Information Pack for WorkSafe Victoria’s Intervention on Occupational Violence in Hospitals

Issued: November 2005

Health and Aged Care Team
Public Sector and Community Services Division
WorkSafe Victoria

The information presented in the Information Pack for WorkSafe Victoria’s intervention on Occupational Violence in hospitals is intended for general use only. It should not be viewed as a definitive guide to the law, and should be read in conjunction with the Occupational Health and Safety Act 2004.

Whilst every effort has been made to ensure the accuracy and completeness of the Information Pack, the advice contained herein may not apply in every circumstance. Accordingly, the Victorian WorkCover Authority cannot be held responsible, and extends no warranties as to:

- the suitability of the information for any particular purpose;
- actions taken by third parties as a result of information contained in the Information Pack for WorkSafe Victoria’s Intervention on Occupational Violence in Hospitals.

WorkSafe Victoria is a division of the Victorian WorkCover Authority
SECTION ONE – GENERAL INFORMATION

1.1 ABOUT THE INFORMATION PACK

The information pack comprises:
- three sections on general guidance, project information and further resources; and
- the compliance tool used by WorkSafe inspectors during visits for the occupational violence (OV) project.

Target audience:
- Hospital boards, hospital staff, labour hire employers, contract/agency staff working in hospitals, mental health services, occupational health and safety (OHS) management representative/s, the elected health and safety representative/s (HSRs)
- It is being distributed to employers, employer associations and unions by e-mail and also placed on the WorkSafe website.

Purpose:
- To provide information regarding WorkSafe visits to hospitals, beginning November 2005

1.2 OCCUPATIONAL HEALTH AND SAFETY IN HOSPITALS

The case for addressing OHS in hospitals
- **Basic moral responsibility**
  Ensuring that those who come to work can go back home as healthy as they arrived is a basic moral responsibility of all employers.
- **Legal obligation**
  Employers have a legal obligation to provide for a safe and healthy workplace *(discussed in more detail in the following sections).*
- **Positive outcomes: high functioning hospitals**
  Better OHS creates positive synergies with the basic mission of hospitals - caring for others. Healthy and happy staff, free from physical or psychological injury and/or disease, can reduce absenteeism and improve retention of staff.
- **Reduced costs**
  Risk of public liability claims is reduced and there is the potential to reduce workplace injury insurance premiums.

1.3 OBJECTIVES OF THE OCCUPATIONAL HEALTH AND SAFETY ACT 2004 (the OHS Act)

Section 2 of the OHS Act 2004
- Secure the health, safety and welfare of employees and other people at work
- Eliminate, so far as reasonably practical, risks to the health, safety and welfare of people at work
- Ensure health and safety of members of the public is not put at risk
- Ensure consultation between employees, employers and organisations representing them in formulating and implementing health, safety and welfare standards

1.4 EMPLOYER DUTIES UNDER THE OHS ACT 2004

Duties of employers, section 21(1) of the OHS Act 2004
• “... so far as is reasonably practicable provide and maintain, for employees...a working environment that is safe and without risks to health”

Includes plant, systems of work, substances, environment, facilities, information, training and supervision.

Employers have responsibilities to all persons who could be affected by the activities of the employer. In hospitals this includes:
- Patients;
- Employees;
- Contractors and their employees;
- Visitors;
- Students; and
- Volunteers.

1.5 WHAT IS ‘REASONABLY PRACTICABLE’?

Reasonably practicable (section 20 of the OHS Act 2004) means having regard to:
- Likelihood of the hazard or risk eventuating
- Degree of harm that would result if the risk or hazards eventuated
- What the person knows, or ought reasonably know about the hazard or risk, and ways of eliminating or reducing the hazard or risk
- Availability and suitability of ways to eliminate or reduce the hazard or risk
- Cost of eliminating or reducing the hazard or risk

1.6 EMPLOYEE DUTIES

Employees also have responsibilities under the OHS Act 2004 (section 25)
- To take reasonable care for health and safety of themselves or persons who may be affected by their acts or omissions
- Co-operate with employer regarding action taken by employer to comply with the OHS Act 2004 and/or regulations
- Not intentionally or recklessly interfere with or misuse any provision of health and safety

1.7 CONSULTATION

Healthier environment, improved learning outcomes, and improved hospital performance can be achieved more easily when employers and employees work together to consult on health and safety. Discussion can lead to identifying risk solutions.

The OHS Act 2004 (section 35) states employers must consult with employees, so far as is reasonably practicable, when:
- Identifying hazards, assessing and controlling risks
- Making decisions about: facilities, issue resolution, health monitoring, info and training, workplace changes, membership of Health and Safety Committee

Suggestions for employers
- Make OHS a standing agenda item at your staff meeting
- Make OHS a standing agenda item at your board meeting
- Encourage staff to raise OHS issues and identify ways of eliminating or controlling risks
1.8 HEALTH AND SAFETY REPRESENTATIVES

HSRs (including Deputy HSRs) have a right under the OHS Act 2004 (section 58) to:
- inspect their designated working groups (DWG) after giving reasonable notice, or immediately if there is an incident
- accompany a WorkSafe inspector during inspection
- require formation of an OHS Committee
- be present (with consent) at interviews regarding OHS
- access all information on hazards in the DWG
- issue provisional improvement notices (PINs)
- direct that work in all or part of a DWG cease in situations of immediate risk, after consultation.
- OHS training and refresher training

1.9 EMPLOYEE HSRs

Employers manage OHS in the workplace, not HSRs.
- HSRs are elected by members of a DWG and are the link between employees and their employer on health and safety matters
- HSRs can consult with employers and employees in their DWG on health and safety matters
- HSRs must be consulted, so far as reasonably practicable, on any proposed changes to the workplace affecting OHS
- HSRs participate in OHS issue resolution processes
- HSRs receive paid time off work to attend training or perform functions associated with their role

1.10 OHS COMMITTEES

OHS committees are a good means for providing practical consultation between employers and employees on OHS matters. The committee should focus on the long term OHS issues i.e. developing and reviewing implementation of OHS policies and procedures (including training arrangements) to improve workplace health and safety and improve compliance with the OHS Act 2004.

Day to day issues should be dealt with through normal resolution processes.

1.12 SUMMARY OF THE VICTORIAN WORKCOVER AUTHORITY STRUCTURE

Victorian Workcover Authority

Rehabilitation and Compensation

Health and Safety (WorkSafe Victoria)

Six workplace injury agents

~250 OHS Inspectors

~230,000 workplaces
1.13 HOW ARE WORKPLACE VISITS INITIATED?

In response to:
- Complaints or reports
- Request by workplace party
- Appealed PINs issued by a HSR
- Workplace OHS disputes
- Incident notification of serious injury or fatality

Planned visits:
- Blitzes eg. Asbestos blitz
- Targeted activity for specific risks (eg. sprains and strains)
- Targeted activity for industry sectors (eg. OV in hospitals)

1.14 WHAT DO WORKSAFE INSPECTORS DO ON FIELD VISITS?

- Enforce legislation
  - Occupational Health and Safety Act 2004
  - Equipment (Public Safety) Act 1994
  - Dangerous Goods Act 1985
  - Road Transport (Dangerous Goods) Act 1995
- Serve notices and directions
- Collect evidence such as photos and documents
- Investigate incidents such as serious injuries or dangerous occurrences
- Encourage compliance
  - Provide information and education
  - Provide advice
  - Promote consultative arrangements
  - Promote OHS issue resolution

SECTION TWO – OV PROJECT INFORMATION

2.1 OCCUPATIONAL VIOLENCE (OV) IN HOSPITALS

- OV has significant costs and implications for organisations and individuals, with economic, psychological and physical issues.
- Nurses have been identified by the Australian Institute of Criminology as the occupational group most at risk of violence in the workplace.
- Recent Australian research indicates that as many as 95% of nurses had experienced repeated episodes of verbal aggression, with 80% reporting multiple episodes of physical aggression.
- Emergency Departments and psychiatric hospital workers have been identified as being at greatest risk within health care settings.
- According to Mayhew and Chappell (2003), a comprehensive violence prevention strategy requires a range of administrative and organisational elements to help control the risks. These elements include:
  - An explicit commitment to a zero tolerance policy
  - A risk identification process
  - Comprehensive reporting systems
– Formal identification of high risk sites
– Consideration of specific client groups and their characteristics
– Introduction of appropriate interventions
– Post-event supports.

2.2 CONSULTATION IN PROJECT DEVELOPMENT

An Industry Stakeholder Group met and contributed to the development of the intervention design and content of the compliance tool for the project. It comprised representatives from:

– Australian Nursing Federation (ANF)
– Health and Community Services Union (HACSU)
– Public and private hospitals
– Mental health services
– Department of Human Services
– WorkSafe Victoria (including inspectors).

2.3 OV IN HOSPITALS COMPLIANCE TOOL

A compliance tool was developed for use by WorkSafe inspectors as a comprehensive response to OV in hospitals. Please find the tool attached.

Underlying model used in the compliance tool:

<table>
<thead>
<tr>
<th>High risk (Red)</th>
<th>Medium risk (Amber)</th>
<th>Low risk (Green)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practices in the red column <strong>should not be used</strong> in workplaces. An employer who allows those practices to be used is <strong>likely to be in breach</strong> of OHS legislation.</td>
<td>The practices in the amber column are <strong>less effective</strong> in reducing risk as compared with the green column, and should be treated as <strong>interim solutions</strong> only. In some instances, practices in this column <strong>may be in breach</strong> of OHS legislation.</td>
<td>The practices in the green column should be regarded as the minimum target for all worksites. This category meets compliance requirements given the state of knowledge today.</td>
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</tbody>
</table>

Where non-compliance with legislation is detected, or where there is an immediate risk, a notice or direction will be issued to control the problem, unless the matter is addressed by the duty holder at the time of its detection and in the presence of the inspector.

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No Notice. Best practice is identified in some questions that go beyond compliance with OHS laws, given the current state of knowledge. Over time, best practice may become state of knowledge.

Note: Cost cannot be the sole reason for not implementing controls. Cost is a factor to be balanced with the likelihood of risk and the most effective means of risk management.
### 2.4 PROJECT TIMELINE

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>November</td>
<td>Visits to hospital emergency departments begin</td>
</tr>
<tr>
<td>2006</td>
<td>January</td>
<td>Visits to adult acute inpatient mental health services begin</td>
</tr>
<tr>
<td></td>
<td>March</td>
<td>Initial review of project</td>
</tr>
<tr>
<td></td>
<td>Mar-Jun</td>
<td>Ongoing review of project, addressing emerging issues as required</td>
</tr>
<tr>
<td></td>
<td>June</td>
<td>Field visits end</td>
</tr>
</tbody>
</table>

*There will be a total of around 300 field visits carried out.*

Note: the timeline is flexible and is subject to change.

In 2005/06 visits will be made to:
- Emergency departments of public and private hospitals
- Public Adult acute inpatient mental health services

From July 2006 visits may potentially extend to:
- Other departments within hospitals
- Community mental health services
- Aged care services

### SECTION THREE – Contacts and Resources

#### 3.1 CONTACT WORKSAFE VICTORIA

**Emergency Response**

Phone **13 23 60** to report serious workplace emergencies, 24 hours a day.

**WorkSafe Advisory Service**

222 Exhibition Street  
Melbourne VIC 3000  

Phone: (03) 9641 1444  
Toll-free: 1800 136 089 (Toll Free)  
Email: info@workcover.vic.gov.au

**Website**


#### 3.2 RESOURCES ON OV


• Swanton, B. and Webber, D. *Protecting Counter and Interviewing Staff from Client Aggression*. 1990.


• Industry occupational health and safety interim standards for preventing and managing occupational violence and aggression in Victoria’s mental health services – Department of Human Services 2004.
WORKPLACES TO VISIT: Emergency Departments of hospitals and acute inpatient mental health services

SITE VISIT PROCEDURE

☐ WorkSafe inspector explains purpose/background
- The purpose of the project is to reduce occupational violence (OV) in emergency and acute inpatient mental health services by identifying risks and ensuring appropriate controls are in place.
- It is anticipated that 80 hospitals will be visited under this project and each site will have approximately 3 visits.
- Peak bodies and stakeholders have been involved in the development and implementation of this project.
- A copy of this tool and the inspector’s checklist will be provided to the occupational health and safety (OHS) Manager/health and safety representative (HSR) of the organisation.
- Breaches of compliance will be dealt with as per the WorkSafe compliance and enforcement policy.

Please note: This guide outlines OV hazards, assessment and controls. It is not exhaustive and inspectors may/will ask additional OHS questions.

☐ WorkSafe inspectors use the intervention tool to:
- Discuss the procedure with Management Rep/s and HSR/s
- Verify compliance by inspection.
- Take notes as per normal Field protocol.

Note:
- The inspectors may provide the ratings verbally for Management Rep/ HSR to take down on their own copy of the tool.
- All sections of the tool are to be completed on initial visit.
- It may take more than one visit to show compliance.

☐ WorkSafe inspectors to take appropriate action
- Explain legislative requirements.
- Issue Entry Report and if contravention noted and not voluntarily complied with during the visit, issue Notices/Directions for non-compliance
- Use standard phrases where possible
- Check incident reports
- Indicate availability of relevant publications
- Conduct follow up visit(s) as required

☐ WorkSafe inspectors to complete appropriate documentation
- Field report and/or Notices/ Directions as required.
- Enter completed focus report into FOCUS (internal WorkSafe system) at completion of the initial visits, prior to follow-up visits.
- One Focus report card only to be completed for each health care unit.

Sources of information for Health Care Services

WorkSafe’s website: www.worksafe.vic.gov.au
- Prevention of Bullying and Violence at Work – Guidance Note
- Talking Safety Together
- Summary of the Occupational Health and Safety Act 2004


Prevention of Occupational violence – Environmental Design by David C. Caple.
Preventing Violence against Health Workers by C. Mayhew.
Protecting Counter and Interviewing Staff from Client Aggression by B. Swanton & D. Webber.


Brief list of relevant OHS sections and phrases

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S 21 (1)</td>
<td>Employer must, so far as is reasonably practicable, provide and maintain for employees of the employer a working environment that is safe and without risks to health.</td>
</tr>
<tr>
<td>S 21 (2)a</td>
<td>Employer must provide or maintain systems of work that are, so far as is reasonably practicable, safe and without risks to health.</td>
</tr>
<tr>
<td>S 21 (2)e</td>
<td>Employer must, so far as is reasonably practicable, provide such information, instruction, training or supervision to employees of the employer as is necessary to enable those persons to perform their work in a way that is safe and without risks to health.</td>
</tr>
<tr>
<td>S 21 (3)</td>
<td>A reference to an employee includes a reference to an independent contractor engaged by an employer and any employees of the independent contractor.</td>
</tr>
<tr>
<td>S 99 (a)</td>
<td>An inspector who enters a place under this Division may inspect, examine and make enquiries at the place.</td>
</tr>
<tr>
<td>S 99 (b)</td>
<td>An inspector who enters a place under this Division may inspect and examine any thing (including a document) at the place.</td>
</tr>
<tr>
<td>S 100 (1)</td>
<td>An inspector who enters a place under this Division may: Require a person to produce a document or part of document located at the place that is in the person’s possession or control, and examine that document or part and require a person at the place to answer any questions put by the inspector.</td>
</tr>
<tr>
<td>OHS 0058</td>
<td>Provide/maintain safe system of work.</td>
</tr>
<tr>
<td>OHS 0245</td>
<td>Adequate information/instruction/training/supervision.</td>
</tr>
<tr>
<td>OHS 0544</td>
<td>Safe lighting in walking areas.</td>
</tr>
<tr>
<td>OHS 0016</td>
<td>Safe means entering/leaving work.</td>
</tr>
<tr>
<td>OHS 0521</td>
<td>No HSR elected.</td>
</tr>
<tr>
<td>OHS 0523</td>
<td>No HSR available.</td>
</tr>
<tr>
<td>OHS 0648</td>
<td>Document produced in accordance with S100.</td>
</tr>
<tr>
<td>OHS 0657</td>
<td>Make copies of documents under S124.</td>
</tr>
<tr>
<td>OHS 0528</td>
<td>Consultation mechanisms.</td>
</tr>
<tr>
<td>OHS 0614</td>
<td>No consultation mechanisms.</td>
</tr>
<tr>
<td>OHS 0616</td>
<td>Consultation mechanisms in place.</td>
</tr>
</tbody>
</table>

Definitions:

Health includes psychological health.

Preventing OV

A risk management approach can be used for the prevention of reasonably foreseeable OV from customers, clients and intruders.

Occupational violence is defined as any incident where an employee is physically attacked or threatened in the workplace.

- Physical attack means the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by, another person, where that application creates a risk to health and safety.

Please note: Physical attack is defined without consideration of attacker's intent.

The term "occupational violence" (OV) applies to all forms of physical attacks on employees, including:

- Striking, kicking, scratching, biting, spitting or any other type of direct physical contact
- Throwing objects
- Attacking with knives, guns, clubs or any other type of weapon
- Pushing or shoving, tripping, grabbing
- Any form of indecent physical contact

Sources of OV

OV can be perpetrated by:

- Customer or client
- Visitors of the client
- A person known to the organisation or an employee
- A stranger or intruder
- A co-worker (including a manager or employer)

Risk factors include:

- Providing care to people who are: in distress; afraid; ill; or incarcerated
- Relating to people who have: a great deal of anger; resentment; feelings of failure; or unreasonable expectations of what an organisation and/or worker can do for them
- Carrying (or having access to) drugs
- Handling cash or valuables

A tendency to violence in a client can be exacerbated by:

- Unwelcome and coercive treatment
- Anxiety
- Overcrowding
- Inadequate environmental design
- Refusal of a preferred service
- Prolonged and untreated pain
- Misconceptions where language or cultural traditions vary
- Waiting

Consultation

Staff consultation should occur when:

- Conducting hazard identification
- Conducting risk assessments
- Implementing risk control measures
- Developing post incident procedures
**“Traffic Light” Model of Compliance**

The compliance tool uses the traffic light model where possible. The ‘traffic light' format can assist health care service employers to identify high risk activities, assess their workplace and implement safer work practices.

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<td>Where non-compliance with legislation is detected, or where there is an immediate risk, a notice or direction will be issued to control the problem, unless the matter is addressed by the duty holder at the time of its detection and in the presence of the inspector.</td>
<td>No Notice.</td>
</tr>
<tr>
<td>Note: 1. The activities/ issues in the boxes are only illustrative. It is important to note that inspectors will use more workplace and other information than stated in the focus report to enable them to form an opinion on whether a notice will be issued.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Actions that can be taken by workplaces before WorkSafe Inspectors arrive**

You can begin by assessing your service using this tool. If you identify any high risk practices in your health care service, you should first see if you can implement the (illustrative) practices in the green column straight away.

If that isn’t **reasonably practicable** (see below), you should immediately put in place practices in the amber column as an interim solution and work towards achieving the practices in the green column.

**Reasonably practicable** takes into consideration:
- The likelihood of the hazard or risk concerned eventuating.
- The degree of harm that would result if the hazard or risk eventuated.
- What the person concerned knows, or ought reasonably to know, about the hazard or risk, and any ways of eliminating or reducing the hazard or risk.
- The availability and suitability of ways to eliminate or reduce the hazard or risk.
- The cost of eliminating or reducing the hazard or risk.

**Note:** Cost cannot be the sole reason for not implementing controls. Cost is a factor to be balanced with the likelihood of risk and the most effective means of risk management.

**Disclaimer:**

This model aids in providing information regarding the extent to which an employer’s obligation under Victorian OHS legislation is being met. Health care services should always check the relevant legislation and are responsible, in consultation with HSRs/ OHS Committees, for any action required to ensure compliance with the law. The Victorian WorkCover Authority extends no warranties as to the suitability of the information for your specific circumstances.
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. POLICY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1.1 Is there an organisational policy on occupational violence (OV)? | OV policy includes:  
- Acknowledgement of OV hazards  
- Risk factors associated with OV  
- Motivation for aggression/violence  
- Measures in place to prevent and manage OV.  
  Policy clearly states that organisation will not tolerate OV and that a risk management approach will be used to address OV hazards.  
  Policy is documented and authorised by Board or CEO.  
  Sight a copy of policy under sections 21(1) and 21(2e) of the OHS Act 2004.  
  Ask HSR/staff about  
  - Awareness and adequacy of policy.  
  - How policy is covered in training.  | □ No extent  
No policy. | □ Some extent  
Policy exists | □ Considerable  
Comprehensive policy exists |
| 1.2 Are there publicly displayed “Zero tolerance” type signs for OV? | Notices explicitly state the organisation’s position on OV.  
Notices located prominently in public areas.  
Clear to public what the sanctions/penalties are  
View signage. | □ No extent  
No signage | □ Some extent  
Signage includes a clear statement.  
OR  
Signage is located in appropriate areas. | □ Considerable  
Signage includes a clear statement.  
AND  
Signage is located in appropriate areas.  

Best Practice:  
Mentions intent to prosecute or other sanctions. |
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3 Are there policies and procedures on restraint in response to OV and are they implemented?</td>
<td>Policies and procedures:</td>
<td>□ No extent</td>
</tr>
<tr>
<td></td>
<td>▪ Are documented</td>
<td>□ Some extent</td>
</tr>
<tr>
<td></td>
<td>▪ Include instructions on how to minimise the likelihood for restraint and intervention by defusing/ de-escalating behaviours.</td>
<td>□ Considerable</td>
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<tr>
<td></td>
<td>▪ Assign accountability to relevant staff.</td>
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</tr>
<tr>
<td></td>
<td>▪ Require recording of use of restraints.</td>
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<tr>
<td></td>
<td>▪ Require regular review of use of restraints.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sight a copy of any policy and procedures under 21(1) and 21(2e). Ask HSR/staff about</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Awareness and adequacy of policy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How policy is covered in training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ease of access to people who are responsible for authorising the use of restraints.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BYPASS</td>
<td></td>
</tr>
<tr>
<td>1.4 Are there OV incident management policy and procedures?</td>
<td>S21 (1) and S21 (2a) OV incident management policy and procedures:</td>
<td>□ No extent</td>
</tr>
<tr>
<td></td>
<td>▪ Describe when incident management should be implemented.</td>
<td>□ Some extent</td>
</tr>
<tr>
<td></td>
<td>▪ Describe the role of individual workers and/or a multidisciplinary team response</td>
<td>□ Considerable</td>
</tr>
<tr>
<td></td>
<td>▪ Nominate a position to co-ordinate response action.</td>
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<tr>
<td></td>
<td>▪ Set out any circumstance in which physical intervention is necessary.</td>
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<tr>
<td></td>
<td>▪ Provide clear guidance on recording and reporting incidents.</td>
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</tr>
<tr>
<td></td>
<td>▪ Define the criteria for calling police and includes contact numbers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Define when WorkSafe should be notified.</td>
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</tr>
<tr>
<td></td>
<td>▪ Define when senior management &amp;/or Board should be notified.</td>
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<td></td>
<td>Sight documents.</td>
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<td>BYPASS</td>
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<td>GUIDANCE</td>
<td>RESPONSES AND DESCRIPTIONS</td>
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</tbody>
</table>
| 1.5 Is there a policy on responses to incidents of aggression or violence committed against staff? | S21 (1) and S21 (2a)  
Policy and procedures describe staged actions that will be taken if aggression or violence is committed against staff, who is responsible for taking actions and communication strategies for informing offenders.  
Actions with clients may include:  
• Warnings.  
• Conditional treatment contract for client.  
• Managed visits for friends/relatives of client.  
• Not welcome notice/Exclusions.  
• Police involvement.  
Sight documentation/ ask HSR and staff if actions are implemented. | □ No extent  
No policy or procedures.  
AND  
Staff are not aware of policy or procedures. | □ Some extent  
Policy or procedures exist  
AND  
Staff are aware of policy or procedures.  
AND  
Actions have been implemented and communicated to offenders. | □ Considerable  
Policy or procedures exist  
AND  
Staff are aware of policy and procedures.  
AND  
Actions have been implemented and communicated to offenders. |
<table>
<thead>
<tr>
<th>2. HAZARD IDENTIFICATION AND RISK ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> Are OV hazards, incidents, near misses and injuries <strong>systematically reported and documented?</strong></td>
</tr>
<tr>
<td>S 21(1) and 21(2a)</td>
</tr>
<tr>
<td>Systematic reporting and documentation may include:</td>
</tr>
<tr>
<td>- incident notification</td>
</tr>
<tr>
<td>- register of injuries, near misses and incidents</td>
</tr>
<tr>
<td>- checklists</td>
</tr>
<tr>
<td>- day books</td>
</tr>
<tr>
<td>- daily feedback/handover meetings</td>
</tr>
<tr>
<td>- staff/health care service council/board meetings</td>
</tr>
<tr>
<td>- first aid register</td>
</tr>
<tr>
<td>- formal hazard documentation.</td>
</tr>
<tr>
<td>Check that active encouragement of reporting and documentation occurs with staff.</td>
</tr>
<tr>
<td><strong>BYPASS</strong></td>
</tr>
<tr>
<td><strong>□ No extent</strong></td>
</tr>
<tr>
<td>- Not documented or reported.</td>
</tr>
<tr>
<td>Reporting not encouraged or supported eg:</td>
</tr>
<tr>
<td>- Report not acted on.</td>
</tr>
<tr>
<td>- Staff member advised not to report.</td>
</tr>
<tr>
<td><strong>□ Some extent</strong></td>
</tr>
<tr>
<td>- Not systematically documented.</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>- Inconsistent reporting.</td>
</tr>
<tr>
<td><strong>□ Considerable</strong></td>
</tr>
<tr>
<td>- Consistently reported.</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- Systematically documented.</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- Staff are encouraged to report and document all OV incidents, near misses and injuries.</td>
</tr>
</tbody>
</table>

**2.2** Are OV hazards, incidents, near misses and injuries **systematically investigated?**

S 21(1) and 21(2a)

Systematic investigation may include review of incident by other staff/independent investigators, interviews, reports and other discussions relevant to incidents.

Check with staff whether culture supports investigation.

**BYPASS**

**□ No extent**

- No investigation.

- No support for investigating OV incidents, near misses and injuries.

**□ Some extent**

- Not systematically investigated.

OR  

- Inconsistent investigation.

**□ Considerable**

- Systematically investigated.

AND  

- Consistent investigation.

**2.3** Are OV hazards, incidents, near misses and injuries **systematically analysed?**

S 21(1) and 21(2a)

Analysis of notifications may include examination of injuries for location/s, time of day, day of week, types of injuries, and the effectiveness of controls to identify trends and assess risks.

Check with staff whether culture supports analysis.

**BYPASS**

**□ No extent**

- No analysis.

- Work culture does NOT support analysing OV incidents, near misses and injuries.

**□ Some extent**

- Not systematically analysed.

OR  

- Work culture supports analysis.

**□ Considerable**

- Systematically analysed.

AND  

- Work culture supports analysis.
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
</table>
| 2.4 Are staff consulted on OV hazard identification, risk assessment and controls, and development and implementation of policy? | Consultation is obligatory under S 31(2) (c) * of the OHS Act 1985. (Phrase OHS 0434) (From 1/1/06, S35 and S36 of OHS Act 2004 applies). Verify with HSR/s and staff that relevant staff have been included in consultations. Refer to Talking Safety Together at www.worksafe.vic.gov.au | □ No extent  
No OV consultation.  
□ Some extent  
Consultation on OV Hazard identification OR Risk assessment OR Controls OR Development and implementation of policy.  
□ Considerable  
Consultation on OV Hazard identification AND Risk assessment AND Controls AND Development and implementation of policy. |
| 2.5 Is there a risk control plan for managing OV risks to staff in the organisation/work unit and is the plan being implemented within specified timeframes? | Risk control plans include:  
- Risk assessment checklists  
- Specified timeframes  
- Assigned responsibilities  
- An integrated, business-wide prevention and management approach.  
Risk control plan addresses:  
- Physical environment.  
- Client management/service standards.  
- Staffing.  
- Work systems and procedures.  
- Security measures.  
- Emergency measures.  
- Post incident procedures.  
Preferred controls are those that do not rely on employee behaviour, but redesigning the way work is done as well as the physical environment. | □ No extent  
No plan.  
□ Some extent  
Plan inadequate AND/OR Not implemented within specified timeframes.  
□ Considerable  
Risk control plan AND Risk control plan is implemented within specified timeframes. |
### 3. CONTROLS

#### 3.1 Are there effective systems for determining staffing mix and skills in areas at risk of OV?

<table>
<thead>
<tr>
<th>Effective systems include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Consideration of level of care needed and client mix.</td>
</tr>
<tr>
<td>- Range and timing of activities eg peak periods, transfers, meals etc.</td>
</tr>
<tr>
<td>- Skill level appropriate to duties.</td>
</tr>
<tr>
<td>- Capacity to rotate staff into alternate duties to reduce exposure.</td>
</tr>
<tr>
<td>- Regular support and supervision of staff.</td>
</tr>
</tbody>
</table>

**BYPASS**

| □ No extent |
| No system to manage issues in relation to staff being exposed to OV |

| □ Some extent |
| □ Considerable |

| Comprehensive system in place. |


#### 3.2. Are there effective systems in place to ensure information about clients with high risk behaviours is obtained and communicated to staff that could be affected?

<table>
<thead>
<tr>
<th>Staff who could be affected include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Catering staff.</td>
</tr>
<tr>
<td>- Environmental staff.</td>
</tr>
<tr>
<td>- Agency/contractors.</td>
</tr>
<tr>
<td>- Health care staff.</td>
</tr>
<tr>
<td>- Pathology/ X-ray staff.</td>
</tr>
<tr>
<td>- Receptionist.</td>
</tr>
</tbody>
</table>

Ask staff or sight under S99 (a) or (b).  

Information about high risk clients should include:  
- Behaviours of concern.  
- Known triggers for positive behaviour.  
- Triggers/situations for negative behaviour.  
- Suggested strategies.  
- Unsuccessful strategies.  
- Contexts or environments where behaviours occur.  
- Medical and treatment information.  

Relevant information and risk assessments are:  
- Undertaken at first point of contact with service  
- Included in admission process  
- Updated as required.  

Sight admission forms/recording of contact data.  

Case law: Davidson v Northwest Disability Service Inc (2002) NSW.  

**BYPASS**

| □ No extent |
| System is NOT in place to ensure relevant information is obtained.  
AND/OR  
Information on existing high risk persons are NOT communicated to employees.  
AND/OR  
When such information is not available, the situation is not treated as high OV risk. |

| □ Some extent |

| □ Considerable |

| System for communicating risk to/from relevant agencies, other units within the organisation/service and people is in place.  
AND  
Information on existing high risk situations are communicated to employees.  
AND  
When such information is not available, the situation is treated as high OV risk.  
AND  
Processes are in place to ensure that relevant information is updated. |
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
</table>
| 3.3 Are there effective systems in place to ensure that relevant information about OV is communicated between shifts or clinical teams? | Handover includes:  
An overview of person’s history of OV.  
Triggers for aggression/violence  
Frequency of OV behaviours.  
Sight policy and/or procedures on appropriate handovers and handover documentation. | ☐ No extent  
Handovers with relevant information do not occur.  
☐ Some extent  
☐ Considerable  
Handover includes all relevant information that should be conveyed. AND Staff know of handover procedures. |
| 3.4 Do individual care planning documents for clients with a history of OV include risk assessment and specific instructions? | S21 (1) and S21 (2a)  
Individual care documents include:  
• Known triggers of OV.  
• Specific instructions/management strategies tailored to client.  
Sight at least 2 individual plans/ask staff. | ☐ No extent  
Individual plans do not include risk assessment and specific instructions.  
☐ Some extent  
☐ Considerable  
Care documents include risk assessment and specific instructions. |
| 3.5 Are there effective systems in place to address OV risks for relief/replacement staff during staff absences (planned and unplanned)? | System includes a hierarchy of replacement eg:  
• Use of regular casuals.  
• Cover with own casual staff.  
• staff  
  staff/staff from other areas  
• Contracted temporary staff with qualifications &/or experience in OV.  
Sight any management of staff absence documents using powers under S99 or S100 (if not voluntarily provided).  
Ask staff.  
**Case law**  
Inspector Michelle Bogue v Ramsay Health Care Aust Pty Ltd (2004) NSW. | ☐ No extent  
No system  
OR  
Ad hoc arrangements  
☐ Some extent  
☐ Considerable  
System for managing staff absence addresses OHS risks. AND Temporary staff have appropriate skills and experience. |
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
</table>
| 3.6 Are there effective security systems for **staff attending to patients** within the workplace? | S21 (1) and S21 (2c)                                                                                                              | □ No extent  
No security system available  
OR  
Personal security systems available but not monitored  
AND  
The system is reviewed when incident occurs. | □ Some extent  
Limited hours of access to security system.  
OR  
Personal security systems available but not monitored  
AND  
The system is reviewed when incident occurs. | □ Considerable  
24 hour access to security system  
AND  
Staff aware of security systems.  
AND  
Security systems tested and monitored.  
AND  
The system is reviewed when incident occurs. |
| 3.7 Are there effective security systems for **staff moving between work locations** with patients? | S21 (1) and S21 (2c)                                                                                                              | □ No extent  
No security system available  
AND  
Security system fully functional 24/7  
AND  
Staff aware of security systems.  
AND  
Security systems tested and monitored.  
AND  
The system is reviewed when incident occurs. | □ Some extent  
Limited hours of access to security system.  
OR  
Security system not fully functional 24/7  
OR  
Personal security systems available but not monitored  
AND  
The system is reviewed when incident occurs. | □ Considerable  
24 hour access to security systems  
AND  
Security system fully functional 24/7  
AND  
Staff aware of security systems.  
AND  
Security systems tested and monitored.  
AND  
The system is reviewed when incident occurs. |
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
</table>
| 3.8 Does the induction program for employees who are at risk (including volunteers, contractors, students and care attendants) include OV (OV) prevention? | Check that induction:  
- Includes contractors, eg. Agency nurses, relief staff, domestic services, catering.  
- Has been tailored for different staff roles and responsibilities eg. Code Response (grey & black) Team have specialist knowledge  
- Includes:  
  - OV risk factors  
  - OV prevention/management strategies  
  - De-escalation and defusion skills  
  - Emergency procedures.  
  
  Sight  
  - Evidence that induction program has been developed &/or reviewed as part of hospital’s OV risk assessment.  
  - Induction policy and any training records under S. 21(1) and 21(2e). |
|                                                                                | □ No extent  
  Induction program does not include OV risk factors.  
  OR  
  Induction program does not include OV prevention/management strategies.  
  OR  
  No induction. |
|                                                                                | □ Some extent  
  Induction program includes OV risk factors.  
  OR  
  Induction program includes OV prevention/management strategies.  
  OR  
  Program tailored to different roles within the hospital. |
|                                                                                | □ Considerable  
  Induction program includes:  
  - OV risk factors  
  - OV prevention/management strategies  
  - De-escalation and defusion skills  
  - Emergency procedures.  
  
  AND  
  Is tailored for different staff roles and responsibilities. |

**BYPASS**  

3.9 Do ‘at risk’ employees (including volunteers, contractors, students and care attendants) receive training in OV following induction?  

S. 21(1) and 21(2e)  
“At risk” employees include those who are likely to come into contact with violent clients/situations.  

Check that “at risk” employees receive regular/refresher training.  

OV training may include:  
- Recognition of triggers.  
- Legal context.  
- Hazard identification, risk assessment and risk control.  
- Recognition of potential risk groups.  
- Comprehensive approach that supports positive behaviours.  
- Communication and de-escalation techniques.  
- Appropriate use of restraint  
- When and how to call for assistance.  

Sight training records/materials included in training package.  

**BYPASS**
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. CONTROLS - WORKPLACE DESIGN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.1 Is the environment designed to ensure people can find reception area or entry points?</strong></td>
<td>S21 (1)</td>
<td>☐ No extent</td>
</tr>
<tr>
<td></td>
<td>Signage is large, visible, easy to read and includes directions.</td>
<td>Entry/receptions areas not clearly signed.</td>
</tr>
<tr>
<td></td>
<td>General reception area is staffed at times of public access/operating hours.</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>Walk through/ask HSR if visitors are easily lost and need redirection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BYPASS</td>
<td></td>
</tr>
<tr>
<td><strong>4.2 Is the reception area designed to reduce the risk of violence to staff?</strong></td>
<td>Lighting:</td>
<td>☐ No extent</td>
</tr>
<tr>
<td></td>
<td>• No hiding spaces</td>
<td>Reception staff have access to security system.</td>
</tr>
<tr>
<td></td>
<td>• Process for reporting/rectifying lighting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clear sight lines</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Counter:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sufficient height to make it difficult for an adult to climb over</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sufficient width to make it difficult for a client to strike staff on the other side of the counter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Higher on staff side</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Communication:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mobile phone / radio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal alarm/duress alarm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maintained</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access/egress:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Routes available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Separate from public area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tested regularly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Minimal public access points</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Deterrents:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CCTV in use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Signs to let public know they are being monitored</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Ability to cease interaction:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Screens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Permanent glass (shatter-proof)</td>
<td></td>
</tr>
<tr>
<td>ISSUE ASSESSED</td>
<td>GUIDANCE</td>
<td>RESPONSES AND DESCRIPTIONS</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4.3 Are there effective systems to ensure that <strong>staff car parking facilities</strong> are safe?</td>
<td>S21 (1) and S21 (2c) &lt;br&gt;Includes: &lt;br&gt;• Adequate lighting. &lt;br&gt;• Monitored security system. &lt;br&gt;• Located close to the workplace. &lt;br&gt;• Walkway to car park is clear of visual obstructions and hiding places. &lt;br&gt;• Security escort after dark. &lt;br&gt;Nguyen v Western Sydney Area Health Service (2003) NSW.</td>
<td>□ No extent &lt;br&gt;Poor lighting &lt;br&gt;No security system &lt;br&gt;Not located close to the hospital &lt;br&gt;Poor vision along walkway to car park</td>
</tr>
<tr>
<td>4.4 Are there effective <strong>egress, escape routes and retreat areas</strong> available to staff as a response to OV?</td>
<td>S21 (2a) or (2c) S26 &lt;br&gt;Egress and escape routes well marked and clear of obstructions. &lt;br&gt;Staff aware of &lt;br&gt;• Egress and escape routes &lt;br&gt;• Safe areas to retreat to &lt;br&gt;• Type of OV incidents when they should use the escape routes/retreat areas &lt;br&gt;Policy with procedures that outline maintenance system for exit routes. &lt;br&gt;Ask staff what escape routes are available in their work areas and if they can retreat to a secure area.</td>
<td>□ No extent &lt;br&gt;No policy. &lt;br&gt;No escape routes/retreat areas. &lt;br&gt;Staff not aware of escape routes/retreat areas.</td>
</tr>
<tr>
<td>ISSUE ASSESSED</td>
<td>GUIDANCE</td>
<td>RESPONSES AND DESCRIPTIONS</td>
</tr>
<tr>
<td>----------------</td>
<td>----------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>4.5 Are there safe systems of work to eliminate or reduce OV hazards in areas where staff may be alone with clients?</td>
<td>Areas include locations where staff could be providing one on one care and not be in visual contact with other areas eg:  - Treatment rooms  - X-ray.  - Plaster rooms.  - Counselling rooms.  - Interview rooms.  - Meeting rooms.  Safe systems include:  - Risk assessment prior to contact  - If no information about OV risk, treat client as high risk  - Communication strategies to alert other staff  - Within visual sight of other areas  - Duress alarms.</td>
<td>□ No extent  □ Some extent  □ Considerable  □ No extent</td>
</tr>
<tr>
<td>ISSUE ASSESSED</td>
<td>GUIDANCE</td>
<td>RESPONSES AND DESCRIPTIONS</td>
</tr>
<tr>
<td>----------------</td>
<td>----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>5. SPECIFIC CONTROLS FOR ACUTE INPATIENT MENTAL HEALTH SERVICES</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **5.1 Are there safe systems of work when a staff member uses a *seclusion room* with a client?** | S21 (2a) Design features may include:  
- Viewing area into room.  
- Door swings outwards.  
- 3 point locks.  
- Furniture appropriate – can not be used as a weapon.  
- Lights protected.  
- Metal Framed doors.  
- Security system.  
- Policies and procedures support safe use of seclusion by staff eg.  
- Risk assessments  
- Communication strategies  
- Emergency procedures.  
- Ask staff / reps. Walk through area. | ☐ No extent | ☐ Some extent  
Room has some design controls.  
AND  
Staff are NOT aware of policy and procedures.  
OR  
Staff follow the procedures inconsistently. | ☐ Considerable  
Room has design controls.  
AND  
Documented policy and procedures.  
AND  
Staff are aware of the procedures.  
AND  
Staff follow the procedures consistently. |
| **5.2 Are there safe systems of work when a staff member is in a *High Dependency Unit* or other locations used for client containment/ management?** | S21 (1) and S21 (2a) Design features may include:  
- Viewing area into room.  
- Door swings outwards.  
- 3 point locks.  
- Furniture appropriate – can not be used as a weapon.  
- Lights protected.  
- Metal Framed doors.  
- Security system.  
- Policies and procedures support safe use of HDU by staff eg.  
- Risk assessments  
- Communication strategies  
- Emergency procedures.  
- Ask staff / reps. Walk through area. | ☐ No extent | ☐ Some extent  
Room has some design controls.  
AND  
Documented procedures  
AND  
Staff are NOT aware of policy and procedures.  
OR  
Staff follow the procedures inconsistently. | ☐ Considerable  
Room has design controls.  
AND  
Documented policy and procedures.  
AND  
Staff are aware of the procedures.  
AND  
Staff follow the procedures consistently. |
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
</table>
| 5.3 Are there effective systems for the management of **cash and valuables**? | S21 (2a) and (2d) | □ No extent  
No system. |
| | System includes:  
• Storage of money and valuables in a secure location.  
• Access controlled by designated staff.  
• Records maintained.  
• Policies and procedures for storage, access and disbursement.  
Ask HSR regarding systems of storage for personal valuables and cash.  
Sight policy and procedure for handling valuables and cash.  
BYPASS | □ Some extent  
System in place  
AND/OR  
Staff not aware of system  
AND/OR  
Staff do not implement policies and procedures. | □ Considerable  
System in place  
AND  
Staff are aware of system  
AND  
Staff implement policies and procedures |
### 5A. SPECIFIC CONTROLS FOR EMERGENCY DEPARTMENTS

#### 5.4 Is the waiting area designed and maintained to eliminate or reduce OHS risks from OV?

<table>
<thead>
<tr>
<th>S21 (1) or S21 (2a) or (2c).</th>
<th>S21 (1) or S21 (2a) or (2c).</th>
<th>□ No extent</th>
<th>□ Some extent</th>
<th>□ Considerable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting (see Question 4.2)</td>
<td>Lighting (see Question 4.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting area observable from central point:</td>
<td>Waiting area observable from central point:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- natural surveillance (staff to monitor)</td>
<td>- natural surveillance (staff to monitor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entrance controlled:</td>
<td>Entrance controlled:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- limited doors to waiting area</td>
<td>- limited doors to waiting area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public area comfortable (reduce frustration)</td>
<td>Public area comfortable (reduce frustration)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- toilets available (&amp; signed)</td>
<td>- toilets available (&amp; signed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture not able to be used as weapon:</td>
<td>Furniture not able to be used as weapon:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Seats joined in rows</td>
<td>- Seats joined in rows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queuing system controlled:</td>
<td>Queuing system controlled:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Geographic cues: eg. Different coloured carpet for queue than for ‘service area’ in front of counter</td>
<td>- Geographic cues: eg. Different coloured carpet for queue than for ‘service area’ in front of counter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Turn taking system in place (numbers, webbing strips leading to counter etc)</td>
<td>- Turn taking system in place (numbers, webbing strips leading to counter etc)</td>
<td></td>
<td></td>
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<tr>
<td>- Signs make queuing system clear (other languages)</td>
<td>- Signs make queuing system clear (other languages)</td>
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<tr>
<td>- Updated advice given (i.e. queuing status)</td>
<td>- Updated advice given (i.e. queuing status)</td>
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<tr>
<td>Sight emergency triage documentation.</td>
<td>Sight emergency triage documentation.</td>
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</tbody>
</table>

Ask staff how waiting time and options are communicated to people waiting.

**BYPASS**

#### 5.5 Are there designated areas within the emergency department where potentially violent or violent clients can be contained and managed?

<table>
<thead>
<tr>
<th>Designated area that provides increased capacity for surveillance/monitoring and safety for staff.</th>
<th>Designated area that provides increased capacity for surveillance/monitoring and safety for staff.</th>
<th>□ No</th>
<th>□ Yes</th>
</tr>
</thead>
</table>

**BYPASS**
5.6 Is the designated area appropriate for management of violent clients?

Design features may include:
- Clear visibility of area.
- CCTV surveillance.
- Door swings outwards.
- Furniture appropriate – can not be used as a weapon.
- Lights protected.
- Duress alarms

Policies and procedures support safe use of area by staff e.g.
- Risk assessments
- Communication strategies
- Emergency procedures.

<table>
<thead>
<tr>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No extent</td>
</tr>
<tr>
<td>□ Some extent</td>
</tr>
<tr>
<td>□ Considerable</td>
</tr>
<tr>
<td>Room has some design controls AND Staff are NOT aware of policy and procedures. OR Staff follow the procedures inconsistently. Room has design controls. Documented policy and procedures. AND Staff are aware of the procedures. AND Staff follow the procedures consistently.</td>
</tr>
</tbody>
</table>

5.7 This section is to record any other important or relevant information, for example innovative approaches being used by the service that should be disseminated within the industry, or trends that could determine the direction future project/s should take.

Please include **field/link** (WorkSafe internal system) details.

<table>
<thead>
<tr>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>ISSUE ASSESSED</td>
</tr>
<tr>
<td>--------------------------------</td>
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<tr>
<td>6. POST INCIDENT MANAGEMENT</td>
</tr>
</tbody>
</table>
| 6.1 Is **support and assistance** provided to staff following critical/serious incidents of OV? | S21 (1) and S21 (2a)  
Includes:  
• Debriefing with staff and/or manager  
• Post incident counselling  
• First aid and medical treatment  
• Employee/s involved in incident are given the option of being relieved of their duties.  
• Information on the actions and/or sanctions to be taken in relation to the perpetrator.  
• Support in pursuing legal/criminal processes.  
• Other post incident feedback. | □ No extent  
No systematic support available.  
□ Some extent  
Parts of a program in place.  
□ Considerable  
Program in place. AND Staff receive support following incidents of OV. |
| 6.2 Is **support and assistance** provided to staff where there is ongoing exposure to OV? | S21 (1) and S21 (2a)  
Includes:  
• Open door policy to unit manager.  
• Buddy system  
• Mentoring.  
• Professional development.  
• Peer support system.  
• Counselling/EAP (Employee Assistance Program)  
• Staff are encouraged to report exposure. | □ No extent  
No systematic support available.  
□ Some extent  
Parts of a program in place.  
□ Considerable  
Systematic program in place. AND Staff receive support following incidents of OV. |
<table>
<thead>
<tr>
<th>ISSUE ASSESSED</th>
<th>GUIDANCE</th>
<th>RESPONSES AND DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3 Are review and audit processes in place to improve responses to OV?</td>
<td>S21 (1) and S21 (2a)</td>
<td>□ No extent</td>
</tr>
<tr>
<td>Reviews and audits occur at regular times, in consultation with staff and following:</td>
<td></td>
<td>Do not occur.</td>
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<tr>
<td>▪ An incident.</td>
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<td>▪ A significant change in the work environment or function.</td>
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<tr>
<td>▪ Staff or HSR feedback indicate that controls are ineffective.</td>
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<td></td>
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<tr>
<td>Reviews or audits include:</td>
<td></td>
<td></td>
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<tr>
<td>▪ Work function &amp; tasks.</td>
<td></td>
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<tr>
<td>▪ Job descriptions.</td>
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<tr>
<td>▪ Consultation processes.</td>
<td></td>
<td></td>
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<tr>
<td>▪ Control measures.</td>
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<tr>
<td>Reviews or audits lead to:</td>
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<tr>
<td>▪ Further risk assessment when indicated.</td>
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<tr>
<td>▪ Implementation of new/modified risk controls to prevent a recurrence.</td>
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<tr>
<td>▪ Improvements to the workplace/environment.</td>
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<td></td>
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<tr>
<td>▪ Improvements to work procedures.</td>
<td></td>
<td></td>
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<tr>
<td>▪ New work procedures.</td>
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<tr>
<td>▪ Additional training.</td>
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<tr>
<td>Review the post-incident risk assessment, and determine if policy and procedure/s are appropriate.</td>
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<tr>
<td>BYPASS</td>
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</tbody>
</table>

Are there examples of “Best Practice” that the project team should collect copies of? If so, which systems/policies/practices: ____________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

Were photographs/sketches taken during visits?  Yes  No

If required, use this section to note any other innovative procedures and/or equipment or refer to specifics in the entry report. ____________________________________________________________