Submission No 29

INQUIRY INTO VIOLENCE AGAINST EMERGENCY SERVICES PERSONNEL

Organisation: Australian Medical Association (AMA) NSW and Australian Salaried Medical Officers' Federation (ASMOF) NSW

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Legislative Assembly Committee on Law and Safety

Inquiry into Violence against Emergency Services Personnel

Submission by

The Australian Medical Association (NSW) and the Australian Salaried Medical Officers' Federation (NSW)

AMA (NSW) is a medico-political organisation that represents doctors in training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice.

The Australian Salaried Medical Officers' Federation (NSW) ('ASMOF') is a registered industrial organisation of employees under the *Industrial Relations Act 1996* (NSW) and represents the industrial interests of staff specialists, clinical academics, career medical officers, registrars, residents and interns, with most of these medical practitioners working in the NSW Health Service.

AMA (NSW) and ASMOF (NSW) welcome the opportunity to make a submission on addressing violence against emergency services personnel.

Any questions regarding this submission should be directed to:

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1. Terms of reference to the inquiry

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

    a. the adequacy of current measures in place to protect emergency services personnel from violence including internal policies and procedures, training, and public education campaigns;
    b. whether current sentencing options for people who assault or murder emergency services personnel remain effective;
    c. possible options for reform;
    d. any other related matter.

2. In examining these issues the Committee should have regard to:

    a. all emergency services personnel, including police; ambulance officers; fire-fighters; protective services officers; SES workers; lifesavers; marine rescuers; and nurses, doctors and other hospital staff who provide or support emergency treatment;
    b. the incidence of assaults on and homicides of emergency services personnel;
    c. current sentencing patterns for assaults on and homicides of emergency services personnel;
    d. the experience of other jurisdictions.

2. Introduction

The AMA (NSW) and ASMOF (NSW) recognise that violence against doctors is a growing concern. The risk of occupational violence faced by emergency workers is well recognised, with almost a universal acceptance that violence is a significant problem in health care settings.[1] Significantly, health care workers are more likely to be attacked at work than prison officers or police officers.[2] Aggression and violent incidents continue to rise and represent a serious health and safety risk for employees of these frontline services.

Doctors, like other health care workers, are frequently expected to accept workplace violence as an intrinsic feature of the daily risks associated with certain occupations.[3] By considering violence as a permissible and inevitable, work-related risk, it becomes accepted and is not viewed as an inherently unnecessary violent and harmful activity, which deflects attention away from possibly negligent working environments and practices.[4]

This submission is provided in an effort to reduce the vulnerability of medical practitioners to physical harm, and recognises that health workers also at particular risk include ambulance staff, nurses, family practitioners working in lower socio-economic areas, accident and emergency staff, staff in primary health care settings, and health workers caring for psychologically disturbed individuals including people with mental illness, and developmental disability.[5]

[1] Delaney J (2001), Prevention and Management of Workplace Aggression: Guidelines and Case Studies from the NSW Health Industry, Central Sydney Area Health Service, Sydney.
[2] International Council of Nurses (1999) Violence: a worldwide epidemic, Nursing Standard, Vol 13 (52): 31.5.
[3] Delaney J (2001), Prevention and Management of Workplace Aggression: Guidelines and Case Studies from the NSW Health Industry, Central Sydney Area Health Service, Sydney.
[4] Perrone, S (1999) Violence in the workplace, Australian Institute of Criminology Research and Public Policy Series, No. 22, Australian Institute of Criminology Publication, Canberra.
[5] Paterson, B, Turnbull, J & Aiken, I (1992) An evaluation of a training course in the short-term management of violence, Nurse Education Today, Vol 12: 368–375.7; Mezey, G & Shepherd, J (Ed) (1994) Violence in health care: A practical guide to coping with violence and caring for victims, Oxford University Press, Oxford. pp 83–93, 195.8; and Bowie, V (1996) 2nd ed Coping with violence: A guide for the human services, Whiting & Birch Ltd, London.

The key seven issues that we address in our submission are:

1. Lack of managerial adherence to zero tolerance to violence
2. Emergency department design
3. Security staff support and training
4. Reporting violent incidents
5. Review of the current sentencing arrangements

3. Prevalence

The Australian Institute of Criminology ranked the health industry as the most violent workplace in the country and hospital emergency departments are particularly high risk.[6]

The Australasian College for Emergency Medicine (ACEM) states that emergency departments have the highest incidence of violence in healthcare, and up to 90% of emergency department staff have experienced some type of violence in their careers, and the rate at which violent incidents occur are 3 per 1000 patient attendances at EDs, which typically equates to one every 1 or 2 days per department.[7]

A study of violence towards nurses in NSW ED's[8] found :

- Emergency nurses experienced violent incidents in their department, in the wards and outside the hospital setting.
- Every respondent (n=266) experienced some form of violence at least weekly.
- Ninety-two incidents involved lethal weapons.
- 92% of perpetrators were patients or their relatives; however other staff members were also implicated.
- Non-reporting of violence is an issue as over 70% of incidents were not referred to authorities.
- Drugs, alcohol and emergency department waiting times are the most significant predisposing factors.
- Most emergency nurses are not satisfied with the response of administration to violent incidents within hospitals.

In order to assess progress in strategies to reduce workplace violence, we need accurate baseline statistics to ascertain the true extent of the problem.

One of the major difficulties in quantifying the number and type of violent incidents is the reluctance to report the events. The non-reporting of violent acts is well documented,[9] though the extent of under-reporting is uncertain. Some studies suggest under-reporting of episodes of violence in the health care setting may be as high as 70-80%.[10]

Reluctance to report violent and aggressive behaviour seems to stem from the amount of time it takes to complete the necessary forms, an inaccessible and poorly understood reporting mechanism and the

[6] Perrone, S (1999) Violence in the workplace, Australian Institute of Criminology Research and Public Policy Series, No. 22, Australian Institute of Criminology Publication, Canberra.
[7] Australasian College for Emergency Medicine. Violence in emergency departments Policy Document.
[8] Lyneham J. Violence in New South Wales emergency departments. Aust J Adv Nurs 2000 Dec-2001 Feb; 18(2): 8-17.
[9] Chapman, R. An epidemic of abuse and violence: Nurse on the front line. Australas Emerg Nurs J 2006 14, 245-249; Lyneham, J., 2000. Violence in New South Wales emergency departments. Australian Journal of Advanced Nursing 18 (2), 8–17.
[10] Griffiths, D., Morphet, J. & K. Innes, 2015. Occupational Violence in Health Care, Final Report. Monash University; Kennedy MP. Violence in emergency departments: under-reported, unconstrained, and unconscionable. Med J Aust 2005; 183(7): 362–5; Gilchrist H, Jones SC, Barrie L. Experiences of emergency department staff: Alcohol-related and other violence and aggression. Australas Emerg Nurs J 2011; 14(1): 9–16. doi:10.1016/j.aenj.2010.09.001; Lyneham J. Violence in New South Wales emergency departments. Aust J Adv Nurs 2000 Dec-2001 Feb; 18(2): 8-17; Merfield E. How secure are Australian emergency departments? Emerg Med (Fremantle) 2003; 15(5-6): 468-474.

perception that there is no real benefit from reporting incidents.[11] There are also indications that the non-reporting of a violent incident is "mediated by concern about the perpetrators condition".[12] Furthermore, there is the normalisation of occupational violence, where healthcare workers are reluctant to report abuse because it is seen to be part of the job.[13]

Without accurate reporting of incidents of violence, it is difficult to quantify and understand the extent of the problem. It is clear however that violence in Australian healthcare and particularly in emergency occurs at an unacceptable level.

4. Risk factors

Mayhew[14] separates occupational violence into three categories:

1. 'External' violence - perpetrated by persons outside the organisation,
2. 'Client-initiated' violence - patients attacking health care workers; and
3. 'Internal' violence such as bullying.

And the different forms of violence have distinct characteristics and the most effective prevention strategies vary markedly.

Figure 1: Risk factors linked to violence in health care[15]

[11] Griffiths, D., Morphet, J. & K. Innes, 2015. Occupational Violence in Health Care, Final Report. Monash University; Australian Medical Association (Vic), 2011. Inquiry in to Violence and Security Arrangements in Victorian Hospitals.
[12] Mayhew, C (2003). Preventing Violence against Health Workers, WorkSafe Victoria Seminar, Victoria.
[13] Lyneham J. Violence in New South Wales emergency departments. Aust J Adv Nurs 2000 Dec-2001 Feb; 18(2): 8-17; Delaney J (2001), Prevention and Management of Workplace Aggression: Guidelines and Case Studies from the NSW Health Industry, Central Sydney Area Health Service, Sydney.
[14] Mayhew, C (2003). Preventing Violence against Health Workers, WorkSafe Victoria Seminar, Victoria
[15] Adapted from Griffiths, D., Morphet, J. & K. Innes, 2015. Occupational Violence in Health Care, Final Report. Monash University.

5. Sentencing

Unfortunately, the risk of being the victim of an assault is becoming inherent in the role of emergency services workers.

Enacting specific laws applicable to assaulting personnel working in hospitals and health services including medical, nursing, social workers, other allied health professionals and security guards will reinforce the message that violence towards such workers acting in accordance with their professional duties is totally unacceptable. As with police and ambulance officers, this is a particularly grave form of assault which requires severe penalties.[16]

While s 21A(2) of the *Crimes (Sentencing Procedure) Act 1999* (NSW) lists occupations that constitute an aggravating factor to be taken into account when determining the appropriate sentence (and includes emergency services workers and health workers), sentence aggravation differs from penalty enhancement in that the latter stipulates an increased maximum penalty when the aggravating element is a proven part of the offence. Penalty enhancement on the other hand sets a mandatory minimum sentence whereby the court has little discretion to reduce the penalty below the one prescribed.

The AMA (NSW) and ASMOF (NSW) support enhanced penalties for those who are violent towards emergency workers to bring penalties in line with assaults on police officers as per s58 and 60 of the *Crimes Act 1900* (NSW), or at the very least, more severe than for common assault.

6. Recommendations for preventing or minimising the risk of violence

Evidence suggests the most effective way to reduce the risk of occupational violence is to have a pre-planned, multi-faceted and organisation-wide approach.[17]

AMA (NSW) and ASMOF (NSW) support the development of a comprehensive aggression management program to integrate strategies involving organisational commitment, environmental design, staff training and team response.

Strategies to reduce violence must address the needs of patients and staff, and should include education of patients and staff, ward and waiting room design as well as support from management to respond to reports of violence.

Whether the violence-promoting conditions originate in the individual characteristics of patients, organisational policies or instances of error, ultimate responsibility for a violent organisational climate rests with the employer. The primary duty of care to ensure workers and others are not exposed to a risk to their health and safety lies with the employer.

AMA (NSW) and ASMOF (NSW) have been involved in the NSW Ministry Taskforce on Violence in Emergency Departments. We support the work undertaken through that process and particularly note the focus on organisational and hospital leadership.

We endorse the 12 point action plan and Victorian 10 point plan contained in Appendices 1 and 2.

[16] Parliament of Victoria Drugs and Crime Prevention Committee, 2011. Inquiry into violence and security arrangements in Victorian hospitals, and in particular, emergency departments. Final report December 2011.
[17] Mayhew, C (2003). Preventing Violence against Health Workers, WorkSafe Victoria Seminar, Victoria

In addition we wish to highlight the following three areas for reform

1. Organisational

a) There must be zero tolerance for any violence against staff in a hospital, underpinned by a clear understanding that violence will not be tolerated or excused by hospital administration.

b) A common theme throughout much of the policy and academic literature on strategies to address violence in the health care sector is that no matter how comprehensive policy/ framework documents may be on paper, they count for little if the outlined strategies are not fully supported and promoted by senior management. Hospital management must ensure that internal policies towards addressing occupational violence are developed and more importantly rigorously implemented as a priority.

c) Hospital staff must be encouraged by hospital management to report incidences of occupational violence whenever they occur and be supported in any efforts to prosecute the perpetrators of such violence. It must be incumbent on NSW Health to prosecute as a matter of policy. This means supporting workers to report claims of violence in the workplace by removing institutional barriers, like covert penalties, minimising unnecessary, superfluous or redundant documentation and ensuring reports are recorded, forwarded and taken seriously. Where appropriate, workers should also be offered police intervention and legal support.[18]

d) We note the importance of ensuring that all responses recognise the significant clinical role associated with the care of patient. The Victorian Inquiry found that it was critical that clinical staff remained involved in the team decisions to secure a patient.

2. Environmental

The proper design and effective use of the built hospital environment can lead to a reduction in the fear and incidence of crime.

We recommend the implementation of *Crime prevention through environmental design*[19] (CPTED) strategies across all hospitals. This should include:

a) Regular hospital security audits;

b) Physical design improvements, including proper illumination, surveillance cameras, restricted access and as appropriate, metal detectors; a more supportive and calm environment; and all interaction of the client at reception clearly visible to the client on a TV monitor;

c) Effective fixed alert trigger points and mobile individual duress alarms; and

d) All emergency departments must have a dedicated safe assessment room that at a minimum:

i. Has four secure walls constructed to withstand abuse;
ii. Is soundproof;
iii. Is lockable;
iv. Has a camera and surveillance system; and
v. Has a mattress.

[18] Parliament of Victoria Drugs and Crime Prevention Committee, 2011. Inquiry into violence and security arrangements in Victorian hospitals, and in particular, emergency departments. Final report December 2011.
[19] Mayhew, C (2003). Preventing Violence against Health Workers, WorkSafe Victoria Seminar, Victoria;

3. Human

a) Security

i. Hospital facilities should have Security staff presence.

ii. Security staff must meet minimum licencing conditions and be appropriately trained before commencing employment in a hospital or health care setting.

iii. Security should be co-located near or with Emergency Departments.

iv. Security staff should be supported in protecting staff and be given reasonable restraint powers to protect themselves and other staff.

b) Education and training

i. Security and emergency workers must have an understanding of codes and target response times. Standardised Code Grey (violence emergency) and Code Black (armed threat) responses must be introduced into all NSW hospitals. All emergency department and security staff must be sufficiently trained on the management of Code Grey and Black episodes.

ii. Security staff should be educated in the scope of their authority to intervene when patients pose a risk to the health and safety of themselves, staff, other patients or visitors. Security staff also should receive training in the *Mental Health Act 2007* (NSW) and false imprisonment.

iii. All staff, including security and clinical staff should undergo appropriate, comprehensive team based and individual training in communication and de-escalation strategies.

c) Communication

In a 2014 study[20] that explored the prevalence and factors influencing violence and aggression in the ED from the perspective of nurses, it was found that while Nurse Unit Managers and nurses working inside the ED perceived that security staff resolved violent incidents, triage nurses reported that ED staff, including security staff and the triage nurses themselves, often contributed to violence. Staff attitude including communication style, was reported to contribute to this.

Improved communication at triage and support from management to follow up episodes of violence were suggested as strategies to reduce violence in the ED. The enforcement of zero tolerance policies was also identified as an area for improvement. Participants believed that public awareness programs addressing the appropriate use of, and behaviour in, EDs, including examples of recent workplace violence, would act as a deterrent.[21]

[20]Morphet, J., et al. (2014). At the crossroads of violence and aggression in the emergency department: Perspectives of Australian emergency nurses. Australian Health Review, 38(2) 194-201.

[21] Morphet, J., et al. (2014). At the crossroads of violence and aggression in the emergency department: Perspectives of Australian emergency nurses. Australian Health Review, 38(2) 194-201.

APPENDIX 1: 12 POINT ACTION PLAN

Endorsed by The Hon. Jillian Skinner, Minister for Health 8 February 2016

1. Deliver an intensive program of multi-disciplinary training of ED staff including nursing, security and medical staff in managing disturbed and aggressive behaviour and ensure each member of the multi-disciplinary team is clear about their respective roles.

2. Improve workplace health and safety across NSW Health:
    - Deliver a program to engender a stronger workplace health and safety culture and ensure all staff, including junior doctors, nurse graduates and other rotating staff are adequately inculcated into the safety culture
    - Ensure clinical unit and hospital managers are specifically trained to understand and give effect to their Workplace Health and Safety obligations and ensure their local workplaces have a zero tolerance to violence

3. Undertake a detailed security audit of the following EDs:
    - Bankstown Lidcombe Hospital
    - Blacktown Hospital
    - Blue Mountains Hospital
    - Byron District Hospital
    - Calvary Mater
    - Cooma Hospital
    - Hornsby Ku-ring-gai Hospital
    - John Hunter Hospital
    - Nepean Hospital
    - Orange (noting co-location with Bloomfield) .
    - Prince of Wales
    - Royal Prince Alfred
    - Royal North Shore
    - Shoalhaven
    - St Vincent's Hospital Sydney
    - Tweed Heads Hospital
    - Wagga Wagga Rural Referral Hospital
    - Wellington Hospital
    - Wollongong Hospital
    - Wyong Hospital

The audit will cover compliance with policy and mandatory training requirements, adequacy of ED design in managing aggressive patients, adequacy of security staff numbers, hospital liaison with local police on incident response to acts of physical aggression in EDs, and handover by police of physically aggressive individuals requiring treatment.
The audit will recommend any strengthening of policies and procedures needed for EDs, in particular to adequately respond to behaviours of individuals, affected by alcohol or drugs, including psycho stimulants such as "ice", presenting at EDs.

4. Establish a working group to recommend strategies to increase the professionalisation of NSW Health security staff and how best to integrate their roles in a multidisciplinary response to patient aggression.

5. Partner with TAFE to train existing security staff in a security course purpose designed for the health environment.

6. Sponsor the recruitment of a new intake of trainees to qualify as security staff through the health specific course and recruit and train further staff following consideration of the results of the security audit.

7. Establish a Reference Group of expert clinicians to develop specific patient management and treatment pathways, including disposition and transport options, for patients presenting to EDs under the influence of psycho-stimulants such as “ice”, both for immediate management and longer term referral and treatment.

8. Immediately examine availability of Mental Health and Drug & Alcohol resources including the use of telehealth options for rural and regional areas for patients presenting to EDs under the influence of psycho-stimulants such as “ice”, both for immediate management and longer term referral and treatment.

9. Work with NSW Police to ensure arrangements adequately and consistently cover liaison, firearms safety, handover and incident response involving aggressive individuals presenting at public hospitals including pursuing prosecution of offenders.

10. Examine whether legislative changes are required:
    - to make clear that a victim’s status as a health worker, which is already an aggravating factor when sentencing an offender convicted of assault, covers hospital security staff.
    - to provide adequate legal protection to security staff who act in good faith and under the direction of health professionals, who require assistance in order to render lawful medical treatment or care of patient.

11. Identify the circumstances in which security staff are able to exercise power to remove from public hospital premises individuals who are not patients and who are acting aggressively or who are otherwise causing disruption.

12. Improve incident management reporting systems to ensure they are user friendly, well utilised and provide transparent management and feedback loops to staff making the reports.

APPENDIX 2: AUSTRALIAN NURSING AND MIDWIFERY FEDERATION (VICTORIAN BRANCH) 10 POINT PLAN TO END VIOLENCE AND AGGRESSION IN HEALTHCARE FACILITIES

1. Improve Security

The Department of Health must develop adequate baseline standards for security and fund healthcare organisations to comply.

Standards must take into account:

i. specifically trained security personnel
ii. access to secure areas and safe zones
iii. security cameras
iv. personal duress alarms
v. searching of personal belongings
vi. regular security audits of healthcare facilities, including maintaining security equipment
vii. monitoring systems for community clinics.

2. Identify risk to staff and others

Identifying the risk of a patient or others being aggressive or violent towards staff must be part of clinical pre-admission, admission procedures and throughout the patients' stay.

When a patient or client is admitted without notice to a healthcare facility – for example to an emergency department – a violence risk assessment must be initiated immediately.

It is critical that staff are alerted as soon as possible to the potential for a patient (or their relatives/visitors) to be violent or aggressive. Healthcare facilities must ensure violent or aggressive patient/client alert systems are part of their admissions and patient stay procedure. This allows for preventative measures – for example, placing the patient in a highly visible area, or nursing in pairs with security staff.

3. Include family in the development of patient care plans

Patient care plans must not only take into account the clinical component of caring for a patient but also how caring for the patient may impact on staff or others. The patient's history, presentation and risk factors must be taken into account. Where possible, care plans should involve family members to ensure clear standards of behaviour are set and healthcare professionals can provide a consistent care approach.

4. Report, investigate and act

Within health services, there is a culture of not reporting violent incidents. To change this culture, the Department of Health and health services must build trust by:

i. introducing a reporting system that allows accurate, timely and appropriate recording of information, including a quarterly report to be made public by the department
ii. investigating incidents in a consultative and collaborative manner
iii. taking clear and relevant action over incidents
iv. communicating actions taken as a result of incident reports
v. ensuring the Health Minister and Boards are provided with details of violent incidents, not just statistics, so they understand the effects of violence on healthcare workers.
vi. working with police to enable prosecution of offenders.

5. Prevent violence through workplace design

The principles of crime prevention through environmental design should be mandatory in designing, refurbishing, renovating and retrofitting workplaces to prevent and minimise violence.

6. Provide education and training to healthcare staff

Education and training about how to prevent and respond to aggression and violence should begin at the undergraduate level and continue throughout a health worker's career, with: employer-specific training and education; accredited and standardised training of both health workers and security staff; and regular refresher training.

7. Integrate legislation, policies and procedures

Healthcare facilities' responses to aggression and violence such as Code Grey and Code Black must be defined consistently state-wide and apply to all situations of occupational violence and aggression.

Workplaces should also integrate their violence prevention policies with related plans such as:

i. post incident support policies
ii. training and education policies
iii. security policies

Systemic policy changes and decisions about a patient's care should take into consideration any potential for the change to increase the incidence of aggression and violence.

8. Provide post-incident support

Ideally, there will be no violent or aggressive incidents. But in the event of violence or aggression, staff members deserve extensive and appropriate follow-up, support and care, including information about, and access to, the workers' compensation system and the police reporting process. Incident investigations and actions taken as a result must also be reported.

9. Apply anti-violence approach across all disciplines

All healthcare and other workers who come into contact with patients (and their patients' families and visitors) should have uniform knowledge around the prevention and response to violence and aggression. All workers in healthcare settings should have the expectation that they will not encounter violence or aggression at their workplace.

All workers' reports about aggressive or violent behaviour from a patient or their visitors should be taken into consideration when making decisions about the patient's care and management. In making decisions, it is important to communicate, consult and collaborate with all staff involved in the patient's management and care.

10. Empower staff to expect a safe workplace

Management must demonstrate commitment to changing the culture of healthcare workplaces to 'no aggression or violence' workplaces. In workplaces where there is no expectation of aggression or violence, staff will become empowered to report incidents and believe in their right to a safe workplace.

All policies and procedures around prevention and managing violent incidents should be developed in consultation with staff.