

Preventing workplace violence and aggression position statement

1. Purpose

This position statement sets out the responsibilities the Australian Nursing and Midwifery Federation (ANMF) considers employers should meet to fulfil their obligations under workplace health and safety laws to prevent, eliminate and minimise workplace violence and aggression. It should be read with the ANMF position statements: *Workplace health and safety; Preventing workplace bullying;* and *Preventing workplace sexual harassment.*

2. Definitions

Workplace violence and aggression (WVA), also known as occupational violence and aggression (OVA), refers to any incident in which an employee is abused, threatened or assaulted in circumstances arising out of, or during, their work. It can be perpetrated by any person, including people receiving care, families, carers, friends, members of the public and work colleagues.

3. Context

Research confirms nursing is a high-risk profession for workplace violence and aggression.¹ Exposure to workplace violence and aggression has serious health and wellbeing consequences. It can lead to feelings of isolation and dislocation; loss of confidence and withdrawal; physical and psychological injuries; stress, depression, anxiety or post-traumatic stress disorder; illness such as cardiovascular disease and musculoskeletal disorders; and suicidal thoughts.²

WVA is preventable. Employers have a legal obligation to prevent WVA and doing so is in the interests of all: employees, people receiving care; employers, and the wider community.

4. Position

It is the position of the ANMF that:

- 1. All workers, including nurses, midwives and assistants in nursing, have the right to:
 - a. work in a safe and healthy environment free from WVA and be treated with respect
 - b. be consulted on matters related to WVA, including policies and procedures, facility design, systems of work, security, equipment, reporting, education, training and supports
 - c. make their own assessments about the degree of risk to themselves and remove themselves from that risk even when directed otherwise by their employer
 - d. defend themselves with the use of reasonable force if physically assaulted
 - e. access their health professional of choice following an incident
 - f. report threats, abuse and assaults to the police, and be involved in any subsequent investigations and proceedings in the justice system
 - g. access workers' compensation for any injury suffered through WVA
 - h. access rehabilitation and return to work programs as needed after a WVA incident.

¹ See WorkSafe Victoria. 2017. Prevention and management of violence and aggression in health.

² SafeWork Australia. 2021. Preventing workplace violence and aggression: National guidance material available at https://www.safeworkaustralia.gov.au/sites/default/files/2021-

^{01/}Guide%20for%20preventing%20workplace%20violence%20and%20aggression%20-%20for%20publishing.pdf.



Government responsibilities

- 2. All governments should collect and annually report on a standardised WVA dataset to the Australian Department of Health. The department should analyse this data and formulate, fund, monitor, and review national strategies to prevent and manage WVA in health services.
- 3. All governments should pass and enforce laws that restrict nursing and midwifery staff from being required to attend callouts alone, including in remote areas.

Employer responsibilities

- 4. Employers have a legal responsibility to prevent and eliminate WVA.
- 5. To do so, employers must collaborate with WHS committees, health and safety representatives (HSRs), staff, unions, and experts to develop and implement a whole-of-organisation prevention and response strategy that encompasses all aspects of organisational development including:³
 - a. leadership and culture
 - b. organisational knowledge
 - c. risk management
 - d. support for staff
 - e. reporting and responding
 - f. monitoring and evaluation.
- 6. The strategy must include specific measures to prevent and eliminate WVA such as:
 - a. improved workplace design that includes:
 - minimising public access points
 - designing appropriate reception; waiting areas; and facilities for admission and care that consider people with potentially challenging behaviours
 - providing safe furniture and fittings
 - implementing systems for staff to screen visitors
 - b. safe systems of work such as:
 - ensuring workers do not work in isolation or outside the facility whenever possible
 - when not possible, conducting a risk assessment with relevant staff to develop and implement policies and protocols to ensure their safety
 - providing sufficient staffing levels and skills mix to optimise safety
 - developing clinical and treatment protocols that eliminate or reduce risks
 - tailored prevention strategies for individual community members and supporters that are based on an individual risk assessment and include patients and family in the development of care plans

³ For more guidance see SafeWork Australia. 2021. Preventing workplace violence and aggression: National guidance material available at https://www.safeworkaustralia.gov.au/sites/default/files/2021-

<u>01/Guide%20for%20preventing%20workplace%20violence%20and%20aggression%20-%20for%20publishing.pdf.</u> and the ANMF (Vic Branch). 2017. 10-point plan to end violence and aggression available at https://www.anmfvic.asn.au/~/media/files/anmf/ohs/ovaguide-10pp.pdf



- d. improved security including:
 - appropriately trained security personnel
 - regular security audits
 - effective and well-maintained security equipment
 - an effective system and equipment to summon emergency help
 - specific policies and procedures for managing firearms and non-firearm weapons
- e. improved reporting and responses through:
 - rigorous, timely and transparent reporting, investigation, action and analysis that encourages staff to report WVA incidents
 - clear post-incident policies and procedures for treatment, de-briefing, counselling and support of the staff affected
 - tailored education and training on workplace policies and procedures; strategies for responding to, de-escalating and defusing situations; specific dementia/delirium training; measures to prevent and control risks of WVA
 - a hierarchy of sanctions against offenders, including measures such as verbal warnings; written warnings; contracts of acceptable behaviour; conditional visits; and service or access withdrawal as appropriate
- f. strengthened external response options by:
 - developing a partnership with local police
 - reporting offences to police and laying charges against offenders when appropriate
 - providing material support to nurses, midwives and assistants in nursing to uphold their legal rights, for example, their right to seek an intervention order.

Responsibilities of nurses, midwives and assistants in nursing

- 7. Nursing and midwifery staff must:
 - a. raise any safety or security issues with management and their HSR or WHS committee as soon as possible
 - b. report to management and document in the WHS incident management system all:
 - security breaches
 - dangerous or potentially dangerous situations
 - incidents of violent and/or aggressive behaviour
 - c. comply with all policies, procedures and reasonable instructions to prevent and reduce the risk of WVA including wearing duress alarms
 - d. participate in WHS consultation opportunities.

5. Position statement management

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