

Caring for No1

- Survey (please complete)
- Refresher from H & S Training 2014
 - Psychological safety
 - Physiological safety
 - Physical safety



Safety from violence at work

- Excusing patient and family abuse
- The right to be safe
- Alertness and raising issues
- Looking out for others
- Persistence
- Risk management system

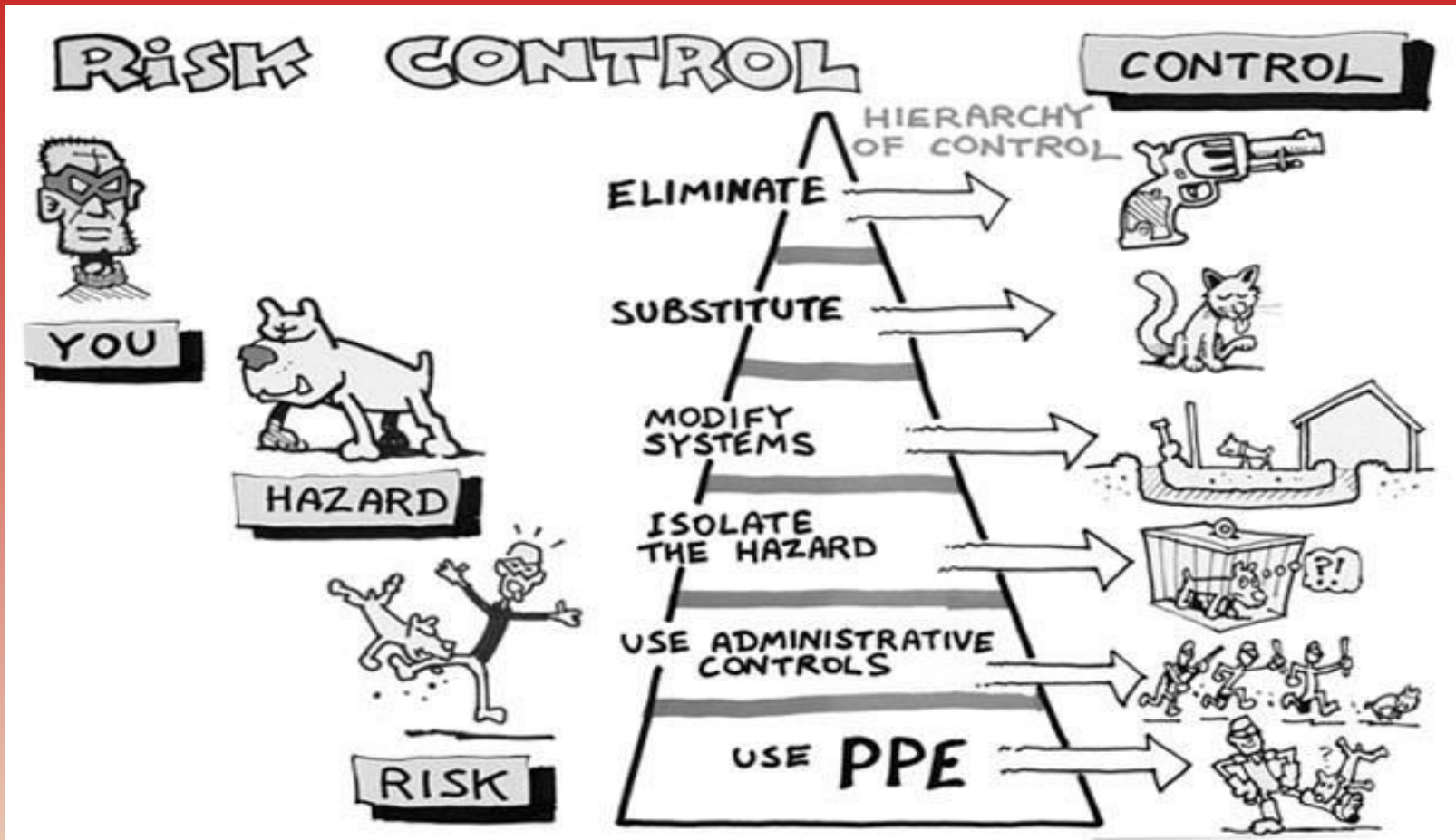


Excusing patient and family abuse



I got sick of the violence in A & E

Risk Management



NBAG

“As a union: DHB partnership, NBAG’s focus is rightly on the employment relationship. In doing this piece of work we have not sought to “balance” other factors such as patient, family or whanau rights or needs, but focused on the party’s responsibility for employee safety.”

MSD Murders

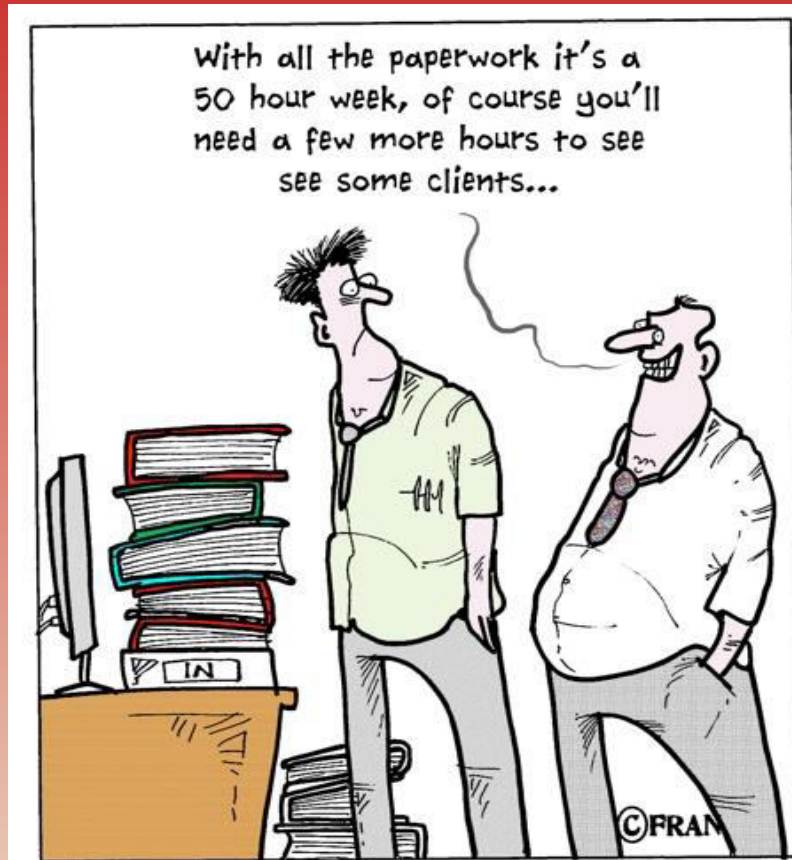
- On September 1, 2014 Peg Noble and Susan Leigh Cleveland were murdered in MSD offices in Ashburton.
- Worksafe NZ prosecuted MSD (who have pleaded guilty) because they failed to take all practicable steps to ensure the safety of its employees while at work.
- This has highlighted further the need for employers to assess risk and take all reasonable and practicable steps to ensure staff safety. Putting staff at risk for some (patient) related reasoning may not be considered justifiable when held up to scrutiny, as admirable as the “patient” reasons might have been.
- Balance is required, however in the absence of risk assessment and staff safety being considered as a priority, staff may be vulnerable to injury or offence.

A risk management process includes:

- Risk identification.
- Risk assessment.
- Risk control.
- Resourcing.
- Policy on violence.
- Complaint mechanisms.
- Post-incident management.
- Monitoring and evaluation.
- Physical environment.
- Personal protection.
- Education and training.
- Additional security measures.

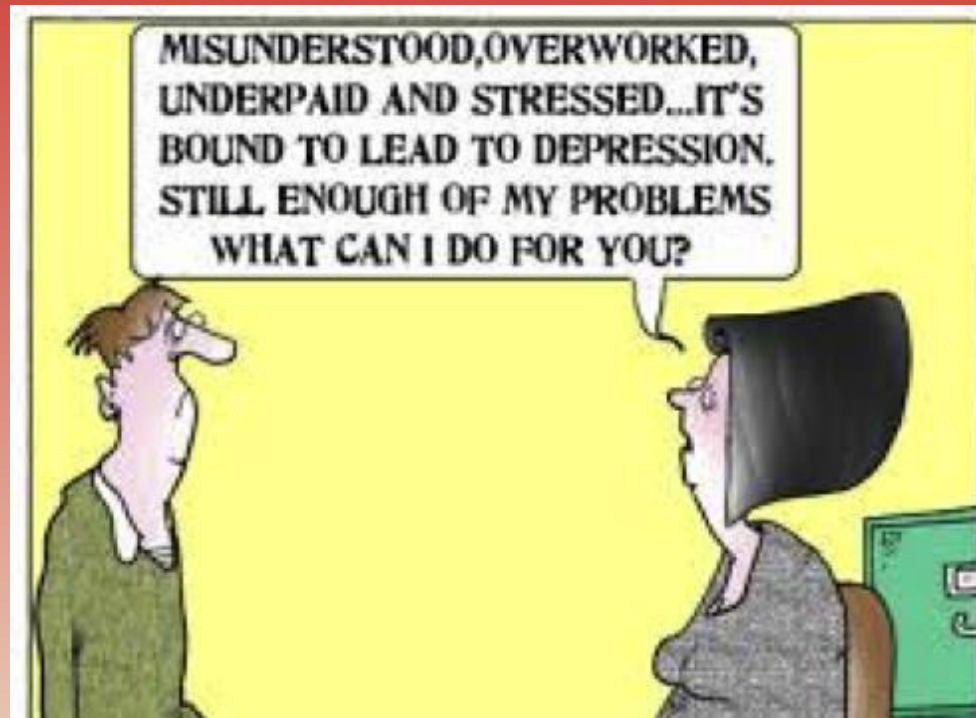
Workload

- Accepting unsafe workloads
- Money versus wellness
- Doing it for the patient:
 - really?
 - Is it making you feel good?
 - Saying “NO”



Demand and Waiting Lists

- Who owns the waiting lists? MCNZ You are responsible for the patients you have seen – not the ones you have not seen.
- The waiting list is the DHBs, not yours.



- Wellness
 - Takes active action
 - Work place opportunities
- Bullying
 - What it is.
 - What it isn't.
 - By Standers



Bullying

- While some bullying might be easy to identify (eg personal attacks and put downs), other forms of bullying are not (eg attempts to undermine credibility, performance or confidence).
- A single incident of unreasonable behaviour is not considered workplace bullying, but it could escalate and should not be ignored.
- Harassment and discrimination, which can be part of bullying, have their own legal remedies.

Formal Worksafe Definition

- Workplace bullying is repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety.
- Repeated behaviour is persistent and can involve a range of actions over time.
- Unreasonable behaviour means actions that a reasonable person in the same circumstances would see as unreasonable. It includes victimising, humiliating, intimidating or threatening a person.

What is it NOT

- One off incidents
- Performance management
- “personality clash”
- Sexual Harrassment
- Discrimination (as defined by the law on grounds of gender...)

By Standers

- Stand Up
- The psychology of by standers
 - Distribution of responsibility
 - Fear
 -
- Be respectful, polite, don't shame, take a friend.

Resilience

the ability of a substance or object to spring back into shape
the capacity to recover quickly from difficulties



A Few Thoughts!

- Does the phrase “patient centred care” diminish the rights of or ignore the person who provides that care?
- Is there a shift in “ownership” of the patient and with it moral pressure being applied?
- Union’s role to balance the equation and stick up for the employee.