: section 318(1)(d) of the Criminal Code. It is important to note that an employee or employer does not have the right to retaliate physically to an act of assault unless the responding action is deemed to be self-defence, sections 248-249 of the Criminal Code.

**Other Legislation**

Workplace aggression perpetrated by employees breaches additional legislation relating to Equal Opportunity, Public Sector Management and the Public Sector Code of Ethics.
Zero Tolerance

The zero tolerance response means that in all violent incidents, appropriate action will be taken to protect staff, patients and visitors from the effects of such behaviour. In order to create and nurture a culture of zero tolerance, certain messages need to be communicated and regularly reinforced to managers, staff, clients and visitors. Health Services will need to develop and actively implement communication strategies.

These strategies should be specifically designed to meet local needs ensuring that managers, staff, patients and visitors clearly understand that workplace aggressive behaviour and violence is unacceptable. Crucial to the success of creating a zero tolerance culture is the active elimination of internal violence and aggression.

Training in Prevention of Workplace Aggression and Violence

Training in prevention of workplace aggression and violence is mandatory. Health Services are to ensure that managers and staff are appropriately trained and equipped to effectively prevent or manage violent incidents or recurrences.

Occupational Safety and Health (OSH) legislation requires employers to provide training to enable staff to work safely. Violence prevention, minimisation and management training for staff has been widely recommended both nationally and internationally as an effective measure in controlling the risks associated with occupational violence.

A directory of current education and training within the public health system throughout Western Australia will be released with these guidelines.

Risk Management Approach

A risk management approach to workplace aggressive behaviour and violence must be adopted. An example of such an approach is outlined in the approved Code of Practice on Workplace Violence issued by the WorkSafe Western Australia Commission under section 57 of the Occupational Safety and Health Act 1984. The document provides practical guidance for workplaces where people may be exposed to physical assault, verbal abuse threats, intimidation, harassment and bullying and is available on the Safetyline Information Service on the Internet http://www.safetyline.wa.gov.au.

Violence and risk management response

Workplace violence is recognised as a significant workplace hazard. Numerous personal and business risks are associated with exposure to violence including physical and emotional trauma, low morale, high staff turnover, financial costs, lost productivity, lessened public opinion and litigation. Occupational safety and health legislation requires employers to take all practical steps to eliminate as far as possible workplace violence risks. If a violent incident does occur, there should also be response procedures in place to minimise the impact of the event.
The reporting, recording and investigation of workplace violence should be an integral part of the health service occupational safety and health management system.

Consultation

Consultation is pivotal at all stages of the risk identification, assessment and control process and an integral part of good management. Consultation with occupational safety and health, security experts, employees and union representatives should occur to identify risks and effective solutions.

Local incident reporting

All health services will implement a local system for reporting and recording violent incidents that involve employees, regardless of whether or not the incident results in an injury or lost time. The objective of local incident reporting is to identify trends and develop strategies to reduce and prevent these.

Staff are to be aware of reporting requirements, and be actively encouraged and supported in reporting all violent incidents. A readily accessible, simple to implement reporting procedure will encourage reporting, as will prompt, sensitive and appropriate follow up.

Staff must:
- comply with local violence prevention policies and strategies
- report all violent incidents
- be aware of and consistently implement appropriate strategies.

Responding to Violence

Immediate response options

Every effort should be made, via the risk management process, to prevent violence occurring. However, in the event that a violent incident does eventuate, it is important that staff are aware that they do have a range of response options. These responses will depend on a number of factors including the nature and severity of the event, whether it is a patient, visitor or intruder and the skills, experience and confidence of the staff member/s involved. Responses may include calling for backup, security or local police. When a patient becomes violent, consideration should always be given to the possible clinical aspects of the behaviour. A violent outburst by a patient waiting to be seen by a doctor in the emergency department may be secondary to a number of medical conditions. After ensuring staff and other patients’ safety, initial clinical assessment and prompt treatment should be of primary concern.

Health services will have in place local procedures and protocols to support the range of available options. Procedures must be communicated to staff, and staff should be provided with training to enable them to exercise the options appropriately and effectively, particularly those involving clinical restraint.
Post incident response

When the incident is concluded staff should be provided with clear guidelines regarding support services (if they have not already been provided), and the option of time out from duties. Appropriate psychological and operational debriefing should be set up and coordinated.

In addition a management review of the incident by appropriate staff and experts such as a security consultant should be included. The purpose of a review is to critically analyse how the incident was managed with a view to setting new standards for management of future incidents.

Incident reporting

Violent incidents must be reported and recorded using the appropriate local format, for example employee incident form, or database, and forwarded to the manager or supervisor and OSH personnel. Depending on the nature of the incident, it may also necessitate reporting to external agencies such as Workcover WA, WorkSafe WA, the WA Police or other appropriate external organisations.

Incident investigation

The most effective way to prevent a recurrence of an incident is to determine why it happened and if it was preventable. Incident investigations should:

- be undertaken promptly by the manager or supervisor in consultation with occupational health and safety representative and/or relevant clinical and non-clinical staff
- not apportion blame
- be conducted in a supportive and non-judgmental way
- identify underlying root cause/s and contributing factors
- consider all sources of relevant information for example witnesses, incident reports, relevant work policies and procedures, the working environment, equipment used, level of supervision at the time, relevant training provided and expert advice including occupational health and safety or risk management staff
- include an operational review if relevant
- identify and recommend control measures to prevent a recurrence.

Non Department of Health Sites

Risk management

Employees working in the community face a particular set of risks associated with working in an environment not under the control of the employer and away from the immediate support of their colleagues. However the OHS legislation equally applies to staff working in the community and all reasonable action must be taken to prevent community health staff being exposed to violence. As with other workplace hazards, prevention should be the key focus of aggression and violence management strategies.
Response management

Under no circumstance should any staff member working in the community knowingly place themselves or co-workers at risk. Where the threat of violence presents itself, staff members should retreat and/or seek further assistance, for example security officers (where available) or police. Where retreat is not an option, that is the staff member is trapped with an assailant, all non-physical strategies have failed and the individual is under imminent or actual attack, evasive self-defence may be the only option.

Where, despite all preventive actions an assault is threatened, attempted or actually takes place against a staff member working in the community, the incident should be afforded the same degree of consideration as an on-site incident. Community health workers need to have access to the relevant range of response options in both the immediate and long-term. In particular the incident needs to be reported as per local reporting procedures, investigated and solutions proposed and implemented as far as practicable to prevent a recurrence. If a staff member is assaulted, the matter should be reported to the police.

Remote Health Services

Risk Management

Health care workers in rural and remote areas face unique challenges such as isolation and limited support that can make implementing risk controls and managing violent incidents particularly difficult. In particular, the risk management process may be influenced by such factors as:

- position held by staff member
- type of community worked in
- degree of isolation of the community
- access to emergency service (for example the police)
- working arrangements, for example, on call.

Response management

In rural and remote services, it is important that there is an appropriate and consistent response to violence. Reduced options for receiving health care in some communities can limit options for providing alternatives for service delivery to violent patients requiring ongoing or regular care, or for related strategies to manage regular visitors with a history of violence. It is particularly important that staff working in rural and remote areas ‘get the message’ that violence is not acceptable and that action will be taken to ensure that staff, other patients and visitors are protected from such behaviour.

The effective management of incidents requires that staff are well prepared in the event of a violent incident. Preparedness includes gathering information that is relevant to the local services and region, developing local policies and procedures that will work in a particular situation, and setting up support systems to assist the recovery of victims of violence. Consultation and close liaison with local police should be a key part of local planning. If a staff member is assaulted, the matter should be reported to the police.
Conclusion

These guidelines have identified the importance of developing zero tolerance to workplace aggressive behaviour and violence and the requirement to train managers and staff to recognise and manage potential aggressive situations. The adoption of a risk management approach to violence that can be implemented in different work environments has been identified, concluding with the process for resolution of complaints if incidents are reported.

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National Health and Medical Research Council (2002). *When it is right in front of you – assisting health care workers to manage the effects of violence in rural and remote Australia*. Commonwealth of Australia: National Health and Medical Research Council.


Royal Perth Hospital, Critical Care Division (2003). *Zero tolerance to patient and visitor initiated workplace aggression at Royal Perth Hospital Emergency Department*. Perth: Royal Perth Hospital Western Australia.


