Submission No 26

INQUIRY INTO VIOLENCE AGAINST EMERGENCY SERVICES PERSONNEL

Organisation: Injured Workers Support Network

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Submission to the Inquiry into Violence Against Emergency Services Personnel

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The Injured Workers Support Network (IWSN) welcomes the opportunity to provide a submission to the Inquiry into Violence Against Emergency Services Personnel.

The Injured Workers Support Network provides advice and assistance to a broad range of workers within the NSW industrial landscape regarding access to workers compensation and the rights of injured workers whether they are receiving workers compensation or otherwise.

Our Mission is to assist and support workers who have sustained work related injuries, illness and disabilities:

- To provide and share information and experiences about the workers compensation system and the rights of injured & disabled workers.
- To form networks between injured workers and other organisations that has similar aims and objectives.
- To assist and encourage injured workers to establish links within their local community health system, Government Departments, organisations and other individual support groups who can assist injured workers.
- Advocate for a fair system of workers compensation for injured and ill workers and their families

As we make no delineation in our service provision between union and non-union members we see an integral role in representing all workers who have been injured while at work and to support the implementation of systems where workplace injuries are prevented from occurring. It is in this capacity that we provide our current submission.

In relation to the following submission, the Injured Workers Support Network interprets the scope of this inquiry as pertaining to external agent violence against emergency service personnel. The comments and suggestions made in this submission will reflect our interpretation of the terms of reference.

That the Legislative Assembly Committee on Law and Safety inquire into and report on:

The adequacy of current measures in place to protect emergency services personnel from violence including internal policies and procedures, training, and public education campaigns;

The Injured Workers Support Network recognises the role management and workplace culture plays in creating an environment where violence can be mitigated or aggravated.

There are numerous studies which identify a cultural predilection towards aggravating external agency violence. These may be societal in nature such as high unemployment and under employment and reductions in community resources such as government funded services (Mullen 1997¹) but also includes structure and culture of a workplace.

¹ Mullen, E. (1997), 'Workplace violence: cause for concern or the construction of a new category of fear', Journal of Industrial Relations, vol. 39 (1): 21–32.

Lack of internal resources such as insufficient staffing numbers (CAL/OSHA, 1998²) appears to be a significant factor in establishing an environment where violence associated with client/patient frustration can occur (Mayhew & Chappell 2001³). In particular an insufficient staffing ratio is likely to be responsible for perceptions or reality of excess waiting periods, prolonged periods of inadequate pain relief or untreated pain, refusal of service, in particular preferred services, client/patient/family anxiety and incapacity to devote adequate time to treatment in hospitals (Mayhew, 2000⁴).

This form of violence can be characterised as frustration initiated violence and is manageable through staffing levels that has capacity to meet the elasticity of demand inherent in an emergency service environment.

Workplace stress is an identifiable risk factor in an organisations ability to prevent violence, contain violence when it occurs and manage the aftermath of violence (DI Martino & Musri 2001⁵). Mitigating workplace stress is also one factor an organisation can implement relatively quickly – a shovel ready solution. Adequate staffing levels is one aspect to mitigating workplace stress but other aspects include organisational wide cultural adaption to an open and tolerant work place. Open not only in their communication but open to the personal risks of the job at a time of heightened emergency.

Tolerance is commonly associated with non-discriminatory work practices but it equally applies to an organisation's acceptance of differing levels of stress staff members may be feeling during a particular shift, different coping strategies required by staff members (or the same staff member at different times) and the changing vulnerabilities to innate workplace stressors of emergency services. Resilience is a fleeting concept and should not be relied upon in the creation and implementation of workplace strategies to manage violence or stress.

Tolerance must be backed up through governmental policy and resource allocations thus providing capacity to ensure systemic tolerance within the emergency systems.

² CAL/OSHA(1998), Guidelines for Security and Safety of Health Care and Community Service Workers, Division of Occupational Safety and Health, Department of Industrial Relations, San Francisco

³ Mayhew & Chappell (2001)Occupational violence: types, reporting patterns and variations between health sectors', Working Paper Series no paper written for the Taskforce on the Prevention and Management of Violence in the Health Workplace, University of New South

⁴ Mayhew, C. (2000a), Preventing Client-Initiated Violence: A Practical Handbook, Australian Institute of Criminology, Research & Public Policy Series No.30, Canberra.

⁵ Di Martino, Vittoria and Musri, Mohtar (2001). Guidance for the Prevention of Stress and Violence at the Workplace. Kuala Lumpur, Department of Occupational Safety and Health Malaysia.

The allocation of resources to emergency services being the main tool the government can employ to ensure effective structural tolerance.

The Injured Workers Support Network believes that to adequately support emergency personnel a whole of system approach is required. This extends to the treatment and care of emergency personnel after the incident/s as much as before the incident/s.

The majority of workers who contact the Injured Workers Support Network do so after they have made their claim and are not attending their workplace. This may be after they have put in a workers compensation claim, while they are considering doing so or while they are utilising their leave entitlements.

The experiences of these emergency personnel who have contacted us while recovering from or adapting to (in the case of a permanent disability) a violent act indicates a lack of support to emergency workers overcoming the impact of violence. Their treatment by workers compensation insurers, return to work programs and their work places can inhibit the individual's recovery. Changes to the Workers Compensation system in relation to emergency workers is covered in our response to part C of our submission.

b. Whether current sentencing options for people who assault or murder emergency services personnel remain effective;

The Injured Workers Support Network does not believe it is in a position to directly comment on current sentencing options.

c. Possible options for reform;

The Injured Workers Support Network believes that emergency personnel need to be provided greater support if they have been victims of assaults and/or witnesses to assaults. Though prevention is always better than cure the emergency services is one industrial area, which is likely to continue to experience violence on a regular basis. The need to ensure the best support for emergency personnel after they have become a victim demonstrates a commitment to emergency personnel as much as the punishment of the perpetrator of that violence.

Emergency service personnel who have become injured through workplace violence receive direct support from two sources. The first being internal support through employee support assistance programs and internal/external debriefing, the second being through the NSW workers compensation system.

Specifically the Workplace Injury Management and Workers Compensation Act 1998 and Workers Compensation Act 1987 as amended by the 2012 and 2015 amendments.

The Injured Workers Support Network believes that a "victims of violence in the workplace" category should be included in the NSW Workers Compensation legislation. This category would be available to any worker who has experience agency violence.

The aim of such classification would be to expedite the required short, medium and long term medical and psychological treatment of the emergency worker by:

- Reducing the 28 day approval time for medical claims (under division 3 section 279 of the Workplace Injury Management and Workers Compensation Act 1998 to 5 days.
- b. Requiring the creation and implementation of an injury management & rehabilitation plan for all workers in the new classification which should be finalised within the first two months of the initial application with structured reviews embedded in the plan and elevated to the primary document for the provision of support for those workers who would qualify for this category.
- Removing the capacity for an insurer to use section 267 (2) of the Workplace Injury Management and Workers Compensation Act 1998 for this category of claimant.
- d. Automatic classification of all claimants in this category as workers with highest needs as defined in the Workers Compensation Act 1987 (as amended).
- e. Increasing the list of medical services not requiring pre-approval to include:
 - i. All medical investigation procedure or follow up appointments with the claimants medical support services recommended by their treating doctor.
 - ii. Counselling services
- f. Increasing the protection provided under Part 8 section 248 of the Workers Compensation Act 1987 to include an absolute obligation on employers to provide suitable duties and prevent them from terminating claimants in this category unless the injury management plan states that the return to work goal is a different job and a different employer.
- g. Specifically identifying those emergency workers who have suffered violence while on the way to and from the workplace and ensuring that they are covered as if they were at work. This is necessary as emergency service personnel are potentially more
 - likely to be the victims of targeted violence outside of their workplaces as a result of their work. Within the current journey claims system there is no provision for workers compensation in this scenario.

d. Any other related matter.

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- 2. In examining these issues the Committee should have regard to:
- a. All emergency services personnel, including police; ambulance officers; firefighters; protective services officers; SES workers; lifesavers; marine rescuers; and nurses, doctors and other hospital staff who provide or support emergency treatment;

The Injured Workers Support Network would recommend to the inquiry that the list of identified emergency services personnel be extended to include other services providing emergency support that may also be at risk of violence. We base this recommendation on research that Warshaw and Messite, (1996⁶) conducted which identified work tasks that they considered to be at high risk of client initiated violence High-risk tasks include:

'... jobs that require workers to handle money or valuables; carry drugs or have access to

them; provide care and services to people who are distressed, fearful, ill or incarcerated:

relate to people who have a great deal of anger, resentment, and feelings of failure, or who

have unreasonable expectations of what the organization and the worker can provide; carry

out inspection or enforcement procedures; or work alone.'

This list of tasks easily encompasses the personnel identified by the terms of reference but includes personnel that are not.

Personnel who provide support to vulnerable people without our community at times of emergencies which, though may not be commonly associated with the physical care of the body as with the list contained in the terms of reference, but are psychological or emotional emergencies in particular:

Support staff of those in the provided list:

The injured Workers Support Network notes the inclusion of hospital staff that provides or support emergency treatment but further notes that the support staff of the other listed personnel who may work with those listed can and do experience external agency violence may be excluded from this list.

As an example, Curtis Cheng, the victim of the terrorist attack on NSW Police headquarters was employed to support uniformed police officers but, through strict reading of the terms of reference, would not be included in any recommendations of this inquiry if the list was not extended to civilian employee of the NSW police services.

Community Services personnel:

Child protection caseworkers, public housing caseworkers, juvenile justice officers and parole officers are all required to respond to emergency situations where violence is a real and present danger.

Welfare related emergency service personnel: Such as refuge workers, youth workers and disability support workers

b. The incidence of assaults on and homicides of emergency services personnel;

The Injured Workers Support Network does not believe it is in a position to directly comment on the incidences of assaults on and homicides of emergency services personnel.

⁶ Warshaw, L. and Messite, J. 1996, "Workplace Violence: Preventive and Interventive Strategies", *Journal of Occupational and Environmental Medicine*, vol. 38, no. 10, pp. 993–1005.

c. Current sentencing patterns for assaults on and homicides of emergency services personnel;

The Injured Workers Support Network does not believe it is in a position to directly comment on the current sentencing patters for assaults on and homicides of emergency services personnel.

d. The experience of other jurisdictions.

The Injured Workers Support Network does not believe it is in a position to directly comment on the experience of other jurisdictions.