

Victorian Taskforce on Violence in Nursing Implementation of Recommendations Status Report 2 of 2008

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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, 23, 26)

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

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

Strategy 4-Supporting Education and training (Incorporating Recommendations 15-20, 24, 25)

Strategy 5-Effective Reporting and Monitoring (Incorporating Recommendations 21, 27, 28, 29)

Note: The strategies are interdependent and recommendations and actions 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	<i>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</i>		
Recommendations	Respon- sibility	Status & Timeline	Progress at August 2008 Proposed activities/work plan
<p>Recommendation 1 <i>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.</i></p>	DHS	Completed.	DHS <i>Preventing occupational violence in Victorian health services: a policy framework and resource kit. (2007)</i> developed and distributed to all public health services with supporting promotional material (posters, multilingual card etc) in late 2007.
<p>Recommendation 2 <i>That the Department of Human Services and health care facilities adopt a policy statement that has key messages including:</i></p> <ul style="list-style-type: none"> • <i>Violence against nurses is unacceptable and must be proactively addressed</i> • <i>There is not a culture of tolerance of violence in the workplace</i> • <i>Encouraging a culture of reporting amongst nurses.</i> 	DHS & Health services	Completed	<p><i>Additional copies of DHS Policy available on:</i> http://www.health.vic.gov.au/nursing/promoting/noviolence</p> <p>The policy framework covers recommendations 1, 2, 3 & 22 and the tools/templates provided in the resource kit relate to recommendations 4, 9, 16 and 25.</p>
<p>Recommendation 3 <i>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:</i></p> <ul style="list-style-type: none"> ○ <i>NSW Health Zero tolerance to violence in the NSW health workplace - policy framework guidelines (2003)</i> ○ <i>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).</i> 	DHS	Completed	<p><i>Additional activities/endeavours in this area include:</i></p> <ul style="list-style-type: none"> • Capacity building through engagement with DHS Occupational Health and Safety Network for health service OH&S managers. Collaboration encouraged for local progression of work plans. NPB presenting at forum at Southern Health. • 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. WorkSafe resource tool in final draft form and due to be released in 2008. • One-off financial support provided to five DHS rural regions for a dedicated, expert resource to assist public health services in the region to apply a focused approach to occupational violence prevention and management. For information go to:
<p>Recommendation 4 <i>That the Department of Human Services will:</i></p> <ul style="list-style-type: none"> • <i>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.</i> • <i>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.</i> 	DHS	Completed	<ul style="list-style-type: none"> • One-off financial support provided to five DHS rural regions for a dedicated, expert resource to assist public health services in the region to apply a focused approach to occupational violence prevention and management. For information go to:
<p>Recommendation 9 <i>That the Department of Human Services, in consultation with health services, adapts for broad use: The industry occupational health and safety interim standards for preventing and managing of occupational violence and aggression in Victorian mental health services (DHS 2004) for post-incident management.</i></p>	DHS & Health Services	Completed	<p>http://www.health.vic.gov.au/nursing/promoting/noviolence</p>
<p>Recommendation 16 <i>Department of Human Services develops guidelines to ensure a minimum standard of education is provided to all nurses.</i></p>	DHS	Completed	<p>Guidelines for occupational violence education provided in <i>Preventing occupational violence in Victorian health services: A policy framework and resource kit. (2007)</i></p>
<p>Recommendation 22 <i>That DHS and health services accept an agreed definition of bullying that is aligned with the WorkSafe definition and use it consistently.</i></p>	DHS	Completed	

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<p>Recommendation 25 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:</p> <ul style="list-style-type: none"> • includes examples of policies, procedures and suggestions for culture change • ensures consistency in the approach to managing bullying • Provides a useful resource that contributes to quality improvement processes • Includes readily accessible policies, procedures, case studies and customised • Uses innovative ways to convey messages about bullying behaviours that are relevant to nursing. 	DHS	Commenced	<p>Scoping work has been undertaken to ensure unnecessary duplication of resource/toolkits already available is avoided. Drafting of toolkit commenced.</p> <p>Progress is contingent on review of WorkSafe Victoria <i>Prevention Of Bullying And Violence At Work</i> Guidance note currently underway.</p>
<p>Recommendation 23 That health services establish consistent management strategies that include:</p> <ul style="list-style-type: none"> • clear organisational policy with 'safe' reporting to an objective, senior, listener • timely and consistent response from management • support for realistic outcomes. 	Health Services		Implemented to varying degrees across health services.
<p>Recommendation 10 That the Department of Human Services introduces, at the state level, a standardised Code Grey (violence and aggression emergency) & Code Black response (armed threat).</p>	DHS	IN PROGRESS (Commenced Nov 2006)	<ul style="list-style-type: none"> • To ensure national consistency, issue has been referred to Standards Australia (SA) for consideration that code grey be incorporated into the AS 4083-1997 "Planning for Emergencies-Health care facilities" • SA advised that draft for public comment was to occur in February 2008. DHS awaiting further advice from SA at this time. DHS Representative on SA Committee HEW 026.
<p>Recommendation 14 The principles of affecting behaviour through environmental design and management should be applied to all future building development and refurbishment.</p>	All	Completed	<p>Taskforce work referred to inform:</p> <ul style="list-style-type: none"> • Capital Management Branch, DHS review of <i>Design Guidelines for Hospitals and Day Procedure Centres</i> (DGHDP) (DHS 2004). • Feedback on draft WorkSafe Victoria <i>Designing workplaces for safer handling of people</i> provided to WorkSafe by DHS. • Crime Prevention Through Environmental Design Principles included in Resource kit. Refer to Strategy 1 • <i>Occupational Violence Prevention Fund 2008-2011</i> Round 1 (2008) supported numerous health services to undertake works consistent with CPTED principles in high risk areas.

STRATEGY ONE: SETTING THE FRAMEWORK	<i>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</i>		
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<p>Recommendation 13 The Department of Human Services and health services commit resources to support:</p> <ul style="list-style-type: none"> • The implementation of strategies to prevent and manage violence and aggression against nurses and other health workers • Strategies developed in areas that include design, personnel, equipment, publications and training • The evaluation of the strategies following their implementation • Preliminary analysis of the data set and strategies 12 months after implementation and a comprehensive evaluation of the same after 3 years. 	DHS & Health Service	IN PROGRESS	<p><i>Occupational Violence Prevention Fund 2008-2011</i> established in 2008 to provide \$4 million over 4 years to address high priority risk in public health services.</p> <p>Three funding rounds scheduled:</p> <ul style="list-style-type: none"> • May 2008 • September 2008 • To be advised <p>Fund details available at: www.health.vic.gov.au/nursing/whatsnew</p> <p>Overall evaluation framework under development. Evaluation of dataset will occur as part of VHMIS project <i>Refer to strategy 5</i></p>
<p>Recommendation 26 That the Department of Human Services:</p> <ul style="list-style-type: none"> • Promotes management of bullying in accordance with the WorkSafe Victoria <i>Bullying and Violence at Work Guidance Note</i> (February 2003) • Further researches nursing culture to identify key factors that may trigger bullying behaviour by nurses, thereby enabling a more targeted approach to prevention • Considers sponsorship of innovative strategies to prevent bullying and disseminate ideas and outcomes to health services. 	DHS	IN PROGRESS	<ul style="list-style-type: none"> • Extract of WorkSafe Bullying Guidance Note included in <i>“Preventing occupational violence in Victorian health services: a policy framework and resource kit.”</i> (2007) <i>Refer to Strategy 1.</i> • DHS links to work of <i>Women’s Safety Strategy</i> and the final report of the Statewide Steering committee to reduce violence against women established. • <i>Occupational Violence Prevention Fund 2008-2011 will support action research</i> of nursing culture to identify key factors that may trigger bullying behaviour through rounds 2 and 3 of fund.

STRATEGY 2: RAISING AWARENESS
The development of a communication strategy including a public awareness campaign.

Recommendations	Resp.	Status & Timeline	Progress as at August 2008 Proposed activities/work plan
<p>Recommendation 5 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>Recommendation 8 That the Victorian Government and health services develop, pilot and implement a public awareness campaign that:</p> <ul style="list-style-type: none"> • promotes an expectation of behaviour and consequences for unacceptable violence and aggression • clearly states the message that violence towards nurses is unacceptable. 	<p>DHS</p> <p>DHS</p>	<p>IN PROGRESS</p> <p>Completed: (1) Mar 2006 (2) Jun 2006 (3) 2006 (4) Dec 2007 (5) Dec 2007</p> <p>(6) Estimated completion Oct 2008</p>	<ol style="list-style-type: none"> 1. Minister for Health launch of NURSESAFE campaign. 2. kNOw Violence' conference hosted by DHS 2006 3. NurseSafe TV advertisements aired late 2006. 4. Key messages (tested in focus groups) developed for use by health services are: <ul style="list-style-type: none"> • <i>A Workplace Free Of Violence And Bullying: Everyone Has The Right To Feel Safe Here.</i> • <i>A Workplace Free Of Violence And Bullying. A Better Place For Work, A Better Place For Care.</i> • <i>A workplace free of violence and bullying is a better place to care for you and your family.</i> 5. Release of DHS occupational Violence policy to health services with additional promotion material, including suite of posters and multilingual card provided to public health services. <p><i>Refer also to Strategy 3 re police and judiciary.</i></p> <ol style="list-style-type: none"> 6. DVD to be released with accompanying Occ Viol communication guidelines for health services.
<p>Recommendation 11 All health organisations will:</p> <ul style="list-style-type: none"> • 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 • 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 • 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 • consider how to address the broader issues of physical restraint and seclusion within non-designated mental health areas • develop guidelines for emergency responses during operating hours in smaller health facilities or for those nurses working in community, rural and remote settings. 	<p>Health Services</p>	<p>IN PROGRESS</p> <p>Commenced Mar 2006</p> <p>Ongoing</p>	<p>Implemented to varying degrees across health services.</p> <p>Additional activities/endeavours in this area include:</p> <p><i>DHS has an established Occupational Health and Safety Network for health service OH&S Officers. NPB is liaising with Network to provide information and assistance about their local implementation. Web link: http://www.health.vic.gov.au/ohs</i></p> <p><i>Regional resource OHS occupational violence prevention project officer to assist with local implementation. (refer to strategy 1)</i></p> <p><i>Risk assessment linked with occupational violence prevention fund application process.</i></p>

STRATEGY 3: ENHANCING THE JUSTICE INTERFACE		Enhancing the interface between health services, Victoria Police and the justice system		
Recommendations	Resp.	Status & Timeframes	Progress As at August 2008 Proposed activities/work plan	
<p>Recommendation 5 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>Recommendation 6 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>Recommendation 7 That the Department of Human Services consider the development of state-wide 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.</p> <p>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.)</p>	DHS DHS & DoJ DHS DHS	IN PROGRESS	<p>This work is being progressed by the Justice Interface working group and includes:</p> <ul style="list-style-type: none"> • Production of multi-media resource tool (DVD) on impact of occupational violence and responses to it for key target groups (police, judiciary and the community) underway. Distribution scheduled for October 2008. • Development of a principle based guide to best practice management of weapons and other dangerous articles in health care settings progressing. Public consultation on draft completed June 2008. • Mapping of roles and responsibilities of health care workers, management and police when occupational violence occurs underway. Best practice models identified and options for dissemination being considered by working group. 	

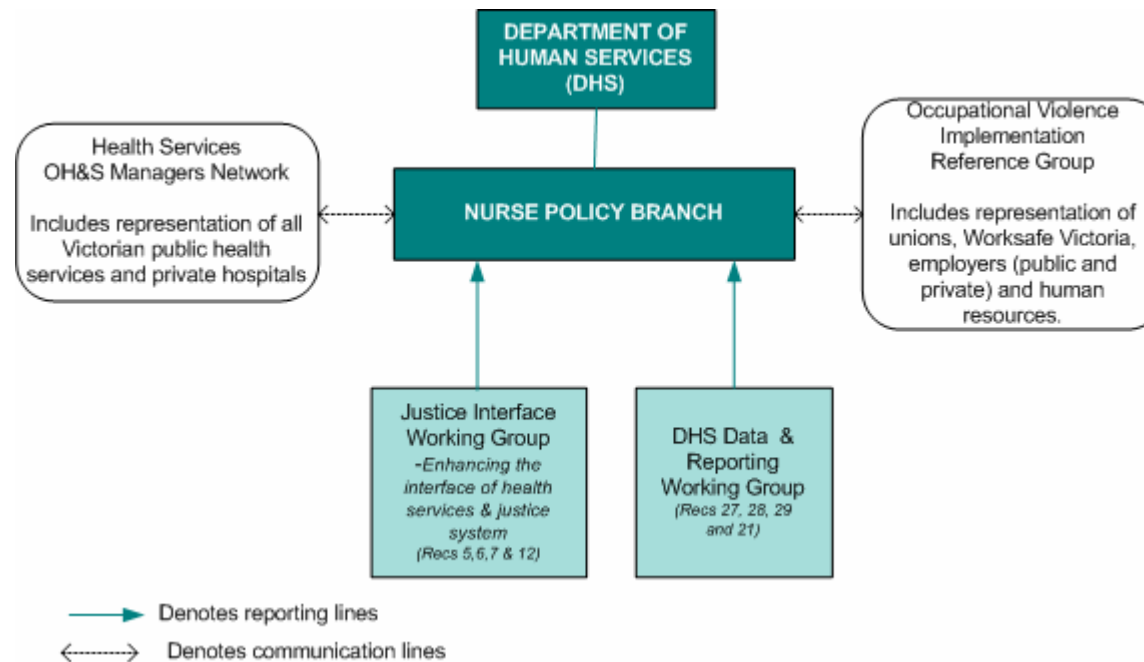
STRATEGY 4: SUPPORTING EDUCATION & TRAINING		<i>Ensuring that education and training for the prevention and management of bullying and violence reflects the organisational context and the needs of the employee.</i>		
Recommendations	Resp.	Status & Timeframes	Progress as at August 2008 Proposed activities/work plan	
<p>Recommendation 17 Health services:</p> <ul style="list-style-type: none"> • 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. • 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 • Ensure all nurses in the workplace undertake continuing education and training programs that address occupational violence and bullying at least on an annual basis • Provide additional specific training to staff working in identified high risk areas • 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>. <p>Recommendation 19 Health services develop specific education programs for all managers, covering:</p> <ul style="list-style-type: none"> • The impact of occupational violence and bullying on the workforce • The organisation's expectations of the managers, inclusive of policy and procedures for prevention and management of incidents • The importance of supporting staff to report incidents • The obligations of the manager • Techniques and available support mechanisms for staff and managers. <p>Recommendation 24 That health services establish management education strategies that:</p> <ul style="list-style-type: none"> • Explore and articulate mechanisms to assist organisations to manage situations where, despite investigation, no clear resolution is obvious and/or possible • Emphasise positive behaviours in the workplace • Raise nurses' awareness of the differences between bullying behaviours and legitimate business practices, for example, legitimate and reasonable performance management and organisational change • Minimise ambiguity so that bullies and victims are aware of the subtleties and trivialities that comprise bullying in nursing. <p>Recommendation 15 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>Implemented to varying degrees across health services.</p> <p><i>Specific DHS activities to support health service efforts on these recommendations include:</i></p> <ul style="list-style-type: none"> • <i>Submission made to National Safety and Quality Commission regarding the review of the Australian Council for Healthcare Standards (ACHS).</i> • <i>Supporting DHS OH&S Officer's network. (Refer to recommendation 11)</i> • <i>Guidelines for occupational violence prevention training included in 'Preventing occupational violence in Victorian health services; a policy framework and resource kit.' (2007)</i> • <i>Occupational Violence Prevention Fund 2008-2011, Round 2 will include training and education support packages to assist eligible health services with the activities to ensure that training is: broader rather than focusing on individual competence; closely allied to perceived needs of health services and clearly demonstrate a proactive organisational response to workplace violence.</i> Fund details available at: www.health.vic.gov.au/nursing/whatsnew 	

STRATEGY 4: SUPPORTING EDUCATION & TRAINING*Ensuring that education and training for the prevention and management of bullying and violence reflects the organisational context and the needs of the employee.*

Recommendations	Resp.	Status & Timeframes	Progress as at August 2008 Proposed activities/work plan
Recommendation 20 That the Minister for Health requests: <ul style="list-style-type: none">• The Nurses Board of Victoria to require, through accreditation processes, nursing courses leading to registration to include OH&S principles, particularly those that address occupational violence and bullying• The Australian Nursing and Midwifery Council to consider the development of competency standards pertaining to OH&S principles and require the inclusion of OH&S components of occupational violence and bullying.	DHS	COMPLETED	Nurses Board Of Victoria (NBV) has advised that this matter will be addressed as part of their review of Standards of Course Accreditation. NBV has advised it is will liaise with Australian Nursing & Midwifery Council regarding possibility of developing competency standards on OH&S in their work plan.
Recommendation 18 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.	Not specified	COMPLETED	Letter sent to nursing agencies by Principal Nurse Advisor, DHS regarding Recommendation 18 (December 2006) <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>

STRATEGY 5: EFFECTIVE REPORTING & MONITORING		<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>	
Recommendations	Resp.	Status & Timeframes	Progress as at August 2008 Proposed activities/work plan
<p>Recommendation 27 That the Department of Human Services:</p> <ul style="list-style-type: none"> • Develops a state-wide minimum data set that includes key critical fields, with reference to the critical fields identified by the Reporting Tools Subcommittee • Develops guidelines to assist health services to understand the significance of data collection related to violence and bullying and to collect critical field information • Pilots the data set across a sample of Victorian health services prior to implementation. <p>Recommendation 28 All health services submit a minimum data set to the Department of Human Services on a biannual basis.</p> <p>Recommendation 29 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>	<p>DHS</p> <p>DHS & Health Services</p> <p>DHS</p>	<p>IN PROGRESS</p> <p>Commenced June 2006</p>	<ul style="list-style-type: none"> • The DHS Victorian Health Incident Management System (VHIMS) project will deliver a system for collection and review of state-wide incident information including OHS incident types (inclusive of OV). VHIMS project milestones include: <ul style="list-style-type: none"> ○ Round one of field testing completed in late 2007. ○ Following extensive consultation with the OHS working group, Round 2 of field testing including staff incidents completed in early 2008. ○ Pilot of full VHIMS with selected representative health services scheduled for late 2009. Full implementation in 2010. • NPB is working with VHIMS regarding the implementation of mechanisms that will enable state-wide aggregation, analysis and trending of incident data. • Submission made to National Safety and Quality commission regarding the discussion paper related to Australian Council of Healthcare Standards (ACHS) review. <p><i>Work on this cluster supports and links with Rec 17</i></p>
<p>Recommendation 21 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>	<p>Education Providers & Health Services</p>	<p>Commenced June 2006</p>	

VICTORIAN TASKFORCE ON VIOLENCE IN NURSING IMPLEMENTATION – Organisational structure
August 2008



For more information or copies of the final report or the Victorian Taskforce on Violence in Nursing (2005) or the Preventing occupational violence in Victorian health services: A policy framework and resource kit. (2007), go to:
<http://www.health.vic.gov.au/nursing/promoting/noviolence>