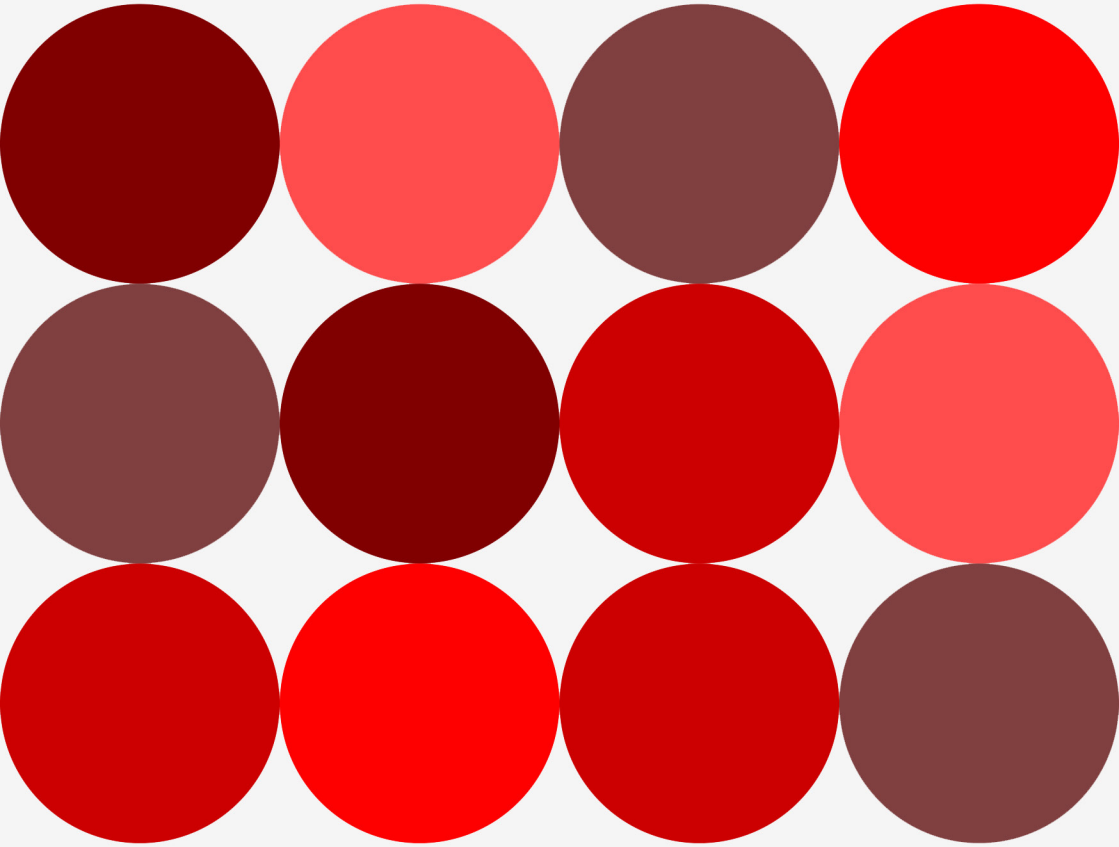
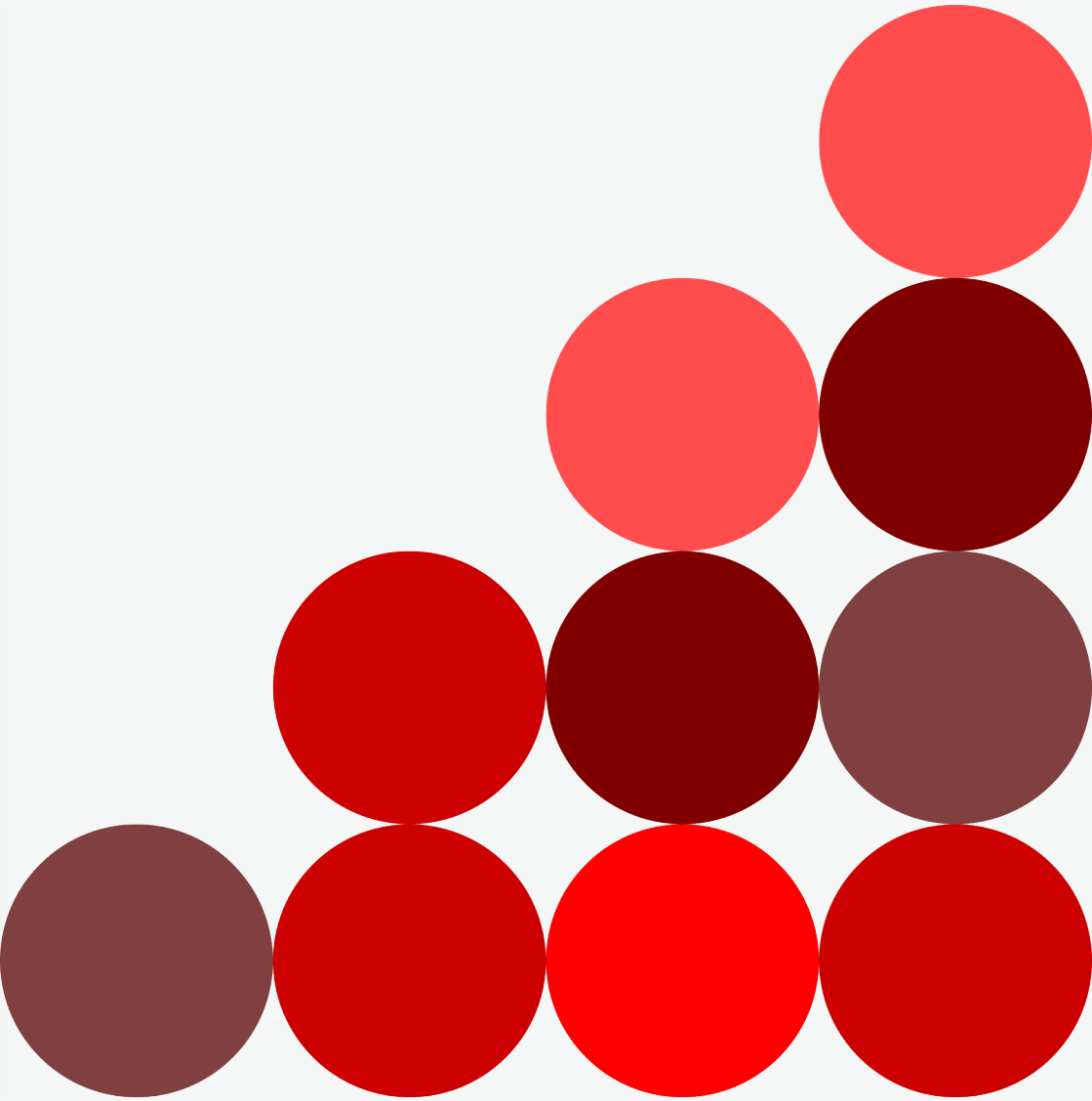
APEX
Allied Scientific and Technical

KEEP SAFE

PROTECTING YOURSELF FROM VIOLENCE & AGGRESSION IN HEALTH CARE





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1 INTRODUCTION

Violence and aggression towards workers in health care settings such as hospitals, clinics, mental health facilities is a major problem affecting almost all health workers. Sadly, the pandemic has led to an increase in attacks on health and emergency workers.

Although it seems counter-intuitive, overseas data suggests health care workers make up 50% of the victims of workplace assault. The problem, driven in part by societal changes, and in part by increasing pressure and short staffing, is increasingly being labelled an "epidemic" in its own right.

Unfortunately too, ensuring the safety of staff from violence is often weighed by management against the cost of implementing effective actions to reduce the severe physical and psychological impact on staff.

This booklet is your guide to understanding the problem and what you and your colleagues can do to help solve it.

Ultimately, protecting yourself from violence and aggression and reducing the incidence in our workplaces require a toolkit of actions including:

- Health workers refusing to provide care when they are at serious risk of violence;
- Lobbying for safe car parking, especially for workers after dark;
- Reporting incidents of violence and abuse to employers with well known responsive escalation pathways that generate actions;
- Where appropriate, being trained on how to deescalate and respond to aggression;
- Making sure workplaces promote zero tolerance for aggression against health workers;
- Improving the safety of the physical environment, including regular walkthroughs of the site;
- Having trained security staff immediately able to respond, especially in hotspot areas like ED and mental health.

Experience shows that successfully addressing the issue requires input from employers, staff, and organisations across the community, including the regulator of occupational health and safety, Worksafe, central government, professional associations, and staff.

We hope this booklet can help you keep safer at work. If you have any questions, comments, or concerns about this or any other health and safety issues, feel free to get in contact with us. We have

cited examples and experiences from several sources – this booklet is to assist you to think about what would work in your workplace. Once you have read this, we suggest a discussion with your colleagues before delegates raise the issue with management.

What is violence and aggression in employment?

Violence and aggression includes any incident where an employee or other person has been abused, threatened or assaulted involving an explicit or implicit challenge to safety, wellbeing, or health. This covers:

- Aggressive behaviour, harassment and intimidation;
- Unwanted sexual contact;
- Rude, abusive or threatening language, or name calling;
- Physical attacks to people or property;
- Offensive, obscene, racist, sexist, insulting, or demeaning language.

2 THE PROBLEM IN NEW ZEALAND

In 2011, a study on workplace violence by Massey University academics of over 96 organisations representing over 76,000 employees found that health was the industry with the highest rate of violence – reporting cases of 55.3 cases of assault per 1000 employees, twice as bad as construction and nearly nine times worse than manufacturing. Health employees rated alcohol or drug use, mental distress, and workloads as important sources of violence.[1]

In 2018, an ED nurse wrote about her personal experience of violence towards healthcare workers on *The Spinoff*, "I shouldn't have to go to work fearing the people I'm there to help. It's a near daily occurrence for someone to complain to me, to lose the plot, to yell, to say rude things, to attempt to physically hit, swing or spit at me."[2]

1. Tim Bentley, Darryl Forsyth, David Tappin and Bevan Catley, Report on the 2011 New Zealand Workplace Violence Survey, 27 May 2011, available online: https://www.massey.ac.nz/massey/fms/Colleges/College%20of%20Business/Management/Workplace%20violence%20in%20New%20Zealand%202011%20Report%20FINAL%20for%20SOM.pdf
2. Sophie Gerrits, "I shouldn't have to fear the people I'm there to help': The violent reality of working in healthcare', The Spinoff, 4 December 2018, available online: https://thespinoff.co.nz/society/04-12-2018/i-shouldnt-have-to-fear-my-patients-the-violent-reality-of-working-in-healthcare

In 2019, Sharleen Harney-Kiriona, a security guard at Waikato Hospital was hit with an oxygen cylinder during a mental health patient's rampage on a hospital ward. Sharleen was prevented from speaking about the incident by her employer, a contracted out provider of security services.

Sharleen's union, E Tu, reported major failings by the employer and Waikato DHB about safety and security, including a failure to properly log and investigate incidents, chronic under-staffing, a lack of proper training, and long hours of work.[3]

Published in the *New Zealand Medical Journal* in 2022, a study of patterns of violence and aggression in Christchurch Hospital ED between 2014-2020 "found levels of reported violence and aggression remained relatively static over a seven-year period, despite increasing emergency department attendances. Most events reported involved verbal abuse from patients, and occurred on weekend and night shifts." The authors concluded that growing ED wait times could be contributing to violence and aggression. They also found the emergence of a new group of patients "who present with a sense of entitlement and unrealistic expectations." As the authors themselves, Christchurch Hospital ED staff described, "This included the emergent theme of "it's all about me"—an identifiable group describing those who are demanding, threatening, and wanting to progress their own care regardless of other circumstances. This was typically associated with verbal abuse and intimidation, and at times physical intimidation."[4]

3. E tu, 'Violence on the wards: security review', E tu and You, August 2019, available online: https://etu.nz/articles/violence-on-the-wards-security-review/
4. Sandra K Richardson, Paula C Grainger, Laura R Joyce, 'Challenging the culture of Emergency Department violence and aggression', New Zealand Medical Journal, 6 May 2022, available online: https://journal.nzma.org.nz/

3 AN INTERNATIONAL TREND

Violence and aggression towards health care staff is an international issue as well as a local one.

In England, the number of physical assaults on ambulance staff grew by 30% between 2016 and 2021. In May 2021, a survey found 87% of Scottish GPs reported they or their practice staff had been verbally or physically abused in the last month. In the United States, the American Hospital Association reported in 2002 that physical violence and verbal abuse increased since the onset of the pandemic.[5] In both Britain and the United States, there have been moves to bring in harsher penalties on people convicted of violence against hospital staff.

The New South Wales state parliament in 2002 passed a law increasing fines and jail sentences for those who assault frontline emergency and health workers. One of the Government Ministers said when it passed, "This law sends a clear message that assaults and acts of violence against frontline health and emergency service workers are reprehensible and will not be tolerated."

Western Australia's Stop the Violence Campaign

In 2019, the Western Australian government allocated over $12 million in a stop the violence campaign to reduce violence and aggression against hospital staff. The money was used to fund:

- Additional security staff and CCTV coverage;
- Specialist drug and alcohol workers in EDs;
- Staff education and training; and
- A zero tolerance public awareness campaign.

5. American Hospital Association, Factsheet on Workplace Violence, 2022, available online: https://www.aha.org/fact-sheets/2022-09-13-fact-sheet-workplace-violence-and-intimidation-and-need-federal-legislative

4 WHAT DOES WORKSAFE SAY?

In October 2020, Worksafe issued **Good Practice Guidelines on Violence** in the health and disability sector. The guidelines recognise that violent behaviour is an "increasing risk to healthcare workers and community service providers."

There are practical steps available to PCBUs to manage the risk of violent behaviour without compromising patient/client care (see Section 4 of these guidelines). Such interventions can reduce the financial and social costs of work-related injuries, help retain skilled and motivated workers, and enhance patient/client care.

On Risk Identification:

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, including overlaps with other PCBUs, from a high level and work down.

In the case of violent behaviour at work, look at the factors which could trigger or escalate a confrontational situation. These factors could include:
– overcrowding
– patients/clients or whanau/family members under stress
– poor facilities
– lack of information about new patients/clients

Tense situations can be worsened by overcrowding, patients or whānau/ family/ families under stress, poor facilities, lack of information about new patients, cultural insensitivity or training gaps.

Establish that verbal abuse and threats are considered violent behaviour – identifying that level of behaviour early and putting control measures in place to manage or limit it could mean more serious situations are avoided. Be aware that violent behaviour may not come from the patient/client, but from a friend or whānau/family member, a passer-by, or even another worker.

On Staffing:

Many tasks require more than one worker, and working in pairs or more can decrease the chance of a confrontation. Employ and roster adequate workers for a calmer work environment, and for support in the case of an incident. Fatigued workers may find it harder to effectively manage the risks from violence. For more information on managing fatigue, see our guidance: worksafe.govt.nz

It's also important to have enough workers to accommodate leave being taken. Rostering should take into account enough time for workers to get to their jobs and complete tasks, and ensure that staff are able to take adequate breaks.

5 VIOLENCE AGAINST RADIOGRAPHERS AND SONOGRAPHERS

Although there is a large amount of data on violence against doctors, nurses, and paramedics, new research is discovering that sonographers and radiographers are also at real risk from patient and visitor violence.

An Australian study published in 2021 found that 57.6% of sonographers it surveyed had experienced one form of violence in the last twelve months.[6] Verbal abuse and threatening behaviour was the most frequent form of violence and "Sonographers attributed the violence to long waiting times, patient stress and anxiety, communication issues and patient mental illness."

Research from a number of overseas jurisdictions has also identified widespread issues with violence against radiographers. A 2009 study of radiographers in Hong Kong found 61% had experienced violence in the past three years and a third had encountered violence more than 5 times.[7] "Respondents identified long waiting times, communication issues and understaffing as key risk factors. The Accident & Emergency Department was the highest risk area." The study also found the impact on radiographers included increased work stress, job dissatisfaction, depression and increased sick leave, were highlighted as negative consequences of violence. Perhaps unsurprisingly, "77% of radiographers felt that support from departments was inadequate and only 11% had attended courses on prevention of occupational violence."

Similarly, a 2002 study from Ireland found 62% of radiographers had experienced violence at work, with recently qualified and lone working radiographers most at risk, and a 2012 Welsh study found 94% of radiographers working in a major trauma centre had experienced violence and aggression at least once.[8]

6. Chelsea Lloyd-Jones et al, 'The frequency and types of violence experienced by Australian sonographers from patients and visitors: A pilot study', *Sonography,* December 2021, available online: https://onlinelibrary.wiley.com/doi/abs/10.1002/sono.12286

7. Kris Ng et al, 'Workplace violence-a survey of diagnostic radiographers working in public hospitals in Hong Kong' *J Occup Health,* 2009, available online: https://pubmed.ncbi.nlm.nih.gov/19483364

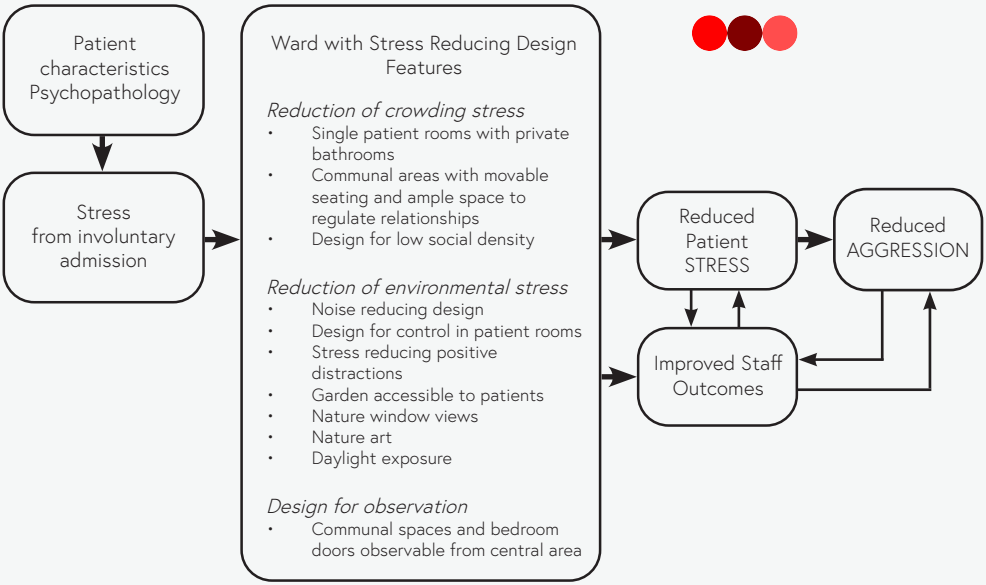
8. Hywel Rogers and Chloe Bowditch, 2012. Radiographers' experience of violence and aggression in a major South Wales accident and emergency department. Presented at: UK Radiological Congress, Manchester, UK, 25th - 27th June 2012. available online: https://orca.cardiff.ac.uk/id/eprint/32047/

6 REDUCING VIOLENCE THROUGH PSYCHIATRIC WARD DESIGN

A 2018 article in the *Journal of Environmental Psychology*, reported on a study in Sweden which found that a new psychiatric hospital ward which had nine stress reducing features, had a significantly lower level of patients requiring physical restraint or compulsory injection than an older hospital ward with only one stress-reducing feature.[9] Restraint use declined 50% in the new hospital compared to an older facility it replaced.

Among patients who received compulsory injections, the average number of injections declined in the new hospital compared to the old facility, but increased in the control hospital by 19%.

The stress reducing features are listed below, and the researchers view the finding as an important step toward a "growing knowledge about design approaches that can effectively reduce stress in healthcare settings, potentially lessen aggressive behaviour, and perhaps lower the cost of care as well".



9. Roger S Ulrich et al, ' Psychiatric ward design can reduce aggressive behavior, *Journal of Environmental Psychology*, June 2018, available online: https://www.sciencedirect.com/science/article/pii/S0272494418303955?via%3Dihub

7 VIOLENCE IN EMERGENCY DEPARTMENTS

One of the main areas where staff is subject to violence and aggression is emergency departments.

There are a number of factors contributing to violence against ED staff, including intoxicated patents, mental health issues, lengthy patient wait times and a "me first" attitude from some patients.

The Australasian College of Emergency Medicine released a policy in 2021 on violence in emergency departments and recommended a multifaceted approach to reducing violence and aggression across Australian and New Zealand hospitals including:[10]

1. Ensure all staff are trained in de-escalation strategies, as well as preventing, identifying, managing, and reporting workplace violence;

2. Ensure appropriately trained and adequate numbers of hospital security personnel are immediately available and integrated into the healthcare team;

3. Standardised risk management and violent incident reporting. Ensuring sufficient post-incident debriefing and support for staff is also part of post-incident management;

4. EDs should be designed to reduce issues by being well lit, with CCTV, with clear signage, barriers between waiting and clinical areas, and with duress alarms for staff. ACEM also recommended: "Consideration should be given to appropriate lighting, noise levels and distractions like art works, public television, magazines, and video entertainment for children. Comfortable seating arranged in conversational groupings, tables for food and drink, and charging stations for mobile devices should be considered."

In no circumstances should violence and aggression against staff be tolerated as part of the ED working experience and aggressive patents or visitors who do not require urgent care should be immediately asked to leave the hospital.

10. Australasian College for Emergency Medicine, Violence in emergency departments, November 2021, available online: https://acem.org.au/getmedia/a3358b1b-f126-4e49-8a8b-0a718275c148/P32-Policy-on-Violence-in-EDs-Mar-11-v02.aspx

8 RESPONDING TO VIOLENCE OR AGGRESSION AT WORK

Remember:

1. Always remember that you have the right to cease care in a situation where your own safety is at serious risk;
2. Ensure you report incidents of violence and aggression to your employer;
3. Raise issues of violence and aggression at work with your delegate, Health and Safety Representative, or to your union directly; and
4. Ensure your department has trained Health and Safety representatives to carry out incident reviews.

Ceasing Unsafe Work

All workers have a protected right recognised by the Health and Safety at Work Act 2015 to cease or refuse to carry out unsafe work. This means when you are presented with a patient or situation where working would expose you or another person to real risk, you can say no.

"A worker may cease, or refuse to carry out, work if the worker believes that carrying out the work would expose the worker, or any other person, to a serious risk to the worker's or other person's health or safety arising from an immediate or imminent exposure to a hazard." – *Section 83, Health and Safety at Work Act 2015.*

9 CARPARKING

Hospital carparking is a critical health and safety issue affecting staff across the country.

There are three aspects to this issue. First is the physical security element, where staff are regularly attacked by criminals who target staff walking alone through isolated car parks.

Second, staff who are on call and have to return to a workplace to respond to an emergency sometimes have to spend a considerable amount of time locating a car park, slowing down a patients access to care.

Third, having to walk to and from unsafe car parks undermines not just the actual safety of staff, but also their sense of being safe. Many staff members have to end their shifts with a sense that they are not safe, and not being kept safe by their employer. As a minimum, all staff who work during the hours of darkness should be provided with safe and secure carparking close to the main entrances to the workplace, and there should be dedicated and no charge car parking for staff who are required to work on call. On call staff does not have the option of alternative modes of transport to the hospital such as public transports. As Dunedin Hospital agreed, if they can supply an Allied Health Director a dedicated car park during office hours, that car park could be provided to on call anaesthetic technicians after hours.

10 MAKING AN INCIDENT REPORT

If an issue of violence or aggression has occurred in your workplace, it is absolutely critical that you make an incident report, and the employer carries out a post-incident investigation and review. The creation of a record after an incident can be important for:

- Statistically mapping peaks and trends in violence and aggression;
- Providing justification for additional spending on security or staffing;
- Post incident injury issues, including access to discretionary sick leave and/or ACC.

If you are not satisfied or confident in the employer's incident report, you can email a brief description of the report to your union advocate or make a incident report through our website. Immediately escalate any incident to your supervisor. We support that all workplaces should allow for staff affected by violence or aggression to withdraw from patient or client care, for a manager to investigate why and take appropriate actions. E.g. removing whanua/family or visitors if they are the source, providing security, moving care to an observable location or buddy staff when caring for a client or patient.

11 WALKTHROUGHS AND CHECKLISTS

Trained health and safety representatives and managers should be carrying out regular structured inspections of their workplace with a checklist. These walkthroughs should be carried out regularly to be effective.

A 2017 United States study of 21 hospital units found that a structured worksite walkthough where workplace violence data was reviewed and a checklist of possible prevention strategies and an action plan forms guided development of unit-specific intervention reduced rates of violence.[11]

"The walkthrough meeting was the crux of the intervention. It served as the point of contact between researchers, hospital stakeholders, and the individuals experiencing workplace violence.... A representative of hospital management participated in every walkthrough. This served a dual purpose: (1) management's presence underscored the importance of workplace violence prevention for unit supervisors and staff; and (2) management representatives could learn the procedures, to sustain the walkthrough practice after the conclusion of the research study".

The checklist used included the following questions:

ENVIRONMENTAL

ENTRIES/EXITS

- ☐ Are there enough exits and adequate routes of escape?
- ☐ Can exit doors be opened only from the inside to prevent unauthorised entry?
- ☐ Is access to work areas only through a reception area?
- ☐ Are reception and work areas designed to prevent unauthorised entry?
- ☐ Are there security guards at the entrances and/or exits of the unit?
- ☐ Are there metal detectors at the entrances of the unit?

WORK AREA HAZARDS

- ☐ Are waiting and work areas free of objects that could be used as weapons?
- ☐ Are chairs and furniture secured to prevent use as weapons?
- ☐ Is furniture in waiting and work areas arranged to prevent employees from becoming trapped?
- ☐ Are hallways and work areas clear of obstacles that block pathways?

WORKPLACE DESIGN

- ☐ Could someone hear a worker call for help?
- ☐ Is there appropriate lighting used in patient areas? (brightly lit, dim during sleeping times)
- ☐ Is there an appropriate noise level in patient areas?
- ☐ Can workers observe patients or clients in waiting areas and rooms from their work stations?
- ☐ Are patient or client areas designed to maximise comfort and minimise stress?
- ☐ Are there employee-only work areas that are separate from public areas?
- ☐ Is a secure place available for employees to store their personal belongings?
- ☐ Are private, locked restrooms available for staff?

SECURITY MEASURES

- ☐ Are emergency phone numbers programmed into phones? (i.e. security)
- ☐ Do workers have access to telephones?
- ☐ Are there security cameras in the unit?
- ☐ Are there functional panic buttons?

ADMINISTRATIVE

POLICIES RELATED TO WORKPLACE VIOLENCE

- ☐ Is a "zero tolerance" policy for violence clearly communicated to both employees and patients through verbal or posted cues?
- ☐ Is there a written workplace violence prevention program in your facility?
- ☐ Is there someone responsible for the violence prevention program to ensure that all managers, supervisors, and employees understand their obligations?
- ☐ Are there emergency procedures in place for violent events?
- ☐ Are workers instructed to report suspicious or threatening activity?
- ☐ Are workers encouraged to report violent incidents?

SAFETY PROCEDURES

- ☐ Is there someone responsible for building security?
- ☐ Are there trained security personnel accessible to workers in a timely manner?
- ☐ Is there adequate staffing available at all times to protect or aid workers against assaults or other violence?
- ☐ Is there a "buddy system" for when workers are in potentially dangerous situations?

11. Lydia E. Hamblin et al, 'Worksite walkthrough intervention: Data-driven prevention of workplace violence on hospital units' *J Occup Environ Med*. 2017 Sep; 59(9): 875–884.available online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5593762/

- ☐ Do security personnel have sufficient authority to take all necessary action to ensure worker safety?

STAFFING

- ☐ Do workers have at least one other employee on the unit with them on each shift?
- ☐ Is there adequate staffing for transfers, emergency situations, and extra-role work tasks? (taking time away from routine patient care)
- ☐ Are there regular visiting hours with proper monitoring/number of staff at these times?

WORK ROUTINES AND RESOURCES

- ☐ Is there a system in place for sharing limited equipment?
- ☐ Are there specific, communicated guidelines in place for "float staff" (e.g. respiratory therapists) and how staff should share the facility with them?
- ☐ Are incidents of workplace violence reviewed?

BEHAVIOURAL

STAFF KNOWLEDGE

- ☐ Are workers informed about incidents of workplace violence on their unit?
- ☐ Are workers up to date on ethical and legal issues for workplace violence?
- ☐ Are workers made aware of unit policies for violence as they are updated?

STAFF SKILLS

- ☐ Are workers trained to respond to violent situations involving patients?
- ☐ Are workers trained in ways to prevent or defuse potentially violent situations?
- ☐ Are workers trained in personal safety and self-defence?
- ☐ Are workers trained in conflict resolution?

STAFF PROFESSIONAL BEHAVIOUR

- ☐ Are there trained employees who could mediate conflict between coworkers?
- ☐ Are workers trained to promote respectful treatment among coworkers?

NOTES

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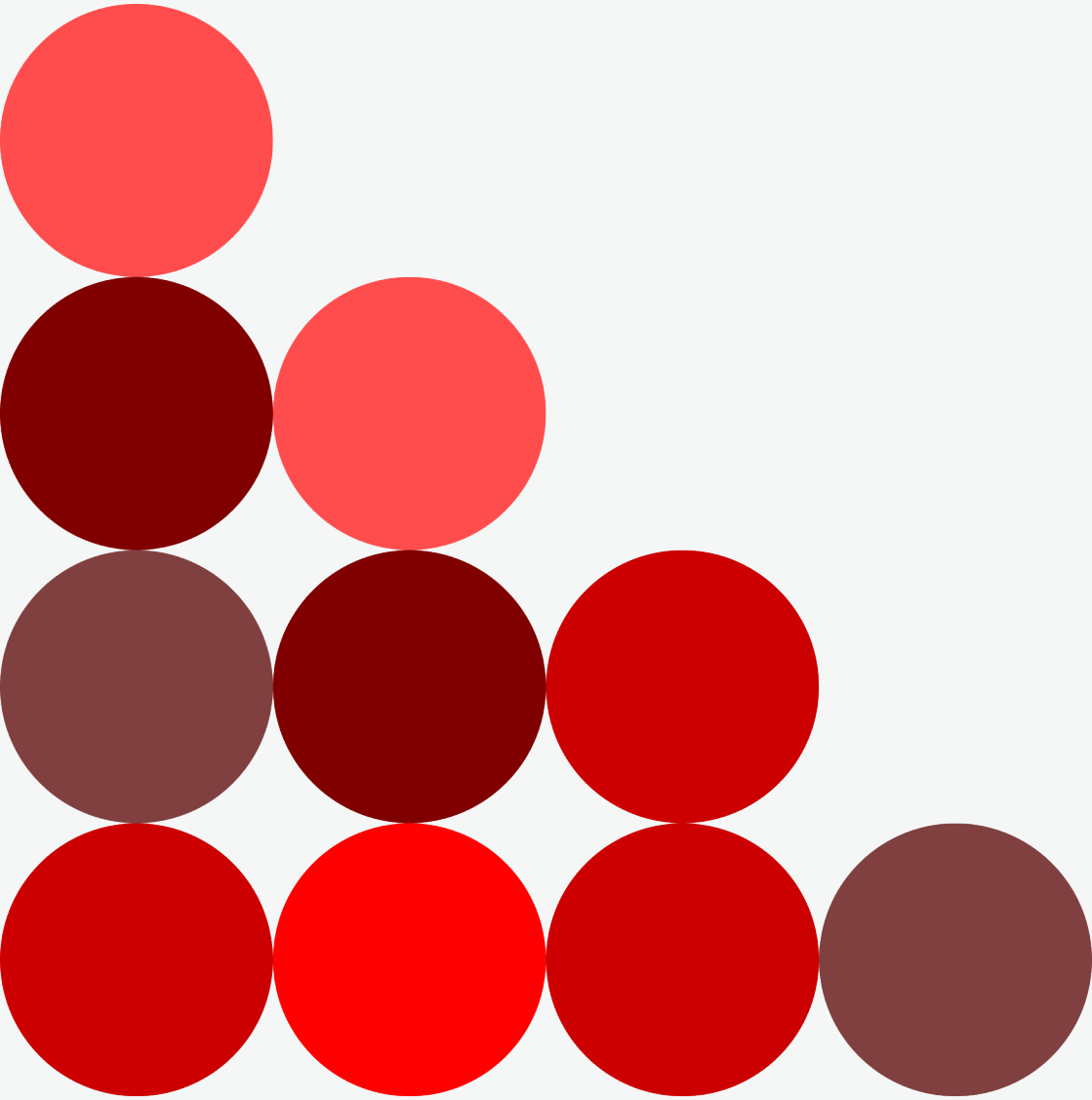

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