Policy Directive

Violence Prevention and Management Training Framework for NSW Health Organisations

Summary	This policy specifies the minimum standards for training delivered to staff across NSW Health and provides a consistent framework to enable staff to respond effectively to difficult, challenging, disturbed and/or violent behaviour of patients and visitors in the workplace.
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Audience	All staff

VIOLENCE PREVENTION AND MANAGEMENT TRAINING FRAMEWORK FOR NSW HEALTH ORGANISATIONS

PURPOSE

To ensure NSW Health staff, including managers, can develop the necessary capabilities to respond effectively to potentially aggressive, intimidating, threatening, disturbed or violent behaviour of patients and visitors in the workplace.

The policy specifies the expectations of what capabilities and skills staff, including managers, are expected to have in the prevention and management of these behaviours.

This policy aims to:

- keep NSW Health staff, patients and visitors safe from aggressive, intimidating, threatening, disturbed or violent behaviour

- support the NSW Health Zero Tolerance to Violence Policy and Protecting People and Property Security Manual

- support NSW Health organisations to meet their work health and safety legislative obligations, including information, instruction and training needs

- provide a consistent framework for training across NSW Health

- ensure that the threat of workplace violence is managed as a significant workplace hazard, within a risk management framework.

MANDATORY REQUIREMENTS

NSW Health organisations must ensure staff, including managers, temporary staff and staff who work in rotating arrangements such as Junior Medical Officers, have appropriate access to training to ensure they have the necessary knowledge and skills to prevent and respond to potential and actual aggression and violence.

Training must cover, as a minimum, the content and learning outcomes outlined in the Procedures. NSW Health organisations have a legal obligation to ensure all staff receive sufficient training, instruction and supervision to enable them to work safely. All staff must know how to recognise, respond to and report incidents of aggressive, intimidating, threatening, disturbed or violent behaviour.

NSW Health staff, including managers are expected to contribute to the achievement of a safe workplace by being aware of and acting in accordance with NSW Health policies and procedures regarding workplace violence, attending all necessary training, and participating in other relevant learning activities. This includes the reporting of all incidents into the incident management system (IMS).

A training needs analysis must be undertaken, and documented, to determine the level of training required by staff.

Training must be delivered to an audience that reflects the inter-professional / multidisciplinary nature of teams in the management of violence. Training must be supported by regular practice drills within the workplace to assist application of skills. Records of attendance at training, including the occurrence of drills, must be kept and training must be evaluated.

IMPLEMENTATION

Roles and responsibilities in relation to ensuring staff are skilled to deal with aggressive, intimidating, threatening, disturbed or violent behaviour:

Chief Executives are required to:

- provide overall direction for the implementation of violence prevention training and ensure that violence prevention training is monitored and evaluated

- direct adequate resources to training to ensure requirements for health and safety are met and that managers can meet their responsibilities

- nominate staff within their NSW Health organisation with formal responsibility for:

  ➢ identifying and assessing education and training needs of staff in regard to violence prevention and management

  ➢ coordinating the delivery of comprehensive multi-disciplinary training programs and learning activities consistent with the requirements of this policy

  ➢ identifying training resources required to deliver timely and adequate training

  ➢ arranging for the effectiveness of training to be evaluated.

Managers are required to:

- take action to prevent, manage, respond to and report violence in line with local procedures

- ensure the training needs of staff are identified, documented and addressed, and that staff are rostered to attend training

- inform staff of applicable workplace violence policies and procedures, and actively implement and require a practice of reporting incidents

- ensure that staff have opportunities to attend training, all staff are trained within three months of commencing employment, and that training is supported by regular practice drills in the workplace to assist with the application of skills. Records of the occurrence of drills must be kept.

- ensure that staff know specific procedures for dealing with workplace threats and emergencies, and how to contact security assistance

- ensure staff are wearing personal duress alarms at all times while at work, where they are provided as part of a risk control strategy (all staff working in ED must have a personal duress alarm)

- ensure duress alarms are tested and in working order, and order replacements where equipment is not working

- consider adequacy of training when investigating incidents.

All staff are required to:

- be familiar with local procedures for dealing with workplace threats and emergencies, and know how to summon assistance

- take all threats seriously and report all incidents

- co-operate with action to prevent, manage, respond to and report aggressive, intimidating, threatening, disturbed or violent behaviour in line with local procedures

- seek assistance as early as possible and before a situation escalates

- use the personal protective equipment provided to them e.g. wearing personal duress alarms at all times while on duty

- attend and comply with the requirements of the training provided.

REVISION HISTORY

Version	Approved by	Amendment notes
December 2017 (PD2017_043)	Deputy Secretary People, Culture and Governance	Updated policy, replaces PD2012_008.
January 2012 (PD2012_008)	Deputy Director-General Governance Workforce & Corporate	Updated policy, replaces PD2005_316
July 2003 (PD2005_316)	Director-General	Originally issued as Circular 2003/50.

ATTACHMENTS

1. Violence Prevention and Management Training Framework for NSW Health Organisations: Procedures

Violence Prevention and Management Training Framework for NSW Health Organisations

NSW Health
PROCEDURES

CONTENTS

1   BACKGROUND

1.1   Introduction

In the course of everyday interactions with patients and visitors, NSW Health staff may have to deal with incidents of aggressive, intimidating, threatening, disturbed or violent behaviour.

These incidents may involve:

- a threat of violence against staff (which may include verbal / non-verbal, intimidation) and / or

- some form of intimidation that may continue over time and / or

- actual physical violence with or without weapons.

NSW Health is committed to preventing work related injuries and illnesses by providing safe and healthy workplaces and systems of work for all staff.

A key priority is to prevent or minimise patient and visitor initiated aggression, intimidation, threatening, disturbed or violent behaviour by ensuring systems are in place to anticipate and / or assist in the management of these situations, to promote clinical communication, build a safety culture and support staff if an incident occurs.

NSW Health has adopted a zero tolerance response to all forms of violence on health service premises or any other place where health related activities are carried out, refer to *Preventing and Managing Violence in the NSW Health Workplace: A Zero Tolerance Approach* and the Security Manual *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities*.

The focus of violence prevention and management training, and the objective of this Training Framework, is to provide staff including managers with the most up to date knowledge, skills, strategies and techniques to assist them in preventing and managing workplace violence if it occurs or is threatened.

Therefore training must cover, as a minimum, the outcomes outlined in this Training Framework. These minimum standards will allow flexibility in the development and implementation of local initiatives, where this is appropriate. This approach provides standardisation across NSW Health.

Training plays a particular role in supporting implementation of the standards set out in *Preventing and Managing Violence in the NSW Health Workplace: A Zero Tolerance Approach* and the Security Manual *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities*.

However training is only one of the control measures required for prevention and management of violence. It is not a substitute for more comprehensive actions required as part of an ongoing program of security risk management aimed at eliminating or minimising violence e.g. facility design, access control, duress alarms etc. These requirements are outlined in the Security Manual *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities*.

1.2 Key training priorities

To enable staff, including managers, to respond effectively to aggressive, intimidating, threatening, disturbed or violent behaviour they require skills in:

- understanding the key components of a customer service approach when interacting with patients and visitors

- understanding the key causes and components of difficult, challenging or disturbed behaviour

- preventing violence occurring or escalating, and avoiding physical interventions as far as possible

- summoning assistance (e.g. by using duress alarms)

- responding to and understanding local incidents management and alarm protocols

- managing post-incident responses (including use of cascade of responses)

- reporting and reviewing aggressive, intimidating, threatening or violent incidents and the importance of feedback to support learning

- implementing strategies to minimise the risk of violence in high risk environments.

1.3 Key definitions

The following definitions apply for the purposes of this training framework:

NSW Health Organisation: Throughout this document the term NSW Health Organisation is used to mean: all public health organisations and all other bodies and organisations under the control and direction of the Minister for Health or the Secretary of NSW Health including:

- a Local Health District

- a statutory health corporation

- an affiliated health organisation in respect of its recognised establishments and recognised services, and

- Albury Wodonga Health in respect of staff who are employed in the NSW Health Service.

Violence: Any incident in which an individual is abused, threatened or assaulted.

Capability: The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a profession/occupational area.

Restraint: For the purposes of this policy, restraint should be taken to mean physical restraint of a patient by staff, or by a restraint device, in order to protect the patient or others from harm.

2   VIOLENCE PREVENTION TRAINING

It is essential for staff, including managers, who may be involved in preventing or responding to an incident of workplace violence to be provided with the capability to undertake this role in a safe and expert way. Managers must ensure all staff receive sufficient training, instruction and supervision to recognise, de-escalate and where necessary safely withdraw from potentially violent situations. This must include staff who work in roles that involve rotating into different work environments e.g. Junior Medical Officers.

Training must be supported by regular practice drills within the workplace to assist application of skills. Records of the occurrence of drills must be kept. Effective supervision and instruction and investigation of incidents all provide important opportunities to reinforce learning and skill application. Likewise reinforcing safety and security awareness at key times in the workday, such as safety huddles, during handover and at staff meetings will help to reinforce learning outcomes.

Training in workplace violence prevention and management will vary according to different roles and working environments and must reflect the level of risk of violent incidents occurring that is present in the workplace and the role staff are expected to undertake in preventing, managing and responding to violent incidents. The minimum standards for the knowledge and skills to be developed in staff are detailed in Section 2.3 of this procedure document.

2.1   Principles underpinning training strategies

All training strategies will be based around the following principles:

- Staff have a right to a safe workplace.

- All staff and managers contribute to a safe workplace.

- Patients and the community have a right to be safe when they are in a facility.

- Violence and aggression are not an acceptable part of anyone's job.

- Treating people with respect is a core value and expectation.

- Management will support all staff to minimise the risk of violence.

- All violent incidents will be managed and a response provided.

- All violent incidents will be investigated.

- Management will provide support for staff where there has been an incident.

- All incidents of threatened or actual violence must be reported.

- A risk management approach must be taken to dealing with violence.

- Early intervention or identification of the potential for violence is preferable to having to deal with an aggressive, intimidating, threatening or violent incident.

2.2   Determining categories for staff

The category staff are assigned, and therefore the violence prevention and management training required, must be informed by the documented safety and security risk assessments undertaken for each workplace.

Risk assessments will identify the level of risk of violence and set out the controls to be put in place to eliminate or manage the risk of violent incidents. This information will assist in determining the category (as set out below in Section 2.3) that is to be attributed to staff in a working environment.

In determining the training required by staff within a category, regard must be given to the level of experience and familiarity with violence prevention and management strategies already held by staff.

2.3   Program delivery: Standards for categories of staff

Violence prevention and management training should reflect the following minimum standards.

2.3.1   Standards for Category 1 staff

Category 1 staff are those identified as being potentially at risk of workplace violence. They must receive training to become capable in the following:

- understanding violence, the zero tolerance policy and key components of aggressive, intimidating, threatening, disturbed or violent behaviour

- customer service principles and application, including the need to be reasonably identified by patients and visitors e.g. name badges

- dealing with difficult people over the telephone

- identifying and applying strategies available to them for risk management to prevent violence

- identifying and selecting appropriate response options if confronted with violent behaviour

- identifying aggressive behaviour that may escalate to violence if not managed

- giving priority to both personal safety and the safety of others when confronted with aggressive, intimidating, threatening, disturbed or violent behaviour

- using verbal and non-verbal communication strategies to defuse violent behaviour where appropriate

- identifying when, how and who to call for assistance

- knowing the location of fixed duress alarms, understanding the obligation to wear personal duress alarms at all times while on duty where they are provided as part of a risk control strategy (all staff working in ED must have a personal duress alarm) and knowing how to use the personal duress alarm unit

- understanding and utilising the emergency and duress protocols in place in their workplace

- drills simulating the activation of an emergency e.g. fire

- understanding the roles and tasks of the various staff involved in responding to an aggressive incident as set out in their local procedures

- understanding the policies and procedures for reporting and record keeping protocols relating to the Incident Information Management System (IIMS) and the Zero Tolerance to Violence mandatory reporting

- using personal reflective practices about how an incident was managed

- understanding the incident investigation process and the role of staff in the process

- understanding policies and procedures for obtaining medical care, counselling, workers' compensation or legal assistance after a violent incident

- identifying available support services following a violent incident

- identifying how management can provide post-incident support services, including Employee Assistance Program (EAP) and workers compensation.

2.3.2 Standards for Category 2 staff

Category 2 staff are those identified, following a risk assessment, as working in high risk areas.

High risk workplaces may include (but are not limited to) Mental Health, Emergency Departments, Aged Care, Midwifery and Early Childhood units, Maternity, Methadone clinics, Brain Injury clinics, Neurology wards, Community Health and Drug & Alcohol services. Other work areas may be identified, via the risk assessment process, as being at significant risk of experiencing violent incidents.

Category 2 staff must be trained to be capable in the following:

- All areas identified for Category 1 staff, plus the following additional areas:

1. Prevention

Staff must be trained to be capable in:

- understanding patients' feelings and perceptions

- identifying motivators and triggers for anger and distress

- recognising staff behaviour and communication style, and how this impacts on patients' behaviour

- using communication skills and use of strategies / techniques for de-escalation

- developing and delivering a therapeutic environment which engages the patient, and recognises the importance of the ongoing support of all staff

- advising staff and patients of service processes and expectations of NSW Health organisations.

2. Risk assessment and management

Staff must be trained to be capable in:

- identifying clinical conditions that can cause violent behaviour

- identifying characteristics and predictors of violent behaviour

- identifying factors that contribute to escalation of risk (e.g. diagnosis, expectations (reasonable or otherwise), environment (e.g. heat, noise, discomfort), poor interpersonal skills

- undertaking a risk assessment for a patient/person to identify the risk of violence and identify suitable strategies

- identifying changing levels of risk

- implementing strategies that will reduce violent behaviour

- knowing when to escalate response.

3. Basic physical safety

Staff must be trained to be capable in:

- recognising safe and danger zones in the workplace

- considering environmental variables in approaching patients, including the needs of other people in the immediate environment

- identifying and using personal safety strategies when responding to and managing an aggressive person

- using exit awareness in the physical work environment and strategies to be able to exit that environment if necessary

- using evasive and personal safety techniques.

4. Legal framework / policies and protocols

Staff must be trained to be capable in:

- understanding relevant legal requirements arising from the Work Health and Safety legislation, Mental Health legislation and in relation to the use of force, particularly in relation to detaining or restraining patients

- understanding policies regarding the use of force, particularly in relation to detaining or restraining patients

- utilising the least restrictive interventions related to level of risk

- understanding local workplace protocols and procedures.

Completion of the current HETI on-line modules titled *Violence Prevention and Management: Awareness and Violence Prevention and Management: An Introduction to Legal and Ethical Issues* and the 1-day *Personal Safety Program* would address the category 2 capability requirements.

2.3.3 Standards for Category 3 staff

Category 3 staff are those identified as being potentially involved with leading or undertaking the physical restraint of other individuals.

Staff working in high risk environments and those in security and duress response roles must be able to minimise the risk of harm to the safety of self and others arising from potential, imminent and actual aggression and be trained to, as a last resort, actively restrain a patient in a safe, effective, and least restrictive, manner in the event of actual violence.

Category 3 staff must be trained to be capable in the following:

All areas identified for Category 1 & 2 staff and the following additional areas:

1. Personal safety and protection

Staff must be trained to be capable in:

- assessing a situation and determining the best response/management strategy
- understanding own limitations
- utilising strategic withdrawal techniques
- identifying environmental and personal hazards
- utilising self-preparation techniques
- understanding team roles during and after a restraint event
- utilising organisation safety procedures e.g. duress teams and understanding their limitations.

2. Application of advanced communication and de-escalation techniques

Staff must be trained to be capable in:

- understanding their role in aggression minimisation
- utilising negotiating skills
- utilising non-coercive limit setting skills
- utilising advanced de-escalation skills.

3. Application of safe, therapeutic and least restrictive physical restraint techniques

Staff must be trained to be capable in:

- utilising the safe placement of force
- implementing immediate containment interventions
- identifying appropriate restraint techniques for the level of aggression across age groups (adolescents / adult / older persons), and special population groups, and use, as appropriate of mechanical restraint

- awareness of positional asphyxia, the population groups at greater risk and the early warning signs

- co-ordinating and participating in team restraint techniques

- disengaging, resolution and post restraint management techniques.

4. *Application of evasive and personal safety techniques*

Staff must be trained to be capable in:

- utilising evasive and personal safety techniques appropriate to level of aggression and available resources.

Completion of the current HETI on-line modules titled *Violence Prevention and Management: Awareness and Violence Prevention and Management: An Introduction to Legal and Ethical Issues*, <u>and</u> the 1-day *Personal Safety Program* <u>and</u> the 3-day *Team Restraint Techniques Training* <u>or</u> the *Emergency Department Violence Prevention and Management Program (EDVPM)* would address the category 3 capability requirements.

2.3.4 Standards for Category 4 staff

Category 4 staff are those who supervise Category 1, 2 and 3 staff. They must receive the appropriate training for their category, and in addition must be trained to be capable in the following:

- implementing risk management

- implementing incident investigation and reporting

- post incident staff monitoring and support

- post incident follow up

- understanding their responsibilities in preventing violence from occurring and understanding how risks are controlled

- developing procedures, in consultation with staff, to control or eliminate workplace violence.

2.4 Training delivery

The above Training Framework does not prescribe what learning strategy is employed nor its duration, these being issues for NSW Health organisations. The training could be provided as part of a dedicated training program, induction/ orientation or on the job training or a combination of these. Where possible a variety of training modes and flexible training delivery should be in place to meet the different needs of staff. *The choice of training mode is to be made locally.*

Staff should undertake the above relevant training within 3 months of commencing employment, delivered by a trainer with appropriate training qualifications.

2.5 Evaluation

Immediate

At the end of training, the capability of staff should be assessed using a range of assessment methods. This will vary according to the particular skill being assessed e.g. evasive techniques or restraint procedures would require the actual demonstration of the particular skill, whereas identifying when and who to call for assistance could be knowledge tested in the form of a multiple choice question.

Staff should also be asked to complete training evaluation and assessment forms as a mechanism for continuous improvement.

Longer Term

Managers must monitor violence risk controls, including the level of staff skills to ensure the workplace remains safe.

2.6 Monitoring

The Ministry may request information on the training strategies developed by NSW Health organisations.

The Security Improvement Tool, to be used to conduct security audits as set out in Chapter 8 of the NSW Health Security Manual *Protecting People and Property*, will specifically seek evidence that a training needs analysis has been conducted and in undertaking this analysis consideration was given to the security risk assessment for a particular workplace.

Managers are required to keep records of staff attendance at training, and the knowledge and skills they have developed.