



Prevention of occupational violence and aggression in the workplace

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Nurses, midwives and assistants in nursing have the right to work in a safe and healthy work environment free from violence and aggression.¹
2. Aggressive and violent behaviour toward nurses, midwives and assistants in nursing is a health and safety issue, is unacceptable and should not be tolerated in any workplace.
3. Occupational violence and aggression is any incident in which an employee is abused, threatened or assaulted in circumstances arising out of, or during the course of, their work and includes:
 - verbal, physical or psychological abuse;
 - threats or other intimidating behaviours;
 - physical attack, such as hitting, pinching or scratching;
 - aggravated assault;
 - threats with a weapon or objects; and
 - sexual harassment and sexual assault.
4. Employers have a legal obligation to eliminate risks associated with occupational violence and aggression as far as is reasonably practicable, and minimise remaining risks so far as is reasonably practicable.
5. The effective prevention of violence and aggression in the health care industry is in the interests of all including nurses, midwives, assistants in nursing, employers, patients, and the wider community.
6. The source of violence and aggression can be any person, including patients, families, carers, friends, members of the public and work colleagues.²
7. Nurses, midwives and assistants in nursing have the right to expect that employers will:
 - a. implement policies and procedures supporting a risk management approach to occupational violence and aggression;
 - b. consult with them and their representatives, including the ANMF and health and safety representatives (HSRs), in the development and review of policies and procedures;
 - c. comply with their legal obligations under relevant workplace health and safety (WHS) legislation to proactively protect nurses, midwives and assistants in nursing from risks to their physical and psychological health and safety, including from occupational violence;
 - d. implement integrated systems to prevent and manage occupational violence and aggression based on a risk management framework, involving proactive hazard identification, risk assessment and control of the risk arising from violent and aggressive behaviour. This must include the development of clinical and treatment protocols to eliminate and/or reduce risks;



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- e. undertake comprehensive WHS risk assessments for all patients where the risk of violence and aggression is identified. WHS risk assessments are distinct from clinical risk assessments. The focus of a clinical plan is the patient and the treatment of their mental health condition, whereas the focus of a risk management plan is on the people around the patient and outlines preventative and contingency actions to minimise the risk of serious harm to others;
- f. provide a secure and safe physical environment, including buildings, grounds and car parks, in line with principles of crime prevention by design through such measures as:
 - minimising public access points;
 - designing, refurbishing, renovating and retrofitting workplaces to prevent and minimise violence;
 - implementing systems for staff to screen visitors;
 - providing safe furniture and fittings;
 - designing appropriate reception and waiting areas;
 - providing appropriately trained security personnel;
 - conducting regular security audits of health services, including regularly maintained security equipment; and
 - designing appropriate facilities for the admission and care of patients, including patients with potentially challenging behaviours.
- g. prevent working in isolation or external to the facility wherever possible, and if elimination of this recognised risk is not possible, develop and implement policies and procedures for nurses, midwives and assistants in nursing working in isolation to reduce risk so far as is reasonably practicable including by conducting risk assessments prior to staff working in isolation, and providing appropriate duress arrangements
- h. provide sufficient staffing levels and skills mix to ensure the safety and security of nurses, midwives, assistants in nursing and patients;
- i. provide information, training and education to nursing and midwifery staff on workplace policies and procedures, including capacity to respond to incidents, specific dementia/delirium training, measures to prevent and control risks of violence, and to respond to, de-escalate and defuse situations;
- j. provide equipment for summoning assistance in an emergency, eg duress alarms, mobile or satellite telephones or pagers for nurse, midwives and assistants in nursing working within and outside a health facility, noting that:
 - more than one type of equipment may be necessary
 - mobile phones are generally not sufficient as it is not always possible to access a phone and place a call in the middle of an aggressive incident
 - equipment chosen must take into account such matters as black spots.
- k. develop and implement an alert system for individuals known to be aggressive;
- l. provide adequate response systems to cover incidents within the facility and for nursing and midwifery staff working in external environments, taking into account matters such



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- as the numbers of staff available to provide a response and the time and distance from external support services such as police.
- m. have procedures for the reporting, investigation and analysis of incidents which will encourage nursing and midwifery staff to report all incidents of violence and aggression;
 - n. respond promptly to all reports of violence and aggression toward nurses, midwives and assistants in nursing;
 - o. develop post-incident policies and procedures including the treatment, de-briefing, counselling and support of affected nurses, midwives and assistants in nursing;
 - p. implement a hierarchy of sanctions against offenders, including measures such as verbal warnings, written warnings, contracts of acceptable behaviour, conditional visits and withdrawal of service or access to facilities as appropriate;
 - q. report offences to police and pursue laying of charges and prosecutions against offenders where appropriate, and provide support to nurses, midwives and assistants in nursing to uphold their legal rights, for example, seeking intervention orders;
 - r. establish and maintain specific operational policies and procedures in consultation with their own local police for managing firearms and non-firearm weapons if detected at their facility to ensure the safety of all staff, clients and visitors;
 - s. develop a partnership with their local police to obtain their support and cooperation in responding to incidents at the facility when called by staff and completing necessary documentation and providing support to staff;
 - t. develop procedures for risk assessment including risk analysis of individuals to identify level of risk, possible triggers and contributing factors associated with inappropriate behaviour e.g. dementia and delirium, alcohol, drugs and mental illness.
8. All governments should pass and enforce laws that restrict nurses and midwives from being required to attend callouts alone, including in remote areas.
 9. All governments should be required to collect and report a standardised dataset to the Commonwealth Department of Health on an annual basis. The Department should analyse data provided by governments and formulate, monitor and review national strategies and ensure adequate funding is provided for the prevention and management of violence in health services.
 10. Nurses, midwives and assistants in nursing must report to management all:
 - security breaches;
 - dangerous or potentially dangerous situations; and
 - incidents of violent or aggressive behaviour
 11. Nursing and midwifery staff must raise with management and with their WHS representative or committee any safety or security issues which come to their attention.
 12. Nurses, midwives and assistants in nursing must comply with reasonable instructions including wearing of duress alarms and compliance with policies and procedures.
 13. Nurses, midwives and assistants in nursing should participate in WHS consultation opportunities to enhance the safety of self and others.



14. Nursing and midwifery staff have the right to:
- a. be treated with respect;
 - b. be consulted on matters related to management of the risk of violence, including procedures, facility design, systems of work and equipment;
 - c. be informed of, and receive training in, policies, procedures, legal rights and responsibilities, services and resources available to assist staff to prevent and manage occupational violence and aggression;
 - d. make their own assessments of the degree of risk to themselves, and not put themselves at risk, even if directed to by their employer;
 - e. withdraw themselves to a safe area or defend themselves with the use of reasonable force if physically assaulted;
 - f. access a health professional of choice for the purpose of recovery from the effects of occupational violence or aggression;
 - g. report threats, abuse and assaults to the police, and to be involved in any subsequent investigations and proceedings in the justice system;
 - h. workers' compensation for any physical or psychological injury suffered as a result of occupational violence or aggression; and
 - i. rehabilitation and return to work so as to achieve the maximum possible functionality, activity and quality of life possible.

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Reviewed and re-endorsed May 2012

Reviewed and re-endorsed November 2015

Reviewed and re-endorsed November 2018

References

1. Numerous studies confirm that nursing is one of the occupations at highest risk of occupational violence and aggression, including:
 - Heads of Workplace Safety Authorities, 2010. *HWSA Final Report – Aggression Management in Hospitals*.
 - Worksafe Victoria, 2008. *Prevention and management of Aggression in Health Services – a handbook for workplaces*.
 - Australian Standard, 1997. *AS 4485.1 – Security for Health Care Facilities – General Requirements*
 - Australian Standard, 2009. *AS/NZS ISO 31000:2009 – Risk Management - Principles and Guidelines*
 - Australia Institute of Criminology. 1999. *Violence within the Workplace*. Research and Public Policy series, No 22 p.46.
 - Farrell, G. and Bobrowski, C. 2003. *Scoping Workplace Aggression in Nursing [SWAN] Research Report*. University of Tasmania, Tasmanian School of Nursing.
 - Mayhew, C. and Chappell, D. 2003. The occupational violence experiences of 400 Australian health workers: an exploratory study. *Journal of Occupational Health and Safety, Australia and New Zealand*, 19(6):3-43.
2. See also ANMF policy [Bullying in the workplace](#)