GOOD PRACTICE

Managing the Risk of Violence in the Health and Disability Sector

GUIDANCE
FOR PCBUS

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Guide for persons conducting a business or undertaking on managing the risks of violence in the health and disability sector.

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Violence in the health and disability sector

KEY POINTS

- PCBUs must manage the risk as far as is reasonably practicable
- Good systems provide structure for managing risk
- Risk management in this area includes support and care for workers and patients/clients.

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1 Introduction

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Use a systemic approach to managing the risk of violent behaviour

This guideline is aimed at persons conducting a business or undertaking (PCBUs) in the health and disability support sector, to inform them of their duties under the Health and Safety at Work Act 2015 (HSWA). PCBUs are required to ensure the health and safety of their workers as far as is reasonably practicable, and to eliminate or minimise risks.

This guideline includes:

- an explanation of how the risk of violent behaviour in the healthcare workplace fits into health and safety legislation
- a PLAN-DO-CHECK-ACT approach to worker safety in the context of violent behaviour.

1.1 Background

Violent behaviour is an increasing risk to healthcare workers and community service providers. At 1.73 reported incidents per 100,000 workers, healthcare and social services has the second highest incidence of assaults causing injury. And the recorded number is likely far lower than the actual number of assaults in the sector, given low reporting and a culture of acceptance.

While some violent behaviour results in physical injury, threats and intimidating behaviour can cause just as damaging psychological effects, including loss of morale or confidence, and long-term psychological stress.

Investigations have shown that all parts of the health and disability support sector experience incidents of violent behaviour against workers. Violent behaviour against healthcare workers is a predictable health and safety risk, and should be managed in the same manner as any other.

Harm of any kind related to workplace violence must be treated as seriously as any other workplace harm. As with other workplace risks, it is the PCBU's responsibility to take reasonable measures to manage the risk of violent behaviour to workers or others in the workplace.

Although it may be harder to predict when violent behaviour will happen, there are many practical steps available to PCBUs to manage the risk without compromising patient care (see Section 4 of this guide). Such interventions can reduce the financial and social costs of work-related injuries, and will also help retain skilled and motivated workers, as well as enhancing patient care.

1.2 Scope

This guidance focuses specifically on healthcare and related parts of the social services and community sectors.

It provides practical advice for PCBUs of healthcare workplaces where people may be exposed to violent behaviour. Those workplaces, in the context of healthcare, could include:

- hospitals and outpatient clinics, including emergency departments
- residential treatment facilities including rest homes, hospices/palliative care facilities, and other long-term care facilities
- disability support and mental health facilities
- non-residential service settings including general practices, specialists' rooms, rehabilitation services (physical, mental, or psychological rehabilitation), small neighbourhood clinics, and mental health centres
- community care settings include community-based residential facilities and group homes
- home healthcare environments like home and community care, district nurses
- emergency response situations where first responders attend
- after-hours medical centres, pharmacies
- community care centres, and social services.

The World Health Organisation defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation".

However, violent behaviour can be unintentional, especially in a healthcare environment. Unconscious violence may occur as a result of:

- head injury or neurological disorder
- post-operative effects of anaesthesia
- blood level of toxins, glucose, septicaemia, electrolytes and oxygen
- side effects of medication or treatment
- alcohol or drug intoxication
- organic psychosis
- post-traumatic stress disorder (PTSD)
- dementia.

For these reasons, it is important to address each incident without assumption or prejudice, and to remember that a person may not be in control of their own behaviour or even be aware of it.

Furthermore, conscious violent behaviour can stem from acute fear, pain, grief, or communication issues.

For the purpose of this guidance, violent behaviour includes:

- physical assault
- verbal abuse
- psychological/emotional abuse
- use of weapons
- threats of harm and intimidation
- gender-based abuse
- sexual harassment, abuse, and assault
- racial abuse

The perpetrators and victims of violent behaviour could be workers, whānau/family, visitors, or strangers. Integrating violence management into your health and safety management system

All PCBUs should have a documented health and safety management system (HSMS). This is an established set of processes to manage health and safety and maintain a high safety standard in the workplace. An HSMS should include:

- policies that show an over-arching commitment by PCBUs and workers to focus and improve upon safety and health
- clear activity schedules and improvement plans
- good documentation and records-keeping
- clear allocation of responsibilities
- safe work procedures
- employee participation in every level of safety management
- risk management
- workplace inspections
- emergency procedures
- equipment maintenance
- incident investigation and reporting
- contractor and sub-contractor management
- recruitment and training
- management of hazardous substances
- monitoring and auditing the safety management system on a regular basis to confirm that it works.

An HSMS should be integrated into every other part of the business or organisation; it's not an add-on. For example, staffing is a larger part of the business, and has its own processes and principles, but should include health and safety when considering fitness for work, rostering, training in safe work procedures, and support of workers whose health or safety is impacted by work.

The health and safety risks that arise from violent behaviour need to be managed within your HSMS. Where a company or organisation has operations on several sites, it's vital to tailor systems to the needs of each. Cover the risk of violent behaviour and its management as part of the HSMS, in induction, training, and regular reviews, so workers know the risks and how they're managed. Test emergency response regularly with workers.

Ensure communication is consistent for every part of your HSMS. Engage workers, health and safety representatives, and other representatives in its development, and make sure they're involved in and up-to-date with any changes to the systems.

WorkSafe New Zealand encourages PCBUs to use the PLAN-DO-CHECK-ACT approach described in Figure 1.


4
ACT
Take action on lessons learnt
- Regularly review the effectiveness of control measures at scheduled periods.
- Review incidents or near misses and talk to your workers to check that the control measures are effectively eliminating/minimising work risks.
- Use the results of your reviews, investigations into incidents or near misses, and monitoring results to continuously improve control measures.
1
PLAN
Assess risk and identify control measures
- Identify hazards that could give rise to work-related health and safety risks.
- Assess work risks to decide which risks to deal with, and in what order.
- You must eliminate or minimise risks so far as is reasonably practicable.
- Engage with your workers and their representatives when identifying and assessing risk, and when making decisions about the ways to eliminate or minimise the risks.
3
CHECK
Monitor performance of control measures
- Implement appropriate means for workers to report incidents, near misses or health and safety concerns.
- Monitor workplace conditions and worker health so far as is reasonably practicable.
- Engage with your workers and their representatives when making decisions about procedures for monitoring.
2
DO
Implement control measures
- Implement control measures that effectively eliminate or minimise the risk.
- Give preference to control measures that protect multiple at-risk workers at the same time.
- Personal protective equipment (PPE) should not be the first or only control measure considered.

Figure 1.

2 HSWA duties

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PCBUs must ensure the health and safety of workers and other persons, and engage workers in every stage of risk management

2.1 Who has health and safety duties?

HSWA is New Zealand's key work health and safety legislation. It sets out most of the relevant work health and safety duties that must be complied with. All work and workplaces are covered by HSWA unless specifically excluded.

WorkSafe New Zealand (WorkSafe) is New Zealand's primary work health and safety regulator.

Under HSWA, everyone at a workplace has health and safety duties. There are four groups of people that have duties under HSWA – PCBUs, officers, workers and other persons at workplaces.

A positive and robust health and safety culture begins at the board table and spreads throughout an organisation. All influential stakeholders must be involved and accountable for workplace health and safety. Such a culture can add significant value. It can lead to the organisation having a good reputation for being committed to health and safety, engaged and more productive workers, decreased worker absence and turnover, and workers participating positively in risk management. Also, it can potentially deliver increased economic returns.

2.2 Managing risks under HSWA

Risks to health and safety arise from people being exposed to hazards (anything that can cause harm).

A PCBU is expected to manage work risks effectively. You must understand how to manage any changes to work processes or organisational changes that may increase risks, and make sure any new risks are managed. You must engage with your workers and their representatives when identifying risks and making decisions on how to manage them.

Under HSWA, risks must be eliminated so far as is reasonably practicable. If a risk can't be eliminated, it must be minimised so far as is reasonably practicable.

'**Reasonably practicable**' means doing what is reasonably able to be done to ensure health and safety, having taken into account and weighed up all relevant matters, including:

- how likely the hazards or risks are to occur
- how severe could the harm that might result from the hazard or risk could be
- what a reasonable person knows or ought reasonably to know about the risk and the ways of eliminating or minimising it
- what measures exist to eliminate or minimise the risk (control measures)
- how available and suitable are the control measures(s)

Lastly, what is the cost of eliminating or minimising the risk and is it grossly disproportionate to the risk. Cost can only be used as a reason not to do something when it is grossly disproportionate to the risk.

For further information, read WorkSafe's fact sheet *Reasonably Practicable*.

2.3 What is a PCBU?

A PCBU is a 'person conducting a business or an undertaking'. It's a broad concept used throughout HSWA to describe all types of working arrangements.

- Businesses are usually conducted to make a profit – for example, a company or self-employed person.
- Undertakings are usually not profit-making or commercial – for example, a community centre or charity hospice.

Within the healthcare sector, a PCBU could be any person or organisation that either directly employs or supervises, or contracts others to employ or supervise, a worker to provide private or publicly funded support, assistance and/or healthcare.

Examples could be District Health Boards (DHBs), primary care providers, specialists operating their own practices, owners of private aged care residences, individuals engaging their own care workers, home support organisations, private medical and surgical services, rehabilitation services, emergency services, visiting services, rest homes, and disability support services.

A PCBU's duty is to ensure, so far as is reasonably practicable, the health and safety of workers while at work, and that no other people are put at risk by the PCBU's work. This is called the 'primary duty of care'. An effective HSMS can help you to make sure that everyone comes home from work healthy and safe.

PCBUs also have a duty to provide information, supervision, training and instruction to workers. This is so that workers understand the risks they are being exposed to, and how those risks are to be managed.

2.4 Working with other PCBUs

More than one PCBU can have a duty in relation to the same matter (overlapping duties).

PCBUs with overlapping duties must, so far as is reasonably practicable, consult, co-operate and co-ordinate activities with other PCBUs so that they can all meet their joint responsibilities. PCBUs do not need to duplicate each other's efforts.

No one can contract out of their duties under HSWA, but can enter reasonable agreements with other PCBUs to meet duties. However, all PCBUs retain the

responsibility to meet their duties. The PCBUs should also monitor each other to ensure everyone is doing what they agreed.

The extent of the duty to manage risk depends on the ability of each PCBU to influence and control the matter.

In the context of healthcare, when care recipients are transferred from the care of one PCBU in to another, there can be confusion, a lack of information, stress to the patient/client or workers. This could increase the risk of violent behaviour.

An example of overlapping duties could be a memorandum of understanding between emergency services and a DHB as to how they will collaborate and meet their duties in the emergency department. This could include the information the emergency service would provide to emergency department (ED) workers at patient transfer, who would have primary control of the patient at different times and in different areas, and what records would be generated by each party after the fact.

For further guidance on overlapping duties see WorkSafe's guide *Overlapping duties.*

2.5 Officers

An officer is a person with a specific role in an organisation (such as a company director) or a person with the ability to exercise significant influence over the management of the business or undertaking. Organisations can have more than one officer.

Officers have a duty to exercise due diligence to ensure the PCBU complies with their duties under HSWA. As part of this duty, officers must ensure the PCBU has appropriate systems in place to meet their health and safety duties, including proper delegation of officer responsibilities to appropriate and competent persons.

Officers in the healthcare sector could include:

- a CEO or Board member of a DHB
- board members, directors, trustees and senior managers of any healthcare
- service, including volunteer services that employ workers
- governance groups reviewing incidents, signing off initiatives, or otherwise leading the work
- people holding personalised funding budgets who employ their own workers.

A person who only advises or makes recommendations to an organisation's officer is not an officer.

For guidance on how to manage work risks: see WorkSafe's quick guide *Identifying, Assessing and Managing Work Risks.*

2.6 Worker engagement, participation, and representation

Everyone at a workplace can help to make it a healthy and safe place to work. All PCBUs must involve their workers and health and safety representatives in workplace health and safety matters by:

- engaging with workers on health and safety matters that may directly affect them, so far as is reasonably practicable
- having worker participation practices that give workers reasonable opportunities to participate effectively in improving health and safety on an ongoing basis.

A healthy and safe workplace is more easily achieved when everyone involved in the work communicates with each other about hazards and risks, talks about any health and safety concerns and works together to find solutions. This is particularly important in a sector where workers can work alone, remotely, in a changing environment, and at night. PCBUs need to ensure that these workers are just as involved and engaged.

Having worker representatives is one way for workers to participate. Well-established ways to do this include having health and safety representatives (HSRs), health and safety committees (HSCs) and unions. Other representatives can include community or church leaders. Worker representatives should be elected by the workers and workers should be involved in deciding how worker engagement and representation should be organised.

PCBUs must engage with workers and HSRs by:

- finding out how health and safety issues affect how they organise, manage, and carry out their work
- sharing information and taking worker views into account
- involving them in the decision-making process when you are identifying, assessing, and deciding how to deal with work risks
- encouraging them to share ideas about what should be included or updated in health and safety documents
- including people with a range of technical, clinical, and operational knowledge and experience.

Workers' suggestions lead to better and safer ways of working. Managers should meet workers frequently to discuss health and safety issues, and to respond quickly to the safety suggestions and concerns they raise. One way of doing this is by putting safety issues as a standard item on routine meeting agendas, and assuring workers that concerns will be received positively and proactively, and confidentiality respected where necessary.

For further guidance on worker engagement, participation and representation see:

> WorkSafe's good practice guidelines *Worker Engagement, Participation and Representation*

> WorkSafe's interpretive guidelines *Worker Representation through Health and Safety Representatives and Health and Safety Committees*.

3 Risk identification and assessment

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Assess each risk you identify, and apply the control measures that are most effective and appropriate

The first step in risk management is to identify hazards at the site, or in the case of planning a new site, thinking about eliminating hazards through design. Look at the whole operation, including overlaps with other PCBUs, from a high level and work down.

In the case of violent behaviour, look at the factors in the workplace which could trigger or escalate a confrontational situation, or prevent workers or others from being safe. Tense situations can be worsened by overcrowding, patients or whānau/family/families under stress, poor facilities, lack of information about new patients, cultural insensitivity or training gaps.

Establish that verbal abuse and threats are considered violent behaviour – identifying that level of behaviour early and putting controls in place to manage or limit it could mean more serious situations are avoided.

3.1 Identifying the potential for violent behaviour

For risks that have unacceptable outcomes (such as the potential for a person to die or be seriously harmed as a result of violent behaviour), even if they have a low likelihood of occurring, you should look at credible worst-case scenarios. To work out how violent behaviour poses a risk to your workers or others:

- look at previous incidents in your organisation. Any threatening behaviour (including written and verbal threats, such as on social media) should be taken seriously
- ask your workers about any experiences they have had or heard about – you must engage with your workers when identifying risks
- find out what similar organisations have experienced.

Set up clear processes from the start of every new patient/client relationship. patient/client assessment can help to identify the risk, and allow control measures to be put in place from the get-go.

Be aware that violent behaviour may not come from the client, but from a friend or whānau/family member, a passer-by, or even another worker.

Risk identification needs to be repeated consistently and frequently to identify emerging risks (new drugs, equipment, facilities or environment, and for every new client).

3.2 Assessing the risks

PCBUs must assess the risks of violent behaviour causing harm. This means assessing likelihood and consequence.

Think about:

- who might be exposed to violent behaviour
- what the potential consequences of exposure to violent behaviour are (eg what severity of injuries or ill-health could result? Could harm be cumulative over

multiple incidents? Could injuries have long-term, life-changing effects? Could victims suffer debilitating long-term trauma? Is there a risk of death?)

- how likely the consequences are (eg very likely, likely or unlikely under usual business conditions).

You must decide which control measures are most appropriate. We recommend that you apply the hierarchy of controls as described below to choose the most effective control measures in your circumstances.

The first step in the hierarchy of controls is to try to eliminate risks so far as is reasonably practicable. If elimination is not reasonably practicable, the risk needs to be minimised, so far as is reasonably practicable. The hierarchy is shown below.

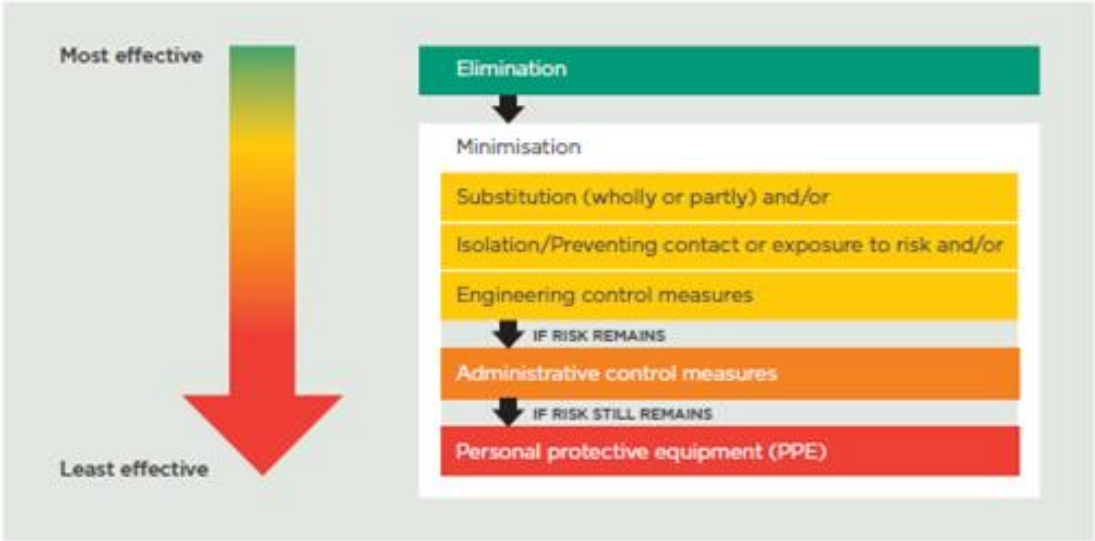

Figure 2.

For further guidance on risk management, see:

> WorkSafe's interpretive guidelines *General risk and workplace management - part 2*

> WorkSafe's quick guide *Identifying, assessing, and managing work risks*

4 Risk management

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Embed risk management into every part of the workplace

Once planning and assessment are complete, it's time to put in place the control measures. If elimination is not practicable, you need to minimise that risk, so far as is reasonably practicable.

Systems and processes to manage the risk of violent behaviour should be integrated into your larger HSMS. They should include:

- a policy of management and organisational commitment
- smart safety-focused facility design (where possible)
- clear allocation of responsibilities
- worker participation
- adequate staffing, training, and assessment
- high quality of service to the patients/clients
- emergency planning
- incident reporting and investigation
- support, rehabilitation, and return to work planning
- evaluation and review of the system and processes.

4.1 Policies

Develop a policy statement which makes a strong commitment to violence prevention. It should include clear aims and performance targets. The policy statement should be reinforced through periodic review and involvement of management.

The policy should be part of an organisation's broader set of health and safety policies, and should be integrated with existing business strategies and policies and the larger HSMS, covering general health and safety for workers, patients/clients, whānau/family and family, visitors and the general public.

It's important to emphasise that violent behaviour is unacceptable and should not be seen as "just part of the job". Violent behaviour is underreported because it's normalised, and that's a cultural problem.

All violent behaviour including verbal abuse is unacceptable, but "zero tolerance" policies can be problematic in a healthcare environment. Zero tolerance can work for visitors and workers, but not for patients relying on care to live. Also consider the cause – should a rest home resident with advanced dementia or someone with severe PTSD be punished and denied care for reactions they had when confused? Each incident should be treated individually, and policies should reflect that. Policies should be developed with worker involvement, and any policy changes should be communicated to workers.

4.2 Leadership

Senior management need to be 'visible' in providing strong leadership for workplace health and safety. They need to acknowledge the value of a violence-free workplace as

well as workers' right to a safe working environment. They must also understand that they cannot contract out of their duties under HSWA.

PCBUs of large enterprises like DHBs and national residential care companies could establish governance groups that meet regularly to review data, review serious incidents, sign off on initiatives and generally guide and lead the work.

In large organisations, there are often established teams or managers with overall responsibility for monitoring health and safety operations across the entire organisation. Health and safety managers need adequate resources as they need to be an integral part of the organisational culture of safety. The managers should provide input into all training programmes to ensure hazard identification and workplace safety are included.

Other key roles for health and safety managers are meeting workers frequently to discuss safety issues, and responding quickly to safety suggestions and concerns raised by workers.

In any organisation, workers should know who is responsible for workplace health and safety, and that they can be consulted by anyone.

Leadership includes support for the promotion of a safety culture generally, and specifically where workers are encouraged to raise issues and participate in solutions. This includes:

- enacting recommendations by HSRs
- providing effective training for new workers
- including health and safety issues in organisational communications
- making counselling and support available to workers who experience or witness violent behaviour
- involving workers in safety reviews and decisions
- ensuring rostering does not compromise safety
- investigating and responding to incidents and concerns constructively
- communicating information on safety performance indicators
- strong recruitment and procurement systems.

Engaging people to manage health and safety, or assigning it to specific people does not detract in any way from the PCBU's duties or officers' obligations – those duties cannot be delegated or contracted out.

It's also worth noting that leadership is not just management; workers can have leadership roles in safety management, and should be empowered to do so, as part of their participation in risk management.

4.3 Facility design

This section applies to in-patient care services and may not be applicable to community-based service providers.

Whether planning a new facility or undertaking minor renovations or a major upgrade of an existing facility, there are opportunities to make the workplace safer. For facilities with limited resources, and for home-based care, upgrading existing facilities is often the most feasible option. If there's budget for renovations, consider safety improvements.

There are also likely to be other benefits, such as improvements in the quality of care, increased worker morale and decreased associated costs. There are also potential benefits for clients.

Facility design elements that can help to manage the risk of violent behaviour include:

Access

- provide safe access and quick egress from the workplace
- minimise multiple areas of public access to healthcare facilities
- place security services at the main entrance, near the visitors' transit route in emergency departments
- locate workers 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 workers 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 workers with 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.

Fixtures and fittings

- provide good lighting
- provide an environment with 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
- address the issue of "black spots". These are the areas that either promote violent behaviour by confining people into tight spaces, or by restricting egress from a hostile situation
- ensure interview rooms have two exits (to avoid anyone becoming trapped) and viewing windows so that other workers can intervene if necessary
- ensure treatment rooms in emergency service areas are apart from public areas
- keep noise levels to a minimum to reduce stress, irritation, and tension
- use calming colour schemes and noise-dampening materials
- 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 workers and the public at large
- isolate potentially dangerous equipment, chemicals or medication supplies (i.e. locked cupboards where appropriate)
- install closed-circuit TV where oversight may be required in geographically difficult or distant parts of the building
- 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
- provide adequate security lighting and security escorts for evening or night workers.

4.4 Staffing

Many tasks require more than one worker, and working in pairs or more can decrease the chance of a confrontation. It's vital that adequate workers are employed and rostered on, for a calmer workplace, and for support in the case of an incident. It's also important to have enough workers to accommodate leave being taken. Rostering should take into account enough time for workers to get to their jobs and complete tasks

Rotate workers who do dangerous and/or unpleasant tasks or who are new to the job, and introduce team care or buddying in situations where risk is unknown or high.

Fit the right worker to the job. Make sure workers are physically able to undertake the tasks they are employed to do. When recruiting, ensure the job description clearly states when a role requires a certain level of fitness or strength. Re-assess workers if their health changes. For example, following injury or if their physical condition changes. Identify new employees' capability and training needs before they begin work, and ensure they're not given tasks outside of their ability or training.

Be aware of patient/client preferences around language and culture, and avoid situations where specific risks have been identified. This could be a matter of identifying religious or cultural sensitivities, or even a matter of recognising prejudice and avoiding situations that trigger it.

4.5 Training

Effective systems for training workers are crucial for developing a culture of safety. Training programmes and workshops should cover the range of technical skills needed to identify hazards and risks in the workplace and the use of procedures that reduce those risks**.**

All workers entering this sector should receive relevant and adequate training both at entry (induction) and at regular intervals as relevant. Training should also reflect the nature of incidents reported in that unit and should cover aspects of self-protection and self-preservation, including reminding the worker of their right to refuse dangerous work.

Training in the management of workplace violence should be undertaken before exposure to potential hazards and followed by refresher training within the first year. Worker

When is training needed?

Training should be provided in the following instances:

- when a new worker starts
- when courses for existing workers need updating
- when a worker is transferring from one area of care to another
- whenever assessment or performance review identifies a need for refresher training
- as remedial action following an incident or near miss
- for workers in areas that require techniques or equipment that are more specialised, for example, care of clients with spinal injuries.

What training is needed?

Provide training for all workers that covers:

- the workplace violence prevention policy
- risk assessment
- resilience
- de-escalation and disengagement
- non-injurious break-away techniques
- conflict management and negotiation skills
- recognition of early warning signs and appropriate ways to respond to them
- responses to violent situations need to be tailored to individuals and specific circumstances
- progressive behaviour control methods
- restraint methods in accordance with NZS 8134: 2008 Restraint Minimisation and Safe Practice and any related sector standards (restraint can only be done where there is a clear restraint policy)
- emergency plans
- incident reporting
- support mechanisms in place for workers affected by violent behaviour
- responsibilities and rights under the Health Information Privacy Code (HIPC).

For supervisors, managers, HSRes, provide information, education and training that covers:

- identifying when a worker's performance or behaviour indicates the presence of stress or likelihood of violent behaviour
- support for workers after an incident, which may include counselling, alternative duties, Worker Assistance Programme, etc.
- creation of a supportive environment
- give workers knowledge of specialist support resources for difficult situations and provide peer support
- provision of debriefing systems
- rostering issues and emergency response planning.

Training session outcomes

At the conclusion of a training session, keep a record of each trainee's attendance and outcome, and provide a *certificate that verifies their participation in training.

Trainees should be assessed on the knowledge and skills taught in the session by the trainers. Trainees can also do self-assessments or peer assessments of their skills.

Evaluation of training sessions and workshops

Trainers should routinely gather feedback from trainees so that the person coordinating training and the trainers can assess the effectiveness of the training sessions. This can be done using a brief evaluation form handed out to participants at the end of the training session.

4.6 Patient/client assessment

Minimise the risk of violent behaviour by ensuring that clients are placed in organisations with the ability to cope with them, cared for by workers with appropriate and adequate training and experience. When a new patient/client is to arrive, try to find as much information as possible, to identify clients with a history and likelihood of violent behaviour. Rule 11 of the HIPC provides clear guidance on the rules around disclosure of health information including when transferring a client.

Obtain a current medical report from the referral agency, general practitioner, psychologist or psychiatrist. Talk to those with recent responsibility for the patient/client (e.g. caregivers, family), to get as much information as possible

Include identification of any behaviour change in regular checks and assessments, communicating them to other workers. patient/client notes 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 patient/client record that suggests the potential for violent behaviour?
- if you are aware of incidents, how frequent are they?
- do whānau/family or support people report a history of violent behaviour or abuse in the recent past?

Risk information and management plans should be kept in an easily accessible place for all workers, including those that may be covering for others. Part of their process should include ensuring that this information is not only current but also regularly updated.

Consider the cultural factors (e.g. culturally inappropriate behaviour of worker) that may escalate or de-escalate patient/client aggression.

Tailor care approaches to each new patient/client individually, taking into account potential triggers and early warning signs, and what might calm them. The emphasis of patient/client assessment needs to be on what can support the person to behave appropriately.

The new patient/client and whānau/family should also be advised of the current policies and procedures of the Health provider in relation to the management of violent behaviour."

4.7 Transfer of information

A number of incidents of violent behaviour have resulted from the non-transfer of information between agencies and to individual workers. For example, a health provider or social agency has not transferred information to a home-based or residential care organisation.

A number of reasons were cited in these cases for the failure to warn of the risk. These included:

- inadequate or not regularly updated clinical assessment or patient history
- inadequate documentation at the start of care
- referral agencies reported they were too busy
    - workers in some healthcare organisations did not believe that it would be responsible to pass on certain information on the grounds that the 'downstream' caregivers were unable to handle it or didn't need to know
- workers feared repercussions from the misapplication of the Privacy Act and the HIPC
- the organisation may have wished to place a patient/client with another organisation and therefore did not pass on information seen as likely to compromise the placement
- the 'upstream' care-giving organisation may not have taken steps to obtain patient/client consent when the information was initially being gathered for subsequent passing on to 'downstream' caregivers
- emergency admissions without the right skill mix, appropriate care provider or understanding of patient/client needs.

The normal care and precautions concerning the supply of patient or patient/client information apply but information relevant to the safe and proper care of patients or clients, including information concerning risks posed to worker wellbeing, is a necessary part of quality patient care and adequate employer health and safety management.

Consistent with provisions of the HIPC:

- Referring agencies need to provide adequate information to permit comprehensive risk identification and ongoing support plan development.
- Where a group of providers are involved in the provision of support to a client, mechanisms should be in place to enable exchange of relevant information.
- Pass information on any incidents of patient/client to downstream caregivers.

Where there's a breakdown in communication between agencies, it can be an opportunity to revise those processes and feedback to the source agency, at both individual and management levels. They may not have been aware of a risk or omission, and notification can ensure that they put in place safety measures for themselves and any future service providers.

Also consider communication within an organisation. Homecare or shift workers may not attend regular meetings where health and safety is a standing topic, so the PCBU needs to ensure other communication channels to ensure those workers get new information and regular reminders about things like reporting near misses.

4.8 Safe work practices

It's important to set up a system of safe work for your workers, and processes and rules that keep them safe at work. This includes training, communication, and codes of conduct to clearly signal what is expected of them. These should cover:

- clothing appropriate to the work
- emergency response devices and personal communication devices
- information gathering and recording, especially regarding patient/client behaviour changes
- communication styles
- clear lines of retreat and emergency response
- the right to refuse dangerous work.

Where appropriate:

- signpost areas for workers, patients, and visitors
- use signage to identify areas of special risk or restricted areas
- ensure that higher risk areas are visible at all times
- provide easy egress from areas where violent behaviour may occur
- install other security devices such as cameras and good lighting in hallways
- provide emergency exits

Provide clear messages to patients/clients and their visitors that violent behaviour is unacceptable and has consequences.

4.9 Home and community care

Community service providers are a particularly vulnerable group. They often work in isolation and within premises that cannot be designed with the safety of the service provider in mind. They may not know who else is present when they arrive, or what safety risks there are on the property.

What can PCBUs do?

The best protection an employer can offer is to establish a zero tolerance policy towards workplace violence. Ensure all workers know the policy and understand that all claims of workplace violence will be investigated and remedied promptly. The employer has the right to decline referrals when the risk to worker safety is regarded as unacceptable. New clients should only be accepted after pre-assessment of the property and people involved.

Develop policies and procedures for home healthcare visits, and ensure the client and any whānau/family members at the address are made familiar with them. Make it clear the client needs to manage risks to worker safety when identified (eg locking away guns, kennelling dogs.) Make sure they understand that care can be withdrawn if the client refuses to manage those risks.

Set a standard for conduct during home visits, the presence of others in the home during visits and the worker's right to refuse to provide services in a clearly hazardous situation.

Provide training for workers so they know what conduct is not acceptable, what to do if they witness or are subjected to violent behaviour, and de-escalation and conflict resolution.

Establish a daily work plan for field workers that requires workers to keep a designated contact person informed of their location throughout the day. Have the contact person follow up if a worker does not report in as necessary.

Instruct workers not to enter any location where they feel unsafe. Introduce a 'buddy system' or provide a security escort or police assistance in potentially dangerous situations or at night. Develop strategies for workers to escape unsafe situations.

Workers need to be able to access rapid support, which has implications for both the issue of communication devices and plans that enable the rapid deployment of assistance. Equip field workers with cell phones, GPS tracking, and hand-held alarms or noise devices.

4.10 Emergency services

Emergency workers, whether in emergency departments or with services like ambulance, fire, or emergency, often don't have information about the potential for violent behaviour when attending an emergency call-out or seeing an emergency patient.

In ambulances or aeromedical environments, the risk of violent behaviour is worsened by the confined space. Existing conditions may be triggered by being in a confined space.

Extra security in emergency departments can help, and should be considered. Clear expectations should be given to patients and whānau/family as to what kind of behaviour will not be tolerated.

Emergency service providers need to be aware of the increased risk to their workers and ensure they have frequent debriefs, strong reporting processes, training in de-escalation, negotiation and conflict resolution, and counselling available whenever it might be needed.

In very high-risk situations it is also possible that emergency workers are held back from a scene or from treating a patient. PCBUs should be clear that the protection of their workers is of paramount importance.

4.11 Emergency planning

No matter how robust your systems and procedures are, everything changes in an emergency situation. Therefore, it's vital to include an emergency plan in your HSMS. Emergency plans must be maintained, and should be tested at least yearly, and whenever there are changes to the work place or safety systems.

Have a 'check-in system' whereby workers are all accounted for at the end of each shift and procedures to follow if someone does not check in.

Develop emergency signalling, alarm and monitoring systems as appropriate, and test periodically (make sure that other workers are available to respond to alarms). Have a mixture of personal and wall-mounted alarms so that workers have a variety of options

to summon assistance. Hospitals and larger commercial workplaces could develop lockdown plans.

Ensure there are first aid supplies available to workers, and that these are maintained and refilled as necessary.

Test these systems regularly and measure the response time to ensure that intervention occurs before serious harm can be inflicted.

Have a policy on when complaints should be laid with the police, which is agreed to by the local police. The police can file criminal charges for all violent behaviour, verbal and physical. However, that may not be fair where violent behaviour is unconscious; for example, in a person with advanced dementia.

5 Incident response

IN THIS SECTION:

1.1 Title
1.2 Title
1.3 Title

Managing the impact of a violent incident can take time and need consistent and genuine commitment

Your emergency plan may give a series of steps to go through when an incident occurs, including calling the Police, de-escalating and containing the situation, and providing medical attention to anyone hurt.

There's a larger context to consider, as violent behaviour can cause significant psychological harm, and requires a staged response from the PCBU.

5.1 Immediately after an incident

The shock of a violent incident can endure for some time afterwards. Those involved will still be full of adrenaline. It can help for them to sit or lie down, take deep breaths, drink or eat something, and/or be kept warm. It's crucial to support victims of violent behaviour, and everyone who had been present for it, as they may all be shaken psychologically if not harmed physically. Arrange immediate for medical care if necessary. Provide communication with families and arrange transport home.

There should be management level engagement with the victim/s within 24hours. Reporting and investigation activity should start as soon as possible.

Restrict media access where possible.

5.2 Longer term

A debrief of the workers involved is required under the Health and Disability Standards (NZS 8134.2:2008)

Ideally a debrief would take place within 72 hours, or up to a week where there are rostering complications. Offer workers the opportunity to sit down, with a mediator or support person if they require, and process their feelings and concerns.

Provide access to support services like Worker Assistance Programme (EAP) or an equivalent.

Liaise with the insurer or Accident Compensation Corporation (ACC) regarding medical treatment and any other entitlements, for example, earnings-related compensation or rehabilitation support.

5.3 Ongoing support

There should be a strong management commitment to supporting workers who have experienced violent behaviour. This includes:

- safe modified duties or reduced hours during the recovery phase
- appropriate (insurance and work fitness) certification by the treating doctors
- training
- rehabilitation planning in face-to-face interviews with the injured worker
- return to work in a safe environment

- support during police investigations or prosecution.

5.4 Rehabilitation

Employers have a duty of care towards workers to ensure that they are not harmed in any way by work activity. If violent incidents occur the effects should be minimised. PCBUs have a duty to support workers so they return to work in a safe manner. Return to work must be safe and sustainable. Workers have the right to representation when return to work plans are developed

Be aware of different people's reaction to a stressful situation. These may include: feelings of anger, frustration, anxiety, guilt, embarrassment and of losing control. They may respond inappropriately and have physical symptoms such as vomiting. Longer term, they may suffer with sleeplessness, "reliving the event", and a fear of returning to work. These reactions should be recognised and managed quickly after the episode to reduce the risk of psychological harm.

Long-term effects may include reduced morale, impaired performance, absenteeism, increased sick leave and the psychological trauma suffered by the people involved in the incident. The employer should have:

- documented procedures for prevention and early intervention strategies, as soon as an assault or the potential for an assault is identified
- procedures in place to be followed for an effective immediate response that controls and diffuses the situation
- a rehabilitation assessment that considers:
    - time frames for interventions
    - the responsibilities of those involved
    - the methods for assessing needs
    - consideration of cultural needs and community support
- A process to ensure that referrals are made to the relevant service providers for the appropriate treatment.

5.5 Incident reporting

Having a robust incident reporting process is a key part of any HSMS. It helps identify where control measures aren't adequate, and promote a culture of improvement. Incidents involving violent behaviour should be treated like any other incident involving harm, or near misses.

Reporting roles should be clearly allocated. If reporting is the role of the victim or affected worker, be aware this could re-traumatise that person, or even prevent them from reporting the event in the first place. Provide support to that person, or pass the responsibility to their supervisor or manager.

Management should use the reporting of incidents and near misses as learning opportunities for both workers and management, and to indicate steps that can be taken to improve on safety performance. It is important to communicate to workers the findings and actions taken following an investigation.

Incident reporting systems generally involve:

- routine reporting and recording of specific events, including minor incidents and near misses
- incident and injury records containing key information about injury events, including the nature of the injuries and the circumstances leading to the incident
- analysis of reported incidents to pinpoint potential or actual failures in safety systems
- documenting trends in incident data over time.

Incident forms can be used to record specific events, including accidents and other incidents. For example, when recording the work activity at the time of the incident, add a specific category (eg a box that can be ticked) for any incident that involved violent behaviour.

You must notify WorkSafe when certain work-related events occur. More information on notifiable events can be found on the WorkSafe website.

5.6 Worker reporting

Under-reporting of incidents is a particular problem with incidents of violent behaviour. It can be time-consuming, complex, and painful for the victim. Workers can also feel that it will be used against them, to allocate blame or imply a lack of fitness for their role.

Reporting an incident does not reflect on the individual caregiver's treatment standards or performance, so it is important to create a culture where it's encouraged, and seen as a way to participate in making the workplace safer. Make the process simple, unbiased, and something the worker can do with a colleague or manager together. Ask questions like "what were the events, in order?" "what do we believe were the triggers for the behaviour?" "what went well?" "what could we do differently next time?"

Make sure the victim signs off on the final version of the report, and provide a copy to them for their records.

5.7 Investigation

Investigate all incidents of violent behaviour and, where appropriate, make changes to practice. Such changes may include:

- Regular training programmes and retraining of the workers member
- Reassessment of the risk status of that client
- Changes to the relevant care plans, including clinical reassessment
- Changes to the management measures for that unit
- Rotation of workers in certain areas
- Complaints being laid with the police and the police laying charges
- Procedural steps regarding the right to refuse to carry out work likely to cause serious harm
- A long-term plan to address facility needs, e.g. funding.

6 Monitoring and improvement

IN THIS SECTION:

1.1 Title
1.2 Title
1.3 Title

Applying lessons learned from the results of audits and investigations can contribute to a safer and more productive workplace

Monitoring assesses the extent to which organisational systems and control measures are working and ensures they are implemented systematically throughout the workplace. It is important to consult a range of workers, particularly those who have worked with the control measures.

A specific part of monitoring is to conduct audits of risk assessment procedures. An audit refers to a performance review intended to ensure that what should be done is being done. Where there are gaps, an audit should provide information that enables improvements to be made.

These checks can be part of the larger auditing systems in place, or self-contained, but integration tends to support consistency and thoroughness.

6.1 Monitoring

The first step in setting up a monitoring system is to identify information that is already collected. This information may be held in several locations or databases within an organisation. Develop a list of these information sources and a plan for how the sections relevant to violent behaviour could be integrated into a single data set.

Once the relevant information has been compiled, find out whether its usefulness could be improved by making small changes to the way it is being collected.

The next step in setting up a monitoring system is to plan what additional information needs to be collected to maintain an overview of how well risk management is working. Where possible, arrange to combine any new data collection with existing data collection systems to minimise the costs of collecting additional data.

You should typically use monitoring information as a starting point and extend the information to build a comprehensive view about how well the HSMS is being implemented. If there is little or no monitoring or audit information available, a process evaluation will need considerable additional time and resources to gather the information required.

6.2 Continuous improvement

It’s important to act immediately to improve control measures and processes whenever problems are identified, or when the opportunity to upgrade is presented.

Good ongoing monitoring and scheduled HSMS audits will help with this. Schedule additional checks after changes have been made to the workplace, or systems. Revise your control measures whenever monitoring indicates an opportunity to do so.

A commitment to continuous improvement will have knock-on positive effects on your workplace culture. Where workers can see that management is invested in their health and safety, communication and practice will often improve.

6.3 Learning from incidents

Following analysis of incidents, information concerning the causes of near misses and adverse events can be used to plan changes that reduce the risk of incidents and improve safety. Information on the frequency of specific types of incident, near misses, and current safety performance can be communicated to workers to increase awareness of current operational risks and remedial measures.

Often the best way to test the effectiveness of your risk management is to speak to the people directly involved in it. Workers are best equipped to report on whether it is working, and how it could be improved. Regular feedback should be sought, either in person, through representatives, or through consultation mechanisms like surveys.

Likewise, it's valuable to report back to workers what action will be taken after investigations are complete or audit results are received. Open communication, demonstrating a commitment to improvement, and recognising the value of their contribution will support them to continue participating and reporting.

6.4 Learning from audits

Once the results of an audit are available, and areas for improvement have been identified, endeavour to start those improvements as soon as possible. Ensure health and safety workers and representatives are involved, as well as workers in the areas needing improvement. The best people to action positive change are those who will be affected by it.

Appendices

IN THIS SECTION:

Appendix 1: Title

Appendix 2: Title

Appendix 3: Title

Appendix 1: HSWA Key Concepts

Administrative control	(a) means a control measure that is a method of work, process, or procedure designed to minimise risk
Control measure	In relation to a risk to health and safety, means a measure to eliminate or minimise the risk
Due diligence	The due diligence duty requires directors and other officers under HSWA to take reasonable steps to: • know about work health and safety matters and keep that knowledge up-to-date • gain an understanding of the operations of the organisation and the hazards and risks generally associated with those operations • ensure the PCBU has appropriate resources and processes to eliminate or minimise those risks and uses them • ensure the PCBU has appropriate processes for receiving information about incidents, hazards and risks, and for responding to that information • ensure there are processes for complying with any duty, and that these are implemented • verify that these resources and processes are in place and being used. Officers must exercise the care, diligence and skill a reasonable officer would exercise in the same circumstances, taking into account matters including the nature of the business or undertaking, and officer's position and nature of their responsibilities.
Engagement	A PCBU (person conducting a business or undertaking – see below) has to engage with its workers on health and safety matters. A PCBU engages by: sharing information about health and safety matters so that workers are well- informed, know what is going on and can a say in decision-making encouraging workers to have a say listening to and considering what workers have to say giving workers opportunities to contribute to the decision-making process relating to a health and safety matter.
Engineering control	means a control measure that is physical in nature; and (b) includes a mechanical device or process

Harm	Illness, injury or both. This includes physical or mental harm caused by work-related stress.
Health and Safety Committee	Supports the ongoing improvement of health and safety at work. An HSC enables PCBU representatives, workers and other HSC members to meet regularly and work co-operatively to ensure workers' health and safety
Health and Safety Representative	Is a worker elected by the members of their work group to represent them in health and safety matters, in accordance with subpart 2 of Part 3 of HSWA. Throughout these guidelines, the term HSR means an elected representative who meets the requirements of HSWA and WEPR Regulations. It does not apply to people who are referred to as HSRs under other arrangements, but who are not elected under HSWA
Officer	An officer is a person who has the ability to significantly influence the management of a PCBU. This includes, for example, company directors and chief executives. Officers must exercise due diligence to ensure the PCBU meets its health and safety obligations.
Other person at workplace	Examples of other persons at workplaces include workplace visitors and casual volunteers at workplaces.
Participation	Worker participation practices are what the PCBU puts in place so that workers can help to improve workplace health and safety on an ongoing basis. These practices make it possible for workers to share ideas and information, raise issues, and contribute to decision-making on an ongoing basis.
PCBU	A PCBU is a 'person conducting a business or undertaking'. A PCBU may be an individual person or an organisation. It does not include workers or officers of PCBUs, volunteer associations with no workers, or home occupiers that employ or engage a tradesperson to carryout residential work. A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. This is called the 'primary duty of care'.

So far as is reasonably practicable	Core health and safety duties require PCBUs to ensure health and safety 'so far as is reasonably practicable'. When used in relation to these core duties, something is reasonably practicable if it is reasonably able to be done to ensure health and safety, having weighed up and considered all relevant matters, including: How likely are the hazards and risks to occur? How severe could the harm that might result from the hazard or risk be? What a person knows or ought to reasonably know about the hazard or risk and the ways of eliminating or minimising it. What measures exist to eliminate or minimise the risk (control measures)? How available and suitable is the control measure(s)? Then weigh up the cost: What is the cost of eliminating or minimising the risk? Is the cost grossly disproportionate to the risk?
Worker	A worker is an individual who carries out work in any capacity for a PCBU. This includes a worker, a contractor or sub-contractor, an apprentice or trainee, a person on work experience or a work trial, or a volunteer worker.
Workplace	A workplace is a place where a worker goes or is likely to be while at work, or where work is being carried out or is customarily carried out. It includes a vehicle, vessel, aircraft, ship or other mobile structure and any waters and any installation on land, on the bed of any waters, or floating on any waters. So certain locations will only be classed as workplaces while work is being carried out at those locations. Most duties under HSWA relate to the conduct of work. However, some duties are linked to workplaces.
WorkSafe New Zealand	WorkSafe is the government agency that is the new Zealand's primary work health and safety regulator. WorkSafe collaborates with PCBUs, workers and other duty holders to embed and promote good workplace health and safety practices, and enforce health and safety law

Appendix 2: Proposed templates

- Risk assessment
- Client assessment
- Home support preservice assessment
- Incident report
- Investigation/incident review flowchart
- Investigation template
- Audit checklist

Disclaimer

This publication provides general guidance. It is not possible for WorkSafe to address every situation that could occur in every workplace. This means that you will need to think about this guidance and how to apply it to your particular circumstances.

WorkSafe regularly reviews and revises guidance to ensure that it is up-to-date. If you are reading a printed copy of this guidance, please check worksafe.govt.nz to confirm that your copy is the current version.

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