Workplace Violence and Aggression Management

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Contents

1. Purpose of policy

The purpose of this policy is to outline the Auckland District Health Board (Auckland DHB) organisational responsibilities to workers who experience violence and aggression in the workplace.

Violence towards workers is a significant health and safety risk. This can take the form of physical or sexual assault, verbal abuse including telephone abuse, racial abuse and threatening behaviour.

These behaviours can originate from the general public, patients or co-workers. Violence and aggression is a significant hazard and as such the risks associated with them need to be managed effectively. This policy should ensure that all workers are able to provide care to patients within a safe environment and must be applied effectively in all appropriate situations.

2. Scope of the policy

This policy extends to all employees as well as students and independent contractors who work for Auckland DHB. Occurrences of worker-to-worker violence and aggression are to be reported to Human Resources and managed as per the Harassment & Bullying Policy.

3. Policy statements

Auckland DHB recognises its legal duty to provide a safe and secure environment for patients, workers and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect workers, patients and visitors.

It is the policy of Auckland DHB:
- To ensure risk assessment is completed in order to identify the likelihood workers will be exposed to violence and aggression.
- To identify measures to protect workers and those visiting its premises from the risk of violence and aggression.
- To ensure that staff receive training and resources to manage violence and aggression in the workplace.
- That all forms of intentional violence and aggression to workers are unacceptable: assailants will be reported to the Police where a criminal action has occurred; prosecution will be supported.

4. Definitions

The following terms are used within this document.

Term	Definition
Workplace violence	"Any incident in which an employee has been abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health." (Department of Labour, 2009). This can incorporate some

Term	Definition
	behaviours identified as harassment and bullying, for example verbal violence.
Physical assault	The intentional use of force by one person against another, without lawful justification, resulting in physical injury or personal discomfort.
Sexual assault	Any type of sexual contact that occurs without the explicit consent of the recipient, e.g. unwanted touching or groping, rape and attempted rape.
Non-physical assault	The use of inappropriate words or behaviour causing distress and/or constituting harassment. Examples include: • Offensive or sexually explicit language (including but not limited to homophobic or transphobic slurs). • Unwanted or abusive remarks. • Racially inappropriate language or remarks. • Intimidation and any other non-physical words or actions which cause distress or constitute harassment. The list is not exhaustive and it is a subjective test as to whether a person feels threatened, alarmed, harassed or distressed.
Intentional violence	This definition of violence applies to an aggressor who is knowingly aware of the intent of their actions.
Violence due to a medical or clinical condition	This is where the aggressor does not knowingly choose to present with violent behaviour which is often the result of them experiencing clinical instability. This may be a result of medication, anaesthesia, severe pain, dementia, illness or head injury.
Capacity	An individual is presumed to have capacity for the purpose of this guidance unless they are: • Unable to take in and retain the information material to the circumstances, especially as to the likely consequences of their behaviour in the effect it may have on them having or not having the treatment; or • Unable to weigh the information in the balance as part of a process of arriving at the decision.

5. Documentation

All relevant documentation referred to in this policy is available on the Health & Safety (H&S) intranet site.

6.   Roles and responsibilities

6.1   Chief Executive

The Chief Executive is responsible for:

- Ensuring the effective implementation of this policy and the workplace violence prevention programme.
- Allocating sufficient resources to enable the policy to be delivered.
- Monitoring the overall effectiveness of the policy.

6.2   Director of the Directorate/Service Clinical Director

Directors of the Directorate/Service Clinical Directors are responsible for ensuring that arrangements are in place for:

- Monitoring of management of violence and aggression performance within their directorates and areas.
- Ensuring that hazard identification and risk assessments have been undertaken in accordance with the Auckland DHB procedures.
- Ensuring that violence and aggression related risk assessments and control measures are communicated to relevant workers where appropriate.
- Ensuring that hazards and risks are entered onto the Hazard Register as appropriate.

6.3   Operational managers

The first step to ensuring the safety of workers is to perform a risk assessment (see section 7) of the roles and tasks that workers are required to undertake which could lead to a situation of possible violence and/or aggression. Following this assessment, appropriate control measures must be implemented to ensure their safety.

Managers must also ensure that workers receive suitable and sufficient information, instruction (section 8) and training (section 9) in order to safely undertake their role. They must also ensure that risks are appropriately communicated to all staff who may come into contact with known or potential violent and/or aggressive patients/service users (section 8).

Managers must encourage workers to report all incidents of violence and aggression towards them as per Auckland DHB H&S incident occurrence reporting policy, including near misses.

Following an incident of violence or aggression managers must:

- Ensure the safety of their workers and provide post-incident support (section 11); and
- Ensure that a suitable and sufficient investigation is completed to ensure that all cause factors are identified, and to put procedure into place to try to prevent a re-occurrence (section 10). As part of this process they are also responsible for ensuring appropriate sanctions are put in place (sections 13 and 14).

Managers are also responsible for:

- Ensuring workers are aware of their responsibilities for health and safety and violence and aggression; responding to and, where possible, resolving incidents, ideally before they escalate.

- Ensuring employees are aware of their role in a Code Orange and have clear knowledge and understanding of the process.
- Responding seriously and in a timely manner to any reports of workplace violence, abuse or threats.
- Recording details of the incident and giving all employees involved in the incident full support during the whole process.
- Undertaking self-assessment audits within their area when requested.

6.4 All workers

All workers have a responsibility to:
- Ensure their own safety and that no action or inaction causes harm to any other person.
- Follow the safe systems of work identified for the management of violence and aggression.
- Make full and proper use of control measures including personal protective equipment.
- Report any compliance failures, digressions, defects or concerns to their line manager. supervisor, Health and Safety Representative and/or Occupational Health & Safety.
- Report accidents and near misses.
- Attend training as required.

6.5 Occupational Health & Safety

Provide advice and support to managers in relation to the implementation of this policy.

7.   Hazard identification and risk assessment

7.1 Identification of risk

Managers are responsible for ensuring that documented risk assessments (formally hazard control plans) are undertaken to identify and assess risks faced by workers. Following this, they must implement suitable and sufficient measures to eliminate or control the risks and evaluate, monitor and periodically re-assess the measures. Further information on the assessment of risk can be found in Appendix 1.

8.   Communication of risk

Section 11 of the Health Information Privacy Code makes it clear that personal health information must be transferred to subsequent caregivers – in relation to the possibility that a patient or client will be violent towards a caregiver.

8.1 Security Alerts

Subsequent caregivers are to be alerted to the potential for violence or aggression from a patient/service user by posting a Security Alert (for individuals who have been assessed as a risk to caregivers) on patient information system by using CR0008 Clinical Alert Notification/Cancellation.

9.   Violence and aggression training

9.1   General training

All staff must receive training in how to safely manage and assess risk of violence and aggression in the workplace at Auckland DHB.

Key areas of training are to include:
- Auckland DHB policies and New Zealand legislation
- De-escalation and personal safety
- Auckland DHB Code Orange procedures
- Processes for reporting incidents of violence and aggression.

Personal safety and de-escalation training available at Auckland DHB:
- CALM online training (mandatory)
- Security for Safety online training (mandatory)
- MAPA 1-day De-escalation Training (for identified clinical staff)
- MAPA Advanced Training - De-escalation and Physical restraint (Security staff and identified Senior clinical staff)
- SPEC Training for Mental Health Inpatient staff.

The appropriate level of training required will be determined upon the level of risk that has been identified by the directorate/service risk assessment.

9.2   Restraint training

All workers who are required to use restraint at Auckland DHB must receive the MAPA Advanced training to ensure the safety of everyone involved.

All restraint training taught should place emphasis on de-escalation, last resort, least restrictive, pain free restraint techniques in alignment with the New Zealand Health and Disability (Restraint Minimisation and Safe Practice) Standards. It is essential that written policies and procedures regarding the use and practice of physical restraint are in place and all workers are fully aware of these and their roles and responsibilities.

10.   Incident reporting and investigation

All health and safety incidents and near misses involving violence and/or aggression, including verbal abuse towards workers, must be reported in Datix as per current accident/incident procedures.

The relevant operational manager must suitably investigate all incidents. The operational manager is also required to assess whether workers involved in an incident require follow-up support.

10.1 Learning from incidents

The operational manager must keep the victim fully informed of the progress and outcome of the investigation.

As part of the investigation, it is important to determine lessons that can be taken forward to minimise similar causes and explore more effective levels of support.

The findings should be communicated to other relevant departments and committees to ensure that Auckland DHB as a whole benefit from them.

11. Post-incident support

Workers are entitled to expect that their actions will be supported with understanding by their supervisors and managers and by Auckland DHB.

A worker who has been attacked may suffer psychological harm as well as physical injury, Confidential counselling services are available through the Employee Assistance Programme and workers can self-refer to this. For physically injured workers, the manager will provide support and assistance for workers in the event of criminal/civil proceedings. All and any support/advice offered should be documented.

12. Health monitoring

The manager must have a system in place to monitor employees who report suffering harm or have been in an incident that could have led to such harm to ensure that the employee is not suffering long term effects from an exposure to aggression or violence in the workplace.

13. Sanctions

Any action taken in response to violent or abusive behaviour should be carefully planned. It should take into account the clinical needs of the service users, the right of all service users to be treated in a safe and caring environment and the duty towards employees.
Actions implemented should be relevant to the circumstances. These can include:
- Drawing the person's attention to the fact that their behaviour is unacceptable.
- Treatment of service users in the presence of increased security or Police and/or alternative treatment facility/location/times/days, including suspension of routine appointments following medical advice.
- Reporting the behaviour to the Police.

Note: As excluding service users from clinical care has legal and ethical implications, it is important that the service user's clinical team meet and come to an agreed documented approach which will endeavour to continue to care/treat the service user and minimise the residual risk of further incidents of violence and aggression.

Visitors who display any unacceptable behaviour should be asked to stop and be offered the opportunity to explain their actions. Continued unacceptable behaviour may result in the individual being asked to leave the premises by a senior member of staff. Such action will need to be undertaken with minimal risk and should not be attempted without appropriate support. Depending on the location and circumstances this can involve the Police or security. Incident

reports must be completed for all incidents of violence and aggression. Any request to leave and the visitor's response must be documented.

14. Trespass notice

Trespass notices should be regarded as a last resort after all other means of addressing the situation have been exhausted. They should not be routinely used to manage patient or visitor behaviour.

A Clinical Nurse Manager (or Service Manager/Charge Nurse if the Clinical Nurse Manager cannot be located in an emergency) has delegated authority to issue a trespass notices.

All Service Managers and Charge Nurses should make themselves familiar with the Trespass Notice policy.

15. Lone working

Working alone means the normal contact with other staff is not available. This may include working in isolated areas on-site or off-site, either during or outside normal working hours.

This could be outside a hospital or similar environment, or internally where staff care for patients or service users on their own. Other descriptions commonly used include community or outreach workers. Lone working may be a constituent part of a person's usual job or it could occur on an infrequent basis, as and when circumstances dictate.

By the very nature of their work, lone workers need to be provided with additional support, management and training to deal with the increased risks, as well as being enabled and empowered to take a greater degree of responsibility for their own safety and security.

Specific advice on managing the risk to lone workers are detailed in the Lone Worker Protection policy.

16. Self-defence

Section 48 of the Crimes Act 1961 states, "Everyone is justified in using, in the defence of himself or another, such force as, in the circumstances as he believes them to be, it is reasonable to use".

This recognises that people have a right to defend themselves against violence or threats of violence, so long as the force used is no more than is reasonable for that purpose. The law does not require people to wait until they have been attacked before taking action to protect themselves. But the law also acknowledges the attacker's right to life and bodily integrity and requires the force used in self-defence to be no more than is necessary to prevent the violence or threatened violence.

16.1 Reasonable force

If a worker is in significant danger, and is unable to retreat safely from the situation without the use of physical action, the principles of reasonable force would apply.

What might be considered as reasonable force will differ from case to case. The principle that should guide workers considering the application of reasonable force is to use the minimum intervention (in terms of force and time) necessary to reduce harm and damage. The force used must be consistent with the intended outcome, e.g. the force used to stop a very young child hitting another will differ significantly from that needed to prevent a violent attack from a physically strong adult.

17.   Monitoring and review

Adherence to this policy should be monitored by a combination of local inspections and audits.

This policy will be reviewed in line with updated government regulations as and when available.

18.   Legislation

- Crimes Act 1961
- Health Information Privacy Code 1994

19.   Supporting evidence

- Department of Labour. (2009). Managing the Risk of Workplace Violence to Healthcare and Community Service Providers: Good Practice Guide. Department of Labour.
- Standards New Zealand. (2008). Health and Disability Services (Restraint Minimisation and Safe Practice) Standards NZS 8134.2:2008, Standards Council

20.   Associated documents

- Code Orange Policy
- Harassment & Bullying
- Health & Safety
- Lone Worker Protection
- Occupational Health & Safety (OH&S) Occurrence
- Risk Management Policy
- Trespass Notice
- CR0008 Clinical Alert Notification/Cancellation.
- Restraint minimisation and safe practice for patients

21. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

22. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed *before* the scheduled date, they should contact the owner or Document Control without delay.

Appendix 1: Hazard Identification and Dynamic Risk Assessment

Dynamic risk assessment
"The continuous assessment of risk in the rapidly changing circumstances of an operational incident, in order to implement the control measures necessary to ensure an acceptable level of safety".

During a dynamic risk assessment, the decision making process involves:
- Gathering the available information
- Analysing reviewing the risks and benefits presented by the incident
- Applying professional judgement to decide the appropriate course of action.
- The risk assessment should take into account the past, present and future:
  - **Past** - any previous incidents or known history of violence, verbal abuse or threatening behaviours towards staff
  - **Present** - the environment and any existing arrangements in place to manage the hazards faced by workers, such as the equipment available, communication systems in place and staff skills to manage challenging behaviour
  - **Future** – taking into account all the information available regarding the patient to ensure future interventions will give the patient the best possible chance of a positive outcome.

The risk assessment must consider:
- The acuity of the environment the person is working in to determine the level of risk and any other risk factors, such as lone working
- Assessment of working conditions and environment such as staffing numbers and security measures
- Whether workers have received suitable and sufficient training to defuse potentially violent situations
- The availability of tools to assess the possibility of an increased risk of violence

Assessment of an Individual
It is the responsibility of the service to ensure that there are appropriate methods in place to allow workers to conduct risk assessments for each patient/client at time of admission/referral.
This is to determine if there is any potential or actual risk of the threat to safety of ADHB workers while providing treatment/care, this may be a part of the initial clinical assessment. The level and means of assessment will vary by each service as appropriate to the service being provided.

When assessing risk, the following must be considered:
- Obtain information from those with recent responsibility for the patient/client (caregivers, family, GP, etc…).
- Ensure that patient care plans are updated regularly e.g.: after an incident and fed into Patient Alert system.
- Patient/client information should include: (if known)
  - Known tendencies for violence or aggression
  - Early warning signs the person is starting to become escalated
  - Triggers (both environmental and interpersonal) that may cause the person to become escalated

- ○ Effective calming techniques, identified if necessary in consultation with family/whanau
- ○ Cultural resources/interpreter services that may be useful to the person
- ○ Mobility level
- ○ Any handling aids required
- ○ Presence of infectious disease
- ○ Health care needs that may predispose the person to confusion (and risk of aggression)

There must be procedures in place for the ongoing assessment and reporting of changes in patient/client behaviour. Following the assessment and reporting, if the behaviour continues to be concerning, a behaviour management plan should be developed collaboratively with the person in question and communicated to all people providing care to them.

Appendix 2: Security Alerts

Auckland DHB staff are to be alerted to the potential for violence or aggression from a patient/service user by posting a Security Alert (for individuals who have been assessed as a risk to caregivers) on patient information system by using CR0008 (Clinical Alert Notification).

There are three levels of Security Alert:

Levels	Description
Level 1	• The patient/relative is demanding/distressed • Threats are perceived/implied
Level 2	• The patient/relative is: ○ verbally aggressive ○ physically threatening ○ threatening damage of theft of property • Previous level 1 or 2 • Patient unfit to leave department • Physically aggressive prior to admission • Police/prison escort
Level 3	• The patient/relative is: ○ physically aggressive ○ damaging property physically threatening ○ trying to leave and possibly committable

Process for Posting a Security Alert

Step	Action
1.	A clinical alert is identified
2.	Complete form (CR0008)
3.	Fax to Clinical Records (Fax. 6959)
4.	CRD workers record on CMS (CHIPS) and turn CRIS alert flag on
5.	File CR0008 in the front of the patients notes for current visit

Appendix 3: Guidance Checklist for Managers Following an Assault on a Member of Staff

GUIDANCE CHECKLIST FOR MANAGERS FOLLOWING AN ASSAULT ON A MEMBER OF STAFF

The following points should to be considered & carried out by the Manager immediately following an incident:

- Call a code Orange
- Do you need to call the Police?
- Does the member of staff require medical assessment or attention?
- Do you need to cordon off any areas to preserve evidence for the Police?
- Have you obtained the names and contact details of any witnesses, this will include patients and visitors as well as staff members?
- Have you obtained photographic evidence of any injuries sustained by staff or damage caused by the perpetrator?
- If applicable, have swabs of saliva (DNA evidence) been taken or any blood stained clothing preserved?
- Does the member of staff feel fit to continue duties?
- Do they need assistance with transport to get home?
- Do they need recovery time after the incident?
- Has the member of staff had an opportunity to discuss the incident and talk about how occurred and how it was managed? (This will be needed to help with the manager investigation and form completion).
- Does the member of staff require specialist counselling (EAP)?
- Do other members of staff within the team who were affected by the incident require support?
- If applicable, is the member of staff happy to continue to provide care to the patient involved?
- Have the implications for the future health and safety of staff been considered?
- Is a change of working practice or working environment required?
- Has a H&S incident report (KIOSK) been completed?