



Prevention of Occupational Violence in Hospitals Project

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Introduction

What is Occupational Violence (OV)?

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



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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 eg dementia
- 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 has been quoted as the **most violent industry in Australia**¹
- 38% of work-related homicides committed by patients/clients of health and community services
- Majority of client-initiated aggression/violence not formally reported
- Highest risk areas²:
 - Emergency Department (*90% of ED nurses experienced physical intimidation*)
 - mental health services

Source:

1 Australian Institute of Criminology 1999

2 Mayhew & Chappell, 2003

Data on occupational violence in health

Survey of 4 hospitals 2003-04:

- 2,662 potential or actual aggressive incidents in a six month period ie:
 - Average of 14.6 events per day
 - Average time of 23 minutes per code
 - 11 hours of nursing time each day
- In majority of instances where a hospital-wide security code activated, aggressor was client/patient of service

Source: Occupational violence in nursing: An analysis of the phenomenon of code grey/black events in four Victorian hospitals 2005.

Experiences of violence at work

Quotes from health care workers:

- *‘Yesterday I worked and I got what I would count some sort of violence eight times, so that’s once an hour, initiated by a patient. I work four days a week, so that’s 48 times a week’.*

Security staff:

- *“we might have one or two code greys or planned code greys during the course of the shift.. But there has been times when we’ve had.. upwards of 14 code greys on patients, visitors, relatives.. The majority of them happen here (emergency) and the psych ward”.*

Activities – occupational violence prevention

- February 2003 released *Guidance Note on the Prevention of Bullying and Violence at Work*
- May 2003 PSCS commenced occupational violence and compliance project
- June 2003 – seminar: *Occupational Violence Prevention in the Health Industry*
- Member of the Victorian Taskforce on Violence in Nursing & the Violence and Aggression Subcommittee

Activities – occupational violence prevention

- October 2004 – seminar to launch prevention-based enforcement strategy for occupational violence
- February 2005 – Public Sector & Community Services (PSCS) Division commenced prevention-based enforcement strategy
- June 2005 launched Safety Development Fund *Aggression Prevention and Management Project* Melbourne Health and Northeast Health Wangaratta

WorkSafe's compliance approach

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

Aims of prevention-based enforcement

- **Through this strategic enforcement program PSCS is:**
 - Promoting a change in focus from incident management to risk management
 - Ensuring the hierarchy of control has been considered in the risk management process
 - Ensuring HSRs and employees have been consulted throughout the risk management process
 - Emphasising the need to fully implement and support prevention measures

Example: Health industry violence 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

Occupational Violence in Hospitals Project 2005-06

Industry Stakeholder Group membership:

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)

OV in Hospitals Compliance tool

Sections in tool include:

- Policy
- Hazard identification and risk assessment
- Controls
- Workplace design
- Specific controls for:
 - >Emergency departments
 - >Acute inpatient mental health services
- Post incident management

1. POLICY

<p>1.1 Is there an organisational policy on occupational violence (OV)?</p>	<p>OV policy includes:</p> <ul style="list-style-type: none"> • Acknowledgement of OV hazards • Risk factors associated with OV • Motivation for aggression/violence • Measures in place to prevent and manage OV. <p>Policy clearly states that organisation will not tolerate OV and that a risk management approach will be used to address OV hazards.</p> <p>Policy is documented and authorised by Board or CEO.</p> <p>Sight a copy of policy under sections 21(1) and 21(2e) of the OHS Act 2004.</p> <p>Ask HSR/staff about</p> <ul style="list-style-type: none"> • Awareness and adequacy of policy. • How policy is covered in training. <p>BYPASS</p>	<p><input type="checkbox"/> No extent No policy.</p>	<p><input type="checkbox"/> Some extent Policy exists</p>	<p><input type="checkbox"/> Considerable Comprehensive policy exists</p>
<p>1.2 Are there publicly displayed "Zero tolerance" type signs for OV?</p>	<p>Notices explicitly state the organisation's position on OV.</p> <p>Notices located prominently in public areas.</p> <p>Clear to public what the sanctions/penalties are</p> <p>View signage.</p> <p>BYPASS</p>	<p><input type="checkbox"/> No extent No signage</p>	<p><input type="checkbox"/> Some extent Signage includes a clear statement.</p> <p>OR Signage is located in appropriate areas.</p>	<p><input type="checkbox"/> Considerable Signage includes a clear statement.</p> <p>AND Signage is located in appropriate areas.</p> <p><i>Best Practice:</i> Mentions intent to prosecute or other sanctions.</p>

Occupational violence in health & aged care 2006-07

From July 2006, visits will be extended to:

- Community mental health services eg: CAT, MST, community care units
- Aged persons mental health services
- Aged care services

For more information...

Information pack and a copy of *OV in Hospitals*
Compliance tool available on VWA Website:

www.workcover.vic.gov.au/vwa/home.nsf/pages/so_aged#hosp





Questions