Addressing work-related violence framework and guide for the Victorian Public Service

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## Introduction

### Purpose

This guide contains a Framework for preventing and managing work-related violence*.*

The framework sets out good practice elements for preventing and managing work-related violence from an organisational wide perspective. It outlines elements under the domains of governance, prevention, training, response, reporting and investigation.

This guide contains guidelines and practical recommendations to organisations to assist in implementing the framework and embedding the key components into practice.

### Development and Review

In 2019, the Occupational Violence Working Group for the Occupational Health and Safety (OHS) Improvement Interdepartmental Committee (IDC) developed the framework. The framework 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 Occupational Violence Working group also produced additional resources to assist organisations in establishing an effective organisational wide response to prevent and manage work-related violence, which are attached.

In 2024, the Victorian Public Sector Commission reviewed and updated language to reflect current practice, without substantive changes to the framework and guidance.

## Preventing and managing work-related violence framework

| Domain | Elements | Key components | Tips for implementation |
| --- | --- | --- | --- |
| Governance | The organisation is committed to the prevention and management of occupational violence and aggression work-related violence | * Commitment from the highest levels of the organisation
* A designated committee responsible for the pro-active management of occupational violence and aggression work-related violence with multi-disciplinary representation
* Organisational action plan (or equivalent) to prevent work-related violence
 | * Regularly feature work-related violence on Leadership meeting agendas.
* Regularly communicate work-related violence 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 work-related violence.
* Identify subject matter experts, including health and safety representatives to form part of a group responsible for work-related violence management.
* Ensure appropriate consultation with staff.
* Create an work-related violence action plan which complements the work-related violence policy.
 |
|  | A comprehensive work-related violence policy is in place | * Policy is developed through staff consultation including with Health and Safety Representatives
* Policy is promoted and accessible to all staff
* Policy is reviewed regularly or in response to a serious incident
 | * Clearly define work-related violence and the roles and responsibilities of all parties in the policy.
* Consult with relevant stakeholders, including health and safety representatives during the development, implementation and review of the work-related violence 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.
* 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 work-related violence policy.
 |
|  | Accountability for risk management is clearly defined and managed | * Risk is managed through a planned, robust and systematic process using the accepted hierarchy of OHS risk control.
* Occupational violence and aggression risk is included on the organisational risk register
* Regular reporting of risks
 | * Align work-related violence 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.
 |
|  | Internal and external integration occurs | * An integrated approach to risk management includes consultation and collaboration with relevant internal and external stakeholders to coordinate actions targeted at reducing risk
 | * Utilise the work-related violence committee to share learnings and discuss management strategies
* Consider other forums or focus groups to consult with staff
* Establish relationships with different organisations to share learnings and innovation
 |
| Prevention | A hierarchy of risk management controls is in place | * Regular hazard and risk assessments are conducted across all areas of the organisation utilising consistent reporting mechanisms
* work-related violence risks are eliminated at the source, as far as reasonably practicable, and work-related violence are reduced as far as reasonably practicable by introducing risk management controls
 | * 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 work-related violence risk assessment processes.
* Develop an audit template and use to systematically identify hazards.
* Develop an action plan to eliminate or reduce all work-related violence hazards.
* 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 work-related violence risk, then the risk must be reduced by implementing in order, or a combination of:
* Substitution controls. For example, consider clear plastic screens rather than glass.
* Engineering solutions. For example, change the built environment to protect staff from work-related violence hazards.
* Administrative solutions. If it is not reasonably practicable to change the work (built) environment introduce changes in work procedures
* PPE. If it is not reasonably practicable to introduce changes in work procedures introduce personal protective equipment for staff
 |
|  | Prevention is multi-faceted | * A suite of prevention measures is implemented relevant to the organisation’s risk profile.
 | * Communication of standards of acceptable behaviour
* 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 work-related violence 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 work-related violence risk
 |
| Training | Tailored to staff requirements | * Staff who have contact with clients and visitors are provided with appropriate knowledge and skills relevant to their role.
 | * Refer to the Guiding principles for training staff to support the prevention and management of work-related violence (below)
 |
|  | Tiered to deliver least restrictive interventions | * Training includes a range of strategies appropriate to the roles of staff
 | * Refer to the Guiding principles for training staff to support the prevention and management of work-related violence (below)
 |
|  | 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
 | * Refer to the Guiding principles for training staff to support the prevention and management of work-related violence (below)
 |
|  | Evidence-based, cost- effective and reflects local need | * The mode of delivery for training may vary between units to meet local needs
 | * Refer to the Guiding principles for training staff to support the prevention and management of work-related violence (below)
 |
|  | 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
 | * Refer to the Guiding principles for training staff to support the prevention and management of work-related violence (below)
 |
| Response | Responses are tailored to the organisation’s role and risk profile | * Response procedures are designed to consider organisational role and assessed work-related violence risk at individual sites
* Organisations have appropriate reference to work-related violence in processes to manage behaviours of concern
 | * 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.
* Where a risk of work-related violence is identified, ensure clients have a behavioural management plan in place which outlines strategies to reduce the risk of work-related violence.
 |
|  | Systems for alarms enable effective notification to those required in an work-related violence response | * 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
 |
|  | Immediate and follow-up support for staff, clients and visitors is provided | * Local immediate actions ensure that all staff exposed to work-related violence receive post-incident support including access to EAP services
* Arrangements are in place to allow immediate relief from duty for staff affected by work-related violence 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 work-related violence incidents
 | * Train managers to provide post-incident support to staff.
* Provide post-incident support to staff who are directly involved or witness an work-related violence 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 work-related violence 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.
* 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.
* 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.
* Managers provide follow-up support to all staff and make referrals to additional support pathways as needed.
 |
| Reporting | Robust and routine reporting systems are in place | * Reporting mechanisms are easy to access and staff are encouraged to report all incidents
* All work-related violence incidents are routinely classified, reported and responded to
* Data collection systems include capture of high volume, low impact incidents
* Relevant key performance indicators for work-related violence are regularly reported
 | * 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.
* 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 work-related violence 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 work-related violence 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 work-related violence incidents are appropriately investigated.
* Ensure managers are mindful of possible cumulative effects of exposure to multiple work-related violence 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.
* Regularly report a suite of work-related violence measures to the board, executive and designated work-related violence committee.
* Include both statistical information, such as, number, type, severity and location of incidents; as well as qualitative information on the effects of work-related violence in reports.
* Report on the outcomes of investigations into critical work-related violence incidents, together with the preventative actions implemented.
* Report any identified trends together with the preventative actions implemented.
 |
|  | Comparative performance monitoring is undertaken | * Organisations assess their performance relative to peers
* Staff feedback about workplace safety, support and experience of work-related violence is collected annually
 | * Utilise work-related violence related data distributed via the minimum data set to benchmark performance.
* Benchmark performance against similar organisations nationally.
* Consider a workplace survey to capture staff perception on the efficacy of workplace supports and work-related violence control measures (see resource 3).
 |
| Investigation | 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
 | * Implement processes to ensure that recommended actions are implemented and feedback is provided to staff involved to assist with preventing reoccurrences
* Evaluate the implemented actions for effectiveness, review staff feedback, and report both to the designated work-related violence committee
* Implement processes to ensure that recommended actions are implemented and feedback is provided to staff involved to assist with preventing reoccurrences
 |
|  | 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 work-related violence committee
 | * The designated work-related violence committee monitors progress and completion of recommended actions
* Provide system learnings to all staff within the work area where the incident occurred and across the organisation where appropriate.
 |
| End of table |  |  |  |

## Guiding principles for training staff to support the prevention and management of work-related violence

This guide outlines training principles which need to be considered when designing and implementing training for the prevention and management of work-related violence.

### 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 work-related violence is identified, have a set of knowledge and skills, relevant to their particular role, to prevent and manage work-related violence.

#### Elements of core training

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| 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. 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

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| 1. 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)[[1]](#footnote-2).
* safe restraint procedures and clinical monitoring requirements, recognising that all restraint measures carry some risk (i.e.. applicable in facilities authorised to use restraint under the relevant legislation).
 |

#### Elements of supervisor training

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| 1. 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

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| 1. 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

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| 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 are 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

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| 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

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| 4.1 Organisations assess work areas according to the risk of aggression and violence to staff and provide training accordingly[[2]](#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[[3]](#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

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| 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.

#### Training elements

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| 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 outcomes6.2 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.[[4]](#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

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| --- |
| 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. |

## Training evaluation tool

The training evaluation tool can be used by organisations to evaluate training to ensure alignment with the guiding principles for training for the prevention and management of work-related violence.

### How to use this tool

The tool contains evaluation questions relating to each of the guiding principles. 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. Organisations can use the tables to record responses. 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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | Responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 Programs have been developed based on a training needs analysis of different roles and staff groups | * Staff survey (including People Matter 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 (including People Matter 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
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

### 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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | 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
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

### 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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | 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
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

### 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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | 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
 |  |  |  |  |  |  |  |
| **End of table** |  |  |  |  |  |  |  |  |

### 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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | 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 work-related violence**
* **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
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

### 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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | 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
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

**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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | 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
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

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

| Indicators | Possible data sources | Yes | No  | In progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | 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 work-related violence**
* **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 work-related violence
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

### 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 progress  | Comments and evidence | Action(to be completed if the answer to the evaluation question is ‘no’ or ‘in progress’) | Responsible | Timeline |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7.1 work-related violence 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 work-related violence 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
 |  |  |  |  |  |  |  |
| End of table |  |  |  |  |  |  |  |  |

1. 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)
2. 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)
3. 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)
4. 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)