

INQUIRY INTO VIOLENCE AGAINST EMERGENCY SERVICES PERSONNEL

Organisation: NSW Nurses and Mid Wives' Association
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NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION

In association with the Australian Nursing and Midwifery Federation

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IN REPLY PLEASE QUOTE:

BH:LGI

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25 July 2016

The Chair
Mr Geoff Provest MP
Legislative Assembly Committee on Law and Safety
Parliament House, 6 Macquarie Street
Sydney NSW 2000

Dear Mr Provest,

Re: Submission into Violence Against Emergency Services Personnel

New South Wales Nurses & Midwives Association (NSWNMA) welcomes the opportunity to place a submission to the Inquiry into Violence Against emergency Services Personnel.

NSWNMA members are also members of Australian Nursing and Midwifery Federation (ANMF) and represents the industrial, professional and legal interests of greater than 62,000 nurses and midwives in NSW.

For some time now the Association has been calling on the NSW government and NSW Health to recognise that there is a problem of violence in our public hospitals and has advocated for urgent measures which would improve the safety of public health system staff.

Public hospitals are very open environments where people come and go freely. They do not lend themselves to the same sort of security measures such as scanners and x-rays that you might find at other government departments.

Public hospitals routinely deal with people who are intoxicated with alcohol or drugs, who have mental health problems or who are just stressed or distressed. Some of these people are only a trigger point away from aggressive behaviour.

Reports of violence in 2016 make up 35% of Work Health Safety issues reported to NSWNMA with a 31% increase in 2016 of reported issues related to violence and aggression as compared to 2015.

A survey of Nurses in Emergency Departments across NSW demonstrated that 53% of respondents experience workplace violence and aggression daily or more than once daily whilst 79% experienced violence weekly or more often. 85% of incidents from the survey related to client/ patient aggression whilst 12 % related to clients family or visitors.



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The majority of incidents, 76%, had co related factors associated with inadequate staffing to maintain normal work and respond to an incident and 55% of incidents were drug and alcohol related – (Alcohol – 17%, Drug 28% and multiple drug and alcohol 10%).

70% of respondents indicated there is inadequate post incident response after an incident of violence and aggression and 85% indicated the findings of post incident investigation were not addressed.

Although 82% of incidents reported in the survey were in the Emergency Department, Emergency nurses also recognised violence and aggression occurrences on wards or within the facility. WHS incident occurrences relating to violence and aggression that are followed up not only occur in Emergency Departments but also in general wards whilst some extreme incident occurrences have occurred in Mental Health facilities.

With reference to the Legislative Assembly Committee on Law and Safety inquiry terms of reference, NSWNMA provides the following comment:

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

Although NSW Health has a range of policiesⁱ, guidelinesⁱⁱ ⁱⁱⁱand manuals^{iv} related to the management of violence and aggression and associated audit processes,^v incident management processes^{vi} and training^{vii} available for staff, varied degrees of implementation are noted with a focus provided to training staff in Mental Health^{viii} with less emphasis on providing training to all emergency Department staff.

Recent events at Nepean Hospital have however seen a consultative forum established of the violence roundtable with a 12 point plan established. Parts of the 12 point plan focus on training of frontline Emergency Department workers and audit of Emergency Departments across NSW.

Emergency Department workers are often faced with competing workplace demands and priorities which prevent staff from attending training especially if this training is for any extended length of time due to inability to backfill staff in order to maintain adequate staffing levels and associated skill mix.

The Health Education and Training Institute (HETI) provide online training including Violence Prevention and Management Awareness^{ix} and also provide workshop training in restraint^x. Such training falls within a list of other mandatory training^{xi} that relevant workers are required to attend that is often prioritised above violence prevention.

The number of trainers available for the provision of face to face training is also limited. Additional resources are needed to provide increased numbers of trainers and training sessions to cover the whole Emergency Department workforce. Funding is also required to backfill staff undertaking such training in order to maintain a safe environment for staff and patients.

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

Survey response demonstrated that 70% of responders supported that violence against emergency workers should attract a greater criminal penalty than violence between members of the public however many demonstrated previous experience where management and Police were reluctant to pursue clients due to diminished responsibility from impairment of drug and alcohol or mental health.

Possible options for reform;

Reform options may be associated with consistent legislative approach across Australia as evidenced by the recent Northern Territory Act associated with blood and body fluid exposures to Police Officers.^{xii} Such exposures may occur as a result of violence to all Emergency workers and as such relevant provisions should be in place across Australia that are implemented in a consistent fashion.

Application and pursuit of current laws and prevention of serious injury and assault would assist in producing better outcomes of prosecution to perpetrators of violence in the workplace.

Any other related matter.

The outcomes of this inquiry should extend to all Healthcare workers as violence is seen across the Healthcare sector including Community Services, Mental Health, Aged Care and general wards.

Yours sincerely



BRETT HOLMES
General Secretary

Hyperlink to references

ⁱ http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_001.html

ⁱⁱ http://www0.health.nsw.gov.au/policies/gl/2015/GL2015_001.html

ⁱⁱⁱ http://www0.health.nsw.gov.au/policies/gl/2015/GL2015_007.html

^{iv} <http://www.health.nsw.gov.au/policies/manuals/Pages/protecting-people-property.aspx>

^v http://www0.health.nsw.gov.au/policies/pd/2016/PD2016_017.html

^{vi} http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_004.html

^{vii} http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_008.html

^{viii} http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_035.html

^{ix} <http://www.heti.nsw.gov.au/Courses/Violence-Prevention-and-Management---Awareness/>

^x <http://www.heti.nsw.gov.au/Courses/Team-Restraint-Techniques-Workshop/>

^{xi} <http://www.heti.nsw.gov.au/Courses/>

^{xii} http://www.austlii.edu.au/au/legis/nt/bill_srs/paab2016317/srs.html