Document facilitator: Health & Safety Manager

Senior document owner:

Document number: 1.1518 **Issue Date**……………….**Review Date**…………….
Version 3

Type: Procedure

Name: Management of Workplace Violence and Aggression

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1. Purpose

This procedure outlines the organisation and arrangements that Capital & Coast District Health Board (CCDHB) will implement to ensure a safe and healthy working environment free of violence for workers, consumers and visitors.

It builds upon the principles and responsibilities as defined in the Health and Safety Policy 'to ensure the minimisation of the risk of harm to workers and others within its workplaces by providing a safe and healthy work environment for all'.

2. Scope

This procedure applies to all CCDHB workers consumers and visitors. Occurrences classified as worker to worker bullying and/or harassment are managed as per the Workplace Bullying, Harassment, Discrimination and Victimisation Prevention Policy.

3. Definitions

- **Consumer** – A person who uses/receives a health or disability service
- **Perpetrator** - A person responsible for committing an offence or crime
- **Violence** – Any incident in which a worker has been abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health
- **Physical Assault** - The intentional use of force by one person against another resulting in physical harm
- **Aggressive/Threatening Behaviour** - An act or gesture, verbal or physical, towards a person, intended to cause them to believe that violence will be used against them
- **Verbal Abuse** - The use of threatening or abusive words causing alarm, harassment or distress. Examples include, but are not limited to:
  - Offensive language
  - Unwanted or abusive remarks
  - Racially aggravated remarks
  - Intimidation and any other non-physical words or actions which cause distress or constitute harassment (or are likely or intended to do so)
- **Intentional Violence** – this definition of violence applies to a perpetrator who is knowingly aware of the intent of their actions
- **Violence due to a medical or clinical condition** - this is where the perpetrator does not knowingly choose to present with violent behaviour which is often the result of them experiencing clinical instability. This may be a result of medication, anaesthesia, severe pain, dementia, illness, head injury etc.
- **Capacity -** A person is presumed to have capacity for the purpose of this guidance unless he or she:

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- Is unable to take in and retain the information material to the circumstances especially as to the likely consequences of their behaviour in the effect it may have on them having or not having the treatment; or
- Is unable to weigh the information in the balance as part of a process of arriving at the decision

Mental health problems/learning disability does not necessarily mean that a consumer does not have capacity. Capacity may be variable in people with mental health problems.

4. Responsibilities

In addition to their duties as stated in the CCDHB Health and Safety Policy:

4.1 Directorate Leads and Senior Managers

Are responsible for ensuring that:

- The requirements of this procedure are implemented within their directorates
- Formal risk assessments are undertaken in relation to the roles and tasks that workers are required to perform which could lead to them being faced with a situation of possible violence and/or aggression. Assessments must also take into consideration the risk of consumers and visitors being faced with potential violent or aggressive situations. The risk assessments may be undertaken at a Directorate, service or department level
- A workplace violence and security departmental self-assessment audit is performed in all areas on an annual basis and that ant corrective actions identified are completed - Appendix 4
- Suitable and sufficient control measures are developed, implemented and followed - Section 5
- Suitable and sufficient training is provided to all workers exposed to workplace violence - Section 7

4.2 Managers

Are responsible for:

- Implementing the requirements of this procedure within their areas
- Undertaking and recording a risk assessment of the roles and tasks that workers are required to perform which could lead to then being faced with a situation of possible violence and/or aggression (the hazard). This risk assessment may be undertaken at a Directorate, service or department level. Guidance on workplace violence and aggression specific risk assessments is available in section 5 and Appendix 1
- Applying appropriate control measures to ensure the safety of workers, consumers and visitors - Section 6
- Ensuring that workers receive suitable and sufficient training in order to safely undertake their role - Section 8

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- Providing post incident support (Section 9 and Appendix 3) to all workers following any incident
- Performing an annual workplace violence and security departmental self-assessment compliance audit and ensuring that any corrective actions identified are completed - Appendix 4
- Ensuring that the requirements of section 7 are included in the planning stage, when undertaking building refurbishments or planned builds

4.3 Workers

Are responsible for:

- Comply with all statutory legislation and associated policies/procedures
- Attend all training requested
- Communicate any identified risks to their manager immediately
- Report incidents in an accurate and timely manner, and complete an online reportable events - SQUARE
- Assist in investigations by providing accurate information as requested.
- Consider self-referral to Occupational Health if support is needed to assist recovery post incident

5. Identification and Assessment of Risk

When the possibility of workplace violence and/or aggression to workers is identified, managers are responsible for ensuring that documented risk assessments are undertaken to assess risks faced by workers. As part of this assessment they must either eliminate the risk or implement suitable measures to control the risk (refer to section 6). It is a requirement that risk assessments are monitored to ensure compliance and periodically reviewed.

Further details on workplace violence & aggression hazard identification and risk assessment is detailed in Appendix 1.

6. Control Measures

Where a risk cannot be eliminated, the law requires that suitable and sufficient control measures are implemented to minimise the risks to health and safety.

6.1 Appropriate Worker Selection and Skills

- Use best practice selection methods and pre-employment procedures to identify people who are suitable or unsuitable for the work
- Identify people who require training and their specific training needs before they begin the work
- Assess employee skills in relation to dealing with consumers and assign employees accordingly

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6.2 Communication of Risk

The normal care and precautions concerning the supply of consumer information apply but information relevant to the safe and proper care of consumers, including information concerning risks posed to worker wellbeing, is a necessary part of quality consumer care and adequate worker health and safety management.

Where there is the possibility that a consumer presents a risk to the health or safety of CCDHB workers or other caregivers, details of this risk must be communicated to them (this includes security orderlies) in order for them to take appropriate precautions. Similarly, referring agencies need to provide adequate information to permit comprehensive risk identification and on-going support plan development.

Where a group of providers are involved in the provision of support to a consumer, ensure mechanisms are in place to enable exchange of relevant information.

Where appropriate:

- Consumer records should include a section which assesses the risk to caregivers. In particular, the nature of the risk should be specified by asking the following types of questions:
  - is there information in the consumer record that suggests violence has occurred to workers in the past?
  - if you are aware of such incidents, from the information available, how frequent are they?
  - do family members or support people report a history of violence or abuse in the recent past?
- Ensure that workers have knowledge of the way the consumer may respond to medication that they are receiving (i.e. the caregiver's knowledge is matched to the person's needs and circumstances)

6.3 Safe Systems of Work

Safe Systems of Work (SSOW) (also known by various names e.g. working procedures, standard operating procedures (SOPs), method statements etc.) are formal, written documents, which accurately document and give detailed instructions how workers must do a job/task.

A SSOW is needed when hazards cannot be physically eliminated and some elements of risk remain. They are designed to define the safe methods to follow when performing a task to ensure that hazards are eliminated or risks minimised.

They must be communicated to all relevant workers and the workers sign to state that they have had the opportunity to read the safe system of work and will follow it.

SSOW documentation is available on the Health & Safety Service Intranet and should be used for used by departments/areas for the work/tasks where the potential for violence and/or aggression exist.

6.4 Local Protocols/Procedures

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Each area which has identified that there is a risk of violence should have a clearly understood, written operational procedure (emergency response protocol/action card) agreed with the staff which may include:

- Minimum levels of staffing
- Who should do what, when and how in the event of a potentially violent situation
- Traceability of workers (diary tracking, lone worker monitoring and alert systems)
- This plan should be based on the findings of the risk assessment.

6.5 Local Work Practices

- Consider rotating jobs/areas to reduce the period of exposure (with respect to long-term mental fatigue)
- Define tasks and vary them if possible
- Assign tasks to workers who have the skill and ability to do them – consider general abilities and things that may impact in the short term such as pregnancy, fatigue and/or fitness
- Rotate workers who do dangerous and/or unpleasant tasks or who are new to the job
- Introduce team care or buddying in situations where risk is unknown or high
- Consider the cultural factors (e.g. culturally inappropriate behaviour of employee) that may escalate or de-escalate consumer aggression
- Provide clear messages to consumers and their visitors that violence is unacceptable and has consequences
- Use behavioural techniques to promote non-violence

6.6 Means to Allowing Workers to Summon Assistance

Following risk assessments, where appropriate:

- Provide workers with personal communication devices
- Install emergency alarms and/or CCTV systems. Any systems installed must be tested periodically (minimum of monthly, weekly in higher risk areas). All testing must be documented.
- Consider a mixture of personal and wall-mounted alarms so that workers have a variety of options to summon assistance
- Test these responses to alarm activation regularly and measure the response time to ensure that intervention occurs before serious harm can be inflicted
- Ensure that all workers have received training in the use of any devices/systems installed upon induction and periodically thereafter, as identified in the risk assessment

6.7 Clothing and Jewellery

- Ensure that clothing is appropriate to the level of risk encountered

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- Instruct workers not to wear jewellery or carry tools or pens in at-risk situations
- In all areas the wearing of jewellery by all clinical workers, must be kept to a minimum to avoid risk of injury to both the workers and consumers. The CCDHB Policy - Dress code – Nurses, Midwives and Health Care Assistants states: Jewellery is limited to one pair of discreet stud earrings (not multiple), a single wedding band or similar style of ring
- Ensure that emergency response devices cannot be used as a weapon (e.g. a personal alarm used as a garrotte)
- In areas of higher risk, identification badges must be worn on 'clothing clips' as opposed to lanyards worn around the neck. This is to prevent the possibility of them being grabbed and used as a potential means to strangling staff. Lanyards with one breakaway clip at the rear do not 'give way' if grabbed from the rear and can be used to strangle a worker. Workers must also be aware of the potential risk associated with wearing ties and/or stethoscopes.

6.8 Other Measures

Where appropriate:

- Signpost areas for workers, consumers and visitors
- Use signage to identify areas of special risk or restricted areas
- Provide easy egress from areas where violence may occur
- Consider installing other security devices such as cameras and good lighting in hallways
- Provide emergency exits

7. Building Refurbishments and Planned Builds

Prior to the refurbishment or redesign of areas and/or premises owned or leased by the DHB, as well as at the design stage of new builds, Directorates, managers and Facilities and Development are required to consult with the Health and Safety Service and any other relevant specialists at the earliest stage to encompass all control measures to protect workers and others.

Appendix 2 – Designing for Safety, provides further advice and guidance for creating a safer working environment.

8. Training

8.1 General Training

As a basic level, all workers must receive training to introduce them to the subject of violence and aggression in the workplace on induction. As part of the Health & Safety Service presentation at generic orientation day, workers will be provided with a basic overview of workplace violence and aggression and the importance of reporting all incidents. Departmental inductions must include any specific requirements for managing violence and/or aggression including any relevant security precautions for the area, as well as how to summon help if required in an emergency. Every worker should be prepared on how to react appropriately in a crisis.

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Depending upon the level of risk identified, further training may be appropriate. The identification of training needs is the responsibility of the Directorate Leads and Senior Managers and departmental managers. This must take into consideration the past history of incidents of violence and/or aggression to workers and the risk assessment of the possibility of such events occurring.

8.2 Personal Safety and De-escalation Training

Depending upon the level of risk identified by the directorate/service/manager, further training in the form of personal safety & de-escalation may be appropriate. Emphasis must be placed upon the importance of de-escalation and the steps which can be taken to prevent incidents of violence and aggression occurring in the first instance.

Training is intended to equip participants with the skills to recognise and de-escalate potential violent incidents, and will include issues associated with customer care and diversity. Training must focus on prevention rather than just being reactive.

Mental Health and Intellectual Disabilities (MHAIDS) offer training, entitled 'Te Roopu Whakatau Challenging Incidents', which is an interactive workshop focussing on conflict resolution and communication strategies to effectively manage aggression and threat of harm in the workplace. This suite of courses can be accessed via ConnectMe.

Having attended training, the frequency of re-attendance must be based upon the assessed needs of the individual service and the workers role within the service.

8.3 Personal Restraint Training

All workers who may be required to restrain a consumer, or a visitor an emergency situation, must receive additional training in personal restraint to ensure their own and the restrained person's safety.

All restraint techniques taught must be appropriate for use within a healthcare environment, and backed up by appropriate risk assessments. Pain compliance techniques must never be taught or used.

Further information on the physical restraint can be found in the Restraint Minimisation and Safe Practice Policy.

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9. Incident Reporting and Investigation

9.1 Reporting

All health and safety incidents and near misses, including verbal abuse, must be reported on the SQUARE Reportable Event System. Under-reporting of incidents is a particular problem with aggression/violence. Reporting is important to help identify and manage such situations. A positive culture to encourage reporting is therefore required.

9.2 Investigation

All reports must be investigated by the manager, to identify the root cause(s). As part of the investigation, the manager should review the triggers or circumstances relating to the incident; and assess whether the situation is still a risk to workers.

As part of the investigation managers are required to state what actions are required to prevent a recurrence and how they intend to implement them. All investigations and interventions must be recorded, by the manager, on the SQUARE Report.

The manager must keep the worker fully informed of the progress and outcome of the investigation.

9.3 Learning from Incidents

When incidents occur they raise awareness and understanding of things that went wrong, and perhaps could go wrong again.

The challenge is to learn as much as possible about the causes of accidents and near misses that have already happened in order to prevent a reoccurrence. The focus should be to make sure that the lessons learned from incident investigations are implemented and lead to an actual improvement in safety.

When experiences of previous incidents are translated into preventative measures, an organisation can prevent incidents in the future.

It is also useful to learn from incidents that have occurred in other workplaces. Knowledge from these incidents allows for the comparison of systems and processes and enables managers to compare what they have in place to determine their effectiveness and to identify any additional controls required. Where necessary, the findings should be communicated to other relevant departments to ensure that CCDHB as a whole benefit from them.

9.4 Reviewing Risk Assessments

As part of the investigation process, managers should review their risk assessments to determine if the existing control measures were adequate. If necessary risk assessments must be updated following the review.

Further information on H&S Incident investigation can be found on the H&S intranet site.

10. Post Incident Support

Workers are entitled to expect that their actions will be supported with understanding by their supervisors and managers and by CCDHB. It must be reinforced that workers are not to blame and that however insignificant others may consider the abuse, threat or assault everyone is entitled to support. The effect that one incident has on a worker may differ greatly to that of another.

A worker who has been attacked may suffer psychological harm as well as physical injury and confidential counseling services are available Occupational Health (through the Health & Safety Service) or self-referral to the Employee Assistance Programme.

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It may take some time for the individual to regain their previous level of confidence to return to their work, and managers should carefully monitor the immediate period after the return.

Following incidents all workers involved should be given the opportunity to discuss the incidents in a supportive environment, usually with managers and peers. CCDHB will provide support and assistance for workers in the event of criminal/civil proceedings. All and any support/advice offered should be documented.

Further guidance is available in Appendix 3 - Guidance Checklist for Managers Following an Assault on a Worker.

11. Sanctions

11.1 Consumers

Any action taken in response to violent or abusive behaviour by a consumer should be carefully planned. It should take into account the clinical needs of the consumer, the right of all consumers to be treated in a safe and caring environment and the duty towards workers.

Actions implemented should be relevant to the circumstances. These may include:

- Drawing the person's attention to the fact that their behaviour is unacceptable
- Treatment of consumer in the presence of increased security or Police and/or alternative treatment facility/location/times/days, including suspension of routine appointments following medical advice*
- Reporting the behaviour to the Police

*As excluding consumers from clinical care has legal and ethical implications, it is important that the consumer's clinical team meet and come to an agreed documented approach which will endeavour to continue to care/treat the consumer and minimise the risk of further incidents of violence and aggression. In certain areas excluding a person is not a possible consideration.

11.2 Visitors

Visitors who display any unacceptable behaviour should be asked to stop and be offered the opportunity to explain their actions. Continued unacceptable behaviour may result in the individual being asked to leave the premises by a manager or person in charge of the area.

Visitors who appear to be under the influence of alcohol or drugs may be refused entry to CCDHB premises.
Such action will need to be undertaken with minimal risk and should not be attempted without appropriate support. Depending on the location and circumstances this can involve security or the Police. Incident reports must be completed for all incidents of violence and aggression. Any request to leave and the visitor's response must be documented within the reportable event report.

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11.3 Trespass Notice

Trespass arises from the right of an occupier to control property. The Trespass Act 1980 creates two offences:

- **Warning to Leave** – Every person commits an offence that trespasses on any place and, after being warned to leave by an occupier of that place, neglects or refuses to do so.
- **Warning to Stay Off** – Where a person has trespassed, or there is reasonable cause to suspect they are likely to trespass, the occupier may warn that person to stay off that place. Having been warned that person commits an offence if they trespass on the property.

A Trespass Notice is the means by which an individual is warned to leave and/or stay off. A warning to stay off applies for 2 years unless specified for a shorter period or revoked. Trespass Notices should be regarded as a last resort after all other means of addressing the situation have been exhausted. They should not be routinely used to manage consumers or visitor behaviour, nor should they be used to penalise an individual. For further details on Trespass Notices please refer to the CCDHB Security Policy.

12. Lone Working

“Working alone means the normal contact with other staff is not available. This may include working in isolated areas on-site or off-site, either during or outside normal working hours”.

Specific advice and guidance on managing the risk to lone workers is detailed in the Lone and Community Worker Safety Procedure.

13. Audits

Line managers are required to undertake annual (or sooner if identified in risk assessments) self-assessment compliance audits into the management of violence and aggression within their area and provide these to H&SS upon request. These audits will be used as evidence of compliance with this procedure and relevant legislation.

14. Reference

- Managing the Risk of Workplace Violence to Healthcare and Community Service Providers: Good Practice Guide (Department of Labour)
- New Zealand Standard – Health and Disability Services (Restraint Minimisation and Safe Practice) standards
- Private Security Personnel and Private Investigators Act 2010

15. Associated CCDHB Documents

- Health and Safety Policy
- Security Policy

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- Security Incidents Procedure
- Staff Support Following a Critical Incident Procedure
- Lone and Community Worker Procedure
- Restraint Minimisation and Safe Practice Policy
- Workplace Bullying, Harassment, Discrimination and Victimisation Prevention Policy
- Managing and Preventing Workplace Bullying, Harassment, Discrimination and Victimisation – Guidance for Employees and Managers
- Staff Support Following a Critical Incident Policy]
- Managing Healthcare Incidents (Reportable Events) Policy

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Appendix 1 - Workplace Violence & Aggression Hazard Identification and Risk Assessment

The Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 state that the PCBU '*must identify hazards that could give rise to reasonably foreseeable risks to health and safety'.* Verbally or physically abusive behaviour towards workers is a reasonably foreseeable risk.

The purpose of a risk assessment is to:

- **Identify the hazards** - what can cause harm, how serious the harm could be and who could be harmed
- **Assess the risks** - examining existing control measures to determine the effectiveness of them at eliminating or controlling the potential level and seriousness of harm
- **Manage the risks** - determining if there is anything else you can do to eliminate or further reduce the level of risk
- **Monitor control measures** - checking that the control measures are being used and are effective

1.1 Identification of Risk

Managers are responsible for ensuring that documented risk assessments are undertaken to identify and assess risks faced by workers. Following this, they must implements suitable and sufficient measures to eliminate or control the risks. They are also required to evaluate, monitor and periodically re-assess them.

The risk assessment must take into account the past, present and future:

- **Past** - any previous incidents or known history of violence, verbal abuse or threatening behaviours towards workers
- **Present** - the environment and any existing arrangements in place to manage the hazards faced by workers, such as the equipment available, communication systems in place and training
- **Future** - the risk inherent in the task to be carried out such as any threats that have been made as to future behaviour and the process to be followed in the event of an incident

The risk assessment must consider:

- **Work Environment**
  - Is work performed in unfamiliar environments?
  - Are workers working in isolated locations?
  - Is it easy for an aggressor to get physical access to a worker?
  - Is it difficult for a worker to retreat to a safe place?
  - Is the environment uncomfortable for consumers?
  - Does the physical layout fail to provide privacy for consumers?

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- Would it be easy for an aggressor to break into the workplace after hours?
- Is access to alarms difficult or too obvious?
- Is there the potential for workers to be trapped by furniture/fixings?
- What is the availability of weapons or furniture/fixings which could be used as potential weapons?
- Are there any issues around the observation of workers and others?

- **Work Practices**
  - Is there appropriate staffing and skills mix?
  - Are there likely to be service delays?
  - Are there workers working alone or in isolation?
  - Would it be difficult for a worker to get immediate assistance if threatened or attacked?
  - Have security and emergency procedures been recently checked and is this documented?
  - Are evaluations on the suitability of workers with medical conditions, such as being pregnant carried out?
- **Training**
  - Are there inexperienced workers in front line positions?
  - Are there workers who have **not** received training in how to deal with aggressive situations?
  - Are there workers who do not have the appropriate workplace knowledge and skills to deal with clients?

- **Consumer Behaviour**
  - Are consumers likely to be distressed or aggressive?
  - Is the behaviour of the consumer unpredictable?
  - Is the aggressor likely to have a weapon?
  - Is there likely to be more than one aggressor?
  - Is the aggressor likely to be under the influence of alcohol or drugs?
  - Is the aggressor likely to be affected by delirium or other perception altering medical conditions?

Advice on personal safety risk assessments can be obtained via the Health & Safety Service (H&SS) or CCDHB Security Manager.

Higher risk areas such as triage or interview rooms should be examined in terms of the need for appropriate alarm systems and/or ease of calling for assistance.

However, it is essential that the introduction of any alarm system is combined with appropriate training and guidance. On hearing the alarm, workers must be clear of how

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to respond, including their responsibilities, specifically in terms of calling for assistance from security orderlies or the police.

In higher risk areas it is essential to designate safe areas where workers can quickly retreat to, lock the door and raise the alarm. For example the use of easily turned door locks rather than keys will facilitate safely in an emergency situation.

The information provided in Appendix 2 – Designing for Safety, provides further advice and guidance for creating a safer working environment.

Once a risk is identified a formal risk assessment must be undertaken and all reasonably practicable steps taken to either eliminate the hazard or if this is not possible, then appropriate control measures must be taken to minimise the risk to as low a level as is reasonably practicable.

Information on the outcome of risk assessments should be communicated to workers as part of the risk management process. Arrangements also need to be put in place to monitor and review the findings of the assessment.

1.2 Consumer Specific Risk Assessments

When a consumer is admitted or referred, workers should try to obtain as much information as possible on any possible risks posed by the consumer in relation to violence and aggression. This may mean obtaining information from:

- A current medical report from the referral agency, a general practitioner, psychologist or psychiatrist
- Those with recent responsibility for the consumer (e.g. caregivers, family)
- The Police

Workers must document if there is a risk or potential risk of harm to workers, or others, that may result from contact with the consumer and communicate this to them.

Consumer specific risk assessments should be completed or reviewed if:

- the consumer has a history of unpredictable, challenging, violent or aggressive behaviour
- the consumer user displays challenging, violent or aggressive behaviour
- an incident occurs or a consumer, relative or visitor becomes aggressive

Consumer specific risk assessments should take into account:

- What is the mental, emotional and physical condition of the person?
- Is their behaviour related to their medical conditions or ingestion of drugs, alcohol or medicines?
- Are they facing high levels of stress?
- Do they have a history of challenging, violent or aggressive behaviour?

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- Do they consider workers a threat?

The prevention measures identified by the risk assessment must be recorded in the consumers care plan and this information must be brought to the attention of all workers who are likely to be involved with the care of the consumer. This should include all workers, not just medical staff, e.g. domestics.

There must be procedures in place for the ongoing assessment and reporting of changes in consumer behaviour.

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Appendix 2 - Designing For Safety

This section (taken form: Managing the Risk of Workplace Violence to Healthcare and Community Service Providers: Good Practice Guide (Department of Labour) applies to in-patient care services and is not necessarily applicable to community-based service providers.

The principles of such advice include:

Access

- Provide safe access and quick egress from the workplace
- Minimise multiple areas of public access to healthcare facilities
- Locate security services at the main entrance, near the visitors' transit route in emergency departments
- Locate employee parking areas with close proximity to the workplace if possible
- Ensure the reception area is easily identifiable by patients and visitors, and easily accessible to other workers
- Restrict access to employee areas (changing rooms, rest areas and toilet facilities) to personnel of the facility

Space

- Provide enough space per person to reduce interference with personal space
- Design waiting areas to accommodate all visitors and patients comfortably - provide adequate seating, especially if long waiting periods are a possibility
- Provide employees with separate rest areas and/or meal rooms away from patients/clients, particularly when doing night work or dangerous work
- Install protective barriers for workers at special risk and to separate
- Dangerous patients/clients from other patients and the public consistent with assessment of therapeutic needs

Fixtures and Fittings

- Provide good lighting
- Provide an environment with an appropriate temperature, humidity and ventilation
- Where high-risk patients are cared for, ensure that the wall coverings are sufficiently robust to withstand assault
- Ensure fixtures and fittings cannot be used as weapons

Premises

When the opportunity presents itself for new premises or redesign:

- Design facilities with the potential for emergencies in mind

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- Address the issue of "black spots". These are the areas that either promote violence by tunnelling people into confined spaces, or by restricting egress from a hostile situation
- Ensure interview rooms have two exits (to avoid a worker becoming trapped) and viewing window(s) so that other workers can intervene if necessary
- Ensure treatment rooms in emergency service areas are apart from public areas
- Keep levels of noise to a minimum to reduce stress, irritation and tension
- Provide facilities for waste management i.e. soiled linen, clothing etc.
- Provide extra services of facilities and equipment where needed, e.g. where a patient/client is known to be hepatitis B positive
- In problematic areas, and where proven need exists, introduce facilities to ensure that weapons or mood-altering substances are not smuggled to patients/clients
- Ensure weapons removed are stored off site by police or security
- Ensure that windows and doors are secure so that patients/clients can be cared for in an environment safe for them, the staff and the public at large
- Isolate potentially dangerous equipment, chemicals or medication supplies (i.e. locked cupboards where appropriate)
- Consider the use of closed-circuit TV where oversight may be required in geographically difficult or distant parts of the building
- Where appropriate, install security devices such as metal detectors to prevent armed persons from entering the facility
- Test these security devices and personal/other alarm procedures regularly
- Where appropriate, provide adequate security lighting and security escorts for evening or night workers

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Appendix 3 - Checklist for Managers Following an Assault on a Worker

Health & Safety Service
Checklist for Managers Following an Assault on a Worker

The following points should to be considered & carried out by the Manager immediately following an incident:

- Do you need to call Security?
- Do you need to call the Police?
- Does the assaulted worker require medical assessment or attention for physical or psychological injuries?
- Do you need to contact Occupational Health for further assistance and support for workers?
- Do you need to cordon off any areas to preserve evidence for the Police?
- Have you obtained the names and contact details of any witnesses, this will include consumers and visitors as well as workers?
- Have you obtained photographic evidence of any injuries sustained by workers or damage caused by the perpetrator?
- Does the worker feel fit to continue duties?
- Do they need assistance with transport to get home?
- Do they need recovery time after the incident?
- Has the worker had an opportunity to discuss the incident and talk about how occurred and how it was managed?
- Does the worker require counselling from EAP Services?
- Do other workers within the team who were affected by the incident require support?
- Consider if it is appropriate for the worker to continue to provide care to the consumer
- Do any changes need to be implemented to prevent a reoccurrence, such as a change of working practice or working environment?
- Has a SQUARE report been completed?

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Appendix 4 - Workplace Violence and Security Departmental Self-Assessment Audit

Please Note: This is a copy of the form which is available on the H&S intranet site

Health & Safety Service
Workplace Violence & Security Departmental Self-Assessment Compliance Audit
Capital & Coast District Health Board

Please Complete Electronically		
Directorate:		
Area/Ward/Department:		
1. Security		
1.1	Do workers wear their security ID badge at all times?	☐ Yes ☐ No ☐ N/A
1.2	Are restricted access areas e.g. employees only, clearly marked?	☐ Yes ☐ No ☐ N/A
1.3	Is there a written procedure for dealing with unauthorised visitors or intruders in the department and are all workers aware of this?	☐ Yes ☐ No ☐ N/A
1.4	Workers property - Do workers have the means to adequately secure their personal property?	☐ Yes ☐ No ☐ N/A
1.5	Is there a formal procedure in place for securing the department/premises when it is not in use, and do all workers, including cleaners, understand their roles?	☐ Yes ☐ No ☐ N/A
2. Workplace Violence & Aggression		
2.1	Is there a risk assessment in place for workplace violence?	☐ Yes ☐ No
2.2	Have all workers received the appropriate level of training, including update training, in the management of workplace violence and aggression?	☐ Yes ☐ No
2.3	Is there a written contingency plan / action card if violence is threatened or breaks out?	☐ Yes ☐ No
2.4	Are all relevant workers familiar with these plans and their individual roles in it?	☐ Yes ☐ No
2.5	Is the wearing of jewellery kept to a minimum to avoid risk of injury to both the worker and patient i.e. no looped earrings, rings - only a single plain band, no bracelets, no necklaces etc.	☐ Yes ☐ No
2.6	Have steps been taken to minimise the risk from fixtures and fittings e.g. tables, chairs, waste bins, office equipment etc., being used as weapons?	☐ Yes ☐ No ☐ N/A
2.7	Are consulting rooms laid out in such a way as to allow workers to exit quickly in an emergency?	☐ Yes ☐ No ☐ N/A

2.8 Are suitable precautions in place to ensure the safety of all workers working in isolated areas i.e. treatment rooms, offices, etc.?		☐ **Yes** ☐ **No** ☐ **N/A**
2.9 Are workers protected by additional security measures where required e.g. screens, security lock, intercoms, CCTV?		☐ **Yes** ☐ **No** ☐ **N/A**
2.10 The following are possible triggers to violence and aggression - are they adequate?		
• Lighting ☐ **Yes** ☐ **No**	• Levels of noise ☐ **Yes** ☐ **No**	• Housekeeping ☐ **Yes** ☐ **No**
• Temperature ☐ **Yes** ☐ **No**	• Décor / colour schemes ☐ **Yes** ☐ **No**	• Seating ☐ **Yes** ☐ **No**
• Ventilation (fresh air / smells) ☐ **Yes** ☐ **No**	• Space – is there enough space per person to avoid overcrowding and allow 'personal space'?	☐ **Yes** ☐ **No**

3. Panic Alarms – if not applicable please 'X' and move to next section	☐ **Not Applicable**
3.1 Are alarms fitted where required?	☐ **Yes** ☐ **No**
3.2 Are these alarms easily accessible to workers?	☐ **Yes** ☐ **No**
3.3 Are the alarms easy to activate?	☐ **Yes** ☐ **No**
3.4 Are all workers trained in its use?	☐ **Yes** ☐ **No**
3.5 Are the alarms tested on a regular basis (minimum of monthly) and is this documented?	☐ **Yes** ☐ **No**
3.6 Do workers know how to respond if the alarm is raised?	☐ **Yes** ☐ **No**
3.7 Are there documented procedures in place for response to alarms?	☐ **Yes** ☐ **No**
3.8 Can the alarm be heard in all areas of the ward / department?	☐ **Yes** ☐ **No**
4. Patient/Client Care Plans – if not applicable please 'X' and move to next section	☐ **Not Applicable**

4.1 For each patient, is there a care plan that includes:			
- History of any previous violent and/or aggressive episodes?	☐ **Yes** ☐ **No**	- Known tendencies to challenging or violent behaviour?	☐ **Yes** ☐ **No**
- Early warning signs for violence?	☐ **Yes** ☐ **No**	- Effective de-escalation techniques that work with the person?	☐ **Yes** ☐ **No**

4.2	Is each care plan updated as circumstances/conditions change — e.g. after an incident investigation?	☐ **Yes** ☐ **No**
4.3	Are changes to care plans communicated to workers as they occur and on shift changeover?	☐ **Yes** ☐ **No**
5.	**Community and Home Workers** – if not applicable please 'X' and move to next section	☐ **Not Applicable**
5.1	Have all workers undertaking community visiting completed appropriate training?	☐ **Yes** ☐ **No**
5.2	Do all workers consistently observe safety precautions as per the Lone and Community Worker procedure?	☐ **Yes** ☐ **No**
5.3	Is there a procedure in place for 'missing workers?	☐ **Yes** ☐ **No**

6. If you have answered 'No' to any of the above questions, please list the action(s) necessary to adequately control the hazard (Change the No to a Yes) along with the person responsible and timescales.

No.	Action(s) Required	Responsible Person	By When (Date)	Date Completed

Name of Assessor:			
Designation of Assessor:			
Date of Assessment:		**Date for Review***	

*Maximum of 12 months or sooner if further actions are required in section 5

Regard printed versions of this document as out of date – The CapitalDoc document is the most current version