

# Victorian Taskforce on Violence in Nursing Implementation of Recommendations Status Report 2/2007

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The following is a status report on the implementation of the recommendations of the *Victorian Taskforce on Violence in Nursing (2005)*. It outlines work by the Department of Human Services (DHS) on implementing the recommendations, commencing in March 2006. In this report, the following framework of strategies and associated recommendations is used:

**Strategy 1-Setting the framework (Incorporating Recommendations 1-4,9,10,13-16,22,26)**

**Strategy 2-Raising awareness (Incorporating Recommendations 5,8,11)**

**Strategy 3-Justice interface (Incorporating Recommendations 5,6,7,12)**

**Strategy 4- Education (Incorporating Recommendations 15-20,24,25)**

**Strategy 5- Reporting and Monitoring (Incorporating Recommendations 27,28,29)**

Note: The strategies are interdependent and recommendations may be part of more than one strategy.

**Legend:**

DHS Department of Human Services  
DoJ Department of Justice  
NPB Nurse Policy Branch, DHS  
OH & S Occupational Health and Safety  
OV Occupational Violence  
SA Standards Australia



Refers to recommendations where responsibility for implementation is other than DHS.

STRATEGY ONE: SETTING THE FRAMEWORK		The development of a framework that includes a policy statement, uniform definitions of bullying and violence and tools and examples to assist in local implementation	
Recommendations	Respon- -sibility	Status & Timeline	Progress at August 2007 Proposed activities/work plan
<p><b>Recommendation 1</b> The Department of Human Services and health care facilities adopt a uniform definition of occupational violence consistent with the definition and classifications developed by the Taskforce on Violence and Aggression Subcommittee in this report.</p> <p><b>Recommendation 2</b> That the Department of Human Services and health care facilities adopt a policy statement that has key messages including:</p> <ul style="list-style-type: none"> <li>• Violence against nurses is unacceptable and must be proactively addressed</li> <li>• There is not a culture of tolerance of violence in the workplace</li> <li>• Encouraging a culture of reporting amongst nurses.</li> </ul> <p><b>Recommendation 3</b> That the Department of Human Services develops a framework for the prevention and management of occupational violence and aggression for adoption in Victorian health care settings and that this work be primarily informed by:</p> <ul style="list-style-type: none"> <li>o NSW Health Zero tolerance to violence in the NSW health workplace - policy framework guidelines (2003)</li> <li>o Department of Human Services Industry occupational health and safety interim standards for preventing and managing occupational violence and aggression in Victoria's mental health services (2004).</li> </ul> <p><b>Recommendation 4</b> That the Department of Human Services will:</p> <ul style="list-style-type: none"> <li>• Establish a hierarchy of response guidelines for a uniform system of sanctions in response to violence and aggression against nurses. The response should include warning systems, contracts of acceptable behaviour, and the enforcement of sanctions/consequences.</li> <li>• Develop guidelines that include the duty of care and legal responsibilities of all parties. Case study examples should be provided to highlight the issues to be considered in determining strategies and responses to occupational violence and aggression against nurses in the workplace.</li> </ul> <p><b>Recommendation 9</b> That the Department of Human Services, in consultation with health services, adapts for broad use: The industry occupational health and safety</p>	<p>DHS</p> <p>DHS &amp; Health services</p> <p>DHS</p> <p>DHS</p> <p>DHS &amp; Health Services</p>	<p>IN PROGRESS</p> <p>Commenced June 2006.</p> <p>Estimated completion: (1) May 2007 (2) Ongoing (3) Ongoing (4) June 2008</p>	<p><b>Work being progressed in the cluster Recs 1,2,3,4,9,16,25 &amp; 22 supports or links to work on Recommendation 16, 17 and incorporates the following activities 1-4.</b></p> <ol style="list-style-type: none"> <li>1. DHS Occupational Violence Policy Framework is being finalised. Draft for consideration by implementation Reference group. Document includes recommendations 1,2,3 &amp; 22 and tools/templates related to recommendations 4,9, 16 and 25.</li> <li>2. Minister Pike formally launched the report in March 2006. The Principal Nurse Adviser (PNA) formally corresponded with all CEOs and disseminated report in March 2006. PNA provided update in March 2007. Local implementation is driven by Health Services.</li> <li>3. DHS <i>Occupational Health and Safety Network</i> for health service OH&amp;S managers are involved with engaging sector and progressing work plan. locally. <i>(See rec 11)</i></li> <li>4. Monitoring work of WorkSafe funded Safety Development Fund project - prevention and management of Occupational violence in the health sector pilot at Melbourne Health and Northeast Health.</li> </ol>

<p><i>interim standards for preventing and managing of occupational violence and aggression in Victorian mental health services (DHS 2004) for post-incident management.</i></p> <p><b>Recommendation 16</b> <i>Department of Human Services develops guidelines to ensure a minimum standard of education is provided to all nurses.</i></p> <p><b>Recommendation 25</b> <i>That the Department of Human Services develops and disseminates a state-wide 'tool kit' containing bullying prevention strategies (adapted from WorkSafe Victoria Guidance Note 2003) that:</i></p> <ul style="list-style-type: none"> <li>• <i>includes examples of policies, procedures and suggestions for culture change</i></li> <li>• <i>ensures consistency in the approach to managing bullying</i></li> <li>• <i>Provides a useful resource that contributes to quality improvement processes</i></li> <li>• <i>Includes readily accessible policies, procedures, case studies and customised</i></li> <li>• <i>Uses innovative ways to convey messages about bullying behaviours that are relevant to nursing.</i></li> </ul> <p><b>Recommendation 22</b> <i>That the Department of Human Services and health services accept an agreed definition of bullying that is aligned with the WorkSafe definition and use it consistently.</i></p> <p><b>Recommendation 23</b> <i>That health services establish consistent management strategies that include:</i></p> <ul style="list-style-type: none"> <li>• <i>clear organisational policy with 'safe' reporting to an objective, senior, listener</i></li> <li>• <i>timely and consistent response from management</i></li> <li>• <i>support for realistic outcomes.</i></li> </ul>	<p>DHS</p> <p>DHS</p> <p>DHS</p> <p>Health Services</p>		<p><i>(See above)</i></p>
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STRATEGY ONE: SETTING THE FRAMEWORK		The development of a framework that includes a policy statement, uniform definitions of bullying and violence and tools and examples to assist in local implementation		
Recommendations	Respon -sibility	Status & Timeline	Progress at August 2007 Proposed activities/work plan	
<p><b>Recommendation 10</b> That the Department of Human Services introduces, at the state level, a standardised Code Grey (violence and aggression emergency) &amp; Code Black response (armed threat).</p>	DHS	<p>IN PROGRESS Commenced Nov 2006 Estimated completion: To be determined</p>	<ul style="list-style-type: none"> <li>Currently progressing this through Standards Australia. Nurse Policy Branch has requested that Standards Australia (SA) consider incorporating the code grey into the AS 4083-1997 "Planning for Emergencies-Health care facilities to ensure national consistency.</li> <li>DHS Representative on SA Committee HEW 026. Next meeting to review standard will be in October. NPB will attend. Audit of current practice relating to code grey/black has been conducted.</li> <li>A contingency will be to work with the Occupational Health and Safety Managers Network for a statewide guideline.</li> </ul>	
<p><b>Recommendation 14</b> The principles of affecting behaviour through environmental design and management should be applied to all future building development and refurbishment.</p>	All	<p>IN PROGRESS  Commenced December 2006 Estimated completion TBD</p>	<ul style="list-style-type: none"> <li>Taskforce work to be used to inform:               <ol style="list-style-type: none"> <li>Review of <i>Design Guidelines for Hospitals and Day Procedure Centres</i> (DGHDPC) (DHS 2004). Capital Management Branch is undertaking the review, post implementation of Section 28 of the <i>Occupational Health and Safety Act, 2004</i> which came into effect 1 July, 2006.</li> <li>WorkSafe Victoria <i>Designing workplaces for safer handling of people</i>. Feedback on draft provided to WorkSafe.</li> <li>Crime Prevention Through Environmental Design Principles included in resource kit.</li> </ol> </li> </ul>	
<p><b>Recommendation 13</b> The Department of Human Services and health services commit resources to support:</p> <ul style="list-style-type: none"> <li>The implementation of strategies to prevent and manage violence and aggression against nurses and other health workers</li> <li>Strategies developed in areas that include design, personnel, equipment, publications and training</li> <li>The evaluation of the strategies following their implementation</li> <li>Preliminary analysis of the data set and strategies 12 months after implementation and a comprehensive evaluation of the same after 3 years.</li> </ul>	DHS & Health Service	IN PROGRESS	<p>A process is underway to determine appropriate projects or activities. The distribution of funds will occur in 2007/2008</p> <p>"Improving Safety in Emergency Departments for nurses and patients." Project. <i>(Please refer to briefing notes.)</i></p>	
<p><b>Recommendation 26</b> That the Department of Human Services:</p> <ul style="list-style-type: none"> <li>Promotes management of bullying in accordance with the WorkSafe Victoria</li> </ul>	DHS	IN PROGRESS	<ul style="list-style-type: none"> <li>WorkSafe Guidance Note is included in "Preventing occupational violence in Victorian health services: a policy framework and</li> </ul>	



STRATEGY 2: RAISING AWARENESS - Continued		The development of a communication strategy including a public awareness campaign.		
Recommendations	Resp.	Status & Timeline	Progress as at August 2007 Proposed activities/work plan	
<p><b>Recommendation 11</b> All health organisations will:</p> <ul style="list-style-type: none"> <li>establish an aggression management reference group which will be responsible for developing policies and procedures around the management of aggressive incidents, primarily through a clinically led aggression management team</li> <li>ensure that all clinical areas undertake a risk assessment and give consideration to a number of strategies, including the development of guidelines to address the needs of each different setting and reviewing the need for appropriately trained security personnel</li> <li>establish, in all high-risk departments, security measures that include a response by staff who are trained in the prevention and management of violence and aggression during hours of operation</li> <li>consider how to address the broader issues of physical restraint and seclusion within non-designated mental health areas</li> <li>develop guidelines for emergency responses during operating hours in smaller health facilities or for those nurses working in community, rural and remote settings.</li> </ul>	Health Services	<p>IN PROGRESS</p> <p>Commenced Mar 2006</p> <p>Ongoing</p>	<p>Implemented to varying degrees across health services.</p> <p><i>DHS has an established Occupational Health and Safety Network for health service OH&amp;S Officers. NPB is liaising with Network to provide information and assistance about their local implementation.</i></p>	

STRATEGY 3: JUSTICE INTERFACE		Enhancing the interface between health services and the justice system		
Recommendations	Resp.	Status & Timeframes	Progress As at August 2007 Proposed activities/work plan	
<p><b>Recommendation 5</b> That the Department of Human Services develop education and awareness programs for the community, police and the judiciary, to promote a greater understanding of occupational violence in nursing.</p> <p><b>Recommendation 6</b> That the Department of Human Services requests the Department of Justice to consider the issues of occupational violence in nursing and consider legislative mechanisms and strategies that will improve the safety of nurses and other health care workers.</p> <p><b>Recommendation 7</b> That the Department of Human Services consider the development of state-wide</p>	<p>DHS</p> <p>DHS &amp; DoJ</p> <p>DHS</p>	<p>IN PROGRESS</p> <p>Commenced March 2006</p> <p>Estimated completion December 2007</p>	<ul style="list-style-type: none"> <li>Minister Pike has communicated with the Attorney General regarding recommendations related to his portfolio.</li> <li>A Justice System Interface Working Group has been established including representatives of Victoria Police and the Department of Justice. A work plan for progressing recommendations 5,6,7 and 12 has been agreed. Project scoping commenced, environmental</li> </ul>	

guidelines with respect to weapons and dangerous articles within the health care setting. This may include introducing legislation or guidelines in health services that relate to the search and removal of weapons and/or dangerous articles, the storage, disposal or return of such articles, and to allow police to receive and hold such property, regardless of whether it is to be used as evidence in relation to a crime or that charges are to be laid. This matter should be considered together with other legislative issues referred to the Department of Justice.

**Recommendation 12**

That the Victorian Government considers procedures for reporting to police, laying charges and prosecutions, including the potential for legislation for nurses similar to that developed for ambulance officers. (A Memorandum of Understanding, similar to that adopted between NSW Health and NSW Police, is a useful reference.)

DHS

scan has been completed and WorkSafe and Victoria Police are providing data to assist with the project deliverables.

- Project officer engaged to further develop policy analysis and progress work plan

*Work on promoting awareness in Vic Police and judiciary will be managed as part of this work plan and will be based on work being undertaken in Strategy 2.*

<b>STRATEGY 4: EDUCATION</b>		<i>Ensuring that education and training for the prevention and management of bullying and violence reflects the organisational context and the needs of the employee.</i>		
<b>Recommendations</b>	<b>Resp.</b>	<b>Status &amp; Timeframes</b>	<b>Progress as at August 2007 Proposed activities/work plan</b>	
<p><b>Recommendation 17</b> Health services:</p> <ul style="list-style-type: none"> <li>• Provide education and training for nurses to prevent and manage occupational violence and bullying. The education and training addresses the key elements identified by the Education Subcommittee, including prevention and management of occupational violence and bullying.</li> <li>• Provide nurses, including part-time and casual bank nurses and other health care employees, with education and training as part of the orientation process to a new organisation</li> <li>• Ensure all nurses in the workplace undertake continuing education and training programs that address occupational violence and bullying at least on an annual basis</li> <li>• Provide additional specific training to staff working in identified high risk areas</li> <li>• Maintain a database of all nurses who have completed education, and develop systems to ensure the adequate education of casually employed nurses in relation to occupational violence and bullying and that these systems meet the requirements of the <i>Occupational Health and Safety Act 2004</i>.</li> </ul> <p><b>Recommendation 19</b> Health services develop specific education programs for all managers, covering:</p> <ul style="list-style-type: none"> <li>• The impact of occupational violence and bullying on the workforce</li> <li>• The organisation's expectations of the managers, inclusive of policy and procedures for prevention and management of incidents</li> <li>• The importance of supporting staff to report incidents</li> <li>• The obligations of the manager</li> <li>• Techniques and available support mechanisms for staff and managers.</li> </ul> <p><b>Recommendation 24</b> That health services establish management education strategies that:</p> <ul style="list-style-type: none"> <li>• Explore and articulate mechanisms to assist organisations to manage situations where, despite investigation, no clear resolution is obvious and/or possible</li> <li>• Emphasise positive behaviours in the workplace</li> <li>• Raise nurses' awareness of the differences between bullying behaviours and legitimate business practices, for example, legitimate and reasonable performance management and organisational change</li> <li>• Minimise ambiguity so that bullies and victims are aware of the subtleties and trivialities that comprise bullying in nursing.</li> </ul> <p><b>Recommendation 15</b> Health services develop a clear statement of expected behaviour, outlining acceptable and unacceptable behaviour, for both staff and consumers.</p>	<p>Health Services</p> <p>Health Services</p> <p>Health Services</p> <p>Health Services</p> <p>Health Services</p>	<p>IN PROGRESS</p> <p>Ongoing</p>	<p><i>Specific DHS activities to support health service efforts on these recommendations include:</i></p> <ul style="list-style-type: none"> <li>• <i>Submission made to National Safety and Quality Commission regarding the review of the Australian Council for Healthcare Standards (ACHS) refer to related initiatives point 2</i></li> <li>• <i>Implementation of HRMS component of HealthSMART will assist with reporting and monitoring requirements as well as providing infrastructure for a database of staff education/training. Refer to related initiatives document point 3</i></li> <li>• <i>Education/training mapping work being undertaken by Melbourne University will assist in determining ongoing work. Refer to related initiatives document point 4.</i></li> <li>• <i>Supporting DHS OH&amp;S Officers network. (see recommendation 11). Refer to related initiatives point 5</i></li> </ul> <p><i>Recommendation 13 provides for allocation of resources for occupational violence prevention initiatives including training. Guidelines for consideration of occupational violence prevention training included in 'Preventing occupational violence in Victorian health services; a policy framework and resource kit.' (Draft, 2007)</i></p>	

<b>STRATEGY 4: EDUCATION - Continued</b>		<i>Ensuring that education and training for the prevention and management of bullying and violence reflects the organisational context and the needs of the employee.</i>		
<b>Recommendations</b>	<b>Resp.</b>	<b>Status &amp; Timeframes</b>	<b>Progress As at August 2007 Proposed activities/work plan</b>	
<p><b>Recommendation 20</b> That the Minister for Health requests:</p> <ul style="list-style-type: none"> <li>The Nurses Board of Victoria to require, through accreditation processes, nursing courses leading to registration to include OH&amp;S principles, particularly those that address occupational violence and bullying</li> <li>The Australian Nursing and Midwifery Council to consider the development of competency standards pertaining to OH&amp;S principles and require the inclusion of OH&amp;S components of occupational violence and bullying.</li> </ul>	DHS	COMPLETED	Nurses Board Of Victoria (NBV) have advised they are currently reviewing Standards of Course Accreditation, requiring education providers to ensure rec. 20 is incorporated in submissions for re-accreditation, and liaising with Australian Nursing & Midwifery Council regarding possibility of developing competency standards on OH&S in their work plan.	
<p><b>Recommendation 18</b> Providers of agency nurses ensure nurses receive education and training in the prevention and management of occupational violence and bullying prior to undertaking casual employment with any health care facility. This education is to include all key elements identified as a minimum educational and training requirement.</p>	Not specified	COMPLETED	Letter sent to agencies by Principal Nurse Advisor, DHS regarding Recommendation 18.  <i>(WorkSafe Labour Hire document; "Labor hire agencies: managing the safety of on-hired workers " (June, 2006) was provided to health services by WorkSafe.)</i>	
<b>STRATEGY 5: REPORTING &amp; MONITORING</b>		<i>Develop effective reporting and monitoring systems including a standardised minimum data set that will enable health services to report, monitor and compare bullying and violence.</i>		
<p><b>Recommendation 27</b> That the Department of Human Services:</p> <ul style="list-style-type: none"> <li>Develops a state-wide minimum data set that includes key critical fields, with reference to the critical fields identified by the Reporting Tools Subcommittee</li> <li>Develops guidelines to assist health services to understand the significance of data collection related to violence and bullying and to collect critical field information</li> <li>Pilots the data set across a sample of Victorian health services prior to implementation.</li> </ul> <p><b>Recommendation 28</b> All health services submit a minimum data set to the Department of Human Services on a biannual basis.</p> <p><b>Recommendation 29</b> That the Department of Human Services makes aggregated local data results available to health services and WorkSafe Victoria to compare local prevalence and nature of events and create statewide benchmarking.</p>	DHS  DHS & Health Services  DHS	IN PROGRESS  Commenced June 2006  Estimated Completion end 2007	<ul style="list-style-type: none"> <li>The Incident Information System project (IIS) is a collaborative project which aims to determine an optimal solution for collection and review of statewide incident information. To date, the project has delivered a draft clinical incident reporting data set. There is agreement that the IIS will be extended to include OHS incident types.</li> <li>NPB will continue to collaborate with Quality and Safety Branch regarding the implementation of mechanisms that will enable statewide aggregation, analysis and trending of incident data.</li> <li>Submission made to National Safety and Quality commission regarding the discussion paper related to Australian Council of Healthcare Standards (ACHS) review.  <i>Work on this cluster supports and links with Rec 17</i></li> </ul>	
<p><b>Recommendation 21</b> Higher education providers and health services create a mechanism for monitoring and evaluating the prevalence of bullying and violence experienced by students in the workplace during clinical placements.</p>	Education Providers & Health Services	Commenced June 2006	The HRMS module of HealthSMART will capture incidents occurring during clinical placements (See above). Although not mentioned in recommendation, implementation will include TAFE colleges, thus students undertaking the Certificate IV in Health (Nursing) course will be included in any reporting.	

VICTORIAN TASKFORCE ON VIOLENCE IN NURSING IMPLEMENTATION – Organisational structure  
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