

# ***Occupational Violence Prevention and Hospital in the Home Settings***

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# Background – occupational violence

- Occupational violence is concentrated in particular industries and occupations, especially those that have direct contact with the public
- Occupational violence is under-reported; it's estimated that only 20% of incidents are formally reported
- Injuries most commonly caused by occupational violence are sprains and strains, although stress is a close second

# Definition & types of occupational violence

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

- > client-initiated occupational violence (where a client or client's family member/friend can be the source/perpetrator)
- > intrusive occupational violence (where a member of the public can be the source/perpetrator)

Note - Client includes people who: have a commercial relationship with an organisation; are in the care or custody of an organisation; must legally submit to inspection by an organisation; use or are seeking to use the services of an organisation.

# Client-initiated violence: risk factors

## *Key job/task-related risks:*

- providing care to people who are in distress, afraid, ill or incarcerated
- relating to people who have anger, resentment, feelings of failure or unreasonable expectations
- carrying or having access to drugs
- handling cash or valuables

## *Compounding factors:*

- client being intoxicated or under influence of drugs
- certain behavioural and/or psychiatric conditions
- difficulties with communicating

# Client-initiated violence: risk factors

*Factors that can exacerbate a client's tendency to violence:*

- 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

# What is the size of the problem?

- Health industry most violent industry in Australia<sup>1</sup>
- 38% of work-related homicides committed by patients/clients of health and community services
- Incidence and severity of OV increasing
- Majority of client-initiated OV not formally reported (*20% reporting levels*)
- Highest risk areas<sup>2</sup>:
  - emergency department (*90% of ED nurses experienced physical intimidation*)
  - mental health services

1. Source: Australian Institute of Criminology 1999  
2. Mayhew & Chappell, 2003

# OHS Act (Vic) – context

## Principles of OHS protection

employees and other persons at work be given the highest level of protection against risks to their health and safety

persons who control or manage workplaces are responsible for eliminating or reducing risks (so far as is reasonably practicable)

employers and self employed persons should be proactive and take all reasonably practicable measures to ensure health and safety

employers and employees should exchange information and ideas about risks to health and safety and measures that can be to eliminate or reduce those risks

employees are entitled and should be encouraged to be represented in relation to health and safety issues

# Parties' responsibilities – HITH settings

- Employers must provide and maintain (so far as is reasonably practicable) a working environment that is safe and without risks to health
- 'Working environment' includes the physical workplace, which is defined as a place where employees or self-employed persons work eg: office, community centre, hospital, client's home
- Employees must take reasonable care for their health and the health and safety of others while in the client's home
- The client, as occupier of the workplace, must ensure (so far as is reasonably practicable) that the workplace and the means of access and egress are safe and without risks to health

# WorkSafe Victoria's compliance approach

## Prevention-based enforcement:

- The prevention-based enforcement strategy commenced in Feb 2005
- Prevention-based enforcement involves a program of visits to industries and occupational settings which have a high risk of occupational violence
- High risk areas & occupations WorkSafe focused on in 2005/06 were/are: disability; special schools; paramedics; council & shire by laws officers; child protection and the health industry

# Prevention strategy

## *Elements include:*

- Explicit commitment to zero tolerance (or similar) policy
- Hazard/risk identification process
- Comprehensive reporting systems
- Formal identification of high risk sites
- Consideration of specific client groups and their characteristic
- Introduction of appropriate interventions/controls
- Post-event supports

# ***Working Safely in Visiting Health Services***

## **Context:**

- A marked trend toward treating patients in the home, rather than in a hospital
- Growth in home visiting sector in response to this demand.
- 10% of hospital treatments now done in the home
- Hazards in this type of environment are difficult to control and often below the standard of a hospital.
- Health workers face far greater risks because of the lack of facilities or support usually provided in a hospital environment.

# ***Working Safely in Visiting Health Services***

- In response to these risks and the number of injuries occurring in the sector, WorkSafe has produced *Working Safely in Visiting Health Services*.
- The publication centres on the prevention of two key hazards:
  - manual handling issues (MSDs); and
  - occupational violence.
- The publication contains guidance and compliance examples for the industry, along with practical checklists and resources.

# ***Working Safely in Visiting Health Services***

## ***Occupational violence tasks and controls:***

- Visit preparation
- Travelling to and from visits
- Working alone
- Working at night
- Working with clients (and their carers and/or family members)
- Handling drugs, cash and valuable equipment

# Working alone & working off site

## Example of prevention approach:

“All reasonably foreseeable security risks associated with staff working in the community are identified, assessed, eliminated where reasonably practicable or effectively controlled.”

- Policies and procedures should cover:

- obtaining relevant client information from the referring service/clinician
- local risk assessment and management measures
- training requirements
- emergency procedures (including – arrangements for security assistance from police)
- reporting procedures
- support for staff in event of an incident

# Working alone & working off site

## Example of visit preparation:

Ensure adequate information is provided to staff prior to a community visit such as:

- as much information as possible about the client
- where there's history of challenging behaviours, the triggers and behaviour management strategies in place
- relevant information about other member of the household
- information about geographical location of the premises
- specific information about the premises (eg: security access, stairs, external lighting ...) or any other known dangers/concerns
- relevant information from other resources (eg: point of referral; client records ...)

## 2.4.1. Visit preparation

The table below refers to activities conducted prior to a visit.

HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<ul style="list-style-type: none"><li>• No assessment of risk prior to delivery of the service.</li><li>• No policies and procedures in place for delivery of service offsite.</li><li>• No processes in place for dealing with aggressive or threatening persons.</li><li>• No requirement for employees to provide information to their employer regarding location of visit or arrival and departure times.</li><li>• No handover provided to employees regarding risk of occupational violence involving a client or others at premises.</li><li>• No consequences for, or reassessment of, people who threaten or act violently towards employees.</li><li>• No training provided to employees regarding relevant policies and procedures.</li></ul>	<ul style="list-style-type: none"><li>• Limited process in place for dealing with aggressive or threatening persons.</li><li>• Limited handover provided to employees regarding risk of occupational violence involving a client or others at premises.</li><li>• Limited training provided to employees regarding relevant policies and procedures.</li></ul>	<ul style="list-style-type: none"><li>• Assessment of client's suitability for provision of home services conducted prior to visit.</li><li>• Assessment conducted in a controlled environment.</li><li>• No visits conducted until risk assessment completed.</li><li>• Policies and procedures in place for conducting visits and delivering service offsite.</li><li>• System is in place for collecting data from staff prior to visit which may include:<ul style="list-style-type: none"><li>• address/phone number of destination;</li><li>• departure time;</li><li>• expected time of return;</li><li>• vehicle type, colour and registration details; and</li><li>• mobile phone number.</li></ul></li><li>• Written and verbal handover provided to employees regarding risk of occupational violence from a client or others at premises to be visited.</li><li>• System in place to monitor visits and ensure staff members return safely, including after hours and weekends.</li><li>• The employer's policy and procedures to prevent and manage occupational violence is communicated on referral and prior to delivery of service, with actions to be taken against perpetrators of occupational violence also outlined. (Refer to section 2.5 for examples.)</li><li>• Treatment contract in place for client prior to service being provided.</li><li>• Procedures established with police regarding best methods of contacting them in an emergency.</li><li>• All employees providing visiting health services are appropriately trained and aware of policies and procedures relating to visits.</li></ul>

# Risk control – operational procedures

## Procedures should include:

- A documented process for client compatibility & suitability assessment
- Method/s for intake assessment of client which include screening for aggression/violence
- Protocols for regular handover and information exchange with staff, other agencies, carers and service providers
- A reporting system that is used for the recording of incidents and near misses involving clients & examining triggers etc.
- Operational procedures for work performed in uncontrolled environments
- Identification of risk behaviour and triggers

# Risk control – staffing

**The organisation's approach to risk control in relation to staffing should cover:**

- Rostering and staffing ratios, eg: ratio of staff to clients should be adequate for the level of care needed & also take into account range of required activities
- Skill level, training and experience appropriate for duties
- Where possible staff should be permanent or regular employees who are known to the clients and workplace
- Capacity to rotate staff into alternate duties to reduce exposure
- Procedures and back up for staff working alone or in isolation
- Regular support & supervision

## 2.4.6. Handling drugs, cash and valuable equipment

### HIGH RISK

- Large quantities of drugs are carried by employees during visits; and contents of drug containers are easily identified by others.
- Valuables, equipment and personal belongings left in view inside vehicles.
- Employees take personal valuables on visits, i.e. prominent or excessive amounts of jewellery worn.
- Employees collect payment from clients during visits for delivering treatment and rehabilitation services.
- No procedures in place regarding handling of drugs or valuables.
- Employees not trained in procedures and precautions for handling drugs and valuable equipment.

### REDUCED RISK SOLUTION

- Only necessary quantities of drugs are carried on visits and these are transported in containers that do not identify their contents.
- Procedures in place regarding handling of drugs and valuable equipment.
- Employees trained in these procedures.
- Employees wear minimal jewellery during visits.

### LOW RISK SOLUTION

- Clients prescribed with the relevant medication prior to visit, eliminating the need for employees to carry drugs on visits.
- Drugs and other valuables are not carried on visits.
- Valuables not left in view inside vehicles.
- All accounts paid centrally. Employees do not collect payment for treatment or rehabilitation services during visits.
- Employees wear no jewellery during visits.

# For more information...

- **Copy of *OV in Hospitals* Compliance tool available on VWA Website:**
- Public Sector & Community Services Industry/ Health & Aged Care page
  - [www.workcover.vic.gov.au/vwa/home.nsf/pages/so\\_aged#hosp](http://www.workcover.vic.gov.au/vwa/home.nsf/pages/so_aged#hosp)
- ***Working Safely in Visiting Health Services*** can be ordered via  
publications@workcover.vic.gov.au