Violence in the Healthcare Industry

*GUIDANCE
FOR PCBUS*

Guide for persons conducting

a business or undertaking (PCBUs) on

managing the risks of violence in the

health care industry.

Violence in the healthcare industry

KEY POINTS

- PCBUs must manage the risk as far as is reasonably practicable

- Good systems provide structure for managing risk

- Risk management in this area includes after-the-fact support and care.

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1 Introduction

Introduction:

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

This guideline includes:

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

1.1 Background

Violence and aggression are increasing risks to healthcare employees and community service providers. While some violent acts result in physical injury, threats or intimidating behaviour can cause just as damaging psychological effects, including loss of morale, confidence and long-term psychological stress.

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

Although elimination of the risk of violence is not likely to be achieved given the nature of care provided, there are many practical steps available to PCBUs and workers to identify and manage these risks without compromising patient care. Such interventions will reduce the financial and social costs of work-related injuries, and will also help retain skilled and motivated staff.

1.2 Scope

This document will provide practical guidance for healthcare workplaces where people may be exposed to various forms of workplace violence including:

- physical assault
- verbal abuse
- threats, intimidation and harassment.

It focuses specifically on healthcare and related parts of the social services and community sectors. These are sectors where the physical proximity of care providers to clients, and the lack of an institutional environment with other attendant staff close at hand, means violent or verbally abusive behaviours of some clients can result in serious harm to staff.

1.3 Integrating violence management into your health and safety management system

The health and safety risks that arise from violence need to be managed within your business or undertaking. Managing those risks is a part of a broader health and safety management system (HSMS) for the worksite. Where a company or organisation has operations on several sites, it's vital to tailor systems to the needs of each.

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

Cover the risk of violence and its management as part of the HSMS, in induction, training, and regular reviews, so workers know the risks and how they're managed. Test emergency response regularly with workers.

Record keeping is another aspect of safety management that should be consistent across every part of your HSMS. Make sure your records are backed up off-site.

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

<insert Plan/Do/Check/Act graphic>

2 HSWA duties

PCBUs must ensure the health and safety of workers and other persons

2.1 Who has health and safety duties?

HSWA is New Zealand's key work health and safety legislation. It sets out most of the relevant work health and safety duties that must be complied with.

All work and workplaces are covered by HSWA unless specifically excluded.

WorkSafe New Zealand (WorkSafe) is the work health and safety regulator.

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

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

2.2 What is a PCBU?

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

 – Businesses are usually conducted to make a profit – for example, a business run by a retailer or a self-employed person.
 – Undertakings are usually not profit-making or commercial – for example, a government agency or a school.

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

Examples could be funders (either directly employing or contracting to health providers), DHBs directly employing staff, individuals managing their own support budget, home support organisations, private medical and surgical services, rehabilitation services, emergency services, visiting services, rest homes, and disability support services.

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

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

2.3 Working with other PCBUs

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

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

No one can contract out of their duties under HSWA, but can enter reasonable agreements with other PCBUs to meet duties. However, all PCBUs retain the responsibility to meet their duties. The PCBUs should also monitor each other to ensure everyone is doing what they agreed.

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

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

2.4 Officers

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

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

Officers in the healthcare sector could include:

  – a CEO or Board member of a DHB
  – board directors, trustees and senior managers of any healthcare service, including volunteer services that employ staff
  – people holding personalised funding budgets who employ their own staff

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

2.5 Managing risks under HSWA

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

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

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

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

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

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

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

Due to the nature of violent behaviour, and its many possible causes and sources, it is unlikely that you will be able to fully eliminate the risks. Instead you should have processes in place to effectively manage the risk and minimise the potential for harm to occur at your workplace.

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

2.6 Worker engagement, participation, and representation

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

–   engaging with workers on health and safety matters that may directly affect them, so far as is reasonably practicable

–   having worker participation practices that give workers reasonable opportunities to participate effectively in improving health and safety on an ongoing basis.

A healthy and safe workplace is more easily achieved when everyone involved in the work communicates with each other about hazards and risks, talks about any health and safety concerns and works together to find solutions.

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

PCBUs must engage with workers and worker representatives:

–   find out how health and safety issues affect how they organise, manage, and carry out their work

–   involve them in the decision-making process when you are identifying, assessing, and deciding how to deal with work risks

–   encourage them to share ideas about what should be included or updated in health and safety documents

–   include people with a range of technical and operational knowledge and experience.

Workers' suggestions lead to better and safer ways of working. Managers should meet employees frequently to discuss health and safety issues, and to respond quickly to the safety suggestions and concerns they raise. One way of doing this is by putting safety issues as a standard item on routine meeting agendas.

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

> WorkSafe's good practice guidelines *Worker Engagement, Participation and Representation*
> WorkSafe's interpretive guidelines *Worker Representation through Health and Safety Representatives and Health and Safety Committees*.

3 Risk identification and assessment

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

- In the case of violent behaviour, look at the factors in the workplace which could escalate a confrontational situation, or prevent workers or others from being safe. This could include facility lay-out, training gaps, or a lack of information about new clients.

3.1 Identifying the potential for violence

For risks that have unacceptable outcomes (such as the potential for a person to die or be seriously harmed as a result of violence), even if they have a low likelihood of occurring you should look at credible worst case scenarios.

To work out if violence may be a risk to your workers or others:

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

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

Be aware that violent behaviour may not come from the client, but from a friend or whanau member, a passer-by, or even another worker. Likewise, the cause of violent behaviour can be unconscious. Unconscious violence may occur as a result of:

- side effects of a head injury
- post-operative effects of anaesthesia
- blood level of toxins, glucose, septicaemia, electrolytes and oxygen
- side effects of medication or drug use
- mental illness
- dementia.

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

3.2 Assessing the risks

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

Think about:

- who might be exposed to violent behaviour

- what the potential consequences of exposure to violent behaviour are (eg what severity of injuries or ill health could result? Could people be killed or develop long-term health issues?)
- how likely the consequences are (eg very likely, likely or unlikely under usual business conditions).

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

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

<insert hierarchy of controls graphic and table>

4 Risk management

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

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

- a policy of management and organisational commitment
- smart facility design
- clear allocation of responsibilities
- worker participation
- adequate staffing, training, and assessment
- emergency planning
- incident reporting and investigation
- support, rehabilitation, and return to work planning
- evaluation and review of the system and processes.

4.1 Policies

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

The policy should be part of an organisation's broader set of health and safety policies, and should be integrated with existing business strategies and policies, for example those covering health and safety for both clients and workers, and the quality of health care for clients.

4.2 Leadership

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

They must also understand that they cannot contract out of their duties under HSWA. Leadership includes support for the promotion of a safety culture generally, and specifically where workers are encouraged to raise issues and participate in solutions. This includes:

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

– strong recruitment and procurement systems.

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

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

In small organisations, specific individuals may be given responsibility for workplace health and safety. In this case, all workers should know who those people are and that they can be consulted by anyone.

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

4.3 Facility design

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

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

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

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

Access

- provide safe access and quick egress from the workplace
- minimise multiple areas of public access to healthcare facilities
- place security services at the main entrance, near the visitors' transit route in emergency departments
- locate staff parking areas with close proximity to the workplace if possible
- ensure the reception area is easily identifiable by patients and visitors, and easily accessible to other staff
- restrict access to staff areas (changing rooms, rest areas and toilet facilities) to personnel of the facility.

Space

- provide enough space per person to reduce interference with personal space
- design waiting areas to accommodate all visitors and patients comfortably – provide adequate seating, especially if long waiting periods are a possibility
- provide employees with rest areas and/or meal rooms away from patients/clients, particularly when doing night work or dangerous work

– install protective barriers for workers at special risk and to separate dangerous patients/clients from other patients and the.

Fixtures and fittings

- – Provide good lighting
- – Provide an environment with appropriate temperature, humidity and ventilation
- – Where high-risk patients are cared for, ensure that the wall coverings are sufficiently robust to withstand assault
- – Ensure fixtures and fittings cannot be used as weapons.

Premises

When the opportunity presents itself for new premises or redesign:

- – Design facilities with the potential for emergencies in mind
- – Address the issue of "black spots". These are the areas that either promote violence by confining people into tight spaces, or by restricting egress from a hostile situation
- – Ensure interview rooms have two exits (to avoid a staff member becoming trapped) and viewing windows so that other staff can intervene if necessary
- – Ensure treatment rooms in emergency service areas are apart from public areas
- – Keep noise levels to a minimum to reduce stress, irritation, and tension
- – Provide facilities for waste management i.e. soiled linen, clothing etc.
- – Provide extra services of facilities and equipment where needed, e.g. where a patient/client is known to have a communicable disease
- – In problematic areas, and where proven need exists, introduce facilities to ensure that weapons or mood-altering substances are not smuggled to patients/clients
- – Ensure weapons removed are stored off-site by police or security
- – Ensure that windows and doors are secure so that patients/clients can be cared for in an environment safe for them, the staff and the public at large
- – Isolate potentially dangerous equipment, chemicals or medication supplies (i.e. locked cupboards where appropriate)
- – Consider the use of closed-circuit TV where oversight may be required in geographically difficult or distant parts of the building
- – Where appropriate, install security devices such as metal detectors to prevent armed persons from entering the facility
- – Test these security devices and personal/other alarm procedures regularly
- – Where appropriate, provide adequate security lighting and security escorts for evening or night staff.

4.4 Staffing

Make sure workers are physically able to undertake the tasks they are employed to do – this could be a factor in recruitment. Re-assess workers if their health changes. For example, following injury or if their physical condition changes. When recruiting, use selection methods and pre-employment procedures to identify people who are suitable or unsuitable for the work. Identify their training needs before they begin the work.

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

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

4.5 Training

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

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

Training in the management of workplace violence should be undertaken before exposure to potential hazards and followed by refresher training within the first year. New employees are most at risk of workplace injury.

When is training needed?

Training should be provided in the following instances:

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

What training is needed?

Provide training for all staff that covers:

– the workplace violence prevention policy
– risk assessment
– non-injurious break-away techniques
– conflict management, processes and techniques
– self-defence, for use in extreme circumstances where there is no alternative response
– recognition of early warning signs and appropriate ways to respond to them
– de-escalation and disengagement
– responses to violent situations need to be tailored to individuals and specific circumstances
– progressive behaviour control methods

- safe methods of applying restraints, ensuring that practices are consistent with (for example) NZS 8134: 2008 Restraint Minimisation and Safe Practice and any related sector standards
- emergency plans
- incidents reporting
- support mechanisms in place for workers affected by violent behaviour
- responsibilities and rights under the Health Information Privacy Code (HIPC).

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

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

Training session outcomes

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

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

Evaluation of training sessions and workshops

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

4.6 Client assessment

Minimise the risk of violence by ensuring that clients are placed in organisations with the ability to cope with them, staffed by workers with appropriate and adequate training and experience. With every new client, try to find as much information as possible, to identify clients with a history and likelihood of violence. Rule 11 of the HIPC makes it clear that personal health information must be transferred to downstream caregivers.

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

Include identification of any behaviour change in regular checks and assessments, communicating them to other staff. Client notes should include a section which assesses the risk to caregivers. In particular, the nature of the risk should be specified by asking the following types of questions:

- is there information in the client record that suggests the potential for violent behaviour?
- if you are aware of incidents, how frequent are they?
- do whanau or support people report a history of violence or abuse in the recent past?

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

4.7 Safe work practices

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

Where appropriate:

- Ensure that clothing is appropriate to the level of risk encountered
- Ensure that emergency response devices cannot be used as a weapon (e.g. a personal alarm used as a garrotte)
- Instruct staff not to wear jewellery or carry tools or pens in at-risk situations
- Provide staff in hazardous environments with personal communication devices

Where appropriate:

- Signpost areas for staff, patients and visitors
- Use signage to identify areas of special risk or restricted areas
- Ensure that areas where people may be assaulted are visible through windows
- Provide easy egress from areas where violence may occur
- Install other security devices such as cameras and good lighting in hallways
- Provide emergency exits

Communication

Use a variety of communication methods to ensure that clear information is given to the person in a manner that does not inflame (if the person has appropriate cognitive function) the situation.

Positioning the individual

Having a clear communication link does not guarantee that a person who displays violent behaviour will not strike you. Maintaining a safe distance at all times is still very important. In some cases, the use of a padded cot side as a physical barrier is enough to prevent repeated kicks and strikes while the individual remains in bed.

Never place yourself in a vulnerable position.

Always ensure you have a clear line of retreat.

Remember the right to refuse dangerous work.

4.8 Home and community care

Community service providers are a particularly vulnerable group. They often work in isolation and within premises that cannot be designed with the safety of the service provider in mind.

The best protection an employer can offer is to establish a zero-tolerance policy towards workplace violence. Ensure all employees know the policy and understand that all claims of workplace violence will be investigated and remedied promptly.

Develop policies and procedures covering visits by home healthcare providers. Address the conduct of home visits, the presence of others in the home during visits and the worker's right to refuse to provide services in a clearly hazardous situation.

Provide training for employees so they know what conduct is not acceptable, what to do if they witness or are subjected to violence, and how to protect themselves.

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

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

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

4.9 Transfer of information

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

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

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

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

Consistent with provisions of the HIPC:

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

4.10 Emergency planning

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

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

Develop emergency signalling, alarm and monitoring systems as appropriate, and test periodically (make sure that other staff are available to respond to alarms). Have a mixture of personal and wall-mounted alarms so that staff have a variety of options to summon assistance. Have a policy on when complaints should be laid with the police, which is agreed to by the local police.

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

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

5 After an incident

5.1 After an incident

– Control media access to those involved

– Provide communication with families and arrange transport home

– Make arrangements, if necessary, with local medical care facilities for urgent consultations in cases of injuries

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

– Consider referral to employee assistance programmes to provide psychological first aid support.

5.2 Incident reporting

Having a robust incident reporting process is key to identifying where control measures aren't adequate, and promote a culture of improvement.

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

Incident reporting systems generally involve:

– routine reporting and recording of specific events, such as minor incidents and near misses

– incident and injury records containing key information about injury events, including the nature of the injuries and the circumstances leading to the incident – analysis of reported incidents pinpoint potential or actual failures in safety systems

– documenting trends in incident data over time.

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

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

5.3 Worker reporting

A system to report violence and its effects and a schedule to ask staff about their perceptions of the potential for violence would be a useful way of fulfilling these legal and best practice obligations.

Under-reporting of incidents is a particular problem with occupational aggression/violence. Reporting an incident does not reflect on the individual caregiver's treatment standards, but it is important to help identify and manage such situations. A positive culture to encourage reporting is therefore required.

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

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

5.4 Rehabilitation

Employers have a duty of care towards employees to ensure that they are not harmed in any way by work activity. If violent incidents occur the effects should be minimised.

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

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

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

5.5 Ongoing support

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

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

–   return to work in a safe environment.

6 Monitoring and improvement

IN THIS SECTION:

Introduction: Brief summary of section content

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

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

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

6.1 Monitoring

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

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

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

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

6.2 Continuous improvement

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

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

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

6.3 Learning from incidents

Following analyses of incidents, information concerning the causes of near misses and adverse events can be used to plan changes that reduce the risk of incidents and

improve safety. Information on the frequency of specific types of incident, near misses, and current safety performance can be communicated to workers to increase awareness of current operational risks and remedial measures.

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

6.4 Learning from audits

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

Appendices

Appendix 1: Key health and safety terms

Best practice	A method or technique that in like circumstances has consistently shown superior results in comparison to results achieved using other means – used as a benchmark.
Board Health and Safety Committee	The board HSCs is a sub-committee of the board. The purpose of the committee is to assist the board to fulfil its responsibilities and ensure compliance with legislative requirements in relation to health and safety matters.
Engagement	A PCBU (person conducting a business or undertaking – see below) has to engage with its workers on health and safety matters. A PCBU engages by: • sharing information about health and safety matters so that workers are well- informed, know what is going on and can a say in decision-making • encouraging workers to have a say • listening to and considering what workers have to say • giving workers opportunities to contribute to the decision-making process relating to a health and safety matter.
Due diligence	The due diligence duty requires directors and other officers under HSWA to take reasonable steps to: • know about work health and safety matters and keep that knowledge up-to-date • gain an understanding of the operations of the organisation and the hazards and risks generally associated with those operations • ensure the PCBU has appropriate resources and processes to eliminate or minimise those risks and uses them • ensure the PCBU has appropriate processes for receiving information about incidents, hazards and risks, and for responding to that information • ensure there are processes for complying with any duty, and that these are implemented • verify that these resources and processes are in place and being used. Officers must exercise the care, diligence and skill a reasonable officer would exercise in the same circumstances, taking into account matters including the nature of the business or undertaking, and officer's position and nature of their responsibilities.

Harm	Illness, injury or both. This includes physical or mental harm caused by work-related stress.
Hazard	**Physical hazards** Things that can cause physical harm, like moving machinery, falls from heights or lifting heavy objects. Some of these hazards may cause injury very slowly like equipment with poor ergonomics. **Environmental hazards** Things in the environment that could cause injury or illness, like hot or cold temperatures, poor lighting, or uneven ground. **Hazardous substances** Things such as asbestos or chemicals that could cause health issues such as cancer, fertility problems and even death. **Social hazards** Such as work-related stress, overwork, long hours, inadequate breaks, or bullying.
Health and Safety Committee	A Health and Safety Committee (HSC) supports the ongoing improvement of health and safety at work. An HSC enables PCBU representatives, workers and other committee HSC members to meet regularly and work co-operatively to ensure workers' health and safety. One of the HSC's main functions is to assist in developing standards, rules, and policies or procedures relating to workplace health and safety. An HSC can also perform other functions that are agreed between the PCBU and the HSC, or specified by the HSWA Regulations to do with workerengagement, representation, and participation (WEPR).
Health and Safety Representative	Is a worker elected as a health and safety representative in accordance with subpart 2 of Part 3 of HSWA.
Lag indicators	Lag indicators are reactive measure of performance; they measure events where there has been a health and safety failure such as injuries and occupational ill health.
Lead indicators	Lead indicators are proactive measures of performance, such as the number of training sessions or risk assessments completed. They aim to prevent incidents occurring.
Officer	An officer is a person who has the ability to significantly influence the management of a PCBU. This includes, for example, company directors and chief executives. Officers must exercise due diligence to ensure the PCBU meets its health and safety obligations.
Other person at workplace	Examples of other persons at workplaces include workplace visitors and casual volunteers at workplaces.

Organisational Culture	The collective set of values and beliefs held and exercised within an organisation or workplace.
Participation	Worker participation practices are what the PCBU puts in place so that workers can help to improve workplace health and safety on an ongoing basis. These practices make it possible for workers to share ideas and information, raise issues, and contribute to decision-making on an ongoing basis.
PCBU	A PCBU is a 'person conducting a business or undertaking'. A PCBU may be an individual person or an organisation. It does not include workers or officers of PCBUs, volunteer associations with no employees, or home occupiers that employ or engage a tradesperson to carryout residential work. A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. This is called the 'primary duty of care'.
So far as is reasonably practicable	Core health and safety duties require PCBUs to ensure health and safety 'so far as is reasonably practicable'. When used in relation to these core duties, something is reasonably practicable if it is reasonably able to be done to ensure health and safety, having weighed up and considered all relevant matters, including: • How likely are the hazards and risks to occur? • How severe could the harm that might result from the hazard or risk be? • What a person knows or ought to reasonably know about the hazard or risk and the ways of eliminating or minimising it. • What measures exist to eliminate or minimise the risk (control measures)? • How available and suitable is the control measure(s)? Then weigh up the cost: • What is the cost of eliminating or minimising the risk? • Is the cost grossly disproportionate to the risk?
Worker	A worker is an individual who carries out work in any capacity for a PCBU. This includes an employee, a contractor or sub-contractor, an apprentice or trainee, a person on work experience or a work trial, or a volunteer worker.
Workplace	A workplace is a place where a worker goes or is likely to be while at work, or where work is being carried out or is customarily carried out. It includes a vehicle, vessel, aircraft, ship or other mobile structure and any waters and any installation on land, on the bed of any waters, or floating on any waters. So certain locations will only be classed as workplaces while work is being carried out at those locations.

	Most duties under HSWA relate to the conduct of work. However, some duties are linked to workplaces.
WorkSafe New Zealand	WorkSafe is the government agency that is the work health and safety regulator. WorkSafe collaborates with PCBUs, workers and other duty holders to embed and promote good workplace health and safety practices, and enforce health and safety law.
Zero harm	An expression used by many organisations to describe an aspirational target of no harm of any sort to workers.

Disclaimer

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

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

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