

Violence Prevention & Management Training Framework for the NSW Public Health System

Document Number PD2012_008

Publication date 27-Jan-2012

Functional Sub group Personnel/Workforce - Learning and Development
Personnel/Workforce - Occupational Health & Safety

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

Replaces Doc. No. Training Program - A Safer Place to Work: Preventing/Managing Violent Behaviour - NSW Health [PD2005_316]

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Applies to Local Health Districts, Speciality Network Governed Statutory Health Corporations, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

Audience All staff

Distributed to Public Health System, Government Medical Officers, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Tertiary Education Institutes

Review date 27-Jan-2017

Policy Manual Not applicable

File No. 10/3238-4

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

VIOLENCE PREVENTION AND MANAGEMENT TRAINING FRAMEWORK FOR THE NSW PUBLIC HEALTH SYSTEM

PURPOSE

To ensure a safe workplace where NSW Health staff, including managers, receive the appropriate levels of training and support to develop the necessary skills to respond effectively to the potentially aggressive, intimidating, threatening or violent behaviour of patients and visitors in the workplace.

The policy specifies the expectations of what skills and knowledge staff, including managers are expected to have in the prevention and management of aggressive, intimidating, threatening or violent behaviour across NSW Health.

This policy aims to:

- Keep NSW Health staff, patients and visitors safe
- Support the NSW Health Zero Tolerance to Violence Policy and Protecting People and Property Security Manual.
- Support public health organisations to meet their work health and safety legislative obligations, including those that relate to the provision of information, instruction and training.
- Provide a consistent framework for training across NSW Health
- Ensure that the threat of workplace violence is managed as a significant workplace hazard, within a risk management framework.

MANDATORY REQUIREMENTS

Public health organisations must ensure staff, including managers, have appropriate access to training to ensure they have the necessary skills and knowledge to prevent and respond to violence.

Public health organisations have a legal obligation to ensure all staff receive sufficient training, instruction and supervision to enable them to work safely. All staff must know how to recognise, respond to and report incidents of aggressive, intimidating, threatening or violent behaviour.

NSW Health staff, including managers are expected to contribute to the achievement of a safe workplace by being aware of and acting in accordance with NSW Health policies and procedures regarding workplace violence, attending all necessary training, and participating in other relevant learning activities.

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

Records of attendance at training must be kept and training must be evaluated.

IMPLEMENTATION

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

Chief Executives are required to:

- Provide overall direction for the implementation of violence prevention training and ensure that violence prevention training is monitored and evaluated
- Direct adequate resources to training to ensure requirements for health and safety are met and that managers can meet their responsibilities
- Identify staff within their public health organisation who will:
 - Identify and assess education and training needs of staff in regard to violence prevention and management
 - Coordinate the delivery of comprehensive training programs and learning activities to meet individual and organisational needs consistent with the requirements of this policy
 - Identify training resources required to deliver timely and adequate training
 - Ensure that staff have opportunities to attend training, all staff are trained within three months of commencing employment, and all staff receive refresher training at least every two years
 - Arrange for the effectiveness of training to be evaluated.

Managers are required to:

- Take action to prevent, manage, respond to and report violence in line with local procedures
- Ensure the training needs of staff are identified, documented and addressed and that staff are rostered to attend training
- Inform staff of applicable workplace violence policies and procedures
- Ensure that staff know specific procedures for dealing with workplace threats and emergencies, and how to contact security assistance
- Consider adequacy of training when investigating incidents.

All staff are required to:

- Be familiar with local procedures for dealing with workplace threats and emergencies, and know how to summon assistance
- Take all threats seriously
- Co operate with action to prevent, manage, respond to and report aggressive, intimidating, threatening or violent behaviour in line with local procedures
- Seek assistance as early as possible and preferably before a situation escalates
- Use the personal protective equipment provided to them eg personal duress alarms
- Attend and comply with the requirements of the training provided.

REVISION HISTORY

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

ASSOCIATED DOCUMENTS

1. Violence Prevention and Management Training Framework for the NSW Public Health System – Training Framework

**Violence Prevention Training Framework for the NSW
Public Health System**



Issue date: January 2012

PD2012_008

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1 BACKGROUND

1.1 Introduction

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

These incidents may involve:

- A threat of violence against staff (which may include verbal/non-verbal, intimidation); and/or
- Some form of intimidation that may continue over time; and/or
- Actual physical violence with or without weapons.

NSW Health is committed to preventing work related injuries and illnesses by providing safe and healthy workplaces and systems of work for all staff. A key priority is to prevent or minimise patient and visitor initiated aggression, intimidation, threatening or violent behaviour by ensuring systems are in place to anticipate and/or assist in the management of these situations, and to support staff if an incident occurs.

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

This Training Framework aims to minimise and prevent violence in the workplace by ensuring staff have access to appropriate training.

In 2003, NSW Health developed the training package: *A safer place to work – preventing and managing violent behaviour in the Health workplace PD2005_316*. As a result of this initial program the public hospital system has established a level of expertise in developing and delivering violence prevention training that now needs to be built upon through the implementation of this Training Framework.

The objective of this Training Framework is to provide minimum standards for the relevant skills to be developed in staff (rather than specifying a structured training program). These minimum standards will allow flexibility in the development and implementation of local initiatives but maintain standardised outcomes.

1.2 Key Training Priorities

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

- Understanding the key components of a customer service approach when interacting with patients and visitors
- Understanding the key causes and components of difficult or challenging behaviour
- Preventing violence occurring or escalating
- How and when to call for assistance (eg by using duress alarms)
- Responding to incidents and alarms
- Post-incident management (including use of cascade of responses)
- Reporting and reviewing aggressive, intimidating, threatening or violent incidents
- The particular strategies needed to minimise the risk of violence in high risk environments.

1.3 Key Definitions

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

Violence

Any incident or behaviour in which staff feel abused, are threatened or assaulted in circumstances arising out of, or in the course of, their employment including verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault.

Competence

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

Restraint

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

1.4 Program Training Requirements

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

Training plays a particular role in supporting implementation of the standards set out in the NSW Health *Zero Tolerance Response to Violence in the NSW Workplace* and the Security Manual *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities*. It is important for staff including managers to have access to practical information and training regarding their implementation.

Public health organisations must have in place a violence prevention, management and response training program which covers, as a minimum, the content and learning outcomes outlined in this Training Framework.

1.5 Risk Management Process

Training is only one of the control measures required for prevention of occupational violence. It is not a substitute for more comprehensive actions required as part of aggression risk management to eliminate or minimise violence eg facility design, access control, duress alarms etc. These requirements are outlined in the Security Manual *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities*.

2 VIOLENCE PREVENTION TRAINING

Training is a fundamental component of violence prevention and management. Training is necessary for all staff, including managers, who may be involved in preventing or responding to an incident of workplace violence. Managers must ensure all staff receive sufficient training, instruction and supervision to minimise the risk of exposure to violence.

Refresher training should occur to ensure that the skills of staff are maintained.

Training in workplace violence prevention and management will vary according to different roles and working environments. The minimum standards for the skills and knowledge to be developed in staff are detailed in Section 2.3 of this Training Framework.

2.1 Principles Underpinning Training Strategies

All training strategies will be based around the principles that:

- Staff have a right to a safe workplace
- Patients and the community have a right to be safe when they are in a facility
- Violence and aggression are not an acceptable part of anyone's job
- Treating people with respect is a core value and expectation
- Management will support all staff to minimise the risk of violence
- All violent incidents will be managed and a response provided
- All violent incidents will be investigated
- Management will provide support for staff where there has been an incident
- All incidents of threatened or actual violence must be reported
- A risk management approach must be taken to dealing with violence
- Early intervention or identification of the potential for violence is preferable to having to deal with an aggressive, intimidating, threatening or violent incident.

2.2 Audience

It is important to perform a training needs analysis based on the various operational groups/ roles and work environments of the staff. Training strategy and content then needs to be refined to suit specific training requirements. Regard should also be given to the level of experience and familiarity with violence prevention strategies already held by staff.

2.3 Program Delivery: Standards for Categories of Staff

Violence prevention training should reflect the following minimum standards.

2.3.1 Standards for Category 1 staff

Category 1 staff are those identified as being at risk of workplace violence. They must be trained to be competent in the following:

- Understanding violence, the zero tolerance policy and key components of aggressive, intimidating, threatening or violent behaviour;
- Customer service principles and application, including the need to be reasonably identified by patients and visitors eg name badges;
- Dealing with difficult people over the telephone;
- Identifying and applying strategies available to them for risk management to prevent violence;
- Identifying and selecting appropriate response options when confronted with violent behaviour;
- Identifying aggressive behaviour that may escalate to violence if not managed properly;
- Giving priority to both personal safety and the safety of others when confronted with aggressive, intimidating, threatening or violent behaviour;
- Using verbal and non-verbal communication strategies to defuse violent behaviour where appropriate;
- Identifying when, how and who to call for assistance;
- Knowing the location of fixed duress alarms and knowing how to use a personal duress alarm unit;
- Utilising emergency and duress protocols applying to their workplace;
- Operating emergency/ duress equipment in their workplace;
- Drills simulating the activation of the emergency/ duress procedures;

- Understanding the roles and tasks of the various staff involved in a duress response;
- Understanding the policies and procedures for reporting and record keeping protocols relating to the Incident Information Management System (IIMS) and the Zero Tolerance to Violence mandatory reporting;
- Using personal reflective practices about how an incident was dealt with;
- Understanding the incident investigation process and the role of staff in the process;
- Understanding policies and procedures for obtaining medical care, counselling, workers' compensation or legal assistance after a violent incident.
- Identifying available support services following a violent incident; and
- Identifying how management can provide post-incident support services, including Employee Assistance Program (EAP) and workers compensation.

2.3.2 Standards for Category 2 staff

Category 2 staff are those identified as working in high risk areas which may include (but is not limited to) Mental Health, Emergency Department, Aged Care, Midwifery and Early Childhood, Maternity, Methadone, Brain Injury, Neurology, Community Health and Drug & Alcohol. Other work areas may be identified, via the risk assessment process, as being at significant risk of aggressive behaviour.

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

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

1. Prevention

Staff must be trained to be competent in:

- Understanding patients' feelings, perceptions;
- Identifying motivators and triggers for anger and distress;
- Recognising staff behaviour and communication style, and how this impacts on patients' behaviour;
- Using communication skills and use of strategies/ techniques for de-escalation;
- Developing and delivering a therapeutic environment which engages the patient, and the importance of the ongoing support of all staff; and
- Advising staff and patients of service processes and expectations of public health organisations.

2. Risk Assessment and Management

Staff must be trained to be competent in:

- Identifying clinical conditions that can cause violent behaviour;
- Identifying characteristics and predictors of violent behaviour;
- Identifying factors that contribute to escalation of risk (eg diagnosis, expectations (reasonable or otherwise), environment (eg heat, noise, discomfort), poor interpersonal skills;
- Undertaking a risk assessment for a patient/person to identify the risk of violence and identify suitable strategies;
- Identifying changing levels of risk;
- Implementing strategies that will reduce violent behaviour; and
- Knowing when to escalate response.

3. Basic Physical Safety

Staff must be trained to be competent in:

- Recognising safe and danger zones in the workplace;
- Considering environmental variables in approaching patients, including the needs of other people in the immediate environment;

- Identifying and using personal safety strategies when responding to and managing an aggressive person;
- Using exit awareness in the physical work environment and strategies to be able to exit that environment if necessary;
- Using evasive techniques and
- Using correct restraint procedures.

4. Legal Framework/ Policies and Protocols

Staff must be trained to be competent in:

- Understanding relevant legal requirements arising from the Work Health and Safety legislation, Mental Health legislation and in relation to the use of force, particularly in relation to detaining or restraining patients
- Understanding policies regarding the use of force, particularly in relation to detaining or restraining patients;
- Utilising the least restrictive interventions related to level of risk (refer *PD2007_054 Seclusion Practices in Psychiatric Facilities*); and
- Understanding local workplace protocols and procedures.

2.3.3 Standards for Category 3 staff

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

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

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

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

1. Personal Safety and Protection

Staff must be trained to be competent in:

- Assessing a situation and determining the best response/management strategy;
- Understanding own limitations;
- Utilising strategic withdrawal techniques;
- Identifying environmental and personal hazards;
- Utilising self preparation techniques;
- Understanding team roles during and after a restraint event; and
- Utilising organisation safety procedures eg duress teams and understanding their limitations.

2. Application of advanced communication and de-escalation techniques

Staff must be trained to be competent in:

- Understanding their role in aggression minimisation;
- Utilising negotiating skills;
- Utilising non-coercive limit setting skills; and
- Utilising advanced de-escalation skills

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

Staff must be trained to be competent in:

- Utilising the safe placement of force;
- Implementing immediate containment interventions;

- Identifying appropriate restraint techniques for the level of aggression across age groups (adolescents/adult/older persons), and special population groups, and use, as appropriate of mechanical restraint;
- Co-ordinating team restraint technique; and
- Disengaging, resolution and post restraint management techniques.

4. Application of break-away techniques

Staff must be trained to be competent in:

- Utilising break-away techniques appropriate to level of aggression and available resources.

2.3.4 Standards for Category 4 staff

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

- Implementing risk management;
- Implementing Incident investigation and reporting;
- Post incident staff monitoring and support;
- Post incident follow up;
- Understanding their responsibilities in preventing violence from occurring and understanding how risks are controlled; and
- Developing procedures, in consultation with staff, to control or eliminate workplace violence.

2.4 Training Delivery

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

Staff should undertake the above relevant training within 3 months of commencing employment, delivered by a trainer with appropriate training qualifications. It is further suggested that staff should be provided with information updates and refresher training at least every two years.

2.5 Evaluation

Immediate

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

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

Longer Term

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

2.6 Monitoring

The Ministry may request information on the training strategies developed by public health organisations.

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