



Government of **Western Australia**
WA Country Health Service



WORK HEALTH SAFETY AND WELLBEING

Workplace Violence and Aggression Strategy

2024-2028

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Acknowledgement of Country

WA Country Health Service (WACHS) acknowledges the traditional owners of the lands and seas across Western Australia and pays respect to Elders, past, present and emerging, for they hold the memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander peoples across the country.

A better understanding and respect for Aboriginal and Torres Strait Islander cultures develops an enriched appreciation of Australia’s cultural heritage and can lead to reconciliation.

This is essential to the maturity of Australia as a nation and fundamental to the development of an Australian identity.

Message from the Chief Executive

On average, more than two country healthcare workers a day are assaulted while at work. This includes serious physical assaults and verbal abuse.

It’s unacceptable, it’s alarming and it’s on the rise.

Healthcare workers in the bush provide an essential service and should be able to get on with the job of saving lives without the threat of a violence.

The WA Country Health Service (WACHS) Board and Executive is committed to doing everything we can to keep them safe.

We acknowledge the unique challenges faced by healthcare provision across 2.55 million square kilometres – including the risks that come hand-in-hand with geographical remoteness.

And while we have made significant strides forward, we acknowledge there is more work to be done to help keep our staff safe.

The WACHS Preventing and Managing Workplace Violence Strategy 2024 - 2028 (the Strategy) sets to embed a culture of staff safety in all that we do. It sets ambitious, but achievable, benchmarks for our organisation and looks to work in partnership with patients, carers, communities and government and non-government organisations to achieve realistic and meaningful change.

By working together, we know we will be able to design and implement effective mitigation strategies that are fit-for-purpose and consider individual, environmental, and clinical variables.

Everyone has a role to play to ensure our hospitals and health services remain safe and that’s why the development of this Strategy included consultation with staff of all levels.

Thank you to everyone who has contributed to the development of our Strategy. Your contributions will only help us keep country healthcare workers safer, and in turn, improve health outcomes for country communities.

Jeff Moffet
Chief Executive



Problem

Workplace violence and aggression (WVA) is any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. It includes a broad range of actions and behaviours that can create risk to the health and safety of workers.

Managing WVA in the health care setting is a complex undertaking due to the variety of factors that can contribute to the display of violence and aggression, which include:

- Behavioural/situational
- Mental health condition
- Alcohol and/or drug abuse/misuse
- Cognitive impairment, which can include a large variety of conditions such as intellectual disability, dementia, or transient conditions such as delirium, where the behaviour is related to their condition and may not be deliberate or within their control.

The strategies or management of WVA thus needs to first and foremost identify what is causing the WVA to occur, and actions need to be appropriate to address this cause, in consultation with clinicians, consumers, carers and WHS. Workers can be exposed to WVA from a range of sources including clients, patients, residents, visitors and members of the public.

Examples of workplace violence include, but are not limited to:

- biting, spitting, scratching, hitting, kicking;
- pushing, shoving, tripping, grabbing;
- throwing objects, damaging property;
- using or threatening to use a weapon; and
- sexual assault.

Workplace aggression can include:

- verbal abuse and threats;
- angry and hostile behaviour;
- antagonism and jeering;
- intimidation, eye rolling and insults;
- shouting and swearing;
- encroaching on someone's personal space, i.e. standing too close;
- stamping feet; and
- banging, kicking or hitting items.

The threat may involve an actual or implied threat to health, safety or wellbeing. Neither intent nor ability to carry out the threat is relevant. The key issue is that the behaviour creates a risk of physical or psychological harm.

Up to 38 per cent of health workers suffer physical violence at some point in their careers.

We know that nurses are more likely to be attacked at work than police officers or prison guards and that up to 90 per cent of emergency department staff have experienced some type of workplace violence (International Council of Nurses, 1999).

Country hospitals are likely to see more than five incidents a day of workplace violence or aggression – something that has been on the rise since 2019/20.

And it's not just violent incidents such as physical assault that can cause harm. We know exposure to lower level, but frequent aggression can also have a lasting effect on the health of our staff.

Violence and aggression can lead to:

- feelings of isolation, social isolation or family dislocation;
- loss of confidence and withdrawal; and
- stress, depression, anxiety or post-traumatic stress disorder (PTSD).

We know violence and aggression against healthcare workers also impairs our ability to attract and retain staff in country WA.

Goal

WA Country Health Service is committed to reducing the prevalence of WVA by adopting a risk-based approach. In doing so, we recognise our responsibility to develop a dedicated strategy to address this complex and multifaceted issue.

System thinking

Recognising the importance of systems thinking in workplace health and safety management is increasingly acknowledged as essential for achieving effective outcomes (Salmon et al., 2021).

Systems thinking suggests that incidents and negative occurrences stem from the interactions among various elements within complex systems, with these interactions often being unpredictable and non-linear in nature. The concept of system-wide interactions highlights the shared responsibility for safety that extends across all levels of work systems, including organisations, regulatory bodies, and governments (Salmon et al., 2021).

Although systems thinking underscores the collective responsibility for safety, it does not diminish the specific obligations of individual stakeholders in managing workplace violence and aggression (WVA). Rather, it can help clarify the roles and duties of different stakeholders and how their contributions align within a broader context. This document aims to present a systems thinking approach to reducing the risks associated with WVA at WACHS sites and services (Salmon, Read & Hulme, In press).

Strategy

While we have implemented a number of comprehensive, on-the-ground strategies, we've also developed – and will execute – a comprehensive organisational strategy and action plan to ensure the long-term safety of our staff.

In doing this we:

- ✓ Proactively identify both physical and psychosocial safety hazards which may arise from interactions with patients and visitors;
- ✓ Support and encourage staff to report issues and hazards. Data reporting plays an essential role in business decision-making. It will provide evidence, insights, and transparency that decision-makers require to make informed, strategic, and impactful decisions. We want to hear from our staff so we can respond and mitigate appropriately;
- ✓ Consult with workers and health safety representatives when identifying or assessing hazards and risks to at a workplace;
- ✓ Empower and appropriately train and equip staff with skills in risk management to eliminate or minimise risk, in line with the hierarchy of controls. The best way to reduce risk is to speak with those who are affected by the problem and collaboratively find solutions;
- ✓ Identify and benchmark best practice in order to manage WVA effectively; and
- ✓ Ensure all stakeholders have a shared understanding of the expectations or behaviours at our facilities.

The Strategy has five strategic elements which categorises the initiatives and actions into theme. These elements include awareness, capability development, culture, environment and partnerships.

The domains are aligned to three pillars – people, community and systems.

This holistic approach ensures all key aspects of WVA are considered and managed.

Planning and funding for these activities will be overseen by the WACHS Work Health Safety (WHS) and Security Executive Sub Committee and WACHS Executive.

The Strategy excludes the management of bullying or harassing behaviour conducted by WACHS staff, which is addressed in the WA Health policy for Preventing and Responding to Workplace Bullying.

Elements

Awareness

Work-related violence presents a significant health and safety concern in healthcare settings, including hospitals. Incident reporting is crucial for healthcare organisations to understand WVA incident frequencies and evaluate the efficiency of current risk mitigation measures. Under-reporting of incidents is an issue both in Australia and internationally (García-Pérez et al., 2021). The actual number of WVA incidents is likely higher than what the data shows due to under-reporting, underscoring the importance of raising awareness on this issue.

While some reporting is mandated by law, comprehensive safety reporting can aid Persons Conducting a Business or Undertaking (PCBUs) in managing risks related to WVA and should be promoted. Communication regarding the issue, along with the mitigation strategy and available resources, is also essential. We recognise that discussing WVA can be challenging given its sensitive nature. However, these conversations can have a positive impact on our service providers and, ultimately, the community benefiting from quality healthcare.

Capability development

By equipping our staff with the tools and resources (such as training) and crafting localised WVA strategies, we aim to cultivate a safety-driven culture throughout our business. We strive to foster a workplace where staff feel supported and empowered to report incidents, ultimately leading to a safer workplace for all.



Culture

Active and visible commitment to systematically prevent and address is essential. Achieving success and reducing WVA risk necessitates active involvement from all organisational tiers, beginning with top-level figures such as board members, managers, and executives in leadership roles.

Environment

The unique and expansive geography of our network of hospitals, health centres and nursing posts across rural and remote WA results in an increased risk profile for staff. We recognise we have a responsibility to tailor actions to the local environment, prioritising areas of highest risk. In doing so we are cognisant that the environment is an integral determinant in influencing the safety of our workers.

Emphasising good work design, or safety in design, involves addressing hazards and risks at the earliest stages of the planning and design phases. Establishing suitable facilities, workspaces, building services, and systems is vital for ensuring our staff's sense of safety and contributes to delivering top-quality service to our communities. Looking ahead, we aim to leverage advanced technological systems to enhance communication and awareness, supporting our prevention strategies.

Partnership

The utilisation of a partnership approach acknowledges that WVA poses a significant problem for our organisation, employees, and communities. The problem is all of ours to own and address together. By working together, we can implement comprehensive strategies to prevent and manage WVA, fostering a safer work place and service that delivers quality healthcare outcomes.

Three Pillars

WA Country Health Service will achieve its goal of reducing and managing WVA through the implementation of actions within each of its domains. These five domains are aligned to three core pillars.

 <p>People</p>	<ul style="list-style-type: none"> ● Ensure all staff possess the knowledge and skills required to effectively respond to WVA. ● Provide robust support to staff affected by WVA, led by capable leaders who are well-versed in WVA awareness and response.
 <p>Community</p>	<ul style="list-style-type: none"> ● Address WVA not only within our facilities but also from a broader societal perspective. ● Engage with communities, patients, families and the wider public to foster sustainable behavior change and promote a violence-free environment. ● Establish and look to build on existing relationships and networks with other government agencies and nongovernment organisations. ● Increase awareness of WVA and its impact, aiming to create safer communities and workplaces throughout WACHS.
 <p>Governance and Systems</p>	<ul style="list-style-type: none"> ● Develop, implement and evaluate robust procedures to prevent, respond to and follow up on incidents of WVA within WACHS facilities. ● Align actions with existing WA Health strategies to reinforce a culture of safety and support across the organisation.

Outcomes

All staff

Confident and capable worker

WA Country Health Service staff are empowered to prevent, protect against, and mitigate WVA.

Equipped with skills

Staff possess the necessary skills to recognise the early signs, as well as origin/cause of workplace violence and aggression and provide an effective response tailored to this cause.

Access to support services

WA Country Health Service workers are provided with immediate ongoing support and guidance following exposure to WVA.

Understanding of systems

Staff understand existing health and safety systems, processes and procedures, including incident reporting requirements.

Promotion of safety culture

Safety is regarded as our top priority. We must protect staff to enable patient care.

Community members

Quality care

A safer work environment directly translates to improved patient care.

Behaviors expectations

Community members are informed of WACHS' behaviour expectations and recognise the impact of WVA.

Reporting procedures

Community members know how to raise concerns or complaints in accordance with WACHS procedures.

Tailored care

Where WVA occurs, community members can expect WACHS staff members to identify the cause of the WVA and implement tailored actions to address and manage risk.

WACHS

Safety infrastructure

WA Country Health Service ensures that facilities and infrastructure support the safety and security of staff.

Data collection

WA Country Health Service works towards improved data collection and reporting of WVA incidents.

Partnerships

WA Country Health Service collaborates with other Western Australian government agencies and external stakeholders to ensure a best practice approach to addressing WVA.

WA Country Health Service promotes effective partnership and collaboration between all staff, patients, their family/ carers and WHS teams to provide tailored care and reduce risk of WVA.

Action Plan

Awareness



Pillar	Action Plan	Outcome / Indicators
  	1. Develop an endorsed Statement of Commitment and Communication Plan <ul style="list-style-type: none"> Work Health Safety and Security – Statement of Commitment. Regular updates from the Chief Executive and Board reinforcing commitment to staff safety and zero tolerance approach to violence and aggression. Communicate actions: inform staff about actions taken in response to incident reports. 	» Endorsed Statement of Commitment
	2. Educate staff on how to prevent and respond to WVA, including access to WVA resources, by establishing a dedicated WVA intranet page	» Workplace Violence and Aggression intranet page
	3. Increase staff awareness by promoting existing wellbeing and support services and programs available for staff <ul style="list-style-type: none"> Adopting proactive and preventative staff wellbeing approaches, and building workforce capacity in areas such as resilience, literacy in the areas of mental health and drug and alcohol issues, and integrated planning for best practice models of care. 	» WACHS Wellbeing Strategy
	4. Public awareness campaigns and community education <ul style="list-style-type: none"> Develop a comprehensive community engagement plan to launch public campaigns to educate the community we serve about WVA and risk reduction in healthcare settings. Development of tools, public messaging material, use of technology in public domains of the our facilities. 	» Development of WVA Community Engagement Plan » Increased proactive communication and engagement of patients, their families, WA Police and the community to improve patient behaviour and society expectations of acceptable behaviour in health care services

5. Improve current data collection, analysis and reporting of WVA incidents

- Improved WVA reporting to the WACHS Board, Executive and Regional Managers.
- The strategic use of available external data to influence priority interventions or actions (e.g. crime hot spots and workers compensation injuries).
- Publish performance data for each location and region to promote awareness.

- » Tender for a new WHS incident management system that is intuitive, low maintenance and simple to use
- » Delivery of an Annual WHS report that is WACHS-wide and region specific

Capability Development

Pillar	Action Plan	Outcome / Indicators
 	<p>6. Develop a comprehensive WVA Framework and Training Program</p> <ul style="list-style-type: none"> ● WACHS has benchmarked all WVA training against standards similar to those of other HSPs to ensure consistency and high quality and has rectified any identified gaps. ● Develop and deliver evidence-based culturally appropriate training tailored to the specific roles and risks of different staff cohorts. ● Conduct regular training sessions that include practical scenarios and role-playing exercises. ● Develop schedules to ensure consistent and coordinated training for all relevant staff groups, including regular drills for multidisciplinary teams. ● Reduction in reported WVA incidents with risk ratings that are extreme and high. ● Effective communication with Aboriginal patients and families must be prioritised. 	<ul style="list-style-type: none"> » Establish a Aggregated WVA Training Tender Request for WVA training » Develop and implement Training schedules » Staff working in high risk areas will complete WVA training » Improved preparedness and Code Black responses supported by enhanced training » Reduction of incidents with risk ratings that are extreme and high per year of baseline » >90 per cent Aboriginal Health and Wellbeing training completed at WACHS » Reduced workers compensation claim costs related to WVA per year of baseline » Reduction in the number of severe workers compensation claims related to incidents involving patient or visitor assaults per year of baseline

7. Strengthen staff awareness and access to staff support and wellbeing programs

- Establish Mental Health First Aid (MHFA).
- Establish Wellbeing Officer Program.
- Integrate knowledge about Trauma Informed Care into policy/procedures practices.
- Create and implement a post critical incident care procedure.
- Collaborate with Aboriginal community-controlled organisations (ACCOs) to provide culturally appropriate support and counselling for Aboriginal staff who experience or witness workplace violence.

- » Develop and Implement Wellbeing Strategy
- » Wellbeing Intranet
- » Improved feedback and communication on post-incident support and wellbeing approaches
- » Support staff to report assaults and violent incidents to WA Police

8. Integrate legislation, policies and procedures

- Review and develop a comprehensive suite of policies and procedures that provide practical guidance for workers to safely perform their work tasks in a systematic manner that addresses inherent hazards and risks.
- A suite of prevention measures is implemented relevant to the risk profile of each health service site.
- All clinical training, practices, policies, and procedures concerning behaviors of concern undergo regular reviews to ensure alignment with WVA's messaging, policies, and procedures.

- » WACHS WHS / WVA policies and procedures

9. Enhanced digital innovations and technology use

- Implement advanced digital solutions to enhance WVA identification and prevention.
- Leverage technology to assist with lone worker/ travel risk.
- Body worn cameras (BWC).
- Implementation of a WACHS wide security data reporting system.



- » Development of governance system for Security personnel to manage and use Body Worn Cameras
- » Establish an Aggregated Tender for application/journey management / mobile duress endorsement

Culture

Pillar	Action Plan	Outcome / Indicators
 	10. Establishment of organisational WVA governance framework	<ul style="list-style-type: none"> » Governance mechanisms established at organisational and regional level » Workplace violence and aggression indicators, reporting and monitoring established » Detailed reviews of significant events are conducted by a multidisciplinary team and learnings are shared across the organisation
	11. Increased awareness of WHS culture principles and benefits through leadership development <ul style="list-style-type: none"> ● Upskilling of leadership in contemporary WHS knowledge and skills. 	Training: <ul style="list-style-type: none"> » WHS Manager >90 per cent » Due diligence >90 per cent » Develop and Implement Manager investigation and post incident support training
	12. Feedback and improvement mechanisms <ul style="list-style-type: none"> ● Establish systems for collecting and acting on staff feedback regarding training and incident handling. ● Implement post-training surveys, focus groups and suggestion boxes. ● Establishing regular feedback mechanisms from patients and visitors on their perceptions of safety and behavior standards. ● Include ACCO representatives in post-incident reviews to provide cultural context and insights for preventing future occurrences. 	<ul style="list-style-type: none"> » Evaluation/engagement surveys » Implementation of Staff Safety at Work Surveys » Establishment and monitoring of WACHS Safety Culture Interaction Program

	13. Empowerment and reporting culture <ul style="list-style-type: none"> ● Foster a culture where staff feel safe and empowered to report hazards and incidents without fear of retribution. ● Create programs that recognise and reward staff for reporting and contributing to a safe workplace. ● Increased focus on reporting verbal aggression and other pre violence indicators. ● Examine and implement methods to make it easier for staff to report WVA incidents. 	<ul style="list-style-type: none"> » Development and Implementation of WHS Safety Champion Recognition Program » Detailed reviews of significant events are conducted by a multidisciplinary team and learnings are shared across the organisation » Improved experiences and perceptions of workplace safety by staff at our sites » Increase in WVA reports submitted by staff per year of baseline
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Environment

Pillar	Action Plan	Outcome / Indicators
 	14. 24/7 Security CCTV Operations Room <ul style="list-style-type: none"> ● Advancing the 24/7 Security CCTV Operations Room to a state-wide hub, equipped with advanced monitoring technologies and staffed by trained security professionals. ● Enhance monitoring of CCTV in key high-risk areas. ● Use Artificial Intelligence (AI) capability to enhance investigations and best practices. 	<ul style="list-style-type: none"> » Virtual Security Centre » Enhanced risk management of patients that present WVA risks
	15. Improve security measures <ul style="list-style-type: none"> ● Ensure on-site security personnel with healthcare-specific training. ● The use of security officers at several sites – both public sector employees and private contractors. 	<ul style="list-style-type: none"> » Development of business-wide service specifications for security contractors and inhouse security staff

16. Prevent violence through workplace design

- Reducing WVA risks through safe design facilities, work spaces, building services and systems.
- Engaging WHS personnel in design phases for new services/ facilities for early identification of WVA risk and use of design to reduce risk.
- Work with ACCOs to design culturally safe spaces within healthcare facilities that can help reduce stress and potential for conflict.

- » Scheduled Workplace Inspection completed ≥80 per cent
- » Conduct environmental and workplace design risk assessments and complete the relevant actions plans
- » Develop, implement and optimise WACHS wide safety audits/ workplace inspections schedule
- » 100 per cent completion of bi-annual security checklists
- » 100 per cent representation by WHS on new building/ health service design/ construction consultative committees

18. Localised actions plan reflective of WVA Strategy

- Implementation of tailored initiatives aligned with the overarching WVA (Workplace Violence and Aggression) Strategy.
- Collaboration with local stakeholders to ensure community engagement and support.
- Regular evaluation and adjustment of action plans based on local feedback and data analysis.

- » Regional WHS Manager Leads to develop and monitor a regional operational WVA plan to support the organisational strategy

19. Establish partnerships with interstate/intrastate health services and other WA agencies to gather learnings and identify best practice approaches to preventing WVA


- » Membership, participation and involvement with interagency stakeholders

20. Strong relationships with local leaders and external agencies

- Foster strong relationships with local community leaders and government agencies, including emergency services.
- Establish regular meetings and collaborative projects with local law enforcement, emergency services and community groups.
- Actively seeking partnerships and promoting initiatives to enhance cultural sensitivity and further Aboriginal employment opportunities WACHS.
- Examine methods and mechanisms to integrate cultural knowledge, community connections, and specialised skills into the delivery of health services.
- Examine clinical handover procedures and documents for WAPPF and SJA to WACHS ED services.

- » All of regions have established regular engagement strategies with local community leaders, government organisations and emergency services

Partnerships

Pillar	Action Plan	Outcome / Indicators
	<p>17. Development of community and clinical partnerships to reduce risk of WVA in health services</p> <ul style="list-style-type: none"> ● Communication of behaviour expectations to address behavioural WVA. ● Multidisciplinary clinical teams working with the consumer, their family/ carers and WHS to develop tailored consumer-centric risk management plans to identify and address causes of WVA for current and future health service contact. ● Examining and optimising patient alert system procedures and processes. ● Examining current risks and mitigation opportunities for community based and lone workers. ● Collaborate and work with the Aboriginal community and local ACCOs to ensure cultural insights and knowledge are considered and embedded within all actions and initiatives to prevent WVA. 	<ul style="list-style-type: none"> » WVA Community Engagement Plan » Optimal use and inclusion of Risk Management Plans in medical records and attached to patient alert system

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