**Workplace Violence**

**Case Example – Accommodation**

Jane is a 30 year old woman who recently moved into a group home after the death of her mother who had been her primary carer. Jane has both a developmental disability and epilepsy. In addition, she has problematic behaviour which includes verbal aggression. There are some communication difficulties and workers don’t yet know Jane well enough to understand the messages she is trying to convey through her behaviour. Since moving into the group home, Jane’s incidents of verbal aggression have become a daily occurrence. Generally this behaviour is seen after the evening meal and when it is time for Jane to have a shower or bath.

**How would you proceed?**

1. In the first instance keep Jane, the staff and other client’s safe. Remain calm and de-escalate the situation. Develop a short term plan for keeping everybody safe and implement a monitoring process to collect information on Jane’s behaviour.
2. Review the information obtained in the initial assessment. Jane’s entry into a group home may have happened very quickly due to her mother’s death. Perhaps insufficient time was allowed for transition to the service. Jane may not be aware of what has happened to her mother. As a result, additional staff may be required initially to provide Jane with a higher level of support.
3. Try to identify if there are some other sources of information regarding Jane’s level of functioning such as Jane’s doctor. If not organise a formal assessment and develop a behavioural support plan.
4. Communicate the behaviour support plan to all staff and provide any training necessary to ensure implementation.
5. Conduct a risk assessment to identify any other hazards or triggers and implement any necessary controls.

**Possible Solution**

Discuss with staff and Jane the potential triggers and how to overcome them such as changing the bathing schedule. Collect information on how Jane communicates and how support staff and Jane have been communicating. Ensure interactions with Jane are kept simple and that staff are consistent with language they use. Try to make Jane’s environment more predictable. As Jane has been used to interacting with one carer, it would be appropriate to assign a primary worker. Reassess Jane’s support needs with particular consideration to her emotional needs and her mother’s death. Also, increase staff confidence and support by discussing appropriate ways to deal with Jane’s problematic behaviour when it occurs.

**The I’M OK Approach**

How would the solution look in the I’M OK approach?

|  |  |
| --- | --- |
| Im%20ok-new | * I stop and think about the client’s current behaviour and the activity we are about to undertake. I have considered my safety.
* I have controls defined and a planned approach.
* I am complying with work procedures.
* I am competently trained to deal with challenging behaviour.
* I am aware of and follow the client’s support plan.
* My supervisor is aware of my concerns.

**I’m OK**  |
| you%20ok%20-%20new | * We have considered the client’s needs, safety and issues of dignity .
* We have risk assessed the client’s needs and I have a plan in the event of aggressive behaviour.
* We have asked the client to tell us when things are not OK.
* We check that the client understands and is ready for the activity we are about to undertake.

**You’re OK** |
| we%20ok-new | * We have work strategies and systems to support our activity.
* Our activity has agreed ‘Not OK’ safety actions and responses.
* All necessary controls/support required are in place.

**We’re OK** |

**Case Example – Accommodation**

Peter is a 30 year old man who lives in a group home with three other men of similar age. Peter has lived in the group home for three years; having moved in when he was asked to leave a different accommodation service because of difficulties involved in managing his behaviour. Peter has an acquired brain injury and has frequent outbursts of verbal aggression towards support staff. On occasions these outbursts escalate to physical threats and sometimes assault in the form of punching, kicking, and biting. His outbursts are usually in response to changes in routine that are not explained to him. Peter is a large man and physically strong.

**How would you proceed?**

A number of strategies could be used to address these issues.

1. Effective reactive strategies need to be in place for dealing with Peter’s outbursts
2. A risk assessment needs to be carried out which is continually reviewed to maintain the effectiveness of resulting strategies.
3. Employees need to be formally trained to deal with the above strategies and dealing with assault incidents in general.
4. Staff debriefing strategies need to be in place.
5. Staffing levels need to be sufficient to provide staff safety and support.
6. Appropriate emergency response procedures including a safe area, alarm systems and support need to be in place. Employees need to be aware of these facilities, equipment and support and how to access/use it.
7. Peter’s care plan needs to document Peter’s routine and the need to explain any changes to him clearly.
8. Appropriate reporting and recording mechanisms need to be defined and understood by employees and staff debriefing, counselling and other support mechanisms need to be available.
9. Peter needs to be provided with ongoing skill development, training and counselling to assist him in controlling his outbursts

**Possible Solution**

Ensure the above strategies are in place and monitored along with regular staff training in reactive strategies. Regular communication with staff is required to monitor stress levels. Continue to monitor Peter’s behaviour, especially with reference to signs of frustration and resulting aggression. Employees need to be aware of possible triggers, how to deescalate the situation and of the need to explain any changes in routine to Peter.

**The I’M OK Approach**

How would the solution look in the I’M OK approach?

|  |  |
| --- | --- |
| Im%20ok-new | * I know the reactive strategies to implement when Peter displays aggressive or assaultive behaviour.
* I know how to access emergency support if I need it.
* I have sufficient staff support.
* I know the care plan listing Peter’s routine and the need to explain any changes

**I’m OK**  |
| you%20ok%20-%20new | * Peter has been consulted regarding his care plan.
* Peter has had training to help him cope with his frustrations.
* Peter is aware of his current routine and we have not changed it.

**You’re OK** |
| we%20ok-new | * Peter knows that we will work with him to assist him control his anger
* We have strategies in place that both support Peter and keep staff safe.

**We’re OK** |

**Case Example – Respite/Attendant Care**

A client who is cared for in his own home by his parents needs in-home respite while his parents have a weekend away. The client has a history of minor aggressive behaviour particularly when he feels his needs are not met. The client is able to stay at home alone but needs assistance with personal care and organising meals.

**How would you proceed?**

Conduct an initial risk assessment of client’s home and the client and include the parents and the client in the process. Seek their input on what controls and options would best meet their needs and protect both staff and the client. Identify and document client’s needs in a care plan.

**Possible Solution**

With your supervisor, other workers and the client, discuss ways to reduce the likelihood of triggering an aggressive incident. In the short term increase the safety of workers by using two workers rather than a single worker. Identify safe areas within the client’s home to provide support but still allow easy exit. Implement a contract with the client if appropriate. Ensure workers carry their mobile phones and car keys at all times. Develop an exit plan which allows workers to discontinue service if personal safety is threatened.

How would the solution look in the I’M OK approach?

|  |  |
| --- | --- |
| Im%20ok-new | Home and client assessment conductedClients needs and behaviour triggers identifiedWork procedures documented including exit plan if situation unsafeTraining provided to staff on work procedures**I’m OK**  |
| you%20ok%20-%20new | Client needs have been identifiedClient has been advised of service limitations and behaviour which will result in a cessation of service**You’re OK** |
| we%20ok-new | Contract agreed to by all parties regarding acceptable behaviour and when service will be terminated if contract not adhered to.**We’re OK** |

**Case Example – Community Access Service/ Day Program**

A client with an intellectual disability and limited communication skills occasionally becomes verbally aggressive in public places and large crowds. The service is concerned that the individual will not be able to continue with community access due to this behaviour.

**How would you proceed?**

1. Reduce the number of activities where there are crowds until a management plan can be developed.
2. Conduct a risk assessment including the primary carers and the client in the process. Seek their input on what controls and options would best meet their needs and protect both the staff and members of the community and maintain the client’s dignity. Review previous incidents to endeavour to identify a common trigger because the behaviour happens occasionally rather than with every activity.
3. Develop a behaviour support plan.
4. Communicate and train staff in plan.

**Possible Solution**

With your supervisor, other workers and the client, you discuss ways to reduce the likelihood of triggering an aggressive incident. Increase the safety of workers by using two workers rather than a sole worker. Implement a monitoring process to collect information on behaviour and, attend activities at non-peak times or where there is not a high likelihood of large crowds.

How would the solution look in the I’M OK approach?

|  |  |
| --- | --- |
| Im%20ok-new | Clients behaviour has been assessed and a management plan developedSuitable activities have been plannedStaffing ratio is suitableTraining has been provided**I’m OK**  |
| you%20ok%20-%20new | I have received training regarding suitable behaviour whilst on community accessCommunity access activities are organised which are suited to my needs**You’re OK** |
| we%20ok-new | Issues identified and controls implemented so that access program continues**We’re OK** |

**The ‘Reasonably Practicable’ Approach**

The ‘Reasonably Practicable’ Approach provides a tool to cross check if your organisation’s approach to violence in the workplace is reasonably practicable. The six components provide an insight as to whether an organisation has, in meeting its obligations in workplace safety, taken ‘reasonably practicable’ steps.

In the case of violence in the workplace the form may look like this:

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| --- |
| **‘Reasonably Practicable’ Steps** |
| 1. Active involvement and commitment by senior management | * Does your organisation have a Workplace Violence Prevention policy?
* Does the policy include client-related violence?
* Does it outline how violence in the workplace will be identified assessed and controlled?
* Is it written in a way that is easily understood and accessible for everybody in the organisation?
* Is there provision of adequate resources to effectively implement controls and prevention strategies?
* Does your organisation have a Critical Incident Response procedure?
 |
| 2. A consultative culture | * Was your Workplace Violence Prevention policy developed in consultation with staff and client representatives?
* Is there regular consultation with staff in reviewing the policy to ensure its effectiveness?
* Do workplace meeting minutes, staff meeting minutes and toolbox talks reflect a consultative process in identifying, assessing, discussing and controlling workplace violence?
* Are injury trends and ‘near misses’ discussed and analysed within the workplace?
* Do staff report near misses and minor incidents as a proactive approach to managing client related violence?
* Is there a process for recording and reporting incidents?
 |
| 3. Simple work procedures or tasks with identified risks  | * Are there written admission criteria for your organisation?
* Do client files easily identify high risk (violent and aggressive) behaviours?
* Are there written procedures for the assessment of new clients?
* Are assessments with new clients conducted in an interview room with two exits or a room with an easily accessible exit?
* Are risks identified and discussed to develop controls to increase worker safety?
* Do staff use the control steps identified?
* Is there a procedure for reporting ‘near misses’?
* Is there a set procedure for the management of minor, major and emergency incidents?
* Does the Critical Incident Response procedure include debriefing and a support process for staff?
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|  |  |
| --- | --- |
| **‘Reasonably Practicable’ Steps** |  |
| 4. Training and supervision based on assessment of competence | * Does the organisation have a training plan for induction and skill training that incorporates management of client related violence in the workplace?
* Is there regular and ongoing training for staff in the management of client related violence?
* Do management and staff receive regular training in violence in the workplace, hazards and hazards identification, staff and management responsibilities, how to report violence in the workplace risks, and related injuries?
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| 5. Hazard and incident reporting systems | * Does the organisation have a risk reporting and management plan that covers violence in the workplace?
* Do staff know how to report hazards?
* Are minor incidents and near misses reported?
* Are the processes recorded and the action plan passed back to staff and management to implement?
* Can the staff use the organisations hazard and reporting system to resolve risks around violence in the workplace?
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| 6. Workers compensation and injury management. | * Does the organisation track injuries related to client related violence through its injury record book and workers compensation?
* Is trend analysis conducted and risks addressed, so as to initiate a proactive management approach?
* Have you included client related violence in the workplace risk assessment for staff returning to work?
* Do the staff know the process needed to report an injury or incident?
* Is there a support program for staff such as employee assistance programs, counselling, debriefing?
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Violence in the Workplace Case Studies

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