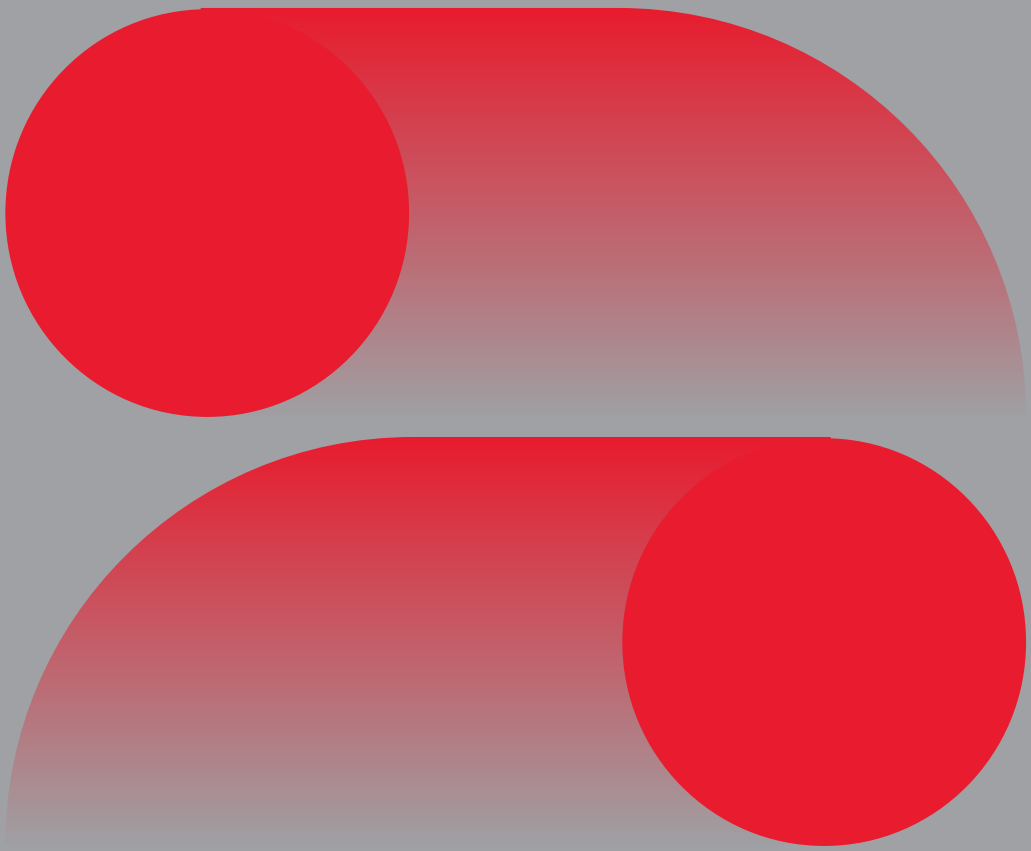
RESOURCE

APEX
Allied, Scientific and Technical

KEEP SAFE

Protecting Yourself from Violence & Aggression in Health Care



REMEMBER:

1. You have the **right to stop providing care** if your personal safety is at serious risk.
2. **Report all incidents** of violence and aggression to your employer.
3. Raise issues with your **delegate, Health and Safety Representative, or directly to APEX**.
4. Make sure your department has **trained Health and Safety Representatives** who can carry out incident reviews.

MORE ON HEALTH & SAFETY

Browse resources, guides and other health and safety material at **apex.org.nz**

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INTRODUCTION

Violence and aggression toward health workers, whether in hospitals, clinics, or mental health facilities, is a serious and widespread problem. Alarmingly, the pandemic has worsened this issue, with attacks on health and emergency workers on the rise.

Data from overseas suggests that health care workers account for around **50% of workplace assaults**. The causes are complex, including societal changes, increasing pressure, and staff shortages, and is increasingly being labelled an "epidemic" in its own right.

Unfortunately, staff safety is often weighed against the cost of preventive measures, even though the physical and psychological impact of violence on workers can be severe.

This booklet is your guide to understanding the problem and practical steps you and your colleagues can take to reduce risk.

Protecting yourself and preventing violence at work requires a range of actions, including:

- Refusing to provide care when there is serious risk of violence.
- Lobbying for safe car parking, especially after dark.
- Reporting incidents of violence and abuse to your employer.
- Receiving training in de-escalation and responding to aggression.
- Promoting a zero-tolerance culture for aggression against health workers.
- Improving the safety of the workplace environment, including regular walkthroughs.
- Having trained security staff available to respond immediately, particularly in high-risk areas like emergency and mental health departments.

Successfully addressing violence at work requires cooperation across the community: regulators like WorkSafe, central government, health services, unions, professional associations, and staff all have a role to play.

This booklet draws on real examples and experiences to help you think about what could work in your workplace. After reading, we encourage you to discuss its contents with your colleagues before raising issues with management. If you have questions or concerns about this or any other health and safety issue, please contact APEX.

WHAT IS VIOLENCE AND AGGRESSION IN HEALTH CARE?

Violence and aggression in health care includes any incident where a worker's **safety, wellbeing, or health** is threatened, challenged, or harmed. This can involve:

- Aggressive behaviour, harassment, or intimidation
- Unwanted sexual contact
- Rude, abusive, or threatening language
- Physical attacks on people or property
- Offensive, obscene, racist, sexist, or demeaning language

THE PROBLEM IN NEW ZEALAND

Workplace violence is a serious issue for health workers in New Zealand. A 2011 Massey University study of over 96 organisations and 76,000 employees found that **health care had the highest rate of workplace assault** — 55.3 cases per 1,000 employees — **twice that of construction and nearly nine times higher than manufacturing**. Key contributors included alcohol or drug use, mental distress, and high workloads.[1]

In 2018, an emergency department nurse shared her experience 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]

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. Her employer, a contracted security provider, **prevented her from speaking publicly** about the incident.

Sharleen's union, E tū, reported **major failings by the employer and Waikato DHB,** including:

- A failure to log and investigate incidents
- Chronic understaffing
- Inadequate training
- Long hours of work[3]

A 2022 study published in the New Zealand Medical Journal examined patterns of violence and aggression in Christchurch Hospital ED between 2014–2020. The study found that levels of reported violence remained relatively stable over seven years, despite rising ED attendances. Most incidents involved verbal abuse, typically occurring on weekends and night shifts.

Contributing factors included growing ED wait times and the emergence of a patient group with unrealistic expectations and a "it's all about me" attitude, often associated with verbal and physical intimidation.[4]

AN INTERNATIONAL TREND

Violence and aggression toward health care staff is not just a New Zealand problem, it's a global issue.

- In **England**, physical assaults on ambulance staff increased by **30%** between 2016 and 2021.
- In **Scotland**, a May 2021 survey found that **87% of GPs** reported that they or their practice staff had experienced verbal or physical abuse in the past month.
- In the **United States,** the American Hospital Association reported rising physical and verbal assaults on health workers during the pandemic.[5]

Both the UK and US have responded with moves to introduce harsher penalties for assaults on hospital staff.

1. Bentley, T., Forsyth, D., Tappin, D. & Catley, B. (2011). Report on the 2011 New Zealand Workplace Violence Survey. *Massey University.* tinyurl.com/58crkuzk

2. Gerrits, Sophie. (2018). "I shouldn't have to fear the people I'm there to help': The violent reality of working in healthcare'. *The Spinoff*. tinyurl.com/3mn7kcwj

3. E tū. (2019). Violence on the wards: security review. *E tū and you*. etu.nz/articles/violence-on-the-wards-security-review

4. Richardson S K., Grainger P C., Joyce L R. (2022). Challenging the culture of Emergency Department violence and aggression. *New Zealand Medical Journal*.

5. American Hospital Association. (2022). Fact Sheet: Workplace Violence and Intimidation, and the Need for a Federal Legislative Response. tinyurl.com/mrv4n256

In Australia, similar steps have been taken:

- In 2002, the New South Wales Parliament passed a law increasing fines and jail sentences for assaults on frontline health and emergency workers. A government minister said at the time:

  "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."

In 2019, the Western Australian Government launched the Stop the Violence Campaign, allocating over $12 million to reduce violence against hospital staff. Funds were used for:

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

WHAT DOES WORKSAFE SAY?

In October 2020, WorkSafe New Zealand issued the Good Practice Guidelines on Violence in the Health and Disability Sector, recognising violent behaviour as an "increasing risk to healthcare workers and community service providers."

The following content is reproduced from these guidelines. It outlines practical steps PCBUs can take to manage the risk of violent behaviour without compromising patient or client care. 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.

Source: WorkSafe New Zealand — Good Practice Guidelines on Violence, October 2020.

VIOLENCE AGAINST RADIOGRAPHERS AND SONOGRAPHERS

While much of the research on workplace violence in health care has focused on doctors, nurses, and paramedics, growing evidence shows that **radiographers and sonographers are also at significant risk** from violence by patients and visitors.

An Australian study published in 2021 found that **57.6% of sonographers** had experienced at least one form of violence in the last twelve months.[6] The most common forms were **verbal abuse** and **threatening behaviour**, with contributing factors including long waiting times, patient stress and anxiety, communication issues, and mental illness.

Research from other countries shows similar patterns for radiographers. A 2009 study in Hong Kong found that **61% of radiographers** had experienced violence in the previous three years, with one-third experiencing it more than five times.[7] Key risk factors included long waiting times, communication issues, and understaffing, with the Emergency Department identified as the highest-risk area. Reported impacts included increased work stress, job dissatisfaction, depression, and higher levels of sick leave. Alarmingly, **77% of respondents felt departmental support was inadequate**, and only 11% had received training on preventing workplace violence.

These findings are echoed elsewhere. A 2002 Irish study found that **62% of radiographers** had experienced violence at work, with newly qualified staff and those working alone at greater risk. A 2012 Welsh study reported that **94% of radiographers** working in a major trauma centre had experienced violence or aggression at least once.[8]

6. Lloyd-Jones, C,. et al. (2021). The frequency and types of violence experienced by Australian sonographers from patients and visitors: A pilot study. *Sonography*. tinyurl.com/yzutm9cy

7. Ng, K,. et al. (2009). Workplace violence-a survey of diagnostic radiographers working in public hospitals in Hong Kong. *J Occup Health*. tinyurl.com/4sbp2bvp

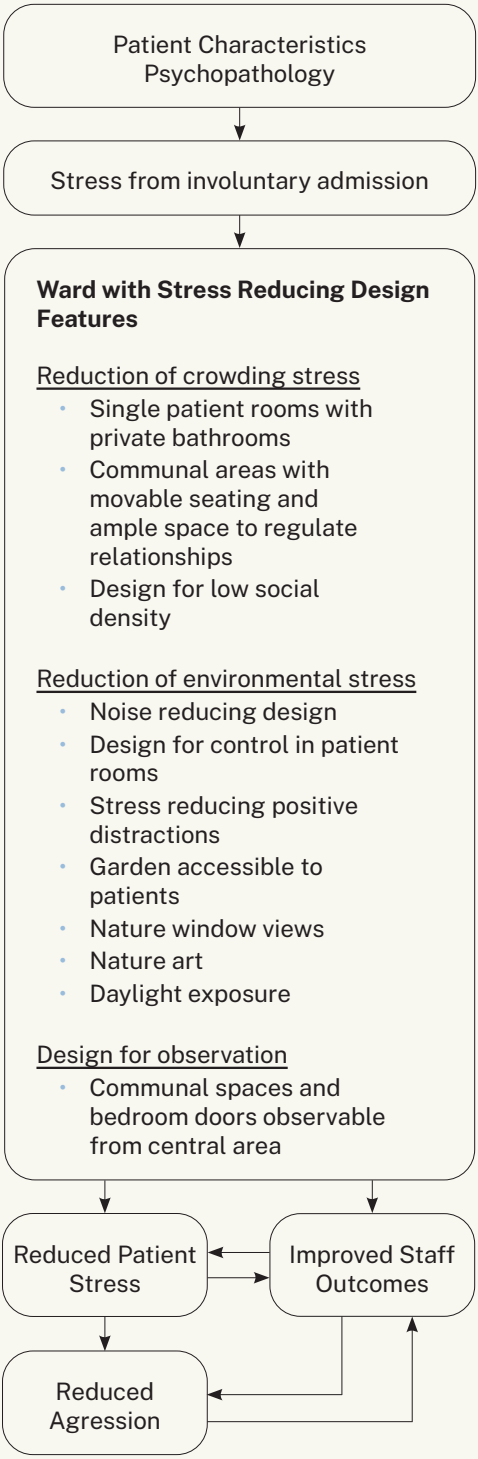
8. Rogers, H. & Bowditch, C,. (2012). Radiographers' experience of violence and aggression in a major South Wales accident and emergency department. *Cardiff University*. tinyurl.com/3skcya9u

REDUCING VIOLENCE THROUGH PSYCHIATRIC WARD DESIGN

A 2018 study published in the Journal of Environmental Psychology examined the impact of ward design on violence in psychiatric settings in Sweden. The study found that a newly built psychiatric ward incorporating nine stress-reducing design features had significantly lower rates of physical restraint and compulsory injections than an older ward with only one such feature.[9]

Use of physical restraint fell by 50% in the new facility compared with the hospital it replaced. Among patients who received compulsory injections, the average number of injections decreased in the new ward, while increasing by 19% in the control hospital.

The researchers concluded that stress-reducing design can play a meaningful role in reducing aggression, improving patient outcomes, and potentially lowering the overall cost of care. They describe this as an important contribution to the growing evidence that the physical environment of health care settings directly affects safety and wellbeing.



9. Ulrich, R S,. et al. (2018). Psychiatric ward design can reduce aggressive behavior. *Journal of Environmental Psychology.* tinyurl.com/mt49db4u

VIOLENCE IN EMERGENCY DEPARTMENTS

Emergency departments (EDs) are one of the areas where health workers are most frequently exposed to violence and aggression.

A range of factors contribute to violence against ED staff, including intoxication, mental health issues, long waiting times, and a "me first" attitude from some patients and visitors.

In 2021, the Australasian College of Emergency Medicine (ACEM) released a policy on violence in emergency departments, recommending a multifaceted approach across Australian and New Zealand hospitals. Key recommendations include:[10]

1. **Training all staff in de-escalation,** and in preventing, identifying, managing, and reporting workplace violence.
2. **Ensuring adequate numbers of appropriately trained security staff** are immediately available and fully integrated into the health care team.
3. **Standardised risk management and incident reporting**, including thorough post-incident debriefing and support for affected staff.
4. **Designing EDs to reduce risk,** including good lighting, CCTV, clear signage, barriers between waiting and clinical areas, and 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."

Violence and aggression should **never be accepted as part of the ED working experience**. Patients or visitors who do not require urgent care and behave aggressively should be **required to leave the hospital immediately**.

10. Australasian College for Emergency Medicine. (2021). Violence in emergency departments. *tinyurl.com/2e68rj63*

RESPONDING TO VIOLENCE OR AGGRESSION AT WORK

REMEMBER:

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CEASING UNSAFE WORK

All workers have a protected right under the **Health and Safety at Work Act 2015** to cease or refuse unsafe work. If a patient or situation exposes you — or others — to a **serious and immediate risk**, you are entitled to 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.**

CARPARKING

Hospital carparking is a critical health and safety issue for staff across the country. The are three aspects:

1. **Physical security:** Staff are regularly attacked while walking alone through isolated car parks.
2. **Accessibility for on-call staff:** Staff responding to emergencies may spend significant time searching for a space, delaying patient care
3. **Sense of safety:** Walking to and from unsafe or poorly lit car parks undermines staff confidence in their personal safety, leaving many feeling unprotected at the end of a shift.

As a minimum standard, **all staff working during hours of darkness should have access to safe, secure car parking close to main entrances.** On-call staff should also have dedicated, free parking, as they often cannot rely on alternative transport such as public transit.

For example, Dunedin Hospital agreed that if an Allied Health Director can be provided with a dedicated car park during office hours, the same space could be made available to on-call anaesthetic technicians after hours.

MAKING AN INCIDENT REPORT

If violence or aggression occurs in your workplace it is critical that an incident report is completed and that the employer carries out a post-incident investigation and review. Creating a formal record is important because it helps to:

- Identify patterns, trends, and peak times for violence and aggression.
- Support the case for additional security, staffing, or other safety measures.
- Assist with post-incident matters, including injury management, discretionary sick leave, and/or ACC.

If you are not satisfied with the employer's incident report, or are not confident it has been completed properly, you can send a brief description of the incident to your APEX advocate, or submit an incident report directly through our website.

WALKTHROUGHS AND CHECKLISTS

Regular, structured inspections of the workplace by trained Health and Safety Representatives and managers are an important way to prevent violence. These walkthroughs should be carried out consistently and guided by a checklist to identify risks and track improvements.

A 2017 US study of 21 hospital units found that structured walkthroughs, which reviewed workplace violence data, used a checklist of prevention strategies, and developed unit-specific action plans, significantly 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."*

11. Hamblin, L E,. et al. (2017). Worksite walkthrough intervention: Data-driven prevention of workplace violence on hospital units. *J Occup Environ Med.* https://tinyurl.com/44brpsns

The checklist included questions such as:

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 maximize 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, patients and whanau 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, e.g. at night?
- ☐ 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 & 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?

BEHAVIORAL

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 treament among coworkers?

NEED MORE INFO?

Browse resources, find your local delegate, read your collective agreement and more at **apex.org.nz**

CONTACT APEX

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