Occupational violence and aggression (OVA) guide   
for the Victorian   
Public Service



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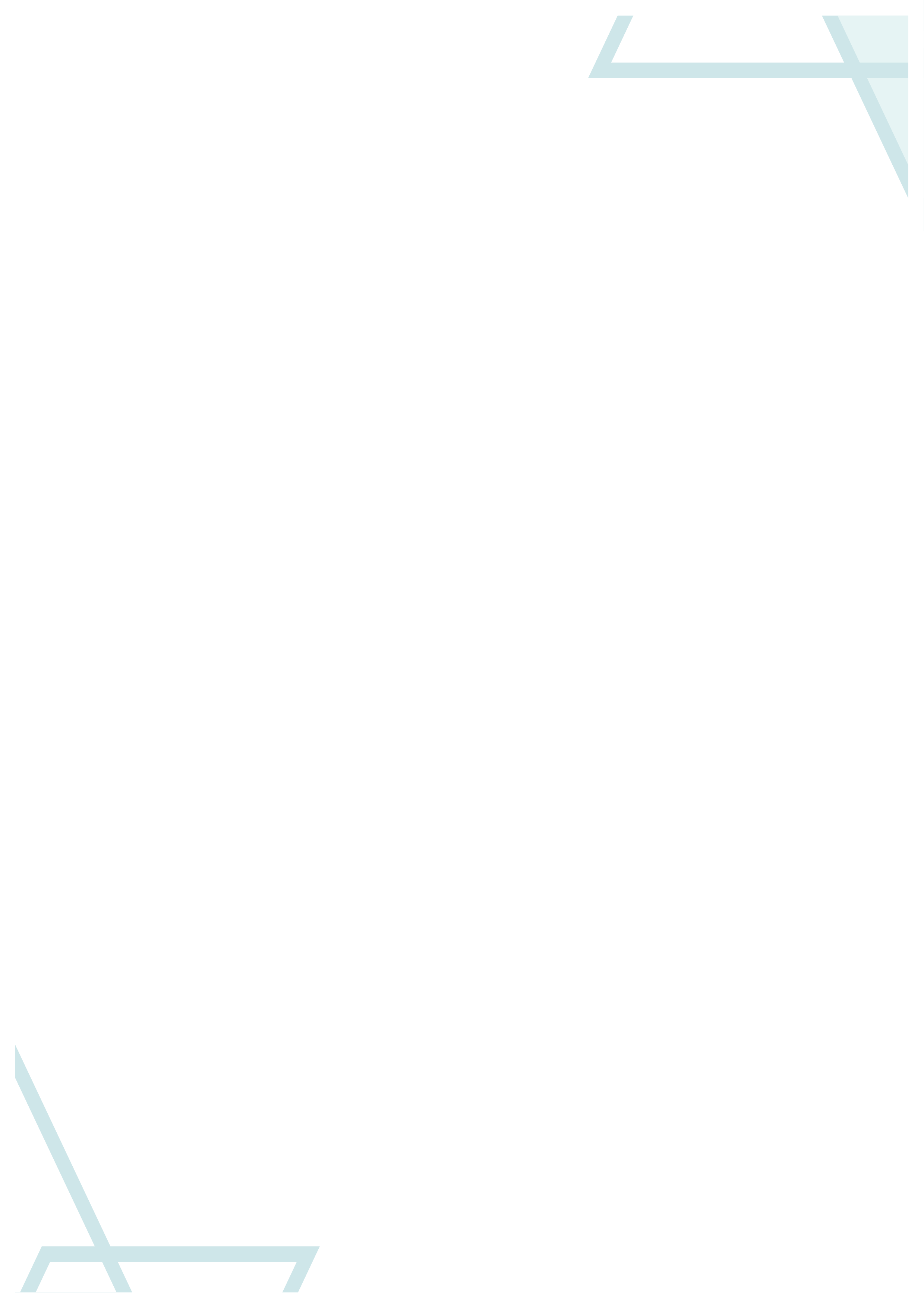
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# Introduction

This guide contains a *Framework for preventing and managing occupational violence and aggression (OVA).* The framework was developed by the Occupational Violence Working Group for the Occupational Health and Safety (OHS) Improvement Interdepartmental Committee (IDC) and was adapted from the health services framework produced by Aspex Consulting and the Violence in Healthcare Reference Group led by the Department of Health and Human Services.

The framework sets out the elements that should underpin good practice in preventing and managing OVA from an organisational wide perspective and outlines the elements under the domains of governance, prevention, training, response, reporting and investigation.

This guide also contains guidelines to assist in implementing the framework for preventing and managing OVA. The guidelines provide suggested activities to assist organisations in embedding the key components of the framework into practice. They are intended to provide practical recommendations to relevant staff to demonstrate commitment to the key elements and effectively respond to OVA.

Additional resources produced by the Occupational Violence Working group are attached as resources to assist organisations in establishing an effective organisational wide response to prevent and manage OVA.

# Framework for preventing and managing OVA

Elements of this framework require ongoing review and evaluation across multiple domains.

| Domain | Elements | Key components |
| --- | --- | --- |
| **Governance** | 1. The organisation is committed to the prevention and management of OVA | * Commitment from the highest levels of the organisation from the Board and secretaries * A designated committee responsible for the pro-active management of OVA with multi-disciplinary representation * Action plan to prevent OVA that is resourced and implemented under the oversight of the designated committee |
| 1. A comprehensive OVA policy is in place | * OVA policy is developed through staff consultation including with Health and Safety Representatives * OVA policy is promoted and accessible to all staff * OVA policy is reviewed annually or in response to a serious incident |
| 1. Accountability for OVA risk management is clearly defined and managed | * OVA is managed through a planned, robust and systematic process using the accepted hierarchy of OHS risk control. * OVA risk is included on the organisational risk register * At a minimum, OVA is reported annually to the Board and quarterly to relevant Board Sub-Committees |
| 1. Internal and external integration occurs | * An integrated approach to OVA risk management includes consultation and collaboration with relevant internal and external stakeholders to coordinate actions targeted at reducing risk |
| **Prevention** | 1. A hierarchy of OVA risk management controls is in place | * Regular hazard and risk assessments are conducted across all areas of the organisation utilising consistent reporting mechanisms * OVA risks are eliminated at the source, as far as reasonably practicable * OVA risks are reduced as far as reasonably practicable by introducing risk management controls |
| 1. OVA prevention is multi-faceted | * A suite of prevention measures is implemented relevant to the risk profile of each site, including, but not limited to: risk mitigation through building design; communication of standards of acceptable behaviour; processes for identifying and assessing behaviours of concern; integration of client information systems; tailored behaviour management strategies; security response and systems; established relationships with local Victoria Police including proactive communication strategies; appropriate staff training; and appropriate staff rostering. |
| **Training** | 1. Tailored to staff requirements | * Staff who have contact with clients and visitors are provided with appropriate knowledge and skills relevant to their role |
| 1. Tiered to deliver least restrictive interventions | * Training includes a range of strategies appropriate to the roles of staff |
| 1. Based on an assessment of work area risk | * Training addresses the differing knowledge and skill requirements for the assessed level of risk in the local work area |
| 1. Evidence-based, cost- effective and reflects local need | * The mode of delivery for training may vary between units to meet local needs |
| 1. Clearly defined goals and measurable outcomes | * Goals and outcomes are defined and reviewed to better meet local knowledge and skill requirements and learnings are shared locally |
| **Response** | 1. Responses are tailored to the organisation’s role and risk profile | * Response procedures are designed to consider organisational role and assessed OVA risk at individual sites * Organisations have appropriate reference to OVA in processes to manage behaviours of concern |
| 1. Systems for alarms enable effective notification to those required in an OVA response | * A system for alarms exists across all sites, and includes duress alarms in higher risk areas ensuring alarms are monitored |
| 1. Immediate and follow-up support for staff, clients and visitors is provided | * Local immediate actions ensure that all staff exposed to OVA receive post-incident support including access to EAP services * Arrangements are in place to allow immediate relief from duty for staff affected by OVA incidents (if required) * Psychological support services are in place and staff are able to self-refer * Follow-up support occurs for all staff involved in OVA incidents |
| **Reporting** | 1. Robust and routine reporting systems are in place | * Reporting mechanisms are easy to access and staff are encouraged to report all incidents * All OVA incidents are routinely classified, reported and responded to * Data collection systems include capture of high volume, low impact incidents * Relevant key performance indicators for OVA are regularly reported |
| 1. Comparative performance monitoring is undertaken | * Organisations assess their performance relative to peers * Staff feedback about workplace safety, support and experience of OVA is collected annually |
| **Investigation** | 1. Incidents are consistently investigated or reviewed according to severity | * Classification of all incidents is in accordance with an agreed set of criteria * Incidents are investigated by appropriately trained staff and identify systemic weaknesses * Staff members involved in the incident are included in the incident review |
| 1. Outcomes of investigations are extensively reported and evaluated | * Processes ensure that recommended actions are implemented and feedback is provided to staff involved to assist with preventing reoccurrences * Implemented actions are evaluated for effectiveness, staff feedback is reviewed, and both are reported to the designated OVA committee |

The framework for preventing and managing OVA was adapted from the Framework for Preventing and Managing Occupational Violence and Aggression (OVA) in health services which was created by Aspex Consulting and the Violence in Healthcare Reference Group led by the Department of Health and Human Services.

# Resources

## Resource 1: Guidelines for implementing the framework for preventing and managing OVA

The following guidelines are designed to assist organisations in implementing the framework for preventing and managing OVA. The guidelines are broken down into the six key domains and list suggested activities to implement each of the key components listed in the framework.

### Governance

#### 1. The organisation is committed to the prevention and management of OVA

| Key components | Implementation activities |
| --- | --- |
| Commitment from the highest levels of the organisation from the Board and Department Secretaries | * Regularly feature OVA on Board agendas. * Regularly communicate OVA prevention and management through staff emails, newsletters, meetings and forums (see resource 3). * Include details about preventative actions put in place to reduce risk. * Executives and boards are held to account for the prevention and management of OVA. |
| A designated committee responsible for the pro-active management of OVA with multi-disciplinary representation | * Identify subject matter experts, including health and safety representatives to form part of a committee responsible for OVA management. * Ensure broad geographical and program area representation of committee members to allow for shared learnings. * Consider multiple means of information sharing among committee members and consider means of communicating key messages from the committee to staff. * Ensure appropriate consultation with staff. * Review OVA incident data to identify opportunities for improving management systems. |
| Action plan to prevent OVA that is resourced and implemented under the oversight of the designated committee | * Create an OVA action plan which complements the OVA policy. |

#### 2. A comprehensive OVA policy is in place

| Key components | Implementation activities |
| --- | --- |
| OVA policy is developed through staff consultation including with Health and Safety Representatives | * Clearly define OVA and the roles and responsibilities of all parties in the policy. * Consider surveying staff to inform policy tone and content (see resource 5) * Consult with relevant stakeholders, including health and safety representatives during the development, implementation and review of the OVA policy. * Components of the policy could include information and resources on prevention, early intervention, response including escalation procedures, reporting, post-incident support, incident investigation and training. * Includes the date of approval and the scheduled date of review of the policy. |
| OVA policy is promoted and accessible to all staff | * Ensure the policy is available on the intranet * Provide copies of the policy to staff at induction/orientation * Utilise staff forums, newsletters and other media to communicate the policy with employees. * Consult with staff to determine additional means of providing access to the OVA policy. |
| OVA policy is reviewed annually or in response to a serious incident | * The OVA committee to review OVA incidents and determine whether a review of the policy is indicated. * The OVA policy to include the scheduled date of review. |

#### 3. Accountability for OVA risk management is clearly defined and managed

| Key components | Implementation activities |
| --- | --- |
| OVA is managed through a planned, robust and systematic process using the accepted hierarchy of OHS risk control. | * Align OVA risk management with other organisational risk management processes to ensure consistency. * Regularly consult with staff, including health and safety representatives as part of hazard identification and risk assessment processes. |
| OVA risk is included on the organisational risk register | * The OVA committee monitors the risk register to assess OVA related risks and controls and makes recommendations for improvements. * The risk register is maintained by a suitably qualified person/s within the organisation who assesses the appropriateness of the OVA committee’s recommendations . |
| At a minimum, OVA is reported annually to the Board and quarterly to relevant Board Sub-Committees | * Provide consistent information to boards including:   + Number of accepted WorkCover claims relating to OVA per 100 FTE.   + Number of OVA reported incidents.   + Percentage of OVA incidents resulting in staff injury, illness or condition.   + Additional statistical information such as nature of incident/injury, duration of incapacity and location of incidents.   + Qualitative information on the impact of OVA.   + Outcomes of investigations into critical OVA together with the preventative actions implemented.   + Any identified trends, together with the preventative actions implemented. |

#### 4. Internal and external integration occurs

| Key components | Implementation activities |
| --- | --- |
| An integrated approach to OVA risk management includes consultation and collaboration with relevant internal and external stakeholders to coordinate actions targeted at reducing risk | * Utilise the OVA committee to share learnings and discuss OVA management strategies * Consider other forums or focus groups to consult with staff * Establish relationships with different organisations to share learnings and innovation |

### Prevention

#### 5. A hierarchy of OVA risk management controls is in place

| Key components | Implementation activities |
| --- | --- |
| Regular hazard and risk assessments are conducted across all areas of the organisation utilising consistent reporting mechanisms | * Suitably qualified and trained staff conduct regular hazard and risk assessments. * Consult with staff and health and safety representatives from local work areas, who have direct understanding of local hazards, risks and ideas for possible controls, and include in the OVA risk assessment processes. * Develop an audit template and use to systematically identify hazards. * Develop an action plan to eliminate or reduce all OVA hazards. |
| OVA risks are eliminated at the source, as far as reasonably practicable | * Implement risk control measures to provide staff with the highest level of protection. |
| OVA risks are reduced as far as reasonably practicable by introducing risk management controls | When the risk cannot be eliminated, it must be reduced by following the hierarchy of OHS controls. Under this process if it is not reasonably practicable to eliminate OVA risk, then the risk must be reduced by implementing in order, or a combination of:   1. Substitution controls. For example consider perspex screens rather than glass. 2. Engineering solutions. For example change the built environment to protect staff from OVA hazards. 3. Administrative solutions. If it is not reasonably practicable to change the work (built) environment introduce changes in work procedures 4. PPE. If it is not reasonably practicable to introduce changes in work procedures introduce personal protective equipment for staff |

#### 6. OVA prevention is multi-faceted

| Key components | Implementation activities |
| --- | --- |
| A suite of prevention measures is implemented relevant to the risk profile of each site. | * Risk mitigation through building design   + Refer to resource 6-8 for design solutions and utilise the checklist to identify potential risks and opportunities for improvement.   + Utilise the resource guide for architects and designers around *Mitigating Occupational Violence & Aggression through the Built Environment* to assist in mitigating OVA risk in building design.   + Promote safety by implementing the Crime Prevention Through Environmental Design (CPTED) principles.   + Ensure that existing prescriptive standards, including those that are specific to the organisation are adhered to in the first instance. * Communication of standards of acceptable behaviour   + Consider signage and other written resources to communicate acceptable standards of behaviour (refer to resource 4 for an example poster) * Processes for identifying and assessing behaviours of concern   + Ensure systems are in place to manage behaviours of concern including a risk assessment, behavioural management plans and effective staff training. * Integration of client information systems   + Ensure up to date, accessible and easy to access client information is available across program areas and/or work locations to allow for appropriate risk management processes to be implemented.   + Ensure transfer of information can be coordinated between services. * Tailored behaviour management strategies   + Train staff to understand, develop, and implement behavioural management plans for clients which are suited to individual conditions and circumstances. * Security response and systems   + Tailor security systems and procedures to the specific site and assessment of OVA risk.   + Security systems can involve CCTV, CCTV warning signs, duress alarms and guards. * Establish relationships with local Victoria Police including proactive communication strategies   + Establish a clearly identified plan for engaging support services including Victoria Police, particularly in locations where response times are expected to be delayed eg. Utilise a Police Liaison Officer. * Appropriate staff training   + Train staff in line with the Guide for violence and aggression training in the Victorian Public Service. * Appropriate staff rostering   + Consider staff rostering and staff levels are commensurate to the level of assessed OVA risk |

### Training

#### 7. Tailored to staff requirements

| Key components | Implementation activity |
| --- | --- |
| Staff who have contact with clients and visitors are provided with appropriate knowledge and skills relevant to their role | * Refer to the Guide for violence and aggression training in the Victorian Public Service (Resource 9). |

#### 8. Tiered to deliver least restrictive interventions

| Key components | Implementation activity |
| --- | --- |
| Training includes a range of strategies appropriate to the roles of staff | * Refer to the Guide for violence and aggression training in the Victorian Public Service (Resource 9). |

#### 9. Based on an assessment of work area risk

| Key components | Implementation activity |
| --- | --- |
| Training addresses the differing knowledge and skill requirements for the assessed level of risk in the local work area | * Refer to the Guide for violence and aggression training in the Victorian Public Service (Resource 9). |

#### 10. Evidence-based, cost- effective and reflects local need

| Key components | Implementation activity |
| --- | --- |
| The mode of delivery for training may vary between units to meet local needs | * Refer to the Guide for violence and aggression training in the Victorian Public Service (Resource 9). |

#### 11. Clearly defined goals and measurable outcomes

| Key components | Implementation activity |
| --- | --- |
| * Goals and outcomes are defined and reviewed to better meet local knowledge and skill requirements and learnings are shared locally | * Refer to the Guide for violence and aggression training in the Victorian Public Service (Resource 9). |

### Response

#### 12. Responses are tailored to the organisation’s role and risk profile

| Key components | Implementation activities |
| --- | --- |
| Response procedures are designed to consider organisational role and assessed OVA risk at individual sites | * Inform response procedures by an assessment of risk and ensure they are specific to the work environment * Ensure response procedures are consistent with local operational policies and other guidance. |
| Organisations have appropriate reference to OVA in processes to manage behaviours of concern | * Where a risk of OVA is identified, ensure clients have a behavioural management plan in place which outlines strategies to reduce the risk of OVA. |

#### 13. Systems for alarms enable effective notification to those required in an OVA response

| Key components | Implementation activities |
| --- | --- |
| A system for alarms exists across all sites, and includes duress alarms in higher risk areas ensuring alarms are monitored | * Inform the type of alarm or monitoring system through risk assessment, including a process for how the alarm is responded to. * Ensure maintenance of alarm systems including servicing and replacement. |

#### 14. Immediate and follow-up support for staff, clients and visitors is provided

| Key components | Implementation activities |
| --- | --- |
| Local immediate actions ensure that all staff exposed to OVA receive post-incident support including access to EAP services | * Train managers to provide post-incident support to staff. * Provide post-incident support to staff who are directly involved or witness an OVA incident, and those involved with colleagues in distress following an incident. * Immediately following an incident, employers ensure that appropriate first aid, medical treatment, support and psychological assistance is provided as required. * Managers provide information to staff on ongoing psychological supports available, such as Employee Assistance Programs and peer support programs. * Employers provide information to staff on possible cumulative effects of exposure to multiple OVA incidents over time. * Senior managers check on the wellbeing of managers providing post-incident assistance to ensure that they receive appropriate support. * Regularly review post-incident support procedures and implement recommendations for improvement. |
| Arrangements are in place to allow immediate relief from duty for staff affected by OVA incidents (if required) | * Managers make arrangements to assist staff members, such as transportation to a location where they can be supported by family or friends. * Managers make arrangements for additional staffing coverage. |
| Psychological support services are in place and staff are able to self-refer | * Promote the psychological support services available to staff through a variety of mechanisms such as meetings, emails and the intranet. * Utilise the full range of Employee Assistance Program resources including telephone services, onsite support, group debriefing services and stress stocktakes. |
| Follow-up support occurs for all staff involved in OVA incidents | * Managers provide follow-up support to all staff and make referrals to additional support pathways as needed. |

### Reporting

#### 15. Robust and routine reporting systems are in place

| Key components | Implementation activities |
| --- | --- |
| Reporting mechanisms are easy to access and staff are encouraged to report all incidents | * Train staff in incident reporting. * Utilise various mechanisms to communicate the importance of reporting including training sessions, team meetings and through additional awareness raising mechanisms. |
| All OVA incidents are routinely classified, reported and responded to | * Introduce staff to reporting systems during orientation and through induction programs. * Train staff to use the reporting system. * Clearly state the expectation for staff to report OVA incidents. * Create user-friendly reporting instructions and tools, such as ‘cheat sheets’. * Executive and senior managers encourage and promote reporting. * Provide feedback to staff on actions taken to improve prevention and management of OVA in response to the incidents they report. * Utilise data captured through reporting to routinely analyse trends and areas for improvement. * Refer to items 17 and 18 in the investigation section below to ensure OVA incidents are appropriately investigated. |
| Data collection systems include capture of high volume, low impact incidents | * Ensure managers are mindful of possible cumulative effects of exposure to multiple OVA incidents over time and actively encourage the reporting of all incidents, including those that appear to have potentially low impact at the time of the incident. * Provide time during the shift to complete incident reports. |
| Relevant key performance indicators for OVA are regularly reported | * Regularly report a suite of OVA measures to the board, executive and designated OVA committee. * Include both statistical information, such as, number, type, severity and location of incidents; as well as qualitative information on the effects of OVA in reports. * Report on the outcomes of investigations into critical OVA incidents, together with the preventative actions implemented. * Report any identified trends together with the preventative actions implemented. |

#### 16. Comparative performance monitoring is undertaken

| Key components | Implementation activities |
| --- | --- |
| Organisations assess their performance relative to peers | * Utilise OVA related data distributed via the minimum data set to bench mark performance. * Benchmark performance against similar organisations nationally. |
| Staff feedback about workplace safety, support and experience of OVA is collected annually | * Consider a workplace survey to capture staff perception on the efficacy of workplace supports and OVA control measures (see resource 3). |

### Investigation

#### 17. Incidents are consistently investigated or reviewed according to severity

| Key components | Implementation activities |
| --- | --- |
| Classification of all incidents is in accordance with an agreed set of criteria | * Implement processes to ensure that recommended actions are implemented and feedback is provided to staff involved to assist with preventing reoccurrences |
| Incidents are investigated by appropriately trained staff and identify systemic weaknesses | * Evaluate the implemented actions for effectiveness, review staff feedback, and report both to the designated OVA committee |
| Staff members involved in the incident are included in the incident review | * Implement processes to ensure that recommended actions are implemented and feedback is provided to staff involved to assist with preventing reoccurrences |

#### 18. Outcomes of investigations are extensively reported and evaluated

| Key components | Implementation activities |
| --- | --- |
| Processes ensure that recommended actions are implemented and feedback is provided to staff involved to assist with preventing reoccurrences | * The designated OVA committee monitors progress and completion of recommended actions. |
| Implemented actions are evaluated for effectiveness, staff feedback is reviewed, and both are reported to the designated OVA committee | * Provide system learnings to all staff within the work area where the incident occurred and across the organisation where appropriate. |

## Resource 2: Framework audit tool

This audit tool can be used to document the activities that have been undertaken to demonstrate commitment to each of the elements outlined in the framework for preventing and managing OVA. It is recommended that this audit tool be utilised as a working document when initially implementing the framework and completed annually thereafter.

### Governance

#### 1. The organisation is committed to the prevention and management of OVA

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Commitment from the highest levels of the organisation from the Board and secretaries * A designated committee responsible for the pro-active management of OVA with multi-disciplinary representation * Action plan to prevent OVA that is resourced and implemented under the oversight of the designated committee |  |

#### 2. A comprehensive OVA policy is in place

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * OVA policy is developed through staff consultation including with Health and Safety Representatives * OVA policy is promoted and accessible to all staff * OVA policy is reviewed annually or in response to a serious incident |  |

#### 3. Accountability for OVA risk management is clearly defined and managed

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * OVA is managed through a planned, robust and systematic process using the accepted hierarchy of OHS risk control. * OVA risk is included on the organisational risk register. * At a minimum, OVA is reported annually to the Board and quarterly to relevant Board Sub-Committees |  |

#### 4. Internal and external integration occurs

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * An integrated approach to OVA risk management includes consultation and collaboration with relevant internal and external stakeholders to coordinate actions targeted at reducing risk |  |

### Prevention

#### 5. A hierarchy of OVA risk management controls is in place

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Regular hazard and risk assessments are conducted across all areas of the organisation utilising consistent reporting mechanisms * OVA risks are eliminated at the source, as far as reasonably practicable * OVA risks are reduced as far as reasonably practicable by introducing risk management controls |  |

#### 6. OVA prevention is multi-faceted

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| A suite of prevention measures is implemented relevant to the risk profile of each site, including, but not limited to:   * Risk mitigation through building design * Communication of standards of acceptable behaviour * Processes for identifying and assessing behaviours of concern * Integration of client information systems * Tailored behaviour management strategies * Security response and systems * Established relationships with local Victoria Police including proactive communication strategies * Appropriate staff training * Appropriate staff rostering |  |

### Training

#### 7. Tailored to staff requirements

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Staff who have contact with clients and visitors are provided with appropriate knowledge and skills relevant to their role |  |

#### 8. Tiered to deliver least restrictive interventions

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Training includes a range of strategies appropriate to the roles of staff |  |

#### 9. Based on an assessment of work area risk

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Training addresses the differing knowledge and skill requirements for the assessed level of risk in the local work area |  |

#### 10. Evidence-based, cost- effective and reflects local need

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * The mode of delivery for training may vary between units to meet local needs |  |

#### 11. Clearly defined goals and measurable outcomes

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Goals and outcomes are defined and reviewed to better meet local knowledge and skill requirements and learnings are shared locally |  |

### Response

#### 12. Responses are tailored to the organisation’s role and risk profile

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Response procedures are designed to consider organisational role and assessed OVA risk at individual sites * Organisations have appropriate reference to OVA in processes to manage behaviours of concern |  |

#### 13. Systems for alarms enable effective notification to those required in an OVA response

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * A system for alarms exists across all sites, and includes duress alarms in higher risk areas ensuring alarms are monitored |  |

#### 14. Immediate and follow-up support for staff, clients and visitors is provided

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Local immediate actions ensure that all staff exposed to OVA receive post-incident support including access to EAP services * Arrangements are in place to allow immediate relief from duty for staff affected by OVA incidents (if required) * Psychological support services are in place and staff are able to self-refer * Follow-up support occurs for all staff involved in OVA incidents |  |

### Reporting

#### 15. Robust and routine reporting systems are in place

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Reporting mechanisms are easy to access and staff are encouraged to report all incidents * All OVA incidents are routinely classified, reported and responded to * Data collection systems include capture of high volume, low impact incidents * Relevant key performance indicators for OVA are regularly reported |  |

#### 16. Comparative performance monitoring is undertaken

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Organisations assess their performance relative to peers * Staff feedback about workplace safety, support and experience of OVA is collected annually |  |

### Investigation

#### 17. Incidents are consistently investigated or reviewed according to severity

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Classification of all incidents is in accordance with an agreed set of criteria * Incidents are investigated by appropriately trained staff and identify systemic weaknesses * Staff members involved in the incident are included in the incident review |  |

#### 18. Outcomes of investigations are extensively reported and evaluated

| Elements | Activities that demonstrate commitment to the key elements |
| --- | --- |
| * Processes ensure that recommended actions are implemented and feedback is provided to staff involved to assist with preventing reoccurrences * Implemented actions are evaluated for effectiveness, staff feedback is reviewed, and both are reported to the designated OVA committee |  |

## Resource 3: Key messages to be used in emails, newsletters, meetings and forums.

The following key messages have been taken from the health services OVA campaign ‘It’s never OK’. The messages can be tailored to meet the specific needs of organisations to communicate key messages relating to OVA in emails, newsletters, meetings and other relevant forums. Additional information relating to the campaign can be found on [WorkSafe Victoria’s campaign website](https://www.worksafe.vic.gov.au/campaigns/itsneverok) <https://www.worksafe.vic.gov.au/campaigns/itsneverok>.

Messaging can also be tailored to include specific information around OVA prevention and management strategies.

### Key messages for staff

As public servants your focus should be on assisting those in need.

You should never feel that violence and aggression is 'part of the job' even when it's committed by people whose clinical condition may be affecting their judgement.

There are preventative actions that can be taken to reduce the risk of violence and aggression in your workplace. Make sure you know what to do when you witness or experience these behaviours.

Report all incidents of violence and aggression.

Incidents of violence and aggression are currently chronically under-reported. No matter what the situation, it's important to report violence and aggression so your employer knows about it and can take steps to better prevent and manage it in the future. Your employer can also provide you and your colleagues with appropriate support.

The process for reporting health and safety incidents can vary between workplaces - talk to your manager today to confirm the reporting process at your site.

### Key messages for people leaders

Prevention and management of violence and aggression requires active engagement from all levels of the organisation.

Violence and aggression should never be seen as 'part of the job' for any public servant, even when it's committed by people whose clinical condition may be affecting their judgement. You can take steps to prevent or minimise an incident.

Organisation leaders and managers can have a powerful influence in developing a positive safety culture where priority is placed on the health, safety, and wellbeing of staff and patients.

**As a senior leader you should** demonstrate a commitment to promoting a culture where violence and aggression is not accepted as 'part of the job'. Some examples include:

* setting health and safety objectives and accountabilities
* ensuring effective health and safety systems are in place to identify and control risk
* supporting staff development in de-escalation and processes for early intervention and management
* allocating resources to prevention and management
* developing and promoting health and safety policy and key initiatives
* having clear policies and procedures for reporting
* encouraging reporting and acting on these reports
* investigating incidents and reviewing risk control measures
* consulting and supporting employees
* monitoring and reporting on performance outcomes; acting on issues and opportunities, and
* asking questions about violence and aggression prevention systems in your workplace.

**As a direct manager, you should:**

* identify violence and aggression risks in your work area
* implement controls to eliminate or reduce these risks
* encourage reporting and act on these reports
* investigate incidents and review existing controls
* support staff development in de-escalation and processes for early intervention and management
* allocate resources to prevention and management
* consult and support employees
* promote a culture that does not accept violence and aggression, and
* seek assistance where necessary for you to do your part.

**Encourage staff to report incidents of violence and aggression**

Staff who have been affected by a violent or aggressive incident in the workplace may feel it's a waste of time reporting incidents because 'nothing will be done'.

It is critical to engage your staff, so they know:

* why they need to report incidents
* the reporting policies and procedures at their workplace
* they will be supported when they report
* what will happen after they report, and the feedback they can expect to receive, and
* their reporting has contributed to positive changes to reduce future risks.

## Resource 4: Example poster to communicate acceptable standards of behaviour

The following poster is an example of how acceptable standards of behaviour can be communicated by highlighting that verbal and physically abusive behaviour will not be tolerated.



## Resource 5: Staff survey

The survey can be delivered to a sample of staff to capture data on the prevalence of OVA incidents as well as staff perceptions on the risk control measures and supports in place to respond to OVA. Additional questions can be added to the survey depending on the individual needs of the organisation.

**1. How often do you see or experience occupational violence and aggression (OVA) at your workplace?**

|  |  |
| --- | --- |
| At least once a day |  |
| 1-3 times per week |  |
| 1-3 times per month |  |
| 1-3 times per year |  |
| Never |  |

**2. If you have experienced OVA, what did this involve?**

Describe below:

|  |
| --- |
|  |

**3. Are you aware of the process for reporting OVA in your workplace?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If you answered no, why not?

|  |
| --- |
|  |

**4. Do you feel confident in reporting incidence of OVA?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If you answered no, why not?

|  |
| --- |
|  |

**5. Have you experienced an OVA incident which required time off work? Please indicate the type of leave taken.**

|  |  |
| --- | --- |
| No |  |
| Yes, Personal Leave/Sick Leave |  |
| Yes, Workers Compensation/ WorkCover |  |
| Yes, other paid leave provided by your employer |  |
| Other |  |

If Other, please specify:

|  |
| --- |
|  |

**6. In relation to your most recent experience of OVA, was the incident investigated?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Not sure |  |

**7. Did anything change following the incident?**

Describe below:

|  |
| --- |
|  |

**8. When was the last time your participated in OVA training?**

|  |  |
| --- | --- |
| Within the last 12 months |  |
| Between 1 and 5 years |  |
| Longer than 5 years |  |
| Never participated in OVA training |  |

**9. Does your employer have programs or policies in place to prevent occupational violence?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Not sure |  |

If you answered yes, describe what they are:

|  |
| --- |
|  |

## Resource 6: Risk mitigation through building design – design solutions

This resource page highlights important factors to consider to reduce the risk of OVA through the built environment and points towards a resource guide for designers and architects which provides additional resources and tools to mitigate OVA through the built environment. Organisation should also ensure that existing prescriptive guidelines and standards are adhered to in the first instance.

### Design solutions

Occupational violence and aggression risk can be mitigated through the built environment by implementing safe design principles and identifying design solutions proportionate to the level of risk. Design solutions can consider a variety of factors such as:

* Visibility - Is there sufficient visibility of areas so that staff can identify the potential for violence early and take action? Are there any potential blind spots that need to be covered by additional surveillance like CCTV?
* Egress – Are there mechanisms through which staff can exit an area and remove themselves safely from the risk? Are the duress buttons available and easily accessible? Are there mechanisms for incident responders/security to gain access?
* Access – Do the solutions allow staff to gain access or exit an area whilst preventing violent or aggressive individuals from gaining access? Are there secure access points beyond which visitors or clients cannot proceed? Can violent or aggressive individuals be easily segregated from others by closing access points? Are there separate facilities for staff and visitors/clients (e.g. restrooms, smoking areas, car parks)? Can visitors and clients reach across counters and barriers to assault/harm staff?
* Interior design – Are there objects/furnishings within the built environment that could be used as a weapon? Are there objects with sharp corners? Are there objects that could be easily dislodged? (e.g. artwork, desk lamps, seats, etc.)
* Territoriality – Are there fences and cameras placed strategically to emphasise security? Are there options for using appropriate signage to prevent entry or access to restricted areas? Do the signs clearly specify who can and cannot enter? Do the signs clearly prohibit any potential contraband or unauthorised equipment being carried in past a point?
* Stress-reduction: Are there design solutions that can reduce the stress levels of visitors and clients to prevent violence (e.g. cooling, lighting, noise, visual features such as windows, paint colour, art work, plants, open space)?
* Flexibility – Does the built environment design allow for rapid changes in scaling security features up or down to be implemented (based on situational factors like threat levels)?
* Upstream solutions: Are there solutions that could be implemented ‘earlier’ to prevent OVA risks from eventuating (e.g. placement of a security checkpoint at a gated entry to prevent unauthorised access or the use of an electronic identification system that requires a personalised access code for entry)?

Identifying design solutions requires a consultative approach to ensure that the most appropriate solution is identified relevant to the specific environment. The resource guide for architects and designers around Mitigating Occupational Violence & Aggression through the Built Environment outlines a set of safe design principles and key elements which should be considered in the design process to reduce the risk of OVA. The guide provides tools and resources to support effective consultation throughout the design process to support positive outcomes in preventing OVA through the built environment.

## Resource 7: Risk mitigation through building design – self assessment checklist

This checklist[[1]](#footnote-1) can be used by organisations to conduct an assessment on a particular environment to identify potential environmental design risks which could contribute to a risk of violence. The checklist is designed to be used as a tool to identify opportunities for improvement in reducing the risk of OVA through the built environment. Organisations should also consider department specific guidelines and standards when completing the self-assessment.

| Design category | Checklist | Mark with an X |
| --- | --- | --- |
| **Building** **design** | Staff have clear visibility of all areas where reasonably practicable |  |
| Public entry points are limited |  |
| Safe and secure areas are available for staff to retreat to during an OVA incident |  |
| If applicable, a private area exists for separation of distressed or agitated people |  |
| Reception counters are sufficiently high and wide with consideration given to screens |  |
| Separate access/areas are available for high risk clients |  |
| Secure storage is available for potentially dangerous items |  |
| Secure access separates different areas of the building |  |
| Employees can actively monitor entrances using natural surveillance and CCTV |  |
| The environment is built in a way which controls noise |  |
| Appropriate levels of natural light are provided |  |
| There is adequate ventilation |  |
| Areas are designed to allow sufficient space and avoid overcrowding once furniture/equipment is in place |  |
| Unobstructed paths are available throughout the building |  |
| **Environmental design** | Waiting areas are comfortable and spacious with sufficient seating |  |
| Clear signage exists for way finding |  |
| CCTV is strategically placed and monitored |  |
| If required, waiting times are communicated through signage and/or a ticket/numbering system |  |
| Desk based and personal duress alarms are provided where appropriate |  |
| Where possible, items are fixed to walls or floor, including insetting items so they are unbreakable |  |
| The colour of walls, buildings, signs and paintings are selected to provide a calming environment |  |
| Areas with client access are uncluttered |  |
| Ample lighting is installed |  |
| **External design** | Bollards are installed to restrict vehicle access near doorways |  |
| Visitor and client car parking is separated and has sufficient lighting |  |
| Fences, cameras and signage are placed to emphasise security |  |

## Resource 8: Risk mitigation through building design – Public/waiting areas design guidelines

The following guidelines outline design recommendations for public service waiting areas which should be considered to maximise safety and mitigate the risk of OVA.

The guidelines were developed following a review of the ergonomic design requirements in Justice Service Centres (JSC) completed by David Caple on behalf of the Department of Justice and Regulation on 12 July 2016. The review included an audit of three JSC’s as well as a review of public waiting areas in Victoria Police, Department of Health and Human Services, Vic Roads and within a Hospital environment.

### Public/waiting areas design guidelines

* Public entry must be clearly visible from the front counter and by counter staff
* A clear walkway should be provided from the entrance to the front counter
* The public entry area should contain signage that visually conveys responsibilities upon entry
* Fittings in the public space should be secured to floors/walls
* Seating, which is securely fastened to the floor should be provided
* Seating should be proportionate to the available space and allow for personal space between attendees
* Seating should be provided as individual seats or a bank of seats greater than two seats together
* Seats to be configured to restrict direct eye contact between attendees
* The bank of seats should have a line of sight to the counter
* The majority of seats should be oriented to enable a view of the wall mounted TV monitor
* The volume of the TV should be used to mask individual conversations at the counter and in adjoining interview rooms
* Seats should not be placed against walls to interview rooms if conversations in the rooms can be overheard in the waiting area
* Maximise the distance of the seats from the counter by at least three metres if possible to minimise waiting clients overhearing conversations at the counter
* The waiting room should be painted in colours that create the illusion of space and conducive to tranquillity
* Highly visual signs/icons to be used in the public space to deter inappropriate or illegal behaviour and to convey service information
* If applicable, the design and location of the pamphlet display should be adjacent to the seating area
* If applicable, an area for mail handling procedures and processes to be established that is located in close proximity and linked to the counter and public space
* Electronic access control measures should be in place on the primary entry door
* Any door leading to staff areas/general office must be secured with electronic access control measures to control movement from public to staff spaces
* CCTV coverage of the entry points should ensure image quality allows for identification at any entry point
* CCTV coverage of the public/waiting area should ensure image quality allows identification of all persons within the space
* Each serving location at the counter should be able to clearly see the CCTV monitors
* An accessible toilet should be available from the waiting area and controlled access provided by the reception staff

## Resource 9: Guide for violence and aggression training in the Victorian public service – Guiding principles

The guiding principles outlined in the guide for violence and aggression training in the Victorian public service outlines the training principles which need to be considered when designing and implementing OVA training in the public service.

### Principle 1: training programs are tailored to the requirements of different staff groups.

Staff who have contact with clients and the public, (including health and safety representatives) where a risk of violence and aggression is identified, have a set of knowledge and skills, relevant to their particular role, to prevent and manage violence and aggression.

#### Elements of core training

|  |
| --- |
| 1.1 Staff whose role involves contact with clients and the public, including health and safety representatives, are trained in:  **Knowledge**   * relevant elements of legal principles: duty of care, common law, Mental Health Act, Crimes Act , OH&S laws and regulations and staff rights. * orientation to relevant safety and security policies and procedures at induction to the organisation and following transfer to a different or high risk environment. * staffing roles and responsibilities in organisational/local emergency response procedures. * mental health literacy. * predisposing factors and triggers for aggression and violence. * orientation to incident reporting on relevant organisational system(s), including the purpose of reporting. * social factors such as age, gender, religion, culture, language, sexual orientation and other special needs that influence the experience of services being provided and the service delivery environment. * interpersonal factors between staff and clients or the public that may contribute to violence and aggression, such as communication style and techniques to overcome barriers. * self-awareness of personal signs of increasing anxiety, to support: early recognition and preventive approaches; and management approaches.   **Skills**   * recognition of early signs of agitation. * communication skills, including customer service considerations. * an introduction to verbal and non-verbal de-escalation techniques. * use of equipment and controls such as duress alarms.   1.2 Specialised areas such as custodial or other secure settings require additional knowledge and skills in preventing and managing violence and aggression in these settings. |

#### Elements of clinical support staff training

|  |
| --- |
| 1.3 Clinical support staff are trained in the following additional areas:  **Knowledge**   * challenging behaviours, including those due to medical causes such as pain, substance abuse, medications, mental health, fear and organic illness.   **Skills**   * environmental and client risk assessment. Environmental risk assessment may be supported by tools developed by WorkSafe (see footnote below)[[2]](#footnote-2). * safe restraint procedures and clinical monitoring requirements, recognising that all restraint measures carry some risk (ie. applicable in facilities authorised to use restraint under the relevant legislation). |

#### Elements of supervisor training

|  |
| --- |
| 1.4 Supervisors are trained in these additional areas:  **Skills**   * early intervention, conflict resolution, supervisory coaching. * post-incident de-briefing and support for affected staff. * providing support for affected clients, carers and members of the public. * injury management support for injured workers. * hazard identification and management within the local environment including identification of systematic contributing factors to violence and aggression, for example, exploring the interplay between environmental factors and individual factors, such as personality and mental health, that influence aggression. * Incident investigation and implementation of appropriate controls. * data collection for incident review. |

#### Elements of training for security staff and other staff who support an incident response

|  |
| --- |
| 1.5 It is recognised that a range of staff may be called upon to respond to incidents of violence and aggression such as security officers, and operational managers and staff who are members of local incident response teams. Training for these staff members includes:  **Knowledge**   * orientation to current policies and procedures (including organisational/local emergency response procedures) at induction to the organisation and following transfer to a different or high risk environment. * staffing roles and responsibilities in organisational/local emergency response procedures, in particular, the security role as being part of the clinically led response team. * relevant elements of legal principles: Mental Health Act, common law, Crimes Act, OH&S Act and Regulations, duty of care towards clients and other members of the public. * health literacy (especially around common mental health disorders). * recognition of early signs of agitation. * orientation to incident reporting on relevant organisational system(s), including the purpose of reporting.   **Skills**   * introduction to verbal and non-verbal de-escalation techniques. * communication skills, including customer service considerations. * safe restraint techniques. |

### Principle 2: Training is delivered as part of a model of service delivery

Training for the prevention and management of aggression should be located within a client-centred, family/carer inclusive, trauma-informed model of care.

#### Training elements

|  |
| --- |
| 2.1 The focus is on the least restrictive strategies, yet cognisant of the need to maintain the safety of clients and staff.  2.2 The model of service delivery should be included in the training. The models of service delivery is to be determined by the specific department/agency. |

### Principle 3: Training strategies are tiered to deliver least restrictive interventions.

Staff training includes a range of strategies, including primary (minimising the risk of violence before violence develops), secondary (used when violence is perceived to be imminent) and tertiary (controlling or reducing a violent incident that is already underway) strategies appropriate to their role.

#### Training elements

|  |
| --- |
| 3.1 Standards for the training of primary strategies:   * Legal and policy parameters, as outlined in principles 1.1 and 1.5. * Maintaining a safe environment. * Recognising and responding to behavioural deterioration. * Observations through engagement. * The use of sensory modulation techniques to assist people in self-regulating aggression.   3.2 Standards for the training of secondary strategies including training in:   * De-escalation skills as outlined in principle 1.1. * The use of appropriate limit setting skills.   3.3 Standards for the training of tertiary strategies including:   * Reinforcing that reducing the use of seclusion and restraint is not associated with an increase in aggression. * The use of restrictive intervention as a last resort measure. * The policies and procedures regarding the use of seclusion, physical restraint and mechanical restraint (as referenced in principles 1.3 and 1.5). |

### Principle 4: Training programs are delivered to staff based on an assessment of risk in their work area.

Staff training addresses the differing knowledge and skill requirements for the assessed level of risk of violence and aggression in their local work area.

#### Training elements

|  |
| --- |
| 4.1 Organisations assess work areas according to the risk of aggression and violence to staff and provide training accordingly[[3]](#footnote-3).  4.2 Low risk areas complete a core training program, as outlined under Principle 1.  4.3 Medium risk areas complete the core training program and additional modules that advance core training concepts, including advanced communication and verbal and non-verbal de-escalation.  4.4 High risk areas complete training for medium risk areas and additional training to develop skills in breakaway techniques and de-escalating a broad spectrum of client presentations in a variety of settings. They should also understand the array of interventions available to them including, but not limited to, medications, restrictive interventions[[4]](#footnote-4), and how to readily form a functional team for emergency responses.  4.5 Supervisors in high risk areas should receive training for the management of complex situations and how to assess and modify environmental influences on aggression.  4.6 Supervisors and staff in high risk areas should consider the specific needs of those areas with particular reference to mental health, drug and alcohol intoxication, forensics, acquired brain injury and children or the elderly. |

### Principle 5: Training methods are evidence-based, cost-effective and reflective of local need as is necessary

The mode of delivery for training may vary between organisations, however approaches are evidence-based and cost effective for the local environment.

#### Training elements

|  |
| --- |
| 5.1 Public sector organisations can explore the following evidence-based approaches to deliver training:   * Face-to-face programs that include combinations of instructional learning, role play reflection and simulation. * E-learning modules may support and reinforce face-to-face training programs. * A blended training model for the efficient delivery of training, including a mixture of face-to-face and e-learning. Public sector organisations need to consider the most appropriate content for each mode of delivery. * Joint training sessions, between managers, clinical and security staff, which supports an understanding of individual roles and responsibilities and promotes collaboration.   This arrangement should be considered, especially for high risk areas.  5.2 Training may be delivered by internal or external providers. Public sector organisations must consider:   * Trainer experience, which may include related qualifications. * Training program design alignment with this training guide.   5.3 Annual refresher courses are recommended for high risk areas.  5.4 Training programs composed of discrete modules support the efficient delivery of relevant information to staff. |

### Principle 6: Training programs have clearly defined goals and measurable outcomes

Defined goals and measurable outcomes enable on-going development of training programs and support responsive programs that meet local knowledge and skill requirements. Organisational outcomes

#### Training elements

|  |
| --- |
| 6.1 Organisations have key performance indicators for training which include:   * the proportion of staff trained. * the proportion of staff who met the goals stated in the training program. * incident reviews and subsequent organisational or training developments. * rates of restrictive interventions including restraint and seclusion.   **Learning outcomes**  6.2 Goals are role specific and appropriate for the level of pre-existing skills.  6.3 A comprehensive review of training effectiveness includes evaluations conducted before, during and after-training:   * Pre-training evaluation sets a baseline for comparison. * During training evaluation highlights the specific needs for members of the group. * Post-training evaluation informs the design and delivery of the training and identifies the achievement of key learning objectives. * Longer term carry-over of the training may be best monitored through supervisor performance monitoring.[[5]](#footnote-5) |

### Principle 7: A culture of continuous quality improvement underlies prevention of aggression training and responses

A system of review is in place to ensure the best service for clients in the safest possible environment for staff.

#### Training elements

|  |
| --- |
| 7.1 Issues related to training should be reviewed by the relevant public sector organisation committee.  7.2 Incidents are reported to public sector organisation quality & safety committees that have a broad membership including clinical support staff, security, OH&S, and where appropriate may include representatives of the public sector organisation executive, police, ambulance, carers and clients.  7.3 Data on aggression and violence should be recorded and reviewed at established OHS governance and risk management meetings. Serious incidents require an in-depth review. |

## Resource 10: Violence and aggression training implementation plan

The Violence and Aggression Training Implementation Plan outlines a set of activities to guide departments in updating or developing OVA training to ensure compliance with the guiding principles outlined in the Guide for Violence and Aggression Training in the Victorian public service.

### Violence and aggression training implementation plan

#### Background

The Occupational Violence Working Group developed the Guide for Violence and Aggression Training in the Victorian Public Service which was endorsed by the IDC at their 22 February 2017 meeting. The guide is based on the guide developed for health services by the Violence in Healthcare Reference Group in December 2016. Use of the guide in both environments promotes and supports consistency in occupational violence and aggression (OVA) training practice across the Victorian Public Sector.

#### Application

This guide refers to the application of OVA training in Victorian Public Service workplaces and does not relate to the broader sector. An updated implementation plan will be required when IDC activities are rolled out to broader agencies in phase two. Individual departments will determine the requirement to deliver OVA training within their organisations by referring to principle 1 in the Guide for violence and aggression training in the Victorian public service which outlines that training is delivered to those staff who have contact with clients and the public.

#### Purpose

This implementation plan outlines a set of activities to assist departments in ensuring their OV training is up to date, relevant and in line with the guiding principles detailed in the Guide for violence and aggression training in the Victorian public service. The plan is designed to ensure OV training programs are updated to an agreed standard. It is expected that individual departments will determine the needs of their organisations and the manner in which OV training will be rolled out to existing staff.

#### Implementation objectives

To deliver OVA training consistently across the Victorian Public Service and in line with the agreed guiding principles detailed in the Guide for violence and aggression training in the Victorian public service.

#### Implementation activities

* Raise awareness about the endorsed training principles outlined in the Guide for violence and aggression training in the Victorian public service.
* Seek leadership commitment to consistently deliver OVA training in line with the endorsed principles.
* Confirm or update existing training programs to ensure alignment with the endorsed principles.

##### Implementation activities timeline

| Implementation phase | Implementation activity | Timing |
| --- | --- | --- |
| **Preparation** | Raise awareness about the *Guide for violence and aggression training in the Victorian public sector* within organisations by communicating with relevant stakeholders including People and Culture managers and Learning and Organisational Development teams. | August–December 2017 |
| Identify and map current OVA training. | August – December 2017 |
| Identify training needs of staff by utilising the *Guide for violence and aggression training in the Victorian public sector.* | August – December 2017 |
| Conduct a gap analysis to map current training programs against the guiding principles and identify gaps in current training programs. | August – December 2017 |
| **Design** | Following a gap analysis, identify opportunities to update current training programs to ensure programs align to the *Guide for violence and aggression training in the Victorian public sector*. | January – June 2018 |
| In consultation with People and Culture managers and Learning and Organisational Development teams, update training programs where appropriate to achieve alignment with the *Guide for violence and aggression training in the Victorian public sector*. | January – June 2018 |
| Where significant deficiencies exist in training programs when compared to the *Guide for violence and aggression training in the Victorian public sector*, consider processes (eg. Procurement) to design updated or new training packages which align with the guiding principles. | January – June 2018 |
| **Delivery** | Brief appropriate leaders on updated training programs and seek agreement on the staffing groups who will receive mandatory training. | June – December 2018 |
| Work with communications teams to launch updated training programs and outline expectations about training attendance for different staffing groups. | June – December 2018 |
| Commence delivery of updated training programs in line with the *Guide for violence and aggression training in the Victorian public sector* to all eligible new staff members. | June – December 2018 |
| Consistently deliver OVA training to staff in line with the *Guide for violence and aggression training in the Victorian public sector*. | December 2018 |

#### Reporting

Departments will be required to report back to the IDC subcommittee in December 2018 on the progress made toward the implementation of the Guide for violence and aggression training in the Victorian public service.

#### Evaluation

Departments will be required to evaluate the effectiveness of their OVA training programs in line with principle 6.3 in the Guide for violence and aggression training in the Victorian public service. The occupational violence working group will support departments to evaluate the effectiveness of their training by developing an evaluation resource.

## Resource 11: Occupational violence and aggression (OVA) training evaluation tool

The violence and aggression training evaluation tool can be used by departments to evaluate training to ensure alignment with the guiding principles outlined in the *Guide for violence and aggression training in the Victorian public service*.

### How to use this tool

The tool contains evaluation questions relating to each of the guiding principles outlined in *the Guide for violence and aggression training in the Victorian public service*. Each evaluation question is followed by a table containing evaluation indicators and suggested data sources which can be used to assist in responding to the evaluation questions. Departments should utilise the tables to record responses to evaluation questions against each of the indicators. The suggested data sources can be used to record responses or any other indicators that are deemed relevant.

### Principle 1: Training programs are tailored to the requirements of different staff groups

#### Question: Are the training programs tailored to the requirements of different staff groups in your organisation?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1** Programs have been developed based on a training needs analysis of different roles and staff groups | * Staff survey * Other staff consultations * Occupational health and safety (OHS) review * Incident analyses * Risk calculations for staff groups |  |  |  |  |  |  |  |
| **1.2** Relevant representative groups and staff participated in the consultations that inform the needs analysis | * Staff survey * Other staff consultations * Occupational health and safety (OHS) review * Incident analyses * Risk calculations for staff groups |  |  |  |  |  |  |  |
| **1.3** Training programs’ structure and content align with the knowledge and skills requirements stipulated in the guiding principles, and are tailored for different staff groups as follows:   * Core training * Clinical support staff training * Supervisor training * Training for security staff and other staff who support an incident response | * Training program structure and content * Course participant data for each staff group in the health service * Frequency of training or updates/refreshers for each staff group in the health service |  |  |  |  |  |  |  |

### Principle 2: Training is delivered as part of a model of service delivery

#### Question: Is the training delivered as part of a model(s) of service delivery?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1** The work area’s model(s) of service delivery is included in the training | * Contractual arrangements with external provider (if used) * Training programs’ content |  |  |  |  |  |  |  |
| **2.2** Each training program reflects the work area’s model of service delivery. Recommended models of care are:   * Person-centred care * Family/carer inclusive * Recovery-oriented care * Trauma-informed care * Another approach | * Contractual arrangements with external provider (if used) * Training programs’ content |  |  |  |  |  |  |  |
| **2.3** Training provider has appropriate qualifications and experience | * Trainer qualifications and experience |  |  |  |  |  |  |  |

### Principle 3: Training strategies are tiered to deliver least restrictive interventions

#### Question: Are the training strategies tiered to deliver the least restrictive interventions?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** The content standards are met for the training of:   * Primary strategies – minimising the risk of violence before violence develops (training element 3.1) * Secondary strategies – used when violence is perceived to be imminent (training element 3.2) * Tertiary strategies – controlling or reducing a violent incident that is already underway (training element 3.3) | * Training programs’ content |  |  |  |  |  |  |  |
| **3.2** While focusing on the least restrictive strategies, training also promotes awareness of the need to maintain the safety of consumers and staff | * Training programs’ content |  |  |  |  |  |  |  |

### Principle 4: Training programs are delivered to staff based on an assessment of risk in their work area

#### Question: Do the training programs address the differing knowledge and skill requirements for the assessed level of risk in the local work area?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.1** Needs assessments of the organisation’s work areas according to risk have informed training program content and frequency for different work areas | * Staff survey * OHS review * Incident analyses * Risk calculations * Course content |  |  |  |  |  |  |  |
| **4.2** Training program content covers the required elements in the guiding principles for:   * Low-risk areas * Medium-risk areas * High-risk areas, including specific requirements for supervisors and staff | * Staff survey * OHS review * Incident analyses * Risk calculations * Course content |  |  |  |  |  |  |  |

### Principle 5: Training methods are, where reasonably practicable, evidence-based, cost-effective and reflective of local need

#### Question: Are the training methods and modes of delivery evidence-based, cost-effective and reflective of local need?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.1** Training methods consist of evidence-based approaches to adult learning | * Training approaches used within a course * Course delivery modes * Course content * Agendas and minutes of relevant committees |  |  |  |  |  |  |  |
| **5.2** Joint training sessions (managers, clinicians, security) are considered for high-risk areas | * Training approaches used within a course * Course delivery modes * Course content * Agendas and minutes of relevant committees |  |  |  |  |  |  |  |
| **5.3** Relevant representative have been consulted regarding methods and modes of delivery | * Staff survey * Other staff consultations |  |  |  |  |  |  |  |
| **5.4** Training provider has appropriate qualifications and experience | * Trainer qualifications and experience |  |  |  |  |  |  |  |
| **5.5** Discrete training modules support the efficient delivery of relevant information to staff | * Course content * Risk calculations for staff groups |  |  |  |  |  |  |  |
| **5.6** Training is accessible to all staff (i.e. time, resources and convenient modes of delivery are available for staff to complete training) | * Course participant data * Course delivery methods * Course evaluations * Course completion rates |  |  |  |  |  |  |  |
| **5.7** Prior learning and pre-existing skills are taken into account | * Training register |  |  |  |  |  |  |  |
| **5.8** Training is delivered in a cost-effective way | * Percentage of staff trained annually * Course participant data * Training budget |  |  |  |  |  |  |  |
| **5.9** Refresher training is delivered annually to work areas of higher risk | * Training needs assessment * Risk calculations * Course frequency data * Course participant data |  |  |  |  |  |  |  |
| **5.10** Evidence of return on investment such as:   * Longer term sustained use of acquired skills and knowledge * Increased proportion of staff with base level of core competency * Increased competence of staff in high risk areas in preventing and managing OVA * Increased staff confidence * Improved staff perceptions of safety * Reduced rates of injury to staff * Increased incident reporting rates * Evidence of recognition of prior learning | * Evaluation longer term after training * Assessment of staff competence * Staff survey * Incident reporting rates * Rates of injury to staff * Severity rating of incidents * Proportion of incidents that do not result in staff injury * Training register |  |  |  |  |  |  |  |

### Principle 6: Training programs have clearly defined goals and measurable outcomes

#### Question: Do the training programs have clearly defined goals and measurable outcomes?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.1** Training goals and measurable outcomes with set timeframes are clearly articulated, and align with the guiding principles | * Course content and promotional materials |  |  |  |  |  |  |  |
| **6.2** Goals are discipline specific and appropriate for the level of pre-existing skills | * Staff survey * Training register |  |  |  |  |  |  |  |

#### Question: Do the goals and outcomes enable ongoing development of training programs, and support responsive programs that meet local knowledge and skill requirements?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.3** Training goals are monitored and reviewed | * Course data * Course evaluations * Training program review processes |  |  |  |  |  |  |  |
| **6.4** Processes are in place to feed back the training review results to inform training program development and quality improvement | * Contractual arrangements with external provider (if used) * Post-incident procedures and policies include a feedback loop to training program * Evaluation during or immediately after training |  |  |  |  |  |  |  |

#### Question: Are the training goals met?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.5** Organisation has key performance indicators (KPIs) for training, which include the following as required by the guiding principles:   * The proportion of staff trained * The proportion of staff who met the goals stated in the training program * Incident reviews and subsequent organisational or training developments * Rates of restrictive interventions including restraint and seclusion | * Organisation’s KPIs |  |  |  |  |  |  |  |
| **6.6** Training is comprehensively reviewed, with evaluations conducted before, during and after training | * Pre-training baseline evaluation * Evaluations during and after training * Agenda items and reports for relevant committees at organisational level |  |  |  |  |  |  |  |
| **6.7** Work area needs and individual training needs are monitored and met | * Supervisor performance monitoring * Evaluation during and immediately after training |  |  |  |  |  |  |  |
| **6.8** Self-reported outcomes for staff such as:   * Preparedness * Confidence * Knowledge * Perceptions of safety * Longer term sustained use of acquired knowledge and skills | * Staff survey * Evaluation longer term after training * Supervisor performance monitoring |  |  |  |  |  |  |  |
| **6.9** Outcomes for staff and organisation:   * Base levels of core competency for all staff who come in contact with patients or visitors * Staff know how to respond emergency response protocols * Increased competence of staff to prevent and manage OVA * Increased incident reporting rates * Reduced rates of injury to staff | * Assessment of staff competence * Incident analyses * Incident reporting rates * Rates of injury to staff * Severity rating of incidents * Proportion of incidents that do not result in staff injury * Workers compensation data such as claims, lost time, injuries etc. due to OVA |  |  |  |  |  |  |  |

### Principle 7: A culture of continuous quality improvement underlies prevention of aggression training and responses

#### Question: Is a system of review in place to ensure the best care for clients in the safest possible environment for staff?

| Indicators | Possible data sources | Yes | No | In pro-gress | Comments and evidence | Action – to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’ | Person responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7.1** OVA training issues are reviewed by relevant health service committee | * Terms of reference, agenda items and minutes for relevant committee |  |  |  |  |  |  |  |
| **7.2** Health service quality and safety committee or equivalent has a broad membership, as described in training element 7.2 | * Committee membership |  |  |  |  |  |  |  |
| **7.3** Incidents are reported to the quality and safety committee or equivalent | * Agenda items for relevant committee |  |  |  |  |  |  |  |
| **7.4** OVA data are recorded and serious incidents are reviewed in depth at multi-disciplinary meetings | * Agenda items * Minutes |  |  |  |  |  |  |  |
| **7.5** Processes are in place to feed back the results of incident reviews into training program content and quality improvement | * Contractual arrangements with external provider (if used) * Post-incident procedures and policies |  |  |  |  |  |  |  |
| **7.6** Supervisors are trained in data collection and incident review | * Training program content * Evaluation during and immediately after training * Evaluation longer term after training |  |  |  |  |  |  |  |

1. This checklist was developed drawing upon the following resources: Chappell, D, 2011, Literature review into best practice for preventing and managing customer aggression, Comcare, Melbourne; WorkSafe Victoria, 2015, Preventing and responding to work-related violence: A guide for employers, WorkSafe Victoria, Melbourne; and WorkSafe Victoria, 2017, Information for employers: Prevention and management of aggression in health services, WorkSafe Victoria, Melbourne. [↑](#footnote-ref-1)
2. Public sector organisations may find guidance for risk assessment: 1) [WorkSafe’s Exposure to aggression risk calculator](http://www.vwa.vic.gov.au/__data/assets/pdf_file/0012/10209/Aggression_in_health_care.pdf) <http://www.vwa.vic.gov.au/\_\_data/assets/pdf\_file/0012/10209/Aggression\_in\_health\_care.pdf> [↑](#footnote-ref-2)
3. Public sector organisations may find guidance to determine the tiered level of training based on risk in [WorkSafe’s Prevention and management of aggression in health services document](http://www.vwa.vic.gov.au/__data/assets/pdf_file/0012/10209/Aggression_in_health_care.pdf) <http://www.vwa.vic.gov.au/\_\_data/assets/pdf\_file/0012/10209/Aggression\_in\_health\_care.pdf> [↑](#footnote-ref-3)
4. Restrictive interventions involve the use of bodily restraint (physical and mechanical restraint) and seclusion. [Further information on restrictive interventions](https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/safeguards/restrictive-interventions-bodily-restraint-and-seclusion) can be found at Health.Vic <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/safeguards/restrictive-interventions-bodily-restraint-and-seclusion> [↑](#footnote-ref-4)
5. Public sector organisations may find guidance for developing a suitable training evaluation in WorkSafe’s [Prevention and Management Of Aggression In Health Services - A Toolkit For Workplaces](http://www.worksafe.vic.gov.au/pages/forms-and-publications/forms-and-publications/prevention-and-management-of-aggression-in-health-services-a-toolkit-for-workplaces) <http://www.worksafe.vic.gov.au/pages/forms-and-publications/forms-and-publications/prevention-and-management-of-aggression-in-health-services-a-toolkit-for-workplaces>. [↑](#footnote-ref-5)