



Message from the Director General

Action taken to reduce violence and aggression to staff in hospitals and other healthcare facilities

A system-wide approach to address violence and aggression against our valued staff, and make our public hospitals and facilities safer for staff, patients and visitors has commenced.

This approach, overseen by the Department of Health and East Metropolitan Health Service on behalf of the whole public WA health system, was developed following a Stop the Violence Summit, convened by the Minister for Health.

The summit was attended by more than 100 healthcare staff, as well as security, unions and other key stakeholders providing vital input into initiatives to address the problem. Held in June, summit attendees identified key short, medium and long-term strategies to reduce violent and aggressive behaviour within hospitals.

The Department of Health has allocated an initial \$5 million within this year's budget to immediately fund the first tranche of short-term actions. Initiatives include:

- reviewing security procedures at hospital sites, to allow greater "flex up" of actual security capacity to cover peak periods and support Emergency Departments, and other key areas of hospitals. Funding will also be used to improve security training for staff
- establishing additional Alcohol and Other Drug (AOD) specialist positions at five hospitals; Royal Perth Hospital, Fiona Stanley Hospital, Sir Charles Gairdner Hospital, Joondalup Health Campus and Armadale Health Service. Once the model of care has been embedded, it will be rolled out at additional metropolitan and regional sites
- development of a public awareness campaign to encourage patients and visitors to consider the impact of their actions on others. This campaign will run across radio, digital channels and outdoor media, with complementary messaging also displayed within hospitals.

Preparatory work has also commenced on other important strategies including:

- partnering with the WA Police Force to improve patient handover processes from police to hospital staff and to improve in-reach services to patients in custody
- reviewing security equipment requirements such as CCTV
- developing a system-wide training package for hospital staff to identify and manage agitated and aggressive patients
- enhancing support options for staff following violent incidents

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03 AUG 2019

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- developing tools and protocols for monitoring patients at high risk of violence and aggression.

A detailed list of initiatives, several of which have already commenced, can be found [here](#).

Every staff member, patient and visitor deserve the right to feel safe within our facilities. This initial funding and initiatives represent the first steps towards addressing the increase of violence in our hospitals/facilities. We will also work on implementing longer term strategies to address this issue.

We would like to take this opportunity to thank all of our hospital and health care staff for the incredible work they undertake each and every day, providing treatment and care for patients – in sometimes challenging and confronting circumstances.

Dr D J Russell-Weisz
Director General

Liz MacLeod
Chief Executive
East Metropolitan Health

Service

Message Authorised by: Director, Office of Director General

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Statewide Strategy to Prevent and Manage Occupational Violence in Health Care - August 2019

	Communications	Security	Staff Support	Patient Management	WA Police Force	Facilities	Legal
Governance	Provide global staff update with system wide messaging Release local communications to staff	Review security models and principles, including security staff to respond as part of the clinical team	Consolidate policies that reference patient violence and aggression Update policies to clearly articulate violence and aggression against staff will not be tolerated		Formalise executive regular meetings between WAPOL and DOH Formalise an MOU between WAPOL and DOH		Review powers of security staff as Public Officers and concomitant powers
Prevention	Develop a public media campaign Develop messaging for patients Improve communication of patient risk to staff across all areas	Review presence of security staff in hot spots Investigate security officer "rounding"	Seek funding for alcohol and other drug consultant liaison staff in ED Investigate specialised Aggression Management Teams for patients with significant behaviour risks (MT)	Develop comprehensive risk assessment protocols Implement a system wide ICT patient flags for aggression Implement staff visual alerts for aggressive patients	Review the Watch House model of care	Optimise physical ward environment for patients with dementia and delirium (MT) Minimise patient access to store rooms and sharps on the ward	Investigate standards for enforcement of patient behaviour contracts
Training		Training for security staff to conduct and implement risk assessments Security staff training to be adapted to healthcare setting Inter-professional training for security staff to be reflective of cohorts of patients (MT)	Implement a systemwide training package- reflective of different patient cohorts (MT) Upskill staff to identify and manage agitated and aggressive patients, including de-escalation techniques (MT)				
Response		Review security staff FTE	Enhance staff support / debriefing process post incident			Review hospital CCTV requirements Review duress alarm requirements in ED Review duress alarm requirements for staff working in outreach services and isolated after hours staff (MT)	
Incident Reporting			Review incident reporting mechanisms to support increased reporting Review incident reporting policies			Integrate incident and investigation outcome reporting IT platforms	
Service Delivery			Develop tools and protocols for monitoring high risk patients including the development of a behavioural observation form Review clinical staff access to information systems such as PSOLIS			Identify of accommodation issues and options for specific patient cohorts (MT) Investigate Behavioural Assessment Units or similar facilities for management of patients in ED with behavioural issues (MT)	Review staff duty of care and OSH obligations
Policy and Procedure			Develop a standardised code black protocol Review smoking policy for patients at risk of becoming aggressive	Develop procedure for patient handover and acceptance from WAPOL			Review unwelcome visitor/ trespass policy

Planning/implementation for all initiatives will commence within 6-months, unless identified as MT (medium term).