



MELBOURNE HEALTH

in partnership with

**NORTHEAST HEALTH
WANGARATTA**

**Aggression Prevention
and Management Project**

Industry Forum Shepparton

**Development and
Implementation of Risk
Control Strategies to
Eliminate or Reduce the
Incidence of Client-initiated
Aggression**

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*Hagen Tuschke & Deborah Smith
Project Officers*

Introduction

- OHS Risk Management: integral part of OHS Management System
- Technical, consultative, managerial and educational approaches
- Foreseeable hazards with the potential to harm health or safety of staff
- “Top down” approach - Managers are responsible

Definitions

'OHS Risk'

- Significance of a hazard in terms of probability and severity

'OHS Risk Management'

- Logical and systematic method of identifying, analysing, assessing, controlling, monitoring and communicating risks

'Risk Assessment'

- Overall process of estimating the magnitude of risk and deciding what actions will be taken

Preventive Measures

- Cultural shift required towards OHS consciousness and emphasis on prevention
- Increase preventive measures
- Describe preventive actions in more detail
- Prioritise prevention over management

Two Phases of Prevention

Risk Assessment

- Basis for development of effective prevention measures
- Methodology: 'step-by-step' process
- Decision-making about level of risk

Risk Control

- Assessment has to result in action program:
Doing nothing is dangerous!
- Assign prevention measures according to results of risk assessment

Risk Assessment

- Hazard identification
- Risk assessment
(Analysis of identified risks in terms of frequency or likelihood and the potential severity of consequences)
- Evaluation of existing precautions
 - Monitor trends
 - Analyse effectiveness

Methods to Identify Hazards

- Annual internal audits
- Systematic inspections of the workplace
Tools - Checklists for worksite analysis
- Incident, Accident and Hazard Reports
- Injury and Illness Records
- Consultation with employees
- Benchmarking

Focus

- Environmental factors (physical environment of worksite, including security equipment)
- Work procedures and practice
- Vulnerability of staff groups (qualification and task)
- Staffing

OHS Preventative Approach is based on 'Hierarchy of Preferred Actions'

- Eliminate
- Replace work process
- Use engineering solutions
- Reorganise work and provide training
- Provide personal protection

Hierarchy of Control

- Preferred option: elimination of hazards
“The best way to control a hazard is to remove it. If this is not practicable, the risk should be reduced as much as possible.”
 - Complemented with ‘change of work’ processes
 - Training and warning signs are lowest on list of priorities and more difficult to maintain
- Claire Mayhew, Duncan Chappell (2001)

OHS Hierarchy Approach and CPTED

“Crime Prevention Through Environmental Design”

- Body of knowledge developed by criminologists
- “Target Hardening”
- “Improved Surveillance”
- Better control of valuables and drugs

CPTED

- Assumption is that “opportunities to commit violence can be reduced, and the ‘costs’ of violence to the perpetrator can be increased to the point where they exceed any possible benefits”

Claire Mayhew, Duncan Chappell (2001)

Physical Environment – Layout & Design

- Positioning of facilities (appropriate functional space)
- Good lighting inside and outside (natural light preferred)
- Removal of hazardous furniture or any instruments which could be used as weapons

Physical Environment – Security Concerns

- Protection of staff, patients, property and assets (including drugs)
- Control of public access through entrances
- Lockable doors for restricted areas
- CCTV surveillance
- Alarm systems and panic buttons
- Linkage with police
- Control of violent or unstable patients
- Vulnerability to damage from terrorism

Special attention to first interface of public and health care workers

- Enough space to avoid overcrowding
- Sufficient and comfortable seats
- Facilities
- Reduction of boredom and anxiety
- Noise absorbing materials

Physical Environment – facilitate information for patients

- Increase sense of competence
- "Way-finding" process
- Easily identifiable Reception Desk
- Clear signs for directions
- Visual displays to inform on waiting times

Physical Environment – unthreatening, comfortable and stress-free

- Decoration (familiar and culturally relevant materials; cheerful and varied colours)
- Furniture (special materials and finishes)
- Cleanliness and Sanitation

“Well cared for building is a factor in reducing aggressive or criminal acts”

Claire Mayhew, Duncan Chappell (2001)

Work Practices

- Daily work practices
- Procedures for a potential violent incident
- Issue of information and communication (sufficient and up-to-date information on clients including previous history of aggressive behaviour and violent episodes)

Work Practices cont.

- Outreach services → additional information on family/ flatmates and location of home
- Information flow between staff and departments
- Information availability and accessibility
- Orientation and induction of new staff including temporary staff
- 'Flagging System'

Outreach Services

- Communication crucial for risk control
 - Detailed check out and check in procedures
 - Agreed times to report back
 - Follow-ups within an agreed timeframe
- Initial Risk Assessment on client (and family) and location as 'routine'
 - Information available to all relevant colleagues
- Emergency Procedures
 - Assistance, including access to senior staff
 - Emergency codes

Necessity to provide more and better information for clients on:

- Service and Expectations (inform about delays, reduce impatience and irritation)
- Role and Tasks of the Staff Member
- Rights in cases of complaints

Staffing

- Adequate with respect to quantity and qualification
- Match staff competencies and clients' needs
- Working in pairs, escort services or 'buddy' system

Stress

- Staff – Patient Ratio correlates with Stress
- Stress links with Violence
- Continuous stressful work situations result in short tempers, frayed nerves and in fatigue

Training

- Invaluable contribution to reduction of client-initiated aggression
- Improves response to incidents and morale of staff
- Must correlate with frequency and seriousness of incidents

Adequate and Regular Staff Training

What does that mean?

- Participants are all staff members who may be at risk
- Cover basic training on procedures
- Provide training regularly - including refresher programs to effectively reach all employees
- Managers must ensure continuity of training
- Managers must be trained in management of violent incidents and support measures for victims

Adequate and Regular Staff Training

What does that mean? cont.

- Provide training according to different levels of risk
- Additional training in defusing, de-escalation methods, breakaway-techniques, self-defence; and courses on control and restraint for staff working in high risk areas
- Appropriateness of competencies of trainer/training institutes is crucial

A Typical Training Program covers:

- Theory
- Prevention (warning signs)
- Interaction
- Post-incident action (reporting, investigation, counselling, follow-up)

Training must be up-to-date, relevant, purposeful, backed by evidence, given by experts and include scope for feedback

Last but not least ...

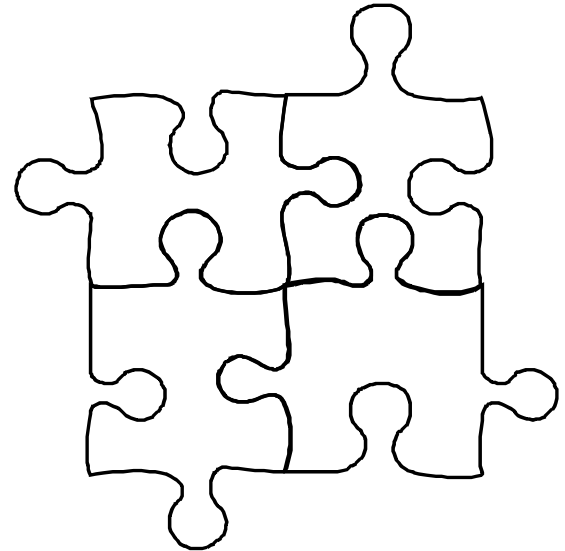
- A good relationship between your health service and the community is important
- Client orientation
 - General staff behaviour and attitudes towards clients has impact on potential emerging of risks
 - Addressed indirectly under the subject of training
- Partnership and peer support to cope with stressful work

Mental Health Nurse, UK

“I firmly believe that people learn by example, that if you speak to people properly and treat them with respect, then you are a lot of the way down the road to stopping violence and aggression It’s a culture of reacting to aggression rather than being proactive, putting too much emphasis upon control and restraint training and panic buttons and not enough upon getting and retaining good quality staff, in treating people with respect.”

Interlocking Initiatives and Projects

- WorkSafe Initiatives on Workplace Bullying and Occupational Violence
- VWA Workplace Inspections
- Victorian Taskforce on Violence in Nursing
- National Initiatives on Violence Against Women/ Intimate Partner Violence
- Cultural Diversity Projects and Use of Interpreters
- Improving Care for Older People
- Audit of Victorian Public Hospital Emergency department Waiting Rooms



'Zero Tolerance' - ANF Approach launched in April 2003

- Occupational violence and aggression policy and toolkit
- Recommendation that all workplaces establish a 'zero tolerance' approach to occupational violence and bullying based on an OHS System/Risk Management approach
- Organisational statement about the right of staff to be treated with respect and that violent behaviour will not be tolerated
- Only program to state repeatedly that violence to staff is a crime

HACSU

HACSU members have waged a long campaign to develop strategies to reduce injuries and occupational assault in the workplace.

In 2000 HACSU members served a claim on public sector mental health service providers to agree a Mental Health Specific Code of Practice for the Management and Prevention of Occupational Assault

In 2004, DHS published Industry OH&S Interim Standards for Preventing and Managing Occupational Violence and Aggression in Victoria's Mental Health Services.

‘Personal Safety and Privacy for Doctors’

“... The statement is framed within a risk management approach, focussing on risk identification, risk assessment, risk control and evaluation of the effectiveness of risk management strategies. It is intended to guide the violence management efforts of hospitals, practice managers and individual doctors – these parties should also keep up to date with current literature on the subject.
...”
...

AMA Position Statement November 2005

Protective Measures

- **What to do while an incident occurs**
 - ✓ Relatively small because priority is given to preventive strategies
- **Own safety first**
 - ✓ Recognise own limits
 - ✓ Avoid physical contact
- **Emergency Procedures**
 - ✓ Communication among staff
 - ✓ Coded requests for help
 - ✓ Assistance by senior staff

Monitoring and Reviewing

- Review operation of OHS Management System annually as part of safety audit
- Adjust, build upon and improve the system's effectiveness
- Determine causes of non-conformance
- Verify effectiveness
- Document changes in procedures

Cultural Change Required – The Past

- Traditionally, cognitive, behavioural and social elements of “clinical aggression” were diagnosed and treated, and in many respects “clinically managed”
- Training for clinicians how to modify a patient’s behaviour and environment
- Leadership role was assigned to mental health departments
- OHS Risk Management Framework frequently not utilised

Cultural Change Required – The Future

- Clinicians to advise OHS experts how to maintain a therapeutic milieu; and how to intervene appropriately
- Change from a clinical towards an OHS led and (ideally) collaborative organisational approach to the prevention and management of client-initiated aggression

The Toolkit – State of Knowledge



**The Red
Book
&
The Green
Book**

Rural Health Conference in Ballarat

Our next **Industry Forum** will be held during the **DHS Rural Health Conference** “**Rural Health-Going for Gold**” in **Ballarat** on **Wednesday 19 April 2005** at Ballarat Lodge, Ballarat

www.health.vic.gov.au/ruralhealth

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Now we would like to
give you the opportunity
to ask questions!

Contact Details

Hagen Tuschke

Melbourne Health

Direct Tele: (03) 9342 7411

hagen.tuschke@mh.org.au

Deborah Smith

Northeast Health Wangaratta

Tele: (03) 5722 0306

deborah.smith@nhw.hume.org.au

Information on the Project is also available on the following website:

<http://www.health.vic.gov.au/ohs/research.htm>