



Preventing and Managing Workplace Violence and Aggression Policy

1. Purpose

The WA health system is committed to providing a safe workplace for workers and a safe therapeutic environment for patients, consumers, and visitors. Workers have the right to perform their duties without fear of abuse or violence and no WA health entity worker should consider such behaviour to be an acceptable part of their employment.

To embed this, the WA health system is implementing a consistent approach to preventing and managing workplace violence and aggression (WVA) by outlining a clear leadership commitment and minimum systemwide requirements.

The purpose of the *Preventing and Managing Workplace Violence and Aggression Policy* (policy) is to enable WA health entities to meet their obligations under the *Work, Health and Safety Act 2020 (WA)* (WHS Act), to eliminate or minimise the risk of workplace violence and aggression so far as is reasonably practicable.

The policy addresses instances of WVA directed towards WA health entity workers by patients, and visitors. Work-related violence and aggression by WA health entity workers is outside the scope of this policy and must be managed in accordance with *MP 0124/19 Code of Conduct Policy* or *MP 0117/19 Prevention of Workplace Bullying Policy*.

This policy is a mandatory requirement for Health Service Providers (HSPs) under the *Work Health and Safety Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016 (WA)*.

It is also a mandatory requirement for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994 (WA)*.

This policy must be read in conjunction with the following:

- [MP 0186/24 Use of Restrictive Practices in Non-Authorised Healthcare Settings Policy](#)
- [MP 0122/19 Clinical Incident Management Policy](#)
- [MP 0174/21 Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Policy](#)
- [MP 0180/23 Work Health and Safety Management Policy](#)
- [MP 0171/22 Recognising and Responding to Acute Deterioration Policy](#)
- [MP 0181/24 Safety Planning for Mental Health Consumers Policy](#)

2. Applicability

This policy is applicable to WA health entities.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

For the purposes of this Policy the term WVA is defined as:

“Any incident where a worker is threatened, abused, attacked, physically assaulted, or sexually harassed at work creating an explicit or implicit risk to their health, safety, or well-being. These actions or behaviours may result in physical or psychological harm.

The term WVA is not limited to intentional behaviours or actions from an individual; the key consideration is the risk to the health, safety, or well-being of workers. Incidents that may unintentionally occur due to cognitive impairment, disability, or other mitigating factors still present a risk as these incidents have the capacity to cause physical or psychological harm.”

3.1. Leadership Commitment

To embed effective implementation, WA health entity leaders in their capacity as officers under the *WHS Act* will:

- ensure workers and other persons are provided with a safe environment, as far as is reasonably practicable, by identifying and implementing practical and contemporary strategies to reduce the likelihood of WVA occurring.
- ensure senior executives and managers take a visible and active role in establishing a positive safety culture by leading by example and promoting best practice approaches.
- establish and maintain appropriate safety systems such as:
 - local policies and procedures to prevent and manage WVA incidents in the workplace, consistent with this policy
 - risk management tools including but not limited to patient behaviour alerts (visual and electronic) and patient behavioural observation forms
 - WVA hazard and incident management systems
 - a WVA training framework that provides workers with contemporary training in WVA prevention and de-escalation appropriate to their occupational group or role.
- support workers:
 - to share relevant information with other workers and persons to minimise the risk of WVA incidents.
 - to prioritise their safety and remove themselves from the incident and/or escalate their concern
 - to actively report WVA incidents and hazards;
 - to respond to WVA incidents in line with the requirements of this policy
 - when they are affected by a WVA incident.

3.2. WVA Risk Management

- Risk assessments must be conducted in consultation with relevant workers and health and safety representatives for all work areas where WVA poses an actual or potential risk. This includes, but is not limited to clinical, systems, environmental, and service delivery areas. The risk assessment must:
 - identify hazards that contribute to WVA risk
 - assess the associated risks
 - implement control measures to eliminate or minimise WVA risks, so far as is reasonably practicable; and
 - regularly review control measures to ensure they remain effective.
- Where practicable, the design of new facilities and/or adaption of existing facilities through renovation, refurbishment or extension must address WVA-related security and safety risks. The design of facilities must support the prevention and de-escalation of WVA incidents, and promote cultural safety considerations, while enabling a safe response to incidents.
- High risk patients and areas must be regularly evaluated to eliminate any potential WVA triggers, where reasonably practicable.
- WA health entities must establish a staged approach to identifying, assessing and responding to behavioural escalations, based on the level of risk. This may include a decision-making or graded response model that details each stage of behavioural / WVA management – from initial assessment to intervention – and predetermined actions based on behavioural risk level.
- WA health entities must ensure an appropriate security presence is available in high risk areas, where practicable. Security officers must also be integrated into multidisciplinary teams to ensure a coordinated and culturally appropriate approach is used to prevent, deescalate and respond to WVA incidents.
- All WVA risk management activities must be documented and subject to periodic review based on the associated risk.
- Risk management documents must be updated as situations evolve, particularly after significant incidents.
- Data from WVA incidents and other sources must be used to inform the development and application of risk reduction and mitigation strategies.

3.3. WVA Training Requirements

- WA health entities must ensure that workers are equipped with the skills necessary to prevent and effectively respond to WVA incidents.
- WA health entities must conduct and document a training needs analysis for each occupational group or role that considers the level of WVA risk associated with their work environments. This analysis is to inform a risk-based assessment on the type of WVA training required by workers.

- All WVA training must be evidence based, culturally appropriate and proportional to the needs of the individual occupational group or role.
- As a minimum, WVA training for roles in high risk areas must cover the following components:
 - relevant elements of the work, health and safety legal framework
 - applicable risk assessment tools and resources including behavioural observation forms
 - interpersonal factors between workers and patients, consumers or visitors that contribute to WVA incidents
 - rights and responsibilities of workers when responding to a WVA incident
 - social and cultural factors that influence the experience of receiving healthcare and the healthcare environment
 - recognition of early warning signs of aggression or behaviours of concern, including clinical and non-clinical characteristics
 - awareness of clinical conditions that may impact behaviour, agitation and aggression (e.g. cognitive impairment, delirium, medication reaction, dementia, mental health, alcohol or drug dependency)
 - verbal and non-verbal de-escalation interventions
 - strategies for identifying and selecting appropriate response options, when confronted with violent behaviour, including legal considerations and support
 - trauma informed practices and principles
 - reporting of WVA hazards and incidents
 - support mechanisms available for staff.
- Where practicable, all workers in high risk areas must attend at least one in-person WVA training session, which includes combinations of practical exercises, role play reflection activities and training assessment.
- New workers in high risk areas must complete in person WVA training relevant to their occupational group or role within 2 months of commencing employment if working within the greater Perth metropolitan area. For new workers commencing at a workplace outside of the greater Perth metropolitan area, initial eLearning modules must be completed within 2 months of commencing employment, with in person WVA training to be completed within 6 months of commencement.
- Workers in high risk areas must undertake refresher training every 2 years. Refresher training must include prevention and de-escalation principles, and evading techniques where applicable.
- Supervisors must receive appropriate training relating to their supervisory and post incident management obligations. This includes worker monitoring and support, provision of psychological first aid, staff check-ins, investigations, reporting and review.
- Where training is delivered in person, it must be delivered by a trainer with appropriate training qualifications.
- Records of training attendance must be kept and maintained.
- Training must be evaluated as required to ensure it effectively enhances worker's knowledge, skills, and confidence in preventing and managing WVA incidents.

Evaluation results must be documented and used to continuously improve training and WVA procedures.

3.4. WVA Incident Management

3.4.1. WVA Incident Response

- WA health entities must have documented, site specific strategies for managing actual or potential WVA incidents developed in consultation with relevant workers and health and safety representatives. These strategies must be person-centred, culturally safe and recovery focused. Response options may include:
 - verbal de-escalation and distraction techniques
 - safely removing oneself from the situation
 - making the area safe for others
 - seeking support from senior staff or dedicated behavioural support roles
 - activating a proactive behavioural escalation response team
 - engaging a duress response team
 - requesting assistance from security or Police.
- Where a patient exhibits aggressive or violent behaviour, consideration must be given to underlying clinical factors contributing to the behaviour. These factors must be addressed through appropriate clinical assessment and the development of a management plan aimed at mitigating ongoing behavioural risks.
- The use of restrictive practices or any decision to withdraw care to address actual or potential WVA incidents must be in accordance with [MP 0186/24 Use of Restrictive Practices in Non-Authorised Healthcare Settings Policy](#) and [MP 0174/21 Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Policy](#).
- WA health entities must ensure workers are aware of available options to safely manage a WVA incident and are supported to take reasonable, appropriate actions that are commensurate to the identified level of risk.
- The patient's risk of aggression and violence must be recorded in the patient's medical record to alert other workers involved in their care.

3.4.2. Post WVA Incident

- Following any WVA incident, WA health entities must prioritise the wellbeing of all impacted workers and other persons, including those that may have been injured and/or witnessed the incident.
- All impacted workers and other persons must be provided with immediate appropriate medical treatment and offered psychological first aid.
- Trauma informed care principles must be applied to prevent re-traumatisation or secondary trauma for the impacted worker. This includes seeking consent wherever possible and adopting a "limited disclosure" approach when sharing information.
- Decisions regarding a worker's return to work following a WVA incident must be carefully considered to ensure their ongoing psychological wellbeing.

- Where practicable, patients and their carers must be provided an opportunity to provide feedback on the incident including potential triggers and calming strategies, as well as the incident response used/preferred. Before seeking feedback, the potential emotional impact or trauma the incident may have caused to the patient and their carer must be considered.

3.4.3. WVA Incident Reporting and Investigation

- Workers must report WVA incidents (including near misses) through the WA health entity's incident reporting system.
- WA health entities must encourage and support workers to report WVA incidents relating to assaults and serious threats of assault to WA Police.
- All WVA incidents that result in actual or suspected harm or injuries to patients must be recorded in the Clinical Incident Management System in accordance with the [MP 0122/09 Clinical Incident Management Policy](#). These incidents must also be reported to the local work, health and safety team through the appropriate WHS incident reporting system.
- Post-incident investigations must occur to:
 - determine factors that contributed to the incident in a no-blame, learning-focused manner
 - identify any factors that can be addressed to reduce the likelihood of a further incident occurring (if possible)
 - update risk and care plans accordingly
 - ensure the ongoing psychological wellbeing of all involved in the incident recognising the importance of a supportive and non-punitive environment.
- Post incident investigations/reviews are to include input from relevant workers, including clinical teams, security staff, cultural support representatives and other persons to identify contributing factors and implement strategies for prevention and continuous improvement. These are to be conducted in a way that encourages open and honest participation without fear of blame or reprisal, fostering trust and collaboration.
- Where relevant, compliance with the following statutory reporting requirements is required:
 - all WVA incidents pertaining to psychiatric patients in an authorised setting must be reported to the Chief Psychiatrist as soon as practicable or within 48 hours of the incident as required under the Mental Health Act 2014 (WA).
 - All WVA classed as a notifiable incident must be reported to WorkSafe WA via the respective WA health entity's Work, Health and Safety team.

3.5. Patient and Visitor Management

- WA health entities must ensure culturally appropriate messaging is prominently displayed and included in relevant documentation to communicate patient and visitor responsibilities. This messaging must promote the expectation that all interactions with health service staff, volunteers, patients and their families are conducted with care, dignity and respect.

- WA health entities must ensure that systems are implemented and communicated to support patients, consumers and visitors to report WVA incidents.

4. Compliance Monitoring

The Systemwide Governance and Reform unit, on behalf of the System Manager, will monitor compliance with this policy by requiring that WA Health entities:

- provide quarterly reporting on the number of WVA incidents and injuries, as part of the systemwide work, health and safety reporting
- provide a report by 31 July each year for the previous financial year on:
 - the number of workers in high risk areas who require WVA training
 - the number of workers in high risk areas who have completed the WVA training including refresher training.

The System Manager may also request additional information on local policies, procedures, WVA training records, risk management documentation and systems for managing WVA incidents to inform systemwide decision-making and develop systemwide interventions.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- N/A

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [WorkSafe WA, Code of Practice: Violence and aggression at work \(2022\)](#)
- [Australian Commission on Safety and Quality in Health Care, NSQHS Standards, Predicting, preventing and managing aggression and violence: Actions 5.33 and 5.34](#)
- [Australian Commission on Safety and Quality in Health Care, Australian Charter of Healthcare Rights, 2nd edition \(2020\)](#)

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
High risk areas	High risk areas in a workplace are those identified through a risk assessment, as a location with a heightened likelihood of WVA incidents. These may include (but are not limited to) mental health, emergency departments, aged care, methadone clinics, brain injury clinics, community health and drug & alcohol services.
Incidents	Any unplanned event resulting in or having a potential for injury, ill health, damage or other loss. This includes near misses.

Limited disclosure	Refers to sharing only the minimum amount of information necessary with authorised personnel for the purposes of providing care, support or conducting an investigation. This approach helps protect privacy, maintain confidentiality, and prevent re-traumatisation or secondary trauma.
Notifiable incident	<p>The death of a person, a serious injury or illness of a person or a dangerous incident that occurs due to business or workplace activities. These incidents must be notified to WorkSafe WA in accordance with the WHS Act.</p> <p>Notifiable incidents may relate to any person who is a worker, contractor, visitor, member of the public or volunteer.</p> <p>Refer to the WorkSafe WA Incident Notification Interpretative Guideline.</p>
Officer	<p>Under the <i>WHS Act</i>, an officer is a person who makes or participates in making decisions that affect the whole or a substantial part of the organisation's activities. In relation to WA health entities, an 'Officer' means:</p> <ul style="list-style-type: none"> • Department of Health: <ul style="list-style-type: none"> - Chief Executive (i.e. Director General); and - Any person who is (within the organisational structure) directly responsible to the Director General and makes, or participates in making, decisions that affect the whole, or a substantial part, of the Department. • HSP <ul style="list-style-type: none"> - Any person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the HSP. This includes members of the Board (where a Board exists) and the Chief Executive of each HSP. <p>Note: It is expected that any person acting in an executive position will conduct themselves in a manner consistent with the duties of an Officer under the <i>WHS Act</i>.</p>
Other person	Includes any person at a WA health entity's workplace, such as patients, consumers, clients, customers, sales representatives, family, carers and visitors entering or utilising the WA health entity's workplace.
Psychological First Aid	Psychological First Aid (PFA) in the workplace is a supportive approach to help employees experiencing stress, trauma, or other mental health challenges. It involves providing immediate support, practical assistance, and emotional comfort to those affected by a crisis or distressing event. PFA aims to reduce distress, promote adaptive coping, and connect individuals with necessary resources through trauma informed practices.
Reasonably practicable	Reasonably practicable means that which is, or was at a particular time, reasonably able to be done to ensure health

	<p>and safety, taking into account and weighing up all relevant matters including: .</p> <ul style="list-style-type: none"> (a) the likelihood of the hazard or the risk concerned occurring (b) the degree of harm that might result from the hazard or the risk (c) what the person concerned knows, or ought reasonably to know, about the hazard or risk, and ways of eliminating or minimising the risk (d) the availability and suitability of ways to eliminate or minimise the risk, and (e) after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.
Trauma informed principles	<p>Refers to the key concepts that guide trauma-informed care and practice, ensuring safety, trust, choice, collaboration, empowerment, and cultural sensitivity. These principles recognise the impact of trauma and aim to create environments and interactions that promote recovery, prevent re-traumatisation, and respect each individual's autonomy, dignity, and cultural background.</p>
WA health entities	<p>WA health entities include:</p> <ul style="list-style-type: none"> (i) HSPs as established by an order made under section 32 (1)(b) of the Health Services Act 2016; (ii) Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the Public Sector Management Act 1994.
WA health system	<p>The WA health system is comprised of:</p> <ul style="list-style-type: none"> (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.
Worker	<p>For the purposes of this policy, a worker includes:</p> <ol style="list-style-type: none"> 1. staff members of a Health Service Provider as defined by the <i>Health Services Act 2016</i> and includes: <ul style="list-style-type: none"> a) an employee in the Health Service Provider; b) a person engaged under a contract for services by the Health Service Provider. 2. employees of the Department of Health. 3. trainees, apprentices, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff), subcontractors

	and persons delivering training or education within a Health Service Provider or the Department of Health.
Workplace	<p>A place where work is carried out and includes any place where a worker goes or is likely to be, while at work. This includes:</p> <ul style="list-style-type: none"> • a vehicle, vessel, aircraft or other mobile structure • any waters and any installation on land, on the bed of any waters or floating on any waters (for example, domestic premises during a home visit).

8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Manager, Systemwide Work, Health and Safety, and Reform

Directorate: Systemwide Governance and Reform

Email: system-wide.whs@health.wa.gov.au

9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0159/21	10 May 2021	May 2024	Original version
MP 0159/21 v.1.0	23 August 2022	May 2024	Amendments as below.
<ul style="list-style-type: none"> • Updated the Purpose section to include the current Work Health and Safety Act 2020 and the Work Health and Safety (General) Regulations 2022. • Updated the Policy Contact section from Executive Director, Governance and System Support to Director, Workforce and Employment Unit. 			
MP 0159/21 v.1.1	6 September 2023	May 2024	Amendments as below.
Mandatory policy transferred from the Employment Policy Framework to the new Work Health and Safety Policy Framework.			
MP 0159/21 v. 2.0	17 December 2025	December 2028	Policy review and amendments as below.
<ul style="list-style-type: none"> • Title: amended from <i>Workplace Aggression and Violence Policy</i> to <i>Preventing and Managing Workplace Violence and Aggression Policy</i>. • Purpose: updated to further highlight the WA health system's commitment to providing a safe workplace for workers and a safe therapeutic environment for patients, consumers, and visitors. Reference to zero tolerance approach removed from this section. • Policy requirements: new subsections included detailing requirements on leadership commitment, risk management, training, incident management (covering incident response and post incident response) and reporting and investigation and patient and visitor management. • Compliance monitoring: updated to reflect current reporting requirements. • Supporting information: removal of <i>AS/NZS 4801:2001 Occupation health and safety management systems</i>. Inclusion of <i>Australian Commission on Safety and Quality in Health Care, NSQHS Standards, Predicting, preventing and managing aggression and violence: Actions 5.33 and 5.34</i>. Updated <i>WorkSafe Australia, Code of Practice: Violence and aggression at work (2022)</i>. 			

- Definitions added for new terms: *high risk areas, limited disclosure, notifiable incident, officer, other person, Psychological First Aid, reasonably practicable, trauma informed principles, WA health entities, worker, workplace*. Updated definitions included *workplace violence and aggression and incident*.
- Policy contact: updated to reflect current policy ownership and System-wide Work, Health and Safety, and Reform generic email

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	10 May 2021

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