



Prevention of occupational violence and aggression in the workplace

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Nurses, midwives and assistants in nursing* have the right work in a safe and healthy environment free from occupational violence and aggression (OVA).¹
2. Aggressive and violent behaviour toward nurses, midwives and assistants in nursing is a work health and safety (WHS) issue, is unacceptable and should be prevented through a risk management framework, like any other workplace hazard.
3. OVA is any incident in which an employee is abused, threatened or assaulted in circumstances arising out of, or during the course of, their work and includes:
 - a) verbal, physical or psychological abuse;
 - b) threats or other intimidating behaviours;
 - c) physical attack, such as hitting, pinching, scratching, biting, grabbing or pushing;
 - d) aggravated assault;
 - e) threats with a weapon or objects;
 - f) sexual harassment and sexual assault; and
 - g) any form of indecent physical contact
4. Employers have a legal obligation to eliminate risks associated with OVA as far as is reasonably practicable, and minimise remaining risks so far as is reasonably practicable.
5. The effective prevention of OVA in the health care industry is in the interests of all including nurses, midwives, assistants in nursing, the persons for whom they provide care, employers, and the wider community.
6. The source of OVA can be any person, including the persons for whom care is provided, families, carers, friends, members of the public and work colleagues.
7. Nurses, midwives and assistants in nursing have the right to expect that employers will:
 - a) implement policies and procedures supporting a risk management approach to occupational violence and aggression;
 - b) consult with them and their representatives, including the ANMF and health and safety representatives (HSRs), in the development and review of policies and procedures;
 - c) comply with their legal obligations under relevant WHS legislation to proactively protect nurses, midwives and assistants in nursing from risks to their physical and psychological health and safety, including from occupational violence;
 - d) implement integrated systems to prevent and manage OVA, such as the *10 Point Plan to End Violence and Aggression: A Guide for Health Services*, based on a risk management framework, involving proactive hazard identification, risk assessment and control of the risk arising from violent and aggressive behaviour, which should cover:
 - i. improving security;
 - ii. identifying risk to staff and others;

*The term assistant in nursing also refers to care workers (however titled).



- iii. including family in the development of patient care plans;
- iv. requiring reporting, investigation and action;
- v. preventing violence through workplace design;
- vi. providing education and training;
- vii. integrating legislation, policies and procedures;
- viii. providing post incident support;
- ix. applying anti-violence approach across all health disciplines; and
- x. empowering staff to expect a safe workplace

This must include the development of clinical and treatment protocols to eliminate risks or reduce risks where elimination is not possible;

- e) undertake comprehensive WHS risk assessments for all individuals where the risk of OVA is identified. WHS risk assessments are distinct from clinical risk assessments. The focus of a clinical plan is the patient and the treatment of their health condition, whereas the focus of a risk management plan is on the people around the patient and outlines preventative and contingency actions to minimise the risk of serious harm to others;
- f) provide a secure and safe physical environment, including buildings, grounds and car parks, in line with principles of crime prevention by design through such measures as:
 - i. minimising public access points;
 - ii. designing, refurbishing, renovating and retrofitting workplaces to prevent and minimise violence;
 - iii. implementing systems for staff to screen visitors;
 - iv. providing safe furniture and fittings;
 - v. designing appropriate reception and waiting areas;
 - vi. providing appropriately trained security personnel;
 - vii. conducting regular security audits of health services, including regularly maintained security equipment; and
 - viii. designing appropriate facilities for admission and provision of care, including for those persons with potentially challenging behaviours.
- g) prevent working in isolation or external to the facility wherever possible, and if elimination of this recognised risk is not possible, develop and implement safe systems of work as per risk assessment in consultation with staff that are supported by policies and procedures for nurses, midwives and assistants in nursing working in isolation to reduce risk so far as is reasonably practicable including by conducting risk assessments prior to staff working in isolation, and providing appropriate duress arrangements
- h) provide sufficient staffing levels and skills mix to ensure the safety and security of nurses, midwives, assistants in nursing and the persons for whom they provide care;
- i) provide information, training and education to nursing and midwifery staff on workplace policies and procedures, including capacity to respond to incidents, specific dementia/delirium training, measures to prevent and control risks of OVA, and to respond to, de-escalate and defuse situations;



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- j) provide equipment for summoning assistance in an emergency, for example duress alarms, mobile or satellite telephones or pagers for nurses, midwives and assistants in nursing working within and outside a health facility, noting that:
 - i. more than one type of equipment may be necessary;
 - ii. mobile phones are generally not sufficient as it is not always possible to access a phone and place a call in the middle of an aggressive/violent incident; and
 - iii. equipment chosen must take into account such matters as telecommunications black spots.
 - k) develop and implement an alert system for individuals known to be violent and/or aggressive;
 - l) provide adequate response systems to cover incidents within the facility and for nursing and midwifery staff working in external environments, taking into account matters such as the numbers of staff available to provide a response and the time and distance from external support services such as police.
 - m) have procedures for the reporting, investigation and analysis of incidents which will encourage nursing and midwifery staff to report all incidents of violence and aggression;
 - n) respond promptly to all reports of violence and/or aggression toward nurses, midwives and assistants in nursing;
 - o) develop post-incident policies and procedures including the treatment, de-briefing, counselling and support of affected nurses, midwives and assistants in nursing;
 - p) implement a hierarchy of sanctions against offenders, including measures such as verbal warnings, written warnings, contracts of acceptable behaviour, conditional visits and withdrawal of service or access to facilities as appropriate as per relevant jurisdiction enclosed land legislation (if applicable);
 - q) report offences to police and pursue laying of charges and prosecutions against offenders where appropriate, and provide support to nurses, midwives and assistants in nursing to uphold their legal rights, for example, seeking intervention orders;
 - r) establish and maintain specific operational policies and procedures in consultation with their own local police for managing firearms and non-firearm weapons if detected at their facility to ensure the safety of all staff, clients and visitors;
 - s) develop a partnership with their local police to obtain their support and cooperation in responding to incidents at the facility when called by staff and completing necessary documentation and providing support to staff;
 - t) develop procedures for risk assessment including risk analysis of individuals to identify level of risk, possible triggers and contributing factors associated with inappropriate behaviour e.g. dementia and delirium, alcohol, drugs and mental illness.
8. All governments should pass and enforce laws that restrict nursing and midwifery staff from being required to attend callouts alone, including in remote areas.
9. All governments should be required to collect and report a standardised dataset to the Commonwealth Department of Health on an annual basis. The Department should analyse data provided by governments and formulate, monitor and review national strategies and ensure adequate funding is provided for the prevention and management of OVA in health services.



10. Nurses, midwives and assistants in nursing must report to management and document in the WHS incident management system all:
 - a) security breaches;
 - b) dangerous or potentially dangerous situations; and
 - c) incidents of violent and/or aggressive behaviour
11. Nursing and midwifery staff must raise with management and with their HSR or WHS committee any safety or security issues which come to their attention.
12. Nurses, midwives and assistants in nursing must comply with reasonable instructions including wearing of duress alarms and compliance with policies and procedures.
13. Nurses, midwives and assistants in nursing should participate in WHS consultation opportunities to enhance the safety of self and others.
14. Nursing and midwifery staff have the right to:
 - a) be treated with respect;
 - b) be consulted on matters related to management of the risk of OVA, including procedures, facility design, systems of work and equipment;
 - c) be informed of, and receive training in systems of work, policies, procedures, legal rights and responsibilities, services and resources available to assist staff to prevent and manage occupational violence and aggression;
 - d) make their own assessments of the degree of risk to themselves, and not put themselves at risk, even if directed to by their employer;
 - e) withdraw themselves to a safe area or defend themselves with the use of reasonable force if physically assaulted;
 - f) access a health professional of choice for the purpose of recovery from the effects of occupational violence and/or aggression;
 - g) report threats, abuse and assaults to the police, and to be involved in any subsequent investigations and proceedings in the justice system;
 - h) workers' compensation for any physical or psychological injury suffered as a result of occupational violence and/or aggression; and
 - i) rehabilitation and return to work programs so as to achieve the maximum possible functionality, activity and quality of life possible.

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Reviewed and re-endorsed November 2015

Reviewed and re-endorsed November 2018

Reviewed and re-endorsed May 2021



References

1 Numerous studies confirm that nursing is one of the occupations at highest risk of occupational violence and aggression, including:

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