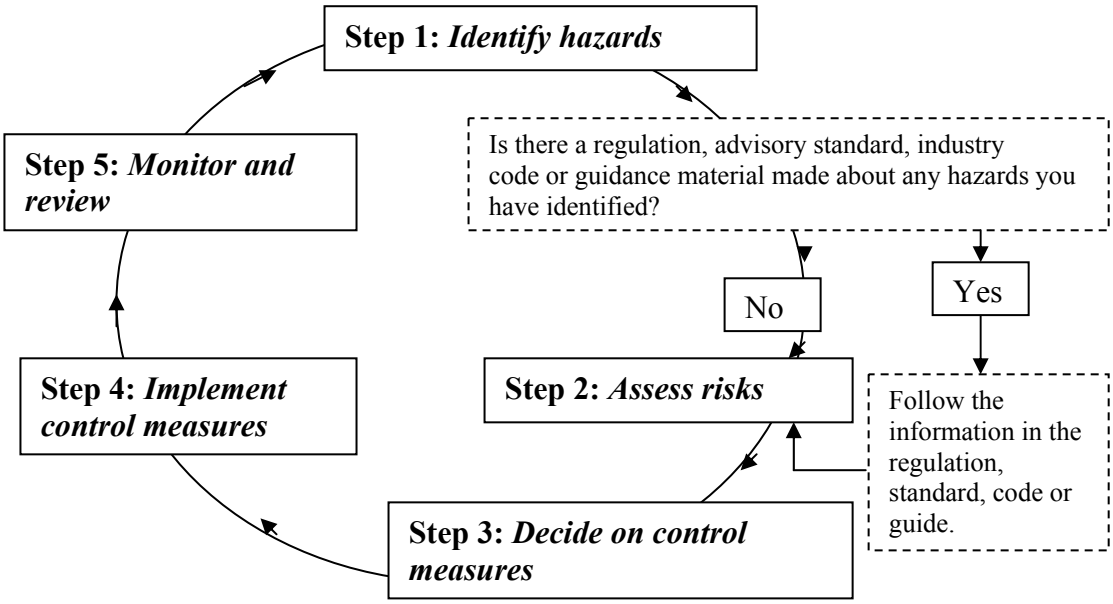
Queensland Government
Department of Industrial Relations

Health Care Facility/Service Safety Management System

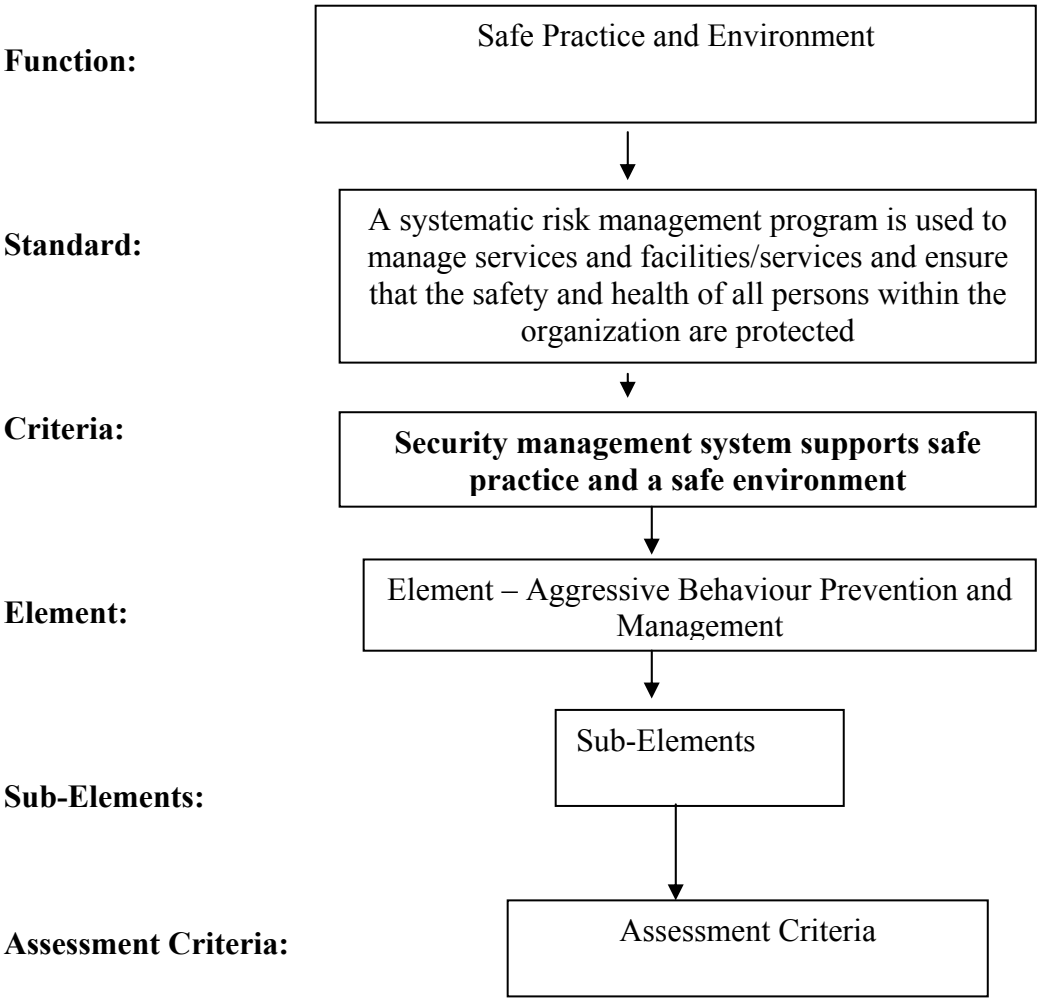
Element – Aggressive Behaviour Prevention and Management

Figure 1 – Risk Management Approach



Contents

Figure 2: Where this Element fits into the Safety Management System



This document describes a suggested Risk Management process for Aggressive Behaviour Prevention and Management in health care facilities/services. As outlined in the flow diagram above this document describes one "Element" of a Safety Management System (SMS). This Safety Management System and this Element have been developed by organizations that represent workers and employers in the Queensland health care sector. These organizations include Queensland Health, the Australian Workers' Union, the Private Hospital Association of Queensland, the Uniting Health Care Group, and the Queensland Nurses' Union. The following organizations provided comment upon the content of the Element: Aged Care Queensland Incorporated, Australian Medical Association – Queensland, and the Australian Salaried Medical Officers Federation – Queensland. Workplace Health and Safety Queensland (Queensland Department of Industrial Relations) provided advice as to the Workplace Health and Safety legislative requirements.

This Element document contains suggested risk management guidelines as developed by the health care sector and as such is not the only way such risks might be managed and compliance with the content is not mandated by the Queensland Workplace Health and Safety Legislation. The Element document is a means of the Industry sharing risk management practice information.

Element – Aggressive Behaviour Prevention and Management

Introduction

Purpose of this Element:

- To ensure a safe work and treatment environment for clients, staff and other consumers of the health care facility or service.
- To ensure that appropriate standards and other legislative guidelines regarding safety are met.
- To provide guidance material to assist in the management and prevention of aggression and violence at health care facilities/services. The provisions of this element may not include all possible risk management issues and is based on the analysis of risk management information contained in the publications listed in the reference section of this Element.

Outcome of this Element:

- Staff are informed regarding management of aggression and violence.
- There is consistency in procedures and strategies across the facility regarding the management of aggression and violence.
- The management of aggression and violence is carried out in a planned and least traumatising and/or disruptive manner.
- The safety of staff, clients and other consumers is maintained at the highest possible level regarding security management.

Scope of this Element:

Health care facilities/services providing services to in-patients, out-patients, out-reach patients in settings such as hospitals, day care units, mental health facilities/services, residential aged care facilities/services, and people's homes. A range of sub-elements are listed but may not be applicable to all such facilities/services. Application of sub-elements to each facility should be based upon what is reasonable and practicable for that facility.

Definitions:

Aggression is defined as the infliction, or threat, of harm or injury (either physical or psychological) upon another person. It includes verbal, physical or psychological abuse, threats or intimidating behaviour, intentional physical attacks such as hitting, pinching or scratching, aggravated assault, threats with an offensive weapon, sexual harassment or sexual assault. (p6) It also includes workplace harassment as defined below.

Workplace Harassment is defined as:

(1) A person is subjected to "workplace harassment" if the person is subjected to repeated behaviour, other than behaviour amounting to sexual harassment, by a person, including the person's employer or a co-worker or group of co-workers of the person that -

(a) is unwelcome and unsolicited; and

(b) the person considers to be offensive, intimidating, humiliating or threatening; and

(c) a reasonable person would consider to be offensive, humiliating, intimidating or threatening.

(2) "Workplace harassment" does not include reasonable management action taken in a reasonable way by the person's employer in connection with the person's employment.

(3) In this section -
"sexual harassment" see the *Queensland Anti-Discrimination Act 1991*, section 119.

Sub-Elements:

Sub-Element 1: Workplace Health and Safety Risk Management:

Under no circumstances should exposure to aggression in the workplace be accepted as a normal part of the job.

Responsibility for aggression management and prevention should be designated to the appropriate executive of the health facility/service. Each facility should designate an appropriate officer to be responsible for the coordination of the risk management process across the facility.

Utilising the **risk management approach of hazard identification, risk assessment, risk control, and evaluation,** potential sources of aggression and violence are identified early, and assessed, in order to prioritise prevention activities. The approach provides for an integrated program for:

- **The prevention of aggression** by**:**
  - identifying and assessing patients / clients / visitors/ residents/staff with a history of aggression so that appropriate care strategies can be implemented and communicated to employees and others (within the context of privacy issues);
  - ensuring due consideration is given to the design, construction and modification of the work environment, including access;
  - ensuring due consideration is given to staffing and resource issues;
  - ensuring due consideration is given to policies and procedures for staff working at the facility and during home visits, and for external agencies, for example Family Services, Police, and Corrective Services;
  - ensuring due consideration is given to training; and
  - alerting relevant staff that a patient / client /visitor/staff member is exhibiting, or likely to exhibit signs of aggression, and control measures implemented.
- **The management of violent or aggressive incidents** by:
  - ensuring that appropriate policy, procedures, support systems and services are in place;

- ensuring staff possess skills for the identification and de-escalation of aggressive behaviour;
- safety duress alarms or alternatives to raise alarms and seek assistance; and
- appropriate response systems are in place such as safety and security officers, police back up or on-call staff back up, or local members of the community are available in accordance with risk assessment.

- **The management of the post aggressive period,** by:
  - ensuring that staff, patients / clients or members of the public are supported following an incident.

Sub-Element 2: Risk identification and Assessment

Conduct and document a *risk identification and risk assessment* of each work unit where acts of aggression may impact on the health and safety of employees, clients, visitors, and others.

Conduct a walk through of the facility and surrounding grounds to look for potential trouble spots and assess current security arrangements. A sample *Risk Identification Checklist* is attached at Appendix One.

Gather information on staff experiences of aggressive behaviour eg by using a questionnaire.

Conduct the assessment taking the following factors into consideration:

Patient/Resident Risk Factors:

Identifying and assessing patients requires prior knowledge of the person's previous history. Assessment issues should include:

- Possession of weapons.
- History of aggression, violence, verbal abuse, self harm or substance abuse.
- Usual alcohol consumption in home environment.
- Age and mental status of the person – e.g. elderly, confused patient; people with psychosis.
- Forensic history, living arrangements, presence of domestic violence; current level of aggression.
- Information provided by family, General Practitioners, discharge summaries, etc.
- Assessment of the persons current status, e.g., intoxicated, drug affected, anxious, unruly friends present, cultural need, physiological and psychological capacity; physical presentation.
- Past record of patient / client / resident at the facility;
  - Totality of circumstance
  - Acute illness.
- Likes and dislikes of the patient/resident.

- Family/carers/referring practitioners/others should be involved in the assessments as appropriate.

- Risk factors should be noted and highlighted in care plan/pathway documentation.

Staff to Staff Aggression Risk Factors:

Employees can be at risk of aggression from co-workers, supervisors, managers or other staff. Common types of aggressive behaviour include harassment, bullying, peer pressure, sexual harassment/assault, and verbal or physical abuse. Aggression could also come from former employees seeking revenge on the service, its manager or other staff.

Attention should also be given to Apprehended Violence Orders relating to staff.

External Agencies: attention should also be given to the impact the intervention of external agencies such as the Police, Family Services, Corrective Services, and others may have on clients of the health care facility/service and any likelihood of aggressive behaviour arising out of this intervention. For example, Family Services may intervene in relation to a child who is a client of the health care facility/service and this may result in aggressive behaviour from family or friends of the child toward staff during or after the intervention.

Visitors: Visitors may present to a health care facility in an aggressive state of mind or may become aggressive afterwards. Therefore attention should be given to the presence of weapons, minimising waiting times, and keeping visitors comfortable and informed plus any other factors that may increase likelihood of visitor aggression.

Physical Environment: Assessment of the design, construction, and any modification needs of the work environment is paramount in protecting staff from situations where they are at risk of physical aggression.

Special Risk Areas:

- Identification of areas of special risk and assessment of risk, include:
    - *Emergency departments* – because emergency departments have to cope with unpredictable, potentially aggressive situations involving, for example, intoxicated or mentally ill patients and distressed patients and visitors, there is a higher risk of security incidents in this area;
    - *Mental health facilities/services* – some psychiatric conditions are associated with increased likelihood of aggressive and violent behaviour. This places staff working with or escorting such patients at greater risk;
    - *Home visits* – outreach services personnel are frequently involved in visiting the residences of patients. Increasingly, people are being nursed at home, particularly in chronic disease or palliative care situations placing staff in an uncontrolled environment where they may be at risk from aggressive behaviour from the patient and/or the patient's family/friends. This often necessitates the carrying of drugs and narcotics by health care workers which makes them a target. Also, night visits and crisis situations increase the risk to staff;

- *Movement of staff and others at night* – a period of increased risk is at night when there are fewer people on the premises and there are more opportunities for threatening or criminal activity under the cover of darkness. Movement of staff at night includes movement between buildings, movement between the health care facility and car parks, movement between the facility and patient or staff residences, and movement between the health care facility and residential quarters; and visiting clients at home.
- *Public interface areas* – Public interface areas include entry foyers, enquiry points, waiting rooms, counters, interview rooms, examination/treatment rooms, and special service areas;
- *Isolated work areas* – Isolated work areas include work areas and buildings which are separate from the main building, facilities/services which are located away from populated areas, e.g. rural and remote services, and parts of buildings which are separated by some distance from other peopled areas;
- *Storage of pharmaceuticals* – potential offenders may have the perception that they can obtain drugs from emergency, ward, drug clinic, or pharmacy areas, or from community health workers.
- *Staff and Visitor accommodation* – where accommodation facilities are provided within or in the immediate vicinity of the health care facility, such accommodation should be given special attention.
- *External Agencies* – the actions of Police, Family Services, Corrective Services, and others toward clients can create situations leading to aggression from clients and/or their family/friends toward staff of the health care facility/service. For example, clients under Police guard may be in an agitated state.

Incident Records:

All recorded incidents should be analysed. This analysis should establish:

- Frequency of recorded incidents;
- Severity of recorded incidents;
- Site, location and time of incidents;
- Occupation, grade and role of staff involved or injured.

Sub-Element 3: Risk Control

3.1 Engineering Controls

Where reasonable and practicable, engineering controls should include some or all of the following:

- design of the facility so as to minimise opportunity for persons to be physically assaulted;
- hallways to be wide enough to facilitate escort of persons and safe hallway usage other persons;
- quiet area for agitated persons or persons likely to be agitated;

- access to staff work areas is minimised, e.g. counters are designed so as clients cannot enter the area, counters wide enough so it is difficult to reach staff across the counter; counters are built high enough to make it difficult for an adult to climb over;
- emergency communication:
    - duress alarms are situated in work areas and are accessible, and/or
    - telephones are accessible, and/or
    - mobile phones pre-programmed to select numbers (e.g. security/police);
- lighting, visibility, security surveillance cameras;
- barriers (e.g. security doors, unbreakable screens, retreat areas);
- security devices e.g. deadlocks, electronic card access;
- portable duress alarms;
- building access and egress points are controlled especially after hours, for example:
    - locking of access points;
    - monitoring devices designed to detect unauthorised entry/exit;
- lighting in car parks, general grounds, walkways, areas adjacent to entry/exit, etc should be to a level at least that indicated in relevant standards;
- interview rooms include sections of (shatter proof) glass that allow visual contact with outside;
- interview rooms and treatment rooms – more than one exit;
- equipment and furniture should be minimised so it can't be used as a weapon;
- global positioning systems for staff who work off-site; and
- staff parking areas within close proximity to the workplace.

The above is not an exhaustive list of engineering controls but serves to emphasis important engineering risk control opportunities.

3.2 : Staffing and Resource Issues:

Sufficient staff with the appropriate skill mix need to be employed so that:

- appropriate care and supervision of patients/residents occurs at all times;
- challenging behaviours can be prevented or minimised;
- the *Intervention Procedures* described in Sub-Element 3.3 can be properly implemented.

Rostering should reflect an appropriate staff mix, taking into account skills and experience, knowledge of systems and acuity of patient/residents.

Skill mix assessment should also consider staff such as volunteers, students, agency staff, casual staff who may be working in areas. Such staff should be provided with adequate clinical and professional supervision.

Each facility/service should determine the need for the services of appropriately trained personnel. Appropriately trained personnel may need to be stationed permanently in some special risk areas. For example, staff may need to have appropriate skill in the areas of mental health, or psycho-geriatrics and dementia.

Situations in high risk areas where staff are working alone should be avoided or reduced.

Guidelines should be in place to protect staff undertaking home visits.

3.3: Management of Aggressive Incident:

3.3.1 Physical Aggression

Aggression cannot be predicted with a high degree of accuracy. There is wide acceptance that a "Cycle of Aggression" as outlined below can be identified. Therefore distinct strategies for aggression management, including prevention of some violent situations, can be implemented.

The Aggression Cycle originally proposed by Smith in 1982 as a five phase cycle, and expanded to a six phase cycle by Bowie in 1996 is as follows:

1. Triggering Incidents.
2. Escalation Phase.
3. Crisis Point.
4. Settling Phase.
5. Post-crisis Depression.
6. Return to Normal Functioning.

Anticipation of potentially aggressive behaviour and preventing its occurrence requires recognition of the signs of evolving aggression.

During the first and second stage, action should be initiated to minimise the problem. It may be achieved by controlled dialogue with the person and attempting to identify the problem and then defusing it.

Management of a situation involving potential or actual physical aggression should be organised as follows:

1. De-escalate.
2. Summon assistance.
3. Response.
4. Management.
5. Critical incident debrief.

Use of Restraint

Health care facility staff may have no legal right to restrain (control or limit movement and/or behaviour) patients/residents unless there is a direct threat of violence or harm to the officer or others, as per State, Territory, or Federal law. Staff may be requested to assist medical staff in physically restraining a patient. Under these circumstances written security procedures and policy should specifically identify who can be involved in restraint of persons, and cover the circumstances, authority, and procedures as agreed with the director of medical services. Any

restraint intervention should be managed by a health clinician as a clinical intervention. Other issues should include:

- the ethical, medical, and legal issues associated with the use of the restraint;
- provision of written guidelines for the application of environmental, pharmacological and physical restraint(s);
- the potential for harm arising from the use or non-use of restraints;
- optimal prevention, minimisation, assessment and management of aggressive and/or challenging behaviour;
- timely access to medical assessment and treatment of illness associated with, and potentially causing aggressive and/or challenging behaviour; and
- regular audit and clinical review of the use of restraint in the facility including individual case review, critical incidents and near miss monitoring, aggressive and/or challenging behaviours and the subsequent use of restraint(s).

3.3.2 Sexual Assault

Sexual assault aggressive behaviour should be managed by:

1. Policy.
2. Complaint procedures.
3. Investigation procedures.
4. Management action based upon investigation findings.
5. Training and instruction to all staff.

3.3.3 Non-physical aggressive behaviour

Non-physical aggressive behaviour that can include harassment behaviours such as verbal abuse, intimidation, etc; discrimination on the grounds of , and sexual harassment should be managed by:

1. Policy.
2. Complaint procedures.
3. Investigation procedures.
4. Management action based upon investigation findings.
5. Training and instruction to all staff.

3.4 Policy/Procedure

Written policies and procedures to prevent and manage aggressive behaviour initiated by clients/patients, relatives, visitors, intruders or others should be implemented. These should include:

- policy and procedure for the management of physical aggression;
- policy and procedure for the management of non-physical aggression;
- special situations involving external agencies such as family services, police, etc and where apprehended violence orders involving patients are in place.

In developing and implementing such policies, procedures, programs and strategies, consultation should occur with staff.

3.5: Training

Staff, patients, and visitors should be provided with information regarding the acceptable behaviour that is expected of them in a health care setting.

Staff should be identified who have the potential to be exposed to acts of aggression by patients / general public.

A process should be in place to identify those staff who must receive appropriative training. This is a key element in preventing and managing acts of aggression and should be implemented as follows:

- training at varying levels is available to staff
- staff should be selected by managers for the appropriate training depending on the level of risk to which they are exposed.

An example of a training matrix is outlined in Table 1.

Table 1: Organisational training matrix

	Understanding Aggression	Preventing Aggressive Behaviour	Responding to aggressive behaviour	De-escalation	Personal Safety	Team response
Office staff (no patient contact) Receptionist						
Nurses/doctors						
Emergency Department staff Psychiatric services staff Wards persons/orderlies						
House keeping staff						
Home visit staff						
Security officers						
Other Staff						

Insert yes/no into above table based on risk assessment outcome. This training matrix is provided as an example and may not reflect all staff groups at all facilities/services nor all training elements.

- Appropriate information, instruction or training should help workers to understand:
    - risk factors associated with aggressive behaviour
    - motivation for aggression
    - predictors of impending aggression
    - prevention measures in place to control risk
    - workplace policy and procedures (including emergency and post incident responses and management) that are in place to prevent occupational violence
    - what to do if an aggressive incident occurs
    - legal/ethical issues
    - incident reporting

- Awareness for all staff on the Risk Management process that includes
    - how to defuse/de-escalate a situation
    - how to summon assistance

- Specific training on the response process

Training should be competency based and assessed. Records of training content and staff in attendance should be maintained. Training should be repeated on a regular basis and should be part of new staff induction training.

3.6: Equipment including PPE

Procedures need to clearly outline what PPE staff are required to wear if involved in managing a physical aggression incident.

PPE could include latex gloves, and soft shields.

3.7: Other Administrative Controls

- Access to patient belongings should be controlled, e.g. In emergency department storing patient belongings on tray at base of trolley.
- Visitor access should be controlled.
- Staff should follow procedures for work in isolated areas.
- After dark staff should be encouraged to travel in groups to and from vehicles in a group or under escort.
- The neck lanyards worn by staff and to which badges are attached should be of the type that releases when pressure is applied.
- Appropriately trained personnel may have a role in escorting staff, providing assistance as directed during an emergency, external patrolling of areas and buildings, responding to alarms and calls for assistance.
- Clothing worn by the staff members should also be appropriate. For example, low heeled and non-slip shoes can be worn in case a quick escape is needed.
- A complaints mechanism should be available to staff and users of the health care facility/service in order to encourage problems with the service to be addressed in a non-violent manner.

Sub-Element 4: Evaluation of Risk Controls:

4.1: Staff debriefing

Staff debriefing should be carried out following each incident.

Aggression incidents should be looked upon as a learning situation with reflection being of prime importance. The discussion and evaluation of the incident amongst staff should be free and without recriminations. The findings are then used to promote better staff practices.

Access to debriefing and counselling should be made available to all employees following an aggression incident.

4.2: Notification and Record Keeping

- Each workplace is required to keep records of every incident that involves the use of any kind of restraint or any act of aggression.
- Every act of aggression must generate a Workplace Health and Safety Incident Report.
- Documentation in a patient's medical record must be in accordance with policy and privacy considerations.
- A data base on aggression incidents should be maintained.

4.3: Review of risk management system

The risk management system is to be reviewed (and improved where required) on a regular basis when there is a significant change in the facilities/services environment, role, responsibilities, functions, property, buildings, or number of significant security incidents.

Examples of the review process are:

- Review of incident reports.
- Application of "Aggression Behaviour Prevention and Management Element" Audit Tool – apply this audit tool on a yearly basis at a minimum.

References:

Aggressive Behaviour Management for Healthcare Workers – Participant Manual. Queensland Health. 2003

Australian Medical Association. 2001. *AMA Position Statement on Restraint in the Care of Older People.*

Australian Medical Association. 2004. *AMA Position Statement on Doctor's Personal Safety and Security in the Workplace.*

Australian Standard 4360 – 1999. *Risk Management*

Australian Standard 4485.1 – 1997. Security *for health care facilities/services, Part 1: General requirements*

Australian Standard 4485.2 – 1997. *Security for health care facilities/services, Part 2: Procedures guide.*

Code of Practice on Workplace Violence in Service Sectors and measures to Combat this Phenomenon, ILO, Geneva, 2003

Prevention of Workplace Harassment Advisory Standard 2004, Queensland Government, Department of Industrial Relations.

Stark C and Kidd B (1995) Role of the Organisation. In Stark C and Kidd B (Eds) *Management of Violence and Aggression in Health Care.* London. Gaskell/Royal College of Psychiatrists.

Violence at Work – A Workplace Health and Safety Guide 1999, Queensland Government, Department of Industrial Relations.

Appendices:

Appendix One: Risk Identification Checklist
Appendix Two: Element Audit Checklist

APPENDIX ONE: RISK IDENTIFICATION CHECKLIST

The following checklist is intended to assist employers and workers to identify risk factors associated with workplace aggression. The list of items in this Checklist are not exhaustive, nor may all of the factors described below be relevant to all circumstances where workplace aggression is a hazard at this health care facility/service. N.B. if a risk factor is identified a risk assessment should then be conducted and where necessary appropriate risk controls implemented.

Key Risk Areas to Assess	**Name of work area:** **Members of assessment team:** **Date of Assessment:**	**No**	**Yes**	**Are controls adequate? Y/N**
Risk Identification	Have there been any recorded incidents of workplace aggression in the last 12 months?			
	Have workers been threatened in the past?			
	Have the recorded incidents of workplace aggression resulted in serious injury or impact?			
	Has a risk identification/assessment been conducted and documented within last 12 months for this work area?			
Work Environment	Is work performed in unfamiliar environments?			
	Is it easy for an aggressor to get physical access to a worker?			
	Are workers working in isolated locations?			
	Can worker/s retreat to a safe place?			
	Is it difficult for workers to communicate when threatened?			
	Is emergency communication equipment such as duress alarms, telephones available and accessible to staff?			
	Does the building have multiple access points? ▪ Assess building access and egress points are controlled especially after hours, for example: o locking of some access points o monitoring devices designed to detect unauthorised entry/exit			
	Does building design/layout impair visibility of potential threats to safety?			

Key Risk Areas to Assess	**Name of work area:** **Members of assessment team:** **Date of Assessment:**	**No**	**Yes**	**Are controls adequate? Y/N**
	Is external lighting inadequate? ▪ Assess: lighting in car parks, general grounds, walkways, areas adjacent to entry/exit, etc. should be to a level at least that indicated in an appropriate standard.			
	Is the environment uncomfortable for clients?			
	Is a Quiet area for agitated persons or persons likely to be agitated available?			
	Can persons access staff work areas with little impediment? For example, assess width/height of counters, ease of access to work areas?			
	Is there a lack of security devices e.g. security passes, electronic card access available?			
	Are interview rooms designed to allow visual contact with the outside?			
	Do interview rooms have only one exit?			
	Is there a policy for the use of interview rooms?			
Procedures	Is there a procedure for summoning assistance during an emergency involving physical aggression? For example, ▪ Duress alarm/call bell ▪ Internal Emergency number ▪ Dedicated "key" words are used, eg Code Black, Yellow, etc ▪ Switchboard response according to the Key word used ▪ External emergency number – Police			
	Is there a procedure to control the aggressive person - patients, staff, and others? For example, o Physical Restraint Procedure			
	Is there a procedure for managing the aggressive person? For example, ▪ Seclusion ▪ observation			
	Is there a Procedure that outlines what PPE staff involved in Physical Restraint need to be wearing?			

Key Risk Areas to Assess	Name of work area: Members of assessment team: Date of Assessment:	No	Yes	Are controls adequate? Y/N
	Is there a policy and procedure, training and instruction to staff regarding sexual assault?			
	Is there a policy and procedure, training and instruction to staff regarding harassment and sexual harassment?			
Work Practices	Are there likely to be service delays?			
	Are there likely to be circumstances that would frustrate clients?			
	Do workers have the responsibility for cash, other valuable items, or drugs?			
	Are workers providing community outreach services?			
	Do workers ever work alone?			
	Would it be difficult for a worker to seek assistance if threatened or attacked?			
	Does the workplace regularly check and test security and emergency response procedures?			
High Risk Areas	Have high risk areas been identified and documented risk assessments completed?			
	Are there workers who have **not** received training in how to deal with aggressive clients? For example, de-escalation techniques.			
	Do staff have the appropriate workplace knowledge and skills to deal with aggressive clients?			
	Are any workers unaware of the policy and procedures on workplace aggression?			
	Has Appropriate information, instruction or training been provided to all workers as follows: o risk factors associated with aggressive behaviour o motivation for aggression/violence o signs of impending violence o prevention measures in place to control risk o workplace policy and procedures (including emergency and post incident responses) that are in place to manage aggressive behaviour o what to do if a aggression incident occurs?			

Key Risk Areas to Assess	**Name of work area:** **Members of assessment team:** **Date of Assessment:**	No	Yes	Are controls adequate? Y/N
	Has specific training been provided for members of Response teams that includes: o Roles o Restraint procedures o Practice of team restraint approach o Use of equipment, including restraint equipment o Use of PPE?			
	Have workers been trained and instructed in relation to policy and procedure regarding harassment and sexual harassment/assault?			
Client Behaviour	Is there a method to assess or identify potential/history of/for aggression or violence on admission of patients?			
	Is there a process for documenting client aggression risk factors in care plan/pathway documentation?			
Notification and Record keeping	Are records kept of every incident that involves the use of any kind of restraint or any act of aggression (physical, or non-physical such as harassment)?			
PPE	Is the following PPE available to members of the restraint teams: ▪ Latex gloves ▪ Face/eye protection ▪ Control pads? ▪			
Evaluation	Is a critical incident debriefing carried out after each aggression incident?			
	Is there **a** repeat of risk assessment when there is a significant change in the facilities/services environment, role, responsibilities, functions, property, buildings, or number of significant security incidents?			
	Are aggression incident reports reviewed?			
	Is an audit of the Aggressive Behaviour Risk Management system performed on at least a yearly basis?			

Key Risk Areas to Assess	**Name of work area:** **Members of assessment team:** **Date of Assessment:**	**No**	**Yes**	**Are controls adequate? Y/N**
Administrative	Do staff wear badge neck lanyards that do not release when certain pressure is applied?			
	Is access to patient belongings not controlled, e.g. In emergency department storing patient belongings on tray at base of trolley?			
	Do patients remain in their own clothing when admitted to the emergency department?			
	Is there a means of summoning assistance if working alone?			
	Is there a procedure for movement inside and outside facility buildings after dark?			

APPENDIX TWO: AUDIT TOOL
ELEMENT: AGGRESSIVE BEHAVIOUR PREVENTION AND MANAGEMENT

Rules for use of Audit Tool: Where "yes" is answered for a question the required evidence must be found by the Auditor; If "no" is answered Recommendations must be made so as to meet the "assessment criteria"; if N/A is answered a reason for this must be documented in the "comments/recommendations" column.

WORK UNIT/SERVICE:

DATE:

AUDITORS:

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
1.0	**Workplace Health and Safety Risk Management**					
	Has responsibility for the aggression management and prevention been designated to the chief executive officer?	*Clearly stated in duty statement*				
	Has a person been designated to be responsible for the aggression risk management process at the facility/service?	*Position description document*				
2.0	**Risk Identification and Assessment**					
2.1	Identification of risks has occurred utilising the following sources of information:					
2.1.1	Workplace inspections	*Completed risk identification/assessment documents, staff surveys*				
2.1.2	Security assessments	*Look for evidence of security assessment for the facility that*				

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
		includes building access, car park security, etc				
2.1.3	Review of Incident/investigation reports	*Document that summarises reported incidents, location, type of staff or client involved*				
2.1.4	Workers' Compensation records	*Document that summarises workers compensation claims arising from aggressive incidents*				
2.2	Is a process is in place for identifying patient/resident risk factors on admission?	*A risk assessment form that identifies risk factors as outlined in sub-element 2 is used at admission*				
2.3	Are patient/client/resident risk factors noted and documented in care plan/pathway?	*Look at examples of such documentation*				
2.4	Risk assessments and controls have been documented for the following areas of special risk:	*View risk assessment documents, assess implementation of documented controls by observation and questioning of staff*				
2.4.1	Emergency department					
2.4.2	Mental Health facilities/services					
2.4.3	Home visits					
2.4.4	Movement of staff and others at night					
2.4.5	Public Interface areas					
2.4.6	Isolated work areas					
2.4.7	Storage of pharmaceuticals					
2.4.8	Staff and Visitor accommodation					
2.4.9	External agency activities					

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
2.4.10	Visitors					
2.4.11	Areas where persons may be waiting for long periods?					
2.4.12	Psycho-geriatric areas					
2.5	Has an assessment of the physical environment/design of all work areas been carried out in relation to opportunity for persons to engage in physical aggression toward staff?	*View documentation and assess environment against Sub-Element 3.1*				
2.6	A human resource process exists to manage employees engaging in aggressive behaviour.	*Code of Conduct implemented, appropriate policy*				
3.0	**Risk Control**					
3.1	Is there a written zero tolerance policy regarding the occurrence of aggressive behaviour?	*View this document*				
3.2	Is there a complaints mechanism available for staff and users of the health care facility/service?	*Review procedure and question staff, review collected data.*				
3.3	Where appropriate are the following engineering controls in place in each work unit, high risk area:	*Observe the work area*				
3.3.1	Quiet area for agitated persons or persons likely to be agitated	*Observation of this*				
3.3.2	Access to work areas is minimised?	*Observation of this*				
3.3.3	Emergency communication	*Observation of this*				
3.3.5	Security surveillance cameras	*Observation of this*				
3.3.6	Barriers (e.g. security doors, unbreakable screens)	*Observation of this*				

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
3.3.7	Security devices (e.g. electronic card access)	*Observation of this*				
3.3.8	Building access/egress points are locked after dark	*Observation of this*				
3.3.9	Portable duress alarms	*Observation of these*				
3.3.10	Lighting in carparks, walkways, general grounds, areas adjacent to entry/exit are to an appropriate standard	*Observation of this*				
3.3.11	Interview rooms are constructed so as to allow visual contact with outside and have duress alarms?	*Observation of this*				
3.4	Rostering of staff considers the appropriate skill mix for the work area?	*Evidence: question manager for area*				
3.5	Volunteers, agency staff, students are provided with clinical and professional supervision?	*Question these people as to supervision available*				
3.6	High risk areas situations where staff are working alone is avoided or reduced?	*Identify such situations and view documented risk assessments for working alone situations*				
3.7	Home visits: Procedures are in place that include:	*Review the procedure and look for evidence of implementation*				
3.7.1	Providing police escorts upon request	*Question staff*				
3.7.2	Keeping timetables recording details of client visits	*Question staff*				
3.7.3	Check in requirements	*Question staff*				
3.7.4	Carrying of duress alarms and mobile phones during visits	*Question staff*				

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
3.7.5	Documented risk assessment for each home client	*Review selected number of at home client charts and review if risk assessment documented*				
3.8	Written policy, procedures are in place for managing physical aggressive behaviour incidents that include:	*Review policy and procedures*				
3.8.1	De-escalation					
3.8.2	Summon assistance					
3.8.3	Response					
3.8.4	Management					
3.8.5	Critical incident debriefing					
3.9	Restraint: if restraint is used for management of aggressive persons do clear procedures outline rules?	*Review procedure document*				
3.10	Persons expected to be involved in restraint procedure have been trained and instructed	*Question members of restraint teams against the contents of restraint procedure; review training records; look for evidence of regular practicing of restraint process by the team.*				
3.11	Physical aggression response processes are practiced and evaluated at least 6 monthly	*View training records, question members of restraint team*				
3.12	Training and instruction have occurred for the management of Physical aggression.	*Review content of training outline; question staff about knowledge; review training records, including competency assessment records*				
3.13	Policy, procedure, training, and instruction are in place for the management of sexual assault	*Review content of Policy and procedure, training documents; question staff as to knowledge of Policy/procedure contents*				

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
3.14	Policy, procedure, training, and instruction are in place for the management of non-physical aggression (e.g. sexual harassment and general harassment).	*Review content of Policy and procedure, training documents; question staff as to knowledge of Policy/procedure contents*				
3.15	Visitor access is controlled	*Review procedure on visitor access especially after hours*				
3.16	Security measures are in place so staff can travel in groups to or from vehicles after dark	*Question staff*				
3.17	Where a car park in the control of the employer security cameras are in place	*Observe if his is in place*				
3.18	Badge lanyards worn by staff are of the type that releases easily when certain pressure is applied	*Assess lanyards*				
3.19	Access to client belongings are controlled in high risk areas	*Question staff about how client belongings are checked for weapons*				
3.20	Staff, patients, visitors are provided with written information regarding behaviour expected of them in a health care setting	*View the written documents*				
3.21	A training matrix has been developed that identifies the training needs of all staff members in relation to aggressive behaviour prevention and management	*View the training matrix and training content*				
3.22	Content of staff training is documented	*View the training content; training content reflects policy and procedures*				
3.23	Records of staff attendance at training are maintained	*View the records*				

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
3.24	Training is competency based and assessed and is repeated at least 2 yearly	*Question staff on aspects of the training content*				
3.25	Training is part of new staff induction training	*View induction training content document and induction attendance records*				
3.26	Personal protective equipment such as gloves and soft shields are readily available	*View this PPE and assess access*				
4.0	**Monitoring and Evaluation**					
4.1	A WH&S incident form is generated for every act of aggression	*Evidence: ask staff, sight completed forms; the data collected should include at a minimum the information in the "Form 3 Incident Notification Form".*				
4.2	Records of aggressive incidents are available	*View incident reports*				
4.3	An investigation is held into each aggressive behaviour incident	*View incident reports including reports for any incidents identified by staff in assessment item 4.1*				
4.4	Documented investigation reports with recommendations are available	*View investigation reports*				
4.5	A single data base of aggressive incidents is maintained	*View data base*				
4.6	Incidents of aggressive behaviour are documented in patient/resident medical record	*View applicable medical records*				
4.7	The Element Audit Tool for Aggressive Behaviour Prevention and Management is applied at least 12 monthly and completed appropriately	*View completed document and assess if completed correctly including documentation of recommendations*				

Assessment Item Number	Assessment Criteria:	Examples of Evidence Required	Yes	No	N/A	Comments/Recommendations
4.8	Previous recommendations from the Element Audit Tool have been implemented	*Compare recommendations from previous Audit to findings from this audit*				