

# 10 POINT PLAN TO END VIOLENCE AND AGGRESSION

## A GUIDE FOR HEALTH SERVICES

RESPECT  
AND PROTECT  
OUR VICTORIAN  
HEALTHCARE  
WORKERS

HIGH  
RISK

REDUCED  
RISK  
SOLUTION

LOW  
RISK  
SOLUTION



Australian  
Nursing &  
Midwifery  
Federation  
VICTORIAN BRANCH

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\* ANMF Note: Referral to Patient Care Plan includes all associated documents e.g. Behavioural Management Plan.

## MESSAGE FROM THE HON JILL HENNESSY MP

Minister for Health,  
Minister for Ambulance Services



Nurses and midwives have the right to be safe – and feel safe – at work. You care for us at our most vulnerable and deserve the utmost respect for the work you do.

You – and everybody who works in the healthcare system – deserves to go home safely to their family after each shift. Violence and aggression just shouldn't be part of the job.

Yet it often is.

It's something our Government is determined to address.

We won't tolerate occupational violence and aggression against nurses, midwives and other healthcare workers and we will continue to work with you to make your workplaces safer.

I want to thank the ANMF for its leadership in developing this *10 Point Plan to End Violence and Aggression: A Guide for Health Services*. This is an important tool – which alongside a range of resources – outlines the actions healthcare organisations can take to end violence and aggression in our workplaces.

Safer workplaces are vital so that nurses and midwives can concentrate on what you do best – taking care of the community.

A handwritten signature in black ink that reads "Jill Hennessy".

## MESSAGE FROM LISA FITZPATRICK

Branch Secretary,  
ANMF (Vic Branch)



Nurses and midwives, and other health workers, are experiencing frequent and frightening serious physical and psychological injuries at work. Many are rightly saying enough is enough.

But we need more than words to ensure the people who work in our healthcare system go home safely to their families and friends after each shift.

To stop the unacceptable number of assaults, the Australian Nursing and Midwifery Federation (Victorian Branch) developed and released the 10 point plan to end violence and aggression in 2014. We've been working since to treat violence as an occupational health and safety risk.

The knowledge, information and actions necessary to end preventable violence at work are in this guide. This is what a successful organisational response to the prevention of violence and aggression should look like.

This guide will only work if chief executive officers and hospital boards drive these changes so that a safer way of doing things is absorbed into the DNA of every level of management.

No more fragmentation. To be running a hospital operating in the green safe zone of this guide, the work of clinical managers must intersect with the occupational health and safety and the human resources managers.

The data is mounting. The specifics of violent incidents and the human cost are confronting. We know there is a problem. Here are the solutions.

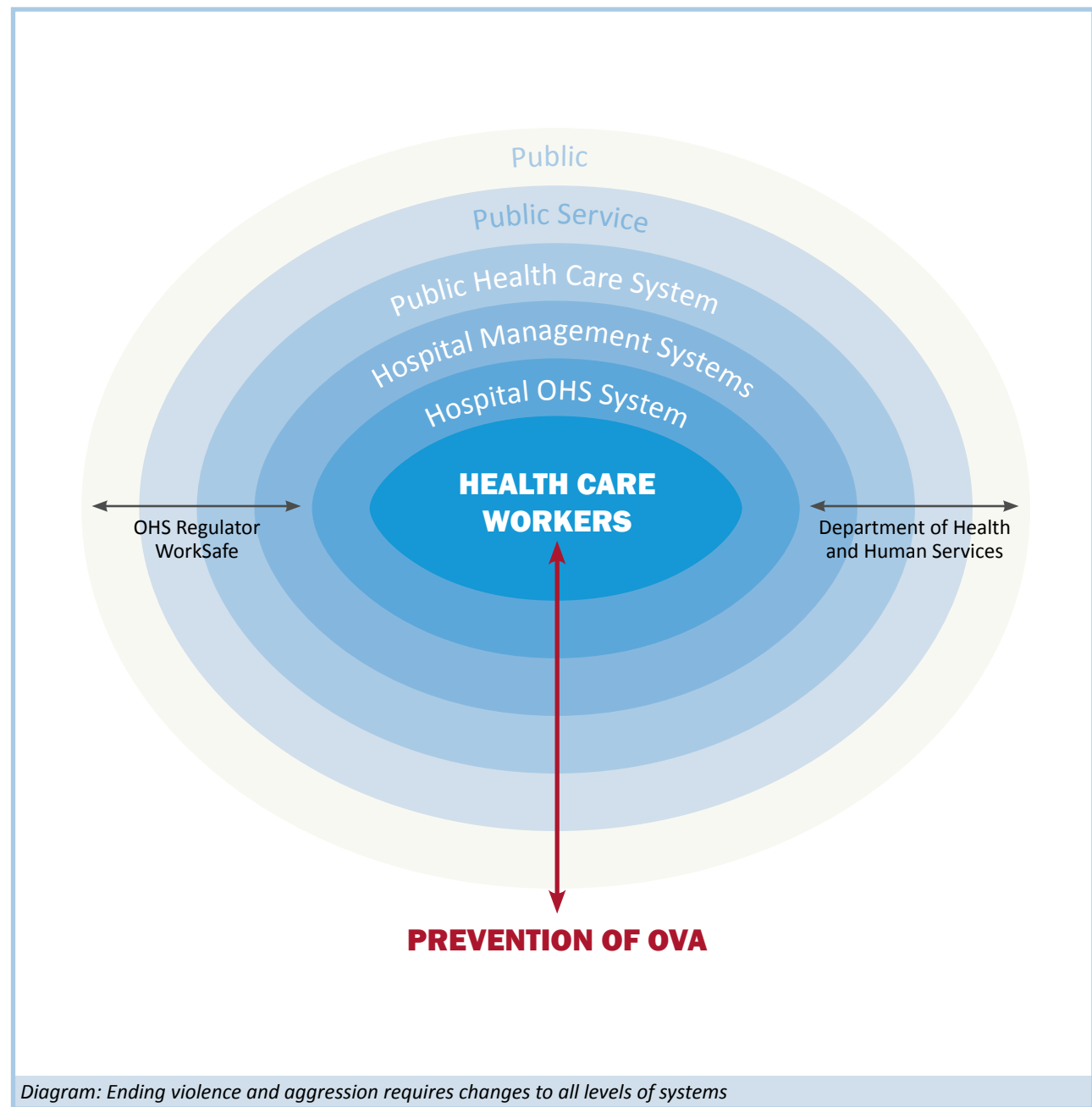
This will take leadership and whole of community approach – government, hospital management and the public.

This guide outlines the actions hospitals can control. Let's work together to operate in the green zone so we can stop the unacceptable levels of violence in our healthcare facilities.

A handwritten signature in black ink that reads "Lisa Fitzpatrick".

## **INTRODUCTION**

Ending violence and aggression requires changes to all levels of systems, as demonstrated in the adjacent diagram. This Guide is a tool to enable healthcare organisations to review their management and occupational health and safety systems, and ensure that occupational violence and aggression is appropriately recognised, represented and included as a risk, and actions taken to prevent incidents.



## Pre-conditions

**Commitment:** the Guide will only be successful if implemented in an organisation (and system) which has a commitment to the prevention of occupational violence which is real and irrefutable. This commitment needs to come from not just the middle management of a facility, but is required from those with the ultimate power in the health system.

This commitment has been demonstrated by those in charge and in control, from the Victorian Premier and Health Minister, through to the Department of Health and Human Services. This Guide is intended to assist those at the health services individually. Validation of the commitment comes in many forms, not the least of which is the recognition of the problem to begin with, and the dedication of resources to implement strategies to prevent and address the systemic issues.

This commitment must manifest at the chief executive officer and board of director level, with again, the acknowledgment of the failings of the system in its current form, and a pledge to address the shortcomings. Such a demonstration should also include a reporting structure which means that each board of directors is provided with an in-depth report at each meeting of the number of assaults that have occurred within their hospital network, the details of each assault, the injuries suffered by the staff, and the corrective actions which have been put in place to reduce the risk of recurrence.

**Communication, consultation and collaboration:** another pre-condition to the framework is a commitment by those running the health service to undertake the 'Three Cs' – communication, consultation and collaboration, in relation to occupational violence and aggression, but more broadly as a management imperative.

Whilst the *Occupational Health and Safety Act 2004* mandates health services to undertake consultation in relation to matters which affect (or may affect) the health and safety of staff, experience shows that this is rarely undertaken in the manner in which it is described. Again, this must be demonstrated from decision makers, in order to affect change at a local level. Such communication, consultation and collaboration must involve representatives of all stakeholders, including health services, unions, workers, health and safety representatives and consumers.

Moreover, the presence and input at both a strategic and local level into such strategies will allow more robust systems to be developed and implemented, which will lead to wider acceptance, and increased ownership.

## Scope

The principles and content of the ANMF (Vic Branch) 10 point plan is applicable to all health service and hospital facilities, including mental health, acute, emergency departments, aged care, community care and locations external to a purpose built workplace e.g. visiting health services.

## Terminology

**Clinical staff** – includes nurses, midwives, doctors, allied health and other clinical staff

**HSRs** – health and safety representatives

**OVA** – occupational violence and aggression, which is defined by WorkSafe Victoria (Prevention and management of aggression in health services, June 2008) as 'any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of, their employment. Within this definition:

- threat means a statement or behaviour that causes a person to believe they are in danger of being physically attacked. It may involve an actual or implied threat to safety, health or wellbeing, and
- physical attack means the direct or indirect application of force by a person to the body of, or clothing or equipment worn by, another person, where that application creates a risk to health and safety.

Neither intent nor ability to carry out the threat is relevant. The key issue is that the behaviour creates a risk to health and safety. Examples of OVA include, but are not limited to, verbal, physical or psychological abuse, punching, scratching, biting, grabbing, pushing, threats, attack with a weapon, throwing objects/furniture, sexual harassment or assault, and any form of indecent physical contact.'

**Patient Care Plan** - documents e.g. Behavioural Management Plan, admission documentation, risk assessments etc.

**Patients** – where patients are referred to, this may also be read to include clients, residents and consumers as appropriate.

NB: at all steps of the process, it is critical that frontline staff and HSRs are involved in consultation.

## Instructions for use

The traffic light approach supports health services in their movement from a situation with high risk factors to the lower risk solutions, stepping along the way. The Guide can also be used as an 'audit-type' tool, whereby health services are able to self-assess against the criteria in the guide, and identify their areas for improvement.

The Guide provides a starting point for health services to work towards in relation to implementation of an organisational approach to the prevention of occupational violence and aggression. It has identified key factors that comprise each of the 10 Points, and that demonstrate or indicate compliance with the factors, and provides examples of high, medium and low risk solutions to each of the factors.

It is expected that facilities would be working towards the lowest risk solutions in order to ensure that their staff are provided an environment that is as safe as possible. Given the ongoing developments occurring within prevention of occupational violence and aggression, this guide provides a starting point, however a commitment to continuous improvement, and ongoing review and revision of controls in this area is required.



# 1 IMPROVE SECURITY

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>1.1</b> The Department of Health and Human Services must develop adequate baseline standards for security and fund public health services to comply, whilst private organisations must dedicate funding.	The health service does not apply for funding opportunities, nor is there funding for security.	The health service applies for all funding opportunities, and responds to security funding needs.	The health service applies for all funding opportunities and submissions are based on priority areas evidenced from risk assessment findings. Further, dedicated ongoing security funding is identified in budgets.
<b>1.2</b> Specifically trained security personnel (see also 6 – Provide education and training to healthcare staff).	No areas or partial areas and sites have on-site security personnel available.	Some on-site security personnel are available for some areas and sites whenever operational.	On-site security personnel are available in adequate safe numbers for all areas and sites during all operational hours.
	The training and experience of security personnel is not checked to identify whether they have healthcare specific training and experience.	The training and experience of security personnel is inconsistently reviewed, against an undocumented set of requirements.	All security personnel have had healthcare and organisation-specific training in their role, which is checked prior to engagement against a documented set of criteria, and is regularly reviewed and updated.
<b>1.3</b> Access to secure areas and safe zones.	The facility has no staff secure areas, safe zones and lock-down area or procedures.	There are some established staff secure areas, safe zones, lock down areas and procedures but there are no systems in place.	A security audit of all established staff secure areas, safe zones and lock down areas and procedures has been conducted and improvement recommendations have been implemented.
	A security risk assessment of all areas in the facility has not been conducted.	A security risk assessment of all areas in the facility has been conducted to identify high risk areas, secure areas, safe zones and lock down areas including procedures.	A security risk assessment of all areas in the facility has been conducted to identify high risk areas, secure areas, safe zones and lock down areas including procedures and recommendations have been fully implemented and reviewed.
<b>1.4</b> Security cameras.	CCTV is not installed on-site.	CCTV is installed in spots across areas and sites including car parks with inconsistent monitoring of footage / feed.	A security risk assessment has been conducted to ensure: <ul style="list-style-type: none"> <li>• CCTV is installed in key areas across all areas and sites including car parks with accompanying CCTV warning signage also displayed in key areas for patients and visitors</li> <li>• CCTV is used for evidence in hospital and / or police investigations where appropriate</li> <li>• identification of ways in which CCTV could be used in a preventative manner occur regularly e.g. training reviews</li> <li>• procedures are in place to ensure footage is monitored according to identified high risk areas.</li> </ul>
		The health service does not have procedures for accessing CCTV footage.	The health service has procedures for accessing CCTV footage.

# 1 IMPROVE SECURITY CONTINUED

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>1.5</b> Personal duress alarms.	A risk assessment of all areas in the health service has not been conducted to identify any need for personal duress alarms.	A risk assessment of all areas in the health service has been conducted to identify high risk areas for staff needing wall mounted and personal duress alarms, including location identification.	A risk assessment of all areas in the health service has been conducted in consultation with HSRs and staff to identify high risk areas for staff needing wall mounted and personal duress alarms including location identification, and recommendations have been implemented.
	Personal and wall mounted duress system is not tested.	Personal and wall mounted duress system is regularly tested.	The facility has a duress alarm system procedure and testing schedule. Personal and wall mounted duress system is regularly tested and results documented.
	There is no training of staff in the use of duress alarms.	Inconsistent and unregulated training of staff in the use of duress alarms.	Regular, consistent training of staff in the use of duress alarms, governed by procedure, including trialing the alarms.
<b>1.6</b> Searching or personal belongings. <u>See also 2 – Identify risk to staff and others and 6 – Provide education and training to healthcare staff.</u>	No procedures in place regarding searching patient and visitors upon admission and during a patient’s stay.	Limited procedures are in place regarding searching patient and visitors upon admission and during a patient’s stay.	The facility has clear procedures around performing patient and visitor searches to ensure a consistent approach.
<b>1.7</b> Regular security audits of health services, including maintaining security equipment.	The facility does not have a documented security audit and risk assessment process.	The facility has a documented security audit and risk assessment process.	The facility has a documented security audit and risk assessment process with regular scheduling and implementation and review of identified risks.
	The facility has not reviewed the security audit and risk assessment tool.	The facility has reviewed the security audit and risk assessment tool.	The facility has reviewed the security audit and risk assessment tool and has a documented ongoing review schedule with results reported to the OHS / OVA governance committee for oversight.
<b>1.8</b> Monitoring systems for community clinics.	A security risk assessment of the community clinics including monitoring systems has not been conducted.	A security risk assessment of the community clinics including monitoring systems has been conducted.	A security risk assessment of the community clinics including monitoring systems have been conducted and recommendations have been implemented.

## 2 IDENTIFY RISK TO STAFF AND OTHERS

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>2.1 Identifying the risk of a patient or others (e.g. visitors or family) being aggressive or violent towards staff must be <u>part of clinical pre-admission</u> (prior to decision to admit).</b>	The facility does not perform clinical pre-admission OVA risk assessments of patients.	The facility performs clinical pre-admission risk assessments but the criteria to assess and identify the risk of the patient / others being aggressive or violent is limited.	The facility performs clinical pre-admission risk assessments including appropriate criteria to assess and identify the risk of the patient / others being aggressive or violent. This also considers the patient medical record from previous admissions and is part of the handover for ambulance and police.
	If the clinical pre-admission risk assessment identifies risk of the patient / others being aggressive or violent, there is no system to ensure implementation of preventative controls.	If the clinical pre-admission risk assessment identifies risk of the patient / others being aggressive or violent, there is an ad hoc system of implementation of preventative controls.	When the clinical pre-admission risk assessment identifies risk of the patient / others being aggressive or violent, there is a system to ensure appropriate preventative measures are implemented and monitored throughout the patient stay.
	The facility has not developed a guidance list of preventive measures available for use at clinical pre-admission.	The facility has developed a limited guidance list of preventative measures available for use at the clinical pre-admission stage.	The facility has developed a robust guidance list of preventative measures available for use at the clinical pre-admission stage e.g. specialising patients, nursing in pairs, placing the patient in a highly visible area, sourcing more appropriate facility for admission, ensuring appropriately qualified and experienced staff are allocated for care, notification of security personnel.
	Clinical pre-admission does not include review of the appropriate setting (environment and model of care) for the individual patient.	Clinical pre-admission includes review of the appropriate setting (environment and model of care) for the individual patient.	Clinical pre-admission includes review of the appropriate setting (environment and model of care) for the individual patient and recommended preventative measures are implemented prior to admission.
	The facility / unit has no patient admission / exclusion criteria.	The facility or unit has patient admission criteria but the inclusion and exclusion criteria relating to staff and patient safety are not consistently complied with or supported, or are limited.	The facility or unit has patient admission criteria with clear inclusion and exclusion criteria relating to staff and patient safety and it is used during the clinical pre-admission assessment. Compliance is consistent and decisions made using the criteria are supported by management.
<b>2.2 Identifying the risk of a patient or other being aggressive or violent towards staff must be part of admission procedures (at admission).</b>	The facility does not perform clinical admission OVA risk assessments of patients.	The facility performs clinical admission risk assessments but the criteria to assess and identify the risk of the patient / others being aggressive or violent is limited.	The facility performs clinical admission risk assessments including appropriate criteria to assess and identify the risk of the patient / others being aggressive or violent. This also considers the patient medical record from previous admissions and is part of the handover for ambulance and police.
	If the clinical admission risk assessment identifies risk of the patient / others being aggressive or violent, there is no system to ensure implementation of preventative controls.	If the clinical pre-admission risk assessment identifies risk of the patient / others being aggressive or violent, there is an ad hoc system of implementation of preventative controls.	When the clinical admission risk assessment identifies risk of the patient / others being aggressive or violent, there is a system to ensure preventative measures are implemented and monitored throughout the patient stay.



## 2 IDENTIFY RISK TO STAFF AND OTHERS CONTINUED

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>2.2</b> Continued.	The facility has not developed a guidance list of preventive measures available for use at clinical admission.	The facility has developed a limited guidance list of preventative measures available for use at the clinical admission stage.	The facility has developed a robust guidance list of preventative measures available for use at the clinical admission stage e.g. specialising patients, nursing in pairs, placing the patient in a highly visible area, sourcing more appropriate facility for admission, ensuring appropriately qualified and experienced staff are allocated for care etc.
	The facility / unit has no patient admission / exclusion criteria.	The facility or unit has patient admission criteria but inclusion and exclusion criteria relating to staff and patient safety are not consistently complied with or supported, or are limited.	The facility or unit has patient admission criteria with clear inclusion and exclusion criteria relating to staff and patient safety and it is used during the clinical admission assessment. Compliance is consistent and decisions made using the criteria are supported by management.
	Clinical admission does not include review of the appropriate setting (environment and model of care) for the individual patient.	Clinical admission includes review of the appropriate setting (environment and model of care) for the individual patient.	Clinical admission includes review of the appropriate setting (environment and model of care) for the individual patient and recommended preventative measures are implemented.
	Transfer of patient OVA risk information does not occur from discharging unit / health service to the admitting unit / health service.	Transfer of information is requested by admitting organisation / ward / unit or provided by discharging organisation / ward / unit but the information is limited or missing and the process is adhoc.	Transfer of information is actively requested by admitting organisation / ward / unit and provided by discharging organisation / ward / units including and / or police. Follow up systems are in place to ensure this information is available and acted upon.
<b>2.3</b> Identifying the risk of a patient or other being aggressive or violent throughout the patient's stay.	Clinical documentation does not include provision to identify and assess a patient / others being aggressive or violent.	Clinical documentation (including clinical handover and clinical assessment) across all wards, areas and sites have provision for identifying the risk of a patient / others being aggressive or violent.	All clinical documentation (including clinical handover and clinical assessment) across all wards, areas and sites have provision to identify, review and update the risk of a patient / others being aggressive or violent and there are clear procedures to implement controls where risk is identified. This also considers the patient medical record from previous admissions and is part of the handover for ambulance and police.
<b>2.4</b> When a patient is admitted without notice to a healthcare facility – for example to an emergency department – a violence risk assessment must be initiated as soon as practicable.	OVA risk assessments are not completed as soon as practicable or at all when a patient is admitted without notice.	OVA risk assessments are sometimes completed as soon as practicable when a patient is admitted without notice.	OVA risk assessments are completed as soon as practicable when a patient is admitted without notice and appropriate preventative actions are implemented.

## 2 IDENTIFY RISK TO STAFF AND OTHERS CONTINUED

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>2.5</b> Staff are alerted as soon as practicable to the risk of a patient or other being violent or aggressive.	Current behavioural contracts are not disseminated within and across sites.	Behavioural contracts are developed but are not distributed. Staff caring for patients are not aware of them.	Current behavioural contracts are disseminated within and across sites, and flagged on computer systems.
	There are no communication processes to advise staff of the risk of a patient or other being violent or aggressive.	Communication processes to advise staff of the risk of a patient or other being violent or aggressive are not immediate.	Communication processes to advise staff of the risk of a patient or other being violent or aggressive are immediate including dissemination of behavioural management plans and associated information within and across sites.
	Clinical documentation has no provision to review and update OVA risk and requirements within and across sites.	Clinical documentation including assessment and handover have limited provision to review and update OVA requirements within and across sites.	All clinical documentation including assessment, care plans and handover documentation have provision to review and update OVA requirements within and across sites.
<b>2.6</b> Staff are alerted as soon as possible to the risk of a relative / visitor being violent or aggressive.	Current behavioural contracts regarding relatives / visitors are not disseminated within and across sites.	Current behavioural contracts regarding relatives / visitors are disseminated amongst the health service's executive management only, or otherwise limited in their distribution.	Current behavioural contracts regarding relatives / visitors are disseminated within and across sites, and flagged on computer systems.
	There are no communication processes to advise staff of the risk of a relative / visitor being violent or aggressive.	Communication processes to advise staff of the risk of a relative / visitor being violent or aggressive are not immediate within and across sites.	Communication processes to advise staff of or the risk of a relative / visitor being violent or aggressive are immediate including dissemination of behavioural management plans and associated information within and across sites.
	No violent and aggressive visitor / relative alert system is available.	Some areas and sites have a violent and aggressive relative / visitor alert system.	All areas and sites have a violent and aggressive relative / visitor alert system with clear processes to flag and manage identified relatives / visitors.
<b>2.7</b> Health services must ensure patient alert systems, including violent or aggressive behaviour, are part of admission and patient stay procedures.	No violent and aggressive patient alert system is available.	Some areas and sites have a violent and aggressive patient alert system.	All areas and sites have a violent and aggressive patient alert system with clear processes to flag and manage identified patients.
	The violent and aggressive patient alerts system is not integrated into the admission and patient stay process.	The violent and aggressive patient alerts system is somewhat integrated into the admission and patient stay process.	The violent and aggressive patient alerts system is fully integrated into the admission and patient stay process to ensure high risk patients are identified and appropriately managed.
	The violent and aggressive patient alert system is not compatible across the network systems.	The violent and aggressive patient alert system has limited uniformity across the network.	The violent and aggressive patient alert system is uniform across the network and is compatible with all patient information systems.
	The patient alert system does not provide information in relation to previous OVA risk factors and incidents specific to the patient.	The patient alert system provides limited information in relation to previous OVA risk factors and incidents specific to the patient, but is used inconsistently and on an adhoc basis, with the information unreliable.	The patient alert system provides information in relation to OVA risk factors and incidents specific to the patient, is used consistently and the information is reliable.

### 3 INCLUDE FAMILY IN THE DEVELOPMENT OF PATIENT CARE PLANS\*

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>3.1</b> Patient Care Plans do not only take into account the clinical component of caring for a patient but also how caring for the patient may impact on the health and or safety of staff or others.	The process of developing the Patient Care Plan only considers the clinical component of caring for a patient.	The documented process of developing the Patient Care Plan considers some factors which may impact on the health and/or safety of staff and others, but does not identify preventative measures.	The documented process of developing the Patient Care Plan not only considers the clinical component of caring for a patient but also considers how caring for the patient may impact on the health and/or safety of staff or others and requires identification and implementation of preventative actions.
	The identified potential impacts to the health and/or safety of staff or others are not formally documented within the Patient Care Plan when developing a Patient Care Plan.	The identified potential impacts to the health and/or safety of staff or others are formally documented within the Patient Care Plan when developing a Patient Care Plan.	The identified potential impacts to the health and/or safety of staff or others and preventative measures are formally documented within the Patient Care Plan when developing a Patient Care Plan.
	Clinical Staff (doctors, nurses, midwives, allied health and others) involved in the development of a Patient Care Plan do not consider how a Patient Care Plan may impact on the health and/or safety of staff or others.	Some Clinical Staff (doctors, nurses, midwives, allied health and others) involved in the development of a Patient Care Plan consider how a Patient Care Plan may impact on the health and/or safety of staff or others.	All Clinical Staff (doctors, nurses, midwives, allied health and others) involved in the development of a Patient Care Plan consider how a Patient Care Plan may impact on the health and/or safety of staff or others.
<b>3.2</b> The patient's history, presentation and risk factors, and those of their visitors and relatives, are taken into account in the development of Patient Care Plans.	The patient's history, presentation and risk factors, and those of their visitors and relatives, are not taken into account in the development of Patient Care Plans.	The patient's presentation only is taken into account when developing Patient Care Plans and considering how the care may affect the health and safety of staff or others.	The patient's history, presentation and risk factors, and those of their visitors and relatives, are taken into account when developing Patient Care Plans and considering how the care may affect the health and safety of staff or others.
<b>3.3</b> Where possible, Patient Care Plans should involve family members to ensure clear standards of behavior are set and healthcare professionals can provide a consistent approach.	Patient Care Plans are not developed in conjunction with the patient and family / carer.	Patient Care Plans are developed in conjunction with the patient and family / carer.	Patient Care Plans are developed in conjunction with the patient and family / carer, and clear standards of behavior towards staff are set and documented.
	Patient Care Plans are not developed in conjunction with the patient and family / carer.	Patient Care Plans developed in conjunction with patient and family / carers do not seek observations, insights, information and advice on strategies that may increase and/or reduce the risk of aggressive or violent patient behaviour and proactive early intervention strategies that may reduce the risk that the violent or aggressive behavior will escalate further.	Patient Care Plans developed in conjunction with the patient and family / carer seek observations, insights, information and advice on strategies that may increase and/or reduce the risk of aggressive or violent patient behaviour and proactive early intervention strategies that may reduce the risk that the violent or aggressive behavior will escalate further. This information is then used in the development of the Care Plan.
	The facility has no behavioral contract policy and procedure.	The facility has a behavioral contract policy but it is inconsistently applied.	The facility has a behavioural contract policy and procedure with supporting tools that are consistently applied, and support is provided by management for this.

\* ANMF Note: Referral to Patient Care Plan includes all associated documents e.g. Behavioural Management Plan.

## 4 REPORT, INVESTIGATE AND ACT

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>4.1 Health services must build trust by investigating incidents in a consultative and collaborative manner.</b>	Health and safety incident investigations do not commence or are not completed in a timely manner.	Health and safety incident investigations are commenced and completed in a timely manner.	Health and safety root cause incident investigations are commenced and completed in a collaborative, timely manner (including with ANMF involvement as requested), and this is documented in the incident investigation procedure.
	Staff / HSRs are not consulted during OVA incident investigations.	Limited consultation with staff / HSRs occurs during OVA incident investigations.	Staff / HSRs are consulted during OVA incident investigations.
	Following an OVA incident, the commencement of an OVA incident investigation is not communicated to staff.	Following an OVA incident, the commencement of an OVA incident investigation is communicated to injured staff or management only.	Following an OVA incident, the commencement of an OVA incident investigation is communicated to all staff located within the work area e.g. on a ward, all shifts would be advised.
	Following an OVA incident Investigation, system learnings are not disseminated back to staff.	Following an OVA incident investigation, system learnings are disseminated to affected staff only.	Following an OVA incident investigation, system learnings are disseminated to all staff located within the work area and organisationally where appropriate.
	OVA incident investigations are not undertaken.	OVA incident investigations take into account only clinical or OHS contributing factors, and/or focus on identifying individual contributions, rather than system factors.	OVA incident investigations take into account all relevant contributing factors, with a 'no blame' focus.
<b>4.2 Health services must build trust by taking clear and relevant action over incidents.</b>	Preventative actions are not identified nor implemented after any OVA incidents or near misses.	Preventative actions are identified and implemented after only multiple or high risk OVA incidents but are not identified for less critical OVA incidents.	Preventative actions are identified and implemented after all OVA incidents and near misses, and trends analysed to identify any patterns.
	No monitoring and review system is in place to collate and review trends, incident reports and investigations to establish if clear and relevant actions are taken and processes followed.	A formal monitoring and review system is in place to collate and review trends, incident reports and investigations to establish if clear and relevant actions are taken and processes followed, but is implemented on an adhoc basis.	Formal collating, monitoring and review of incident investigations and reports are undertaken to establish trends as per the monitoring and review process. This is subject to formal reporting measures in the health service.
	OVA incidents are not investigated.	OVA incidents are investigated as a silo (i.e. the current incident only).	OVA incident investigations are systematic and include a review of the patient OVA history across admissions / time and review of any previous implemented preventative measures, as well as the current incident. Investigations will also consider the history of incidents in the unit / ward to identify systemic factors and/or environmental contributing factors.
	-	Investigation of the current OVA incident does not review the lead up across time to the OVA incident (e.g. pre-admission procedure, admission procedure, pre incident strategies, proactive early intervention strategies etc.)	Investigation of the current OVA incident reviews the lead up across time to the OVA incident (e.g. pre-admission procedure, admission procedure, pre incident strategies, proactive early intervention strategies etc.)

## 4 REPORT, INVESTIGATE AND ACT CONTINUED

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>4.3</b> Health services must build trust by communicating actions taken as a result of incident reports.	Actions taken as a result of incident reports are not communicated to the persons reporting.	Actions taken as a result of incident reports are communicated to the persons reporting via a written entry into the incident reporting system only.	Actions taken as a result of an incident report are verbally communicated to the persons reporting, as well as via written entry into the incident reporting system.
	-	-	Actions taken as a result of an incident report are communicated to all staff located within the work area.
<b>4.4</b> Health services must meet their governance and funding requirements by ensuring boards are provided with details of violent incidents, not just statistics, so they understand the effects of violence on healthcare workers.	The facility's board and CEO do not receive OVA report data.	The facility's board and CEO receive OVA statistical information only.	The facility's board and CEO receive details about violent and aggressive incidents and effects on healthcare workers, as well as OVA statistical data, and information around preventative actions taken.
<b>4.5</b> Health services must build trust by working with police to enable prosecution of offenders.	Health services do not have a collaborative relationship with local police.	The health service has a sporadic, adhoc relationship with local police.	The health service has a collaborative relationship with local police that assists staff to pursue their right to prosecution of offenders of OVA in a supportive manner.

## 5 PREVENT VIOLENCE THROUGH WORKPLACE DESIGN

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>5.1</b> The principles of crime prevention through environmental design should be mandatory in designing, refurbishing, renovating and retrofitting workplaces to prevent and minimise violence.	The principles of crime prevention through environmental design (CPTED) are not considered during the design process (design, brief preparation, feasibility, contract documentation, construction, pre-occupancy and post-occupancy evaluation).	The health service has a design policy that provides mandatory commitment to consider the principles of crime prevention through environmental design (CPTED) during all stages of the design process.	The health service has a design policy that provides a mandatory commitment to consider and implement the principles of crime prevention through environmental design (CPTED) during all stages of the design process.
	The health service has not undertaken an environmental and workplace design risk assessment.	The health service has undertaken an environmental and workplace design risk assessment across some areas and sites reviewing and identifying infrastructure and process improvements in accordance with CPTED principles.	The health service has undertaken environmental and workplace design risk assessments across all areas and sites, reviewing and identifying infrastructure and process improvements in accordance with CPTED principles, and recommendations have been implemented, or where not yet implemented, budgeted for and prioritised such improvements according to level of risk.

## 6 PROVIDE EDUCATION AND TRAINING TO HEALTHCARE STAFF

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>6.1</b> Education about how to prevent and respond to aggression and violence should begin at the undergraduate level.	The health service does not monitor or review the education provided to newly qualified nurses and midwives about how to prevent and respond to aggression and violence.	The health service monitors education provided on an adhoc basis, but has no organisational policies to ensure consistent minimum education on how to respond and prevent OVA is provided.	The health service monitors and reviews education provided to newly qualified nurses and midwives, and has a process in place to ensure consistent minimum education is provided on how to systematically prevent and respond to OVA.
	Student nurses do not receive employer specific training on how to prevent and respond to OVA.	The health service provides employer-specific training to all student nurses on how to prevent and respond to OVA from an individual perspective as part of their clinical placements.	The health service provides employer-specific training to all student nurses on their role in how the organisation will systematically prevent and respond to OVA as part of their clinical placements, at the start of their placement.
	Graduate nurses do not receive employer specific training on how to prevent and respond to OVA.	The health service provides employer-specific training to all graduate nurses on how to prevent and respond to OVA from an individual perspective as part of their graduate year.	The health service provides employer-specific training to all graduate nurses on their role in how the organisation will systematically prevent and respond to OVA as part of their graduate year as an induction item i.e. at the beginning of the year.
<b>6.2</b> Education about how to conduct incident investigations, prevent and respond to aggression and violence should continue throughout a health worker's career.	The health service's new staff induction / orientation program does not include employer specific training about how to prevent and respond to OVA.	All new staff receive employer-specific training on how to prevent and respond to OVA from an individual perspective as part of the health service's induction / orientation program.	All new clinical (doctors, nurses, midwives, allied health and others) and non-clinical staff receive employer-specific, multi-disciplinary training on how the organisation will systematically prevent and respond to OVA as part of the health service's induction / orientation program. This includes visiting (VMOs), consultants and GPs.
	Health workers do not receive education about how to prevent and respond to aggression and violence throughout their career which is relevant to their knowledge, role and experience.	Health workers have generic refresher training about how to prevent and respond to aggression and violence available on an elective basis.	Health workers receive mandatory, regular refresher training and education about how to prevent and respond to aggression and violence throughout their career which is relevant to their knowledge, role and experience, which includes a face to face component. This would include recognition of early warning signs for agitation and pre-code responses, development of skills to reduce conflict, implementation of employer processes that consistently identify and record risks of or actual violence and safety management plans.
	Staff receive no education and training about the functions and powers of security staff and Victoria Police.	Staff receive limited generic education about the functions and powers of security staff and Victoria Police including how and why to lodge a police report.	All clinical (doctors, nurses, midwives, allied health and others) and non-clinical staff receive mandatory, multidisciplinary training and education about the functions and powers of security staff and Victoria Police including their role in OVA prevention and management, and how and why to lodge a police report. This includes visiting (VMOs), consultants and GPs.



## 6 PROVIDE EDUCATION AND TRAINING TO HEALTHCARE STAFF CONTINUED

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>6.2</b> Continued.	OHS incident investigation and post-incident support training for middle management (i.e. NUMs, ANUMs, MUMs, AMUMs etc.) is not provided.	OHS incident investigation and post-incident support training is available on an elective basis.	All middle management receive mandatory OHS incident investigation and post-incident support training.
<b>6.3</b> Employer-specific training and education for both health workers and security staff should be provided.	Emergency procedure training drills (including Code Grey and Black) are not undertaken.	Emergency procedure training drills are infrequently undertaken.	Emergency procedure training drills (including Code Grey and Black) are scheduled regularly, are mandatory and attended by all members of the emergency teams, such as Code Grey and Black. Debriefs are conducted after each to identify learnings and improvements.
	Employees are not trained in procedures for searching patient and visitors.	Employees receive limited training in procedures for searching patient and visitors.	Employees receive regular, mandatory training in procedures for searching patient and visitors that are compliant with legislative provisions and related policies. This includes visiting (VMOs), consultants and GPs.
	No training is provided in relation to behavioural contracts, nor duty of care obligations / withdrawal of service following aggressive incidents.	Training is available to staff in relation to behavioural contracts on an elective basis.	Employees including corporate representatives receive education to assist all staff to understand and enact behavioral contracts. Clear guidelines are provided in relation to withdrawal of service.
	OVA-related training has not been developed in consultation with staff.	OVA-related training has been developed in consultation with some clinical staff.	All OVA-related training has been developed in consultation with staff from all clinical and non-clinical areas, and is regularly reviewed for appropriateness.
<b>6.4</b> Standardised training for both health workers and security staff should occur.	The health service has not benchmarked OVA training programs against similar health services nor Department of Health and Human Services standards for consistency and quality.	The health service has started to benchmark OVA training programs against similar health services and Department of Health and Human Services standards for consistency and quality, but has not implemented changes to address gaps.	The health service has benchmarked all OVA training programs against similar health services and Department of Health and Human Services standards for consistency and quality, and has addressed identified gaps.
<b>6.5</b> Regular, multidisciplinary refresher training for health workers and security staff.	The facility does not offer OVA refresher training to all clinical (doctors, nurses, midwives, allied health and others) and non-clinical staff.	All clinical (doctors, nurses, midwives, allied health and others) and non-clinical staff can access OVA refresher training.	All clinical (doctors, nurses, midwives, allied health and other) and non-clinical staff receive regular, mandatory OVA refresher training, including a face to face component at least annually. Training is collective and multi-disciplinary, involving workers from clinical and non-clinical departments. This includes visiting (VMOs), consultants and GPs.

## 7 INTEGRATE LEGISLATION, POLICIES AND PROCEDURES

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>7.1</b> Health services' responses to aggression and violence such as Code Grey and Code Black must be consistent with state-wide guidance, and apply to all situations of occupational violence and aggression.	The facility does not have a Code Grey procedure.	The facility has a Code Grey procedure but it is not in line with Department of Health and Human Services guidelines or is not fully implemented.	The facility has an effective Code Grey procedure in line with Department of Health and Human Services guidelines that is implemented, regularly trialed and used by staff.
	No clear process exists for when multiple concurrent Code Greys / Blacks are called.	-	A clear process and response plan exists for when multiple concurrent Code Greys / Blacks are activated, which is implemented and trialed.
	-	For health services who do not have a capacity to perform 5 person Code Grey response, other means of addressing this issue must be developed and implemented.	-
	The facility does not have a Code Black procedure.	The facility has a Code Black procedure in line with Australian Standards (AS 4083).	The facility has a Code Black procedure in line with Australian Standards (AS 4083), which is implemented, regularly trialed and is used by staff.
	-	The OVA prevention and response system, policy and procedures do not cover all identified situations at risk of occupational violence and aggression.	The OVA prevention and response system, policy and procedures have been implemented and reviewed, and cover all identified situations at risk of occupational violence and aggression, and staff have been provided with education about any updates.
<b>7.2</b> Workplaces should integrate their violence prevention policies with other policies such as clinical assessment, de-escalation, escalation, post incident support, training and education and security policies.	OVA prevention and response system, policy and procedures are not integrated.	OVA prevention and response system, policy and procedures have been reviewed and have limited integration.	OVA prevention and response system, policy and procedures (inclusive of education and training for all staff) are implemented and regularly reviewed for consistency, and are integrated into the health service's broader systems, such as: <ul style="list-style-type: none"> <li>• security policies</li> <li>• equipment e.g. personal duress and fixed alarms, CCTV, patient searches and storage of belongings (including weapons), storage of dangerous goods, mandatory training.</li> </ul>
	OVA prevention and response system, policy and procedures have not been reviewed and integrated with security policies.	OVA prevention and response system, policy and procedures have been reviewed with security policies and inconsistencies have been identified.	OVA prevention and response system, policy and procedures are implemented and regularly reviewed with security policies for consistency, and are integrated.
	OVA prevention and response system, policy and procedures have not been reviewed and integrated with clinical and non-clinical OVA-related training and education policies.	OVA prevention and response system, policy and procedures have been reviewed with clinical and non-clinical OVA-related training and education policies and inconsistencies have been identified.	OVA prevention and response system, policy and procedures are regularly reviewed with clinical and non-clinical OVA-related training and education policies for consistency and are integrated.

## 7 INTEGRATE LEGISLATION, POLICIES AND PROCEDURES CONTINUED

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<p><b>7.2</b> Continued.</p>	<p>Clinical and non-clinical OVA-related training has not been updated to ensure best practice and current information.</p> <p>Local area processes for preventing and responding to violence have not been reviewed and are not consistent with organisational policies.</p> <p>No consultation with employees is undertaken regarding development and review of OVA-related policies and procedures.</p>	<p>Clinical and non-clinical OVA-related training has been partially updated to ensure best practice and current information.</p> <p>Local area processes for preventing and responding to violence have been reviewed in line with organisational policies but are not fully consistent with organisational policies.</p> <p>Limited consultation is undertaken with employees regarding development and review of OVA-related policies and procedures.</p>	<p>All clinical and non-clinical OVA-related training is regularly reviewed to ensure it covers all aspects of OVA, has currency with OVA industry knowledge, changes in the health service's system due to the OVA action plan, key OHS cultural approaches and consistency of OVA / OHS messaging.</p> <p>Local area processes for preventing and responding to violence have been reviewed at regular intervals and are consistent with organisational policies.</p> <p>Staff are regularly consulted in the development and review of all OVA-related policies and procedures.</p>
<p><b>7.3</b> Systemic policy changes and decisions about a patient's care should take into consideration any potential for the change to increase the incidence of aggression and violence.</p>	<p>Systemic policy changes do not consider the potential to increase the prevalence of OVA incidents.</p> <p>Decisions about a patient's care do not consider the potential to increase the prevalence of OVA incidents.</p>	<p>Systemic policy changes consider the potential to increase the prevalence of OVA incidents but this process is not integrated within the health service's system to prevent and minimise impacts.</p> <p>Decisions about a patient's care consider the potential to increase the prevalence of OVA incidents but this process is not formally integrated within the health service's system, nor is there a process to prevent and minimise the impacts.</p>	<p>Systemic policy changes consider the potential to increase the prevalence of OVA incidents and this process is formally integrated within the health service's system to prevent and minimise the impacts.</p> <p>Decisions about a patient's care consider the potential to increase the prevalence of OVA incidents and this process is formally integrated within the health service's system, with actions implemented to prevent and minimise the impacts.</p>

## 8 PROVIDE POST-INCIDENT SUPPORT

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>8.1</b> In the event of aggressive or violent incidents, staff members should receive extensive and appropriate follow up, support and care, including information about, and access to, the workers' compensation system and the police reporting system process.	No documented post incident reporting procedure exists.	A post incident reporting procedure exists that does not incorporate all minimum standards, or is implemented on an ad hoc basis.	The health service has a documented, implemented post incident reporting procedure which covers: <ul style="list-style-type: none"> <li>post incident follow up timelines and processes for contacting involved workers</li> <li>protocols that ensure evidence is undisturbed (where applicable)</li> <li>support and care options for all staff / patients involved</li> <li>information, access to and processes for workers' compensation system</li> <li>documented review of the patient care plan inclusive of implementing mechanisms to provide a safe workplace</li> <li>responsibility for arranging repairs etc without delay</li> <li>information, access to and processes for police reporting system without loss of pay.</li> </ul>
	-	The health service's post incident reporting procedure, processes and tools are implemented and reviewed for improvement.	The health service's post incident reporting procedure, processes and tools are implemented and regularly reviewed for improvement and recommendations implemented.
	The health service does not provide information, support or accompany staff during the police reporting process.	The health service provides limited support to staff to pursue police reporting.	The health service provides workers with information and support and option for accompanying staff during the police reporting and prosecution process as requested.
	The health service does not have a police liaison.	The health service has an identified police liaison.	The health service has a police liaison and appropriate employer representative(s) conduct regular contact meetings. A regular report on these meetings is provided to the OHS committee, and information / updates are also distributed to staff.
	Critical incident, general and operational debriefs are not conducted following incidents.	Critical incident, general and / or operational debriefs are sometimes conducted following incidents.	Clear processes, requirements and appropriately trained staff are available to conduct critical incident, general and operational debriefs following incidents.
<b>8.2</b> Incident investigation and actions taken as a result must also be reported.	Actions taken as a result of an incident are not communicated to the workers involved.	Actions taken as a result of an incident are recorded and are available to those involved.	Actions taken as a result of an incident are communicated directly to the involved workers, and others in the service who are potentially affected, without employee privacy being breached.

## 9 APPLY ANTI-VIOLENCE APPROACH ACROSS ALL HEALTH DISCIPLINES

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>9.1 All healthcare workers and other workers who come into contact with patients (and their families and visitors) have consistent knowledge around the prevention and responses to violence, and the health service's procedures and expectations.</b> <u>See also 6 – Provide education and training to healthcare staff</u>	No OVA training is available or there are only limited places for staff to attend.	Some categories of clinical staff receive and attend OVA training.	All clinical (doctors, nurses, midwives, allied health and others) and non-clinical staff receive and attend multidisciplinary, mandatory OVA training at orientation and then at regular intervals.
	There is no messaging for patients, family and visitors in relation to acceptable behavioural standards in the health service.	There is some messaging around behavioural expectations which is not proactively provided to all patients, family and visitors pre-admission / on arrival / admission to the health service.	Clear messaging is provided to all patients, family and visitors pre-admission / on arrival / admission to the health service setting out appropriate behaviour, and the possible consequences of failing to comply with these expectations.
	The OVA working party does not have representation of all work groups.	There is limited representation of clinical and non-clinical workers on the OVA working party, with little opportunity for consideration of their views and experiences.	All clinical and non-clinical workers and ANMF (as requested) are represented on the OVA working party and their views and experiences considered in the development and implementation of the OVA action plan.
<b>9.2 All workers in healthcare settings should have the expectation that they will not encounter violence or aggression at their workplace.</b> <u>See 10 - Empower staff to expect a safe workplace</u>	Workers do not receive messaging from management that they should not accept violence or aggression in their workplace.	All workers receive informal messaging from management that they should not accept violence or aggression in their workplace.	All workers in the health service receive consistent and supportive modelling from management that they should not accept violence or aggression in their workplace e.g. formal component of training, policies, messaging, policies, follow up etc and put into action.
	No review of clinical training, practices, policies and procedures around behaviors of concern has occurred to ensure alignment with OVA messaging, policies and procedures.	Limited review of clinical training, practices, policies and procedures around behaviors of concern has occurred to align with OVA messaging, policies and procedures.	All clinical training, practices, policies and procedures around behaviors of concern are regularly reviewed to align with OVA messaging, policies and procedures.
<b>9.3 All workers' reports about aggressive or violent behavior from a patient or their visitors should be taken into consideration when making decisions about the patient's care and management.</b>	OVA incident reports, including Code Grey and Code Black reports, and in clinical notes, about the patient or visitor are not reflected in the patient care plan or taken into consideration when making decisions about the patient's care and management.	OVA incident reports, including Code Grey and Code Black reports, and in clinical notes, about the patient or visitor are taken into consideration when making decisions about the patient's care and management but there is no clear standardized documented process.	A clear process exists and is implemented to ensure OVA incident reports, including Code Grey and Code Black incidents, in clinical notes, and any other known forms of violence or aggression in relation to the patient or visitor(s) are recorded in the medical records, and that the patient care plan reflects the identified hazard.
	No weight is given to reports by nurses and midwives of aggressive or violent patient behaviour by those making decisions about a patient's care plan.	Little weight is given to reports by nurses and midwives of aggressive or violent patient behaviour by those making decisions about a patient's care plan.	Consideration is given to the potential OVA risks as identified by all disciplines at all times, and actions implemented to reflect concerns and prevent / minimise impacts.
<b>9.4 In making decisions, it is important to communicate, consult and collaborate with all staff involved in the patient's management and care.</b>	Collaborative multi-disciplinary case conferences for patients with challenging behavior do not occur.	No clear model or process exists for regular collaborative multi-disciplinary case conferences for patients with challenging behavior.	A clear model and process exists and is implemented for regular collaborative multi-disciplinary case conferences for patients with challenging behavior, with OVA as a specific consideration. Where appropriate, this involves family members, carers and / or nominated persons.

## 10 EMPOWER STAFF TO EXPECT A SAFE WORKPLACE

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<p><b>10.1 Management must demonstrate commitment to changing the culture of healthcare workplaces to reflect no acceptance of aggression or violence in health services.</b></p> <p><b>In workplaces where there is no acceptance of aggression or violence, staff will become empowered to report incidents, and implement preventative actions, and believe in their right to a safe workplace.</b></p>	There is no OVA working party, nor OVA oversight committee with oversight of implementation of actions in relation to OVA.	There is an OVA working party doing work in relation to prevention of violence and aggression, but there is no overarching strategy, or it does not have reporting responsibility to a higher level OVA oversight committee.	A high-level OVA committee is designated to have oversight of all OVA work, and a further OVA working party has developed an OVA strategy and action plan to implement an organisational, risk management approach to prevention of violence and aggression. ANMF is represented on the OVA oversight committee and OVA working party upon request.
	No executive management representatives are active members of the OVA working party.	Some executive management representatives are active members of the OVA working party	The health service's CEO and executive management are active members of the OVA working party.
	Executive management do not receive any safety culture and OVA-specific training.	Executive management including the CEO receive limited safety culture and OVA-specific training.	All management roles (including the CEO, board and executive) receive safety culture and OVA-specific training.
	The health service does not have a prevention of OVA policy.	The health service has a prevention of OVA policy.	The health service has a collaboratively-developed prevention of OVA policy that is fully endorsed (signed) by the CEO and chair of the board.
	The health service's incident reporting and investigation policies do not promote a no blame culture.	The health service's policies refer to a no blame culture, but this is not actively supported in tools etc, or is not fully and actively implemented.	The health service's incident reporting and investigation policies promote a no blame culture with at least 90% of staff reporting that the no-blame culture is actively implemented. Further, managers are provided with education and training, and have access to incident reporting and investigation tools.
	OVA training does not exist or does not promote a non-acceptance of aggression or violence in the workplace.	OVA training does not actively promote a non-acceptance of aggression or violence in the workplace, or is not based on appropriate policy.	OVA training actively promotes non-acceptance of aggression or violence in the workplace and includes workers' rights for safe workplace and provisions if this is breached.
	Use of language by senior and middle management around non-acceptance of OVA does not demonstrate positive safety culture e.g. language is used which suggests that violence is an inevitable part of healthcare workplaces.	Use of language by senior and middle management around non-acceptance of OVA sporadically and/or inconsistently demonstrates positive safety culture e.g. language is sometimes / inconsistently used which suggests that violence is not okay, but sometimes is used suggesting violence is an inevitable part of healthcare workplaces.	Positive safety culture is demonstrated through consistent use of language which promotes non-acceptance of OVA by all staff, including senior and middle management e.g. language is always used which promotes the message that violence is never okay, and steps will be taken to investigate and reduce the risk into the future.
	There are no OVA strategic programs nor action plans in place.	There are either OVA strategic programs or action plans in place, which have not been developed with stakeholders, or are not monitored by an oversight committee. The board does not receive progress reports.	OVA strategic programs and action plans have been developed in consultation with stakeholders including ANMF, and are monitored by an OVA oversight committee, with regular reports on progress presented to the board.
	No extra resourcing is provided to achieving OVA action plan and OVA strategic outcomes.	Limited resourcing is allocated to achieving OVA action plan and OVA strategic outcomes.	Extra resourcing is allocated to achieving OVA action plan and OVA strategic outcomes.



## 10 EMPOWER STAFF TO EXPECT A SAFE WORKPLACE CONTINUED

CRITERIA	HIGH RISK	REDUCED RISK SOLUTION	LOW RISK SOLUTION
<b>10.1</b> Continued.	The health service does not invite nor recognise employee OVA achievements (e.g. OVA safety suggestions by employees, actions taken by employees to identify OVA hazards and improve safety).	Employee OVA achievements are invited and recognised in a limited capacity at an organisational wide and local level (within the units).	Employee OVA achievements and suggestions are actively invited and recognised both at an organisational wide and local level (within units). Improvements are made as a result with appropriate acknowledgement.
	No clarity around employee's control or decision making ability is provided to prevent or minimise OVA.	The facility has an escalation policy but it does not provide clear boundaries.	The facility has a clear escalation policy that creates clarity about employee, manager (NUM/ANUM) and executive management escalation points and decision making ability, and is implemented with decisions for extra resources supported.
	Organisational values place prime and sole focus on patient safety and experience, without regard for staff safety.	Organisational values recognize staff safety, but it is considered secondary to patient safety.	Safety culture for both patients and staff are included and represented as of equal importance in organisational values and represented in all branding.
<b>10.2</b> All action plans around prevention and management of violent and aggressive incidents should be developed in consultation with staff.	There is no OVA working party, nor OVA oversight committee with oversight of implementation of actions in relation to OVA.	There is an OVA working party doing work in relation to prevention of violence and aggression, but there is no overarching strategy, or it does not have reporting responsibility to a higher-level OVA oversight committee.	A high level OVA committee is designated to have oversight of all OVA work, and a further OVA working party has developed an OVA strategy and action plan to implement an organisational, risk management approach to prevention of violence and aggression. ANMF is represented on the OVA oversight committee and OVA working party upon request.
	No representatives from clinical (doctors, nursing, midwives, allied health and others) and non-clinical areas on the OVA working party.	The facility demonstrates a limited commitment to an integrated approach to OVA prevention by representatives of some clinical (doctors, nursing, midwives, allied health and others) and non-clinical areas being active members of the OVA working party.	The facility has an integrated approach to OVA prevention and management by actively including representatives of all clinical (doctors, nursing, midwives, allied health and others) and non-clinical areas / departments and ANMF (as requested) as being active members of the OVA working party, with meetings scheduled at times that enable staff to attend.
	No HSRs are members of the OVA working party.	HSRs are invited (but not actively encouraged) to be members of the OVA working party and / or meetings are not scheduled to facilitate attendance.	Appropriate number of HSRs are active members of the OVA working party, and are encouraged and facilitated to attend in paid time.
	HSRs and employees are not consulted in the formulation of the health service's OVA strategy and action plan.	Limited consultation with HSRs and employees has occurred in regard to the development and project work of the health service's OVA strategy and action plan with less than 85% awareness of the OVA action plan amongst staff.	HSRs, employees and ANMF have been and are regularly consulted in the development and project work of the health service's OVA strategy and action plan, and there is greater than 85% awareness of the OVA action plan amongst staff.







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