

GBCHS21/235

Portfolio: Health**OCCUPATIONAL VIOLENCE STRATEGY**

- Canberra Health Services (CHS) launched the Occupational Violence (OV) Strategy on 1 April 2020.
- Implementation of the OV Strategy's progressing well with 65% of key activities completed.
- The OV Lost Time Injury Frequency Rate (LTIFR) details the rate of reported staff absence due to reported OV incidents i.e. staff time lost from the workplace.
- The OV LTIFR target for 2021/2022 is 5.80 and is based on 5% reduction of the OV LTIFR for 2020/2021.
- As at 30 September 2021, the actual rate for 2021/2022 is 7.96 and this is similar to the commencement of 2020/2021 when there was a higher rate for the first quarter of the financial year.
- CHS achieved and exceeded the target of 5 per cent in the 2020-21 financial year, with a 26 per cent reduction in incidents of lost time.
- The OV Strategy includes a focus on governance, prevention, training, response, reporting, support, investigation and staff/consumer awareness.
- Supporting OV policy and procedures have been developed and are available for staff. This includes updated procedures relating to the classification and reporting of OV incidents to provide consistent and detailed data that can be utilised in OV prevention strategies.
- The governance of OV is further enhanced through the OV Prevention and Management Committee. This Committee has broad representation including ACT Policing, ACT Ambulance Service, Corrections ACT, Worksafe ACT, Carers ACT, Health Care Consumers Association and Mental Health Consumer Network as well as managers and staff from CHS.
- Examples of actions that have been progressed under the OV Strategy include:
 - Development of Power BI OV staff incident statistics and reports to provide Executive with live data and improved visibility of OV trends and patterns;

Cleared as complete and accurate:	28/09/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
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Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/235	

QUESTION TIME BRIEF

- “Respect our staff” posters have been developed and distributed across Canberra Health Services;
- An OV Risk Assessment Tool (OVRAT) was developed to assess and treat work unit OV risks with a goal to complete an OVRAT for all client facing work units in CHS.
- Of the identified 108 work units that require an OVRAT, 55 have been completed which includes all identified higher risk work units;
- Review of current security systems such as access control, CCTV and duress alarms based on assessed level of OV risk from the OV Risk Assessment Tool;
- Implementation of Security audits to enhance systems and reduce OV risk;
- Development and implementation of *Psychological Support for Staff: a Manager’s Guide* to improve manager’s knowledge of resources to support staff after an OV incident including RUOK?, Psychological First Aid, and operational debriefing;
- Progressing procurement of Community Duress Devices for use by lone and isolated healthcare workers e.g. community nurses;
- Development and piloting of a ‘Behaviours of Concern’ chart to identify early signs of aggression and proactively intervene to prevent episodes of violence;
- Development and piloting of a ‘Behaviours of Concern Safety Management Plan” for patients identified as a higher risk of OV towards staff e.g documents triggers and strategies to prevent OV and manage OV incidents should they arise;
- Commencement of two additional trainers to implement updated face-to-face OV prevention and management training to all CHS staff;
- Update of OV eLearning which is part of the mandatory training framework for all CHS staff. As at 31 October 2021, 77% of CHS staff have completed the OV All Staff elearning.
- Piloting of the new OV training has occurred in the following locations: 12B, Adult Mental Health Unit, Dhulwa Mental Health Unit and the University of Canberra Hospital; and



ACT
Government

**Canberra Health
Services**

Ms Karen Toohey
Health Services Commissioner
ACT Human Rights Commission
Karen.toohey@act.gov.au

Dear Ms Toohey

Thank you for your letter dated 16 August 2021 requesting additional information in relation to the Commission-Initiated Consideration (CIC) regarding Dhulwa Mental Health Unit.

I hope this information is helpful for your consideration on this matter.

Mental health training

1. In CHS response of 13 May 2021, it was noted that all clinical staff working at Dhulwa have been provided with mental health training specific to working at Dhulwa.

Staff employed by Secure Mental Health Services (SMHS) are specifically trained in Violence Prevention Management (VPM). The principles underpinning training strategies are:

- The rights of staff to work in a safe workplace and be involved in workplace safety;
- Maintaining the safety of consumers and visitors in the facility;
- Mutual respect/relationship between staff and consumers;
- Early intervention or identification of the potential for violence is preferable to having to deal with an aggressive, intimidating, threatening or violent incident;
- The training provides staff with the knowledge and skills to prevent or respond to incident of workplace violence and to undertake their role in a safe and therapeutic manner. It also enables staff to recognise, de-escalate and where necessary safely withdraw from potentially violent situations; and
- In addition to the above specific training, approximately 50 per cent of nurses working with Secure Mental Health Services have a post graduate qualification in Mental Health Nursing.

Please provide a copy of the training course outline and content.

VMP Personal Safety Trainer Guide, Attachment A.

Referral, Admission and Transfer of Care

Out of Scope



Out of Scope



8. The Consumer Information Booklet states that the walking track is open daily, and access is based on Leave Panel approval. Advise why access to the walking track is dependent on leave approval.

The majority of the consumers at Dhulwa are routinely granted access to the walking track. However, there are exceptional cases where access to the walking track is restricted by the Dhulwa leave panel, based on the consumers presentation, risk profile and legal status (i.e., correctional consumers) which give rise to additional complexities/dynamics that need to be considered.

The walking track is considered an internal leave application and is routinely granted to most consumers. The additional complexities for correctional patients where restrictions may be agreed by the leave panel include the below but not limited to;

- History of absconding from lawful custody;
- Determination of leave scale/resources required to facilitate access to the walking track;
- Previous interpersonal conflicts/issues with other detainees on admission; and
- Risk assessment for detainees who are at-risk to themselves.

Out of Scope



Out of Scope



11. The Consumer Information Booklet states that weekly community meetings are held with patients and staff, which is an opportunity to discuss the week's activities, any housekeeping issues, daily goals, and how everyone is feeling. Please advise whether any minutes or records are kept in relation to any actions arising out of these meetings, and if so, please provide copies for the period 1 April 2021 to present. Please also advise how frequently such meetings have been held since 1 April 2021 to present.

Dhulwa holds Mutual Help Meetings between consumers and staff every Friday. These meetings are facilitated by the Clinical Nurse Consultant or Nurse in Charge and provides an avenue for consumers and staff to discuss wards activities, housekeeping issues, daily goals, and the general wellbeing of consumers.

Meetings are conducted in an informal or formal basis with the latter being documented (as attached). There is also an informal regular 'Assistant Director of Nursing catch up' that provides consumers the opportunity to discuss/escalate issues directly to management.

Out of Scope



Safewards

13. We understand that the pilot program of Safewards was implemented in Dhulwa. Please provide any evaluation reports or any other records relating to any assessment of the program.

The Safewards model was implemented in Dhulwa however, has been dormant for several months due to factors including staff movements and leadership changes. As a result, there are no current evaluation reports, however the Dhulwa team is actively working with other inpatient teams currently implementing Safewards to revitalise the model.

Even though Safewards has been dormant, there are elements that still exist, for example the Mutual Help Meetings.

14. Advise whether staff have been provided with relational security training, and whether such training includes reference to 'grooming behaviour' as described in the 'Dhulwa Induction and Safety Information and Checklist', which states

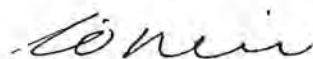
Some consumers may try to develop 'friendships' with staff or other visitors to build a trusting relationship, enabling them to create a situation where staff members/visitors are at heightened risk. This is referred to as 'grooming behaviour'. You should avoid these circumstances.

Relational security training is embedded in various training programs/clinical supervision sessions provided at Secure Mental Health Services. This training teaches staff not only to have good relationships with consumers but most importantly to maintain safe and effective relationships in a professional, therapeutic, and purposeful way with understood limits. This professional integrity enables staff to say 'no' when boundaries are being tested thereby avoiding any 'grooming behaviour'.

Examples are at Attachments 6 and 7.

Should there be anything that requires clarification or further discussion, please contact the Executive Officer, MHJHADS at CHS.EDMHJHADS@act.gov.au or (02) 5124 7950.

Yours sincerely



Cathie O'Neill
Chief Operating Officer
 Canberra Health Services

8 October 2021

Trainer Guide

VIOLENCE PREVENTION AND MANAGEMENT PERSONAL SAFETY - 43059570



Produced by:
Health Education and Training Institute (HETI)

HETI takes this opportunity to acknowledge the strong collaboration with Local Health Districts, Specialty Networks, the Ministry of Health, NSW Health Pillars and other Public Health Organisations.

HETI greatly values the partnerships and expertise, without which the successful development of this module would not have been possible.

With special thanks to:

Agency for Clinical Innovation
Ambulance Service of NSW
Clinical Excellence Commission
Hunter New England Local Health District
Illawarra Shoalhaven Local Health District
Justice Health and Forensic Mental Health Network
Ministry of Health – Mental Health Drug and Alcohol Office
Ministry of Health – Principal Mental Health Adviser, Nursing and Midwifery Office
Ministry of Health – Workplace Relations
Northern NSW Local Health District
Northern Sydney Local Health District
South Eastern Sydney Local Health District
South Western Sydney Local Health District
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Foreword

Violence Prevention and Management in the Workplace Training Program

The Health Education and Training Institute (HETI) and the Mental Health Drug and Alcohol Office (MHDAO) are pleased to present the one (1) day workshop Violence Prevention and Management – Personal Safety and the three (3) day workshop Violence Prevention and Management – Team Restraint Techniques.

These workshops are components of a suite of resources, developed by the Health Education and Training Institute (HETI), to meet the requirements of the NSW Health Policy Directive Violence Prevention and Management Training Framework for the NSW Public Health System (PD2012_008). This exciting initiative provides a consistent approach to violence prevention and management training across NSW Health.

Health workers carry a greater risk of work-related aggression than workers in many other occupations. NSW Health is committed to preventing work-related injuries and illness by providing safe and healthy workplaces and systems for all staff, and equipping staff with techniques to de-escalate situations involving a range of aggressive behaviours.

This training targets all staff including doctors, nurses, allied health and security staff working in high and very high risk areas such as Emergency Departments, Mental Health, Aged Care and Neurology. By all members of the healthcare and support team completing the same training we aim to achieve a coordinated, consistent team approach to manage situations involving aggressive and violent behaviours. This approach is consistent with current best practice. The Personal Safety workshop provides skills in de-escalation techniques and physical evasion techniques. The 3-day Team Restraint Techniques workshop focuses on the application of safe and least restrictive physical restraint techniques and safe seclusion practices to be used when all measures for de-escalating a situation have failed or been contra-indicated. Staff will gain skills in the use of preventative actions and risk management strategies to establish safe working environments. The emphasis is on safe and respectful practices, with a core value and expectation of treating all people with respect.

Given the sensitive nature of the training, extensive research and consultation has been conducted in preparation of these resources. To further ensure a high quality best practice program further consultation was undertaken with consumer and carer representatives and relevant Branches within the NSW Ministry of Health, including the Mental Health Drug and Alcohol Office (MHDAO).

We are confident that you will find these workshops to be valuable training resources in addressing violence prevention and management in your workplace.



Ms Heather Gray PSM
Chief Executive
Health Education and Training Institute



Mr Peter Carter
Director
Mental Health Drug and Alcohol Office

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SECTION 1 INTRODUCTION

Background

About this workshop

Performance outcomes

The role of the trainer

This trainer guide is designed to step trainers through the process and content for the delivery of the 1-day face-to-face workshop of the Violence Prevention and Management (VPM) – Personal Safety workshop. It builds on the learning already undertaken in the eLearning modules.

Background

The Health Education and Training Institute (HETI) supports and promotes education and training across NSW Health. HETI is working to ensure that world-class education and training resources are available to support the full range of roles across the public health system including patient care, administration and support services.

HETI's mission is to pursue excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff.

District HETI has developed this workshop to be delivered locally by Local Health Districts (LHD) and Specialty Networks (SN). The workshop is one element of the blended learning program Violence Prevention and Management in the Workplace. All of the performance outcomes specified below must be met in order for the workshop participants to satisfy the requirements for this workshop.

This workshop has been designed by a District HETI education project team working with subject matter experts to best enable participants to achieve the performance outcomes in the available timeframe. The expectation is that the workshop activities and content will be implemented as designed; however, there is flexibility as to delivery schedule. The incorporation into the workshop of relevant local examples is encouraged.

About this workshop

This workshop forms part of a blended learning solution to workplace violence and aggressions for staff working in high risk healthcare settings. Building on prior eLearning modules, this workshop aims to equip staff with the essential knowledge and skills to prevent, manage and respond effectively to difficult, challenging and/or violent behaviours of patients and visitors in the workplace.

Performance outcomes

At the completion of this workshop participants will be able to:

- Describe the importance of self, environment and others in relation to violence prevention and management.
- Apply a risk assessment approach to preventing and responding to workplace violence.
- Identify the role of verbal and non-verbal communication in the prevention and management of violent behaviour.
- Use de-escalation skills to effectively manage violent behaviour as it occurs in the workplace.
- Identify and select appropriate response options when confronted with violent individuals.
- Use evasive techniques to maintain personal safety when responding to a violent person.
- Implement local workplace policies and procedures regarding the prevention and management of workplace violence.

The role of the trainer

Trainers lead the workshop, engage participants in activities and assist participants to achieve performance outcomes. In this role, you will:

- Two trainers are required to facilitate this workshop.
- Throughout the workshop there will be a lead and float trainers. The lead trainer must be a clinician.
- The role of the lead trainer is to lead the workshop under the guidance of this trainer guide and achieve the performance outcomes. They have overall responsibility for the safety of participants and other trainers, ensuring reasonable work rate, structuring the group and reinforcing rules and policies.
- The role of the float trainer is to assist the lead trainer and support participants to achieve the performance outcomes.
- Make decisions about the way(s) in which the workshop is delivered.
- Encourage self-management of the learning process.
- Respond to, or take up, participants' questions or concerns.
- Provide guidance about access to other support.
- Utilise the principles of adult learning.
- Incorporate this workshop as a component part of a blended learning approach.

Details of trainer requirements/qualifications to run this workshop are provided in the Implementation Guide for this workshop and covered in the Train the Trainer workshops.

SECTION 2 PREPARATION

Preparation for the trainer

Preparation for participants

Checklists

Handling questions

Preparation for the trainer

Successful facilitation requires good preparation. Many people find the task of training others to be daunting, and the best panacea for overcoming these anxieties is preparation. The following suggestions will help build your confidence:

- Read the Trainer's notes provided thoroughly and then read the Training materials. Familiarise yourself with facilitation literature.
- Ensure you have a working knowledge of the eLearning modules and the references, NSW policies, guidelines and resources outlined on pages 15 -20.
- Be very familiar with the materials – **walk through each section several times**. Better than just reading is speaking aloud, preferably at the same volume and pace you would expect to do so on the day. Material can sound quite different when said out loud, and you may decide to change the wording so that it flows more easily. It also gives you a more accurate sense of the time it will take.
- Where possible **practice the activities** you will be asking your participants to do, and look for places that could be problematic. Again, take your time – remember it is likely to be quite new to them.
- **Anticipate questions** that might arise so that you have responses that come more readily.
- Call the venue contact a few days before the training. **Make sure you have the name and number of any 'go-to' people** should there be any problems on the day with equipment, access to room or materials. Have the contact for all support people, especially the local IT person.
- On the day, **allow yourself plenty of time** so that you are well set up and organised ahead of the arrival of your participants. If you are able to do some of this preparation the afternoon before, all the better. Be ready to meet and greet them.

Preparation for participants

As a trainer you want to maximise learning and engagement for your participants. The following suggestions may help:

- Set the scene by ensuring the **tone of all pre-training communications** is friendly.
- Ensure participants have completed the eLearning modules prior to attending the workshop.
- On the day **ensure the environment is as welcoming as possible** – clean, well-lit, comfortable temperature, adequate ventilation, and with space for their personal belongings.
- **Greet** each person as they arrive, and **introduce** them to others.
- In session **check for their expectations** so you can meet or handle these.

- **Explain how questions will be handled**, thus reinforcing that questions are welcome.

Checklists

Venue requirements/considerations

Does the venue have:

- ☐ A level, well-lit area of at least 10 x 10 square metres, free from posts, stanchions and grates that is not part of a normal traffic area?
- ☐ An area with laptop and data projector access, tables and chairs?
- ☐ Adequate ventilation and means of controlling the temperature?
- ☐ On-site or adjacent parking?
- ☐ Access to a telephone or means of accessing a Medical Emergency Response Team?
- ☐ Adequate security of training equipment to be left overnight on the premises?

Is the venue:

- ☐ Able to be left set up for training for the entire period of the training?
- ☐ Able to be accessed by trainers prior to and after each day's training?
- ☐ Clean and in good condition?
- ☐ Free from trip hazards or other potential cause of injury?
- ☐ In an area easily locatable by and accessible to the majority of participants?

Could trainers:

- ☐ Be able to organise repairs or cleaning as required during the training?
- ☐ Contact emergency services?
- ☐ Contact the manager or next-of-kin of a participant?
- ☐ Receive notification of non-attendance?

Could participants:

- ☐ Be contacted if there was a home emergency?
- ☐ Access the venue by public transport?
- ☐ Obtain a meal within walking distance?
- ☐ Store and reheat simple meals?
- ☐ Store temperature sensitive medications?
- ☐ Access fluids during the training?

Beforehand:

- ☐ Liaise with your line manager to confirm availability to train.
- ☐ Liaise with other trainers facilitating the training regarding roles and responsibilities.
- ☐ Ensure participants have completed the eLearning modules.
- ☐ Check your laptop is in working order with materials loaded and back up with a USB drive.
- ☐ Email participants (sample template provided in the Implementation Guide).
- ☐ Ensure you have relevant quantities of all resources required i.e. training mats, DVDs, handouts, participant manuals.
- ☐ Add your own introduction to the session plan
- ☐ Venue – confirm use of equipment if required.
- ☐ Venue – confirm lighting and blinds are adjustable.
- ☐ Venue – confirm access on the day.
- ☐ Venue – include any WH&S information in your session plan if required.
- ☐ Venue – confirm morning/afternoon tea and lunch arrangements.

On the day:

- ☐ Name badges for participants and trainers.
- ☐ Markers, eraser, whiteboard, butcher's paper if using.
- ☐ Computer logged on and working, files accessible.
- ☐ Projector set up and working.
- ☐ Environment clear of any trip hazards.
- ☐ Participant manuals and handouts.
- ☐ Writing equipment for participants.
- ☐ Post-it notes.
- ☐ Tissues.

End of the day:

- ☐ Workshop evaluation forms gathered.
- ☐ Whiteboard cleaned.
- ☐ Rubbish removed, room tidied.
- ☐ Last day of training, room returned to original state.
- ☐ Equipment and keys returned.
- ☐ Thank venue contact person.
- ☐ Complete Trainer Workshop Report (sample template provided in the Implementation Guide).

Post training:

- ☐ Send Workshop Evaluation forms to the course coordinator.
- ☐ Send Trainer Workshop Report to the course coordinator.
- ☐ Debrief with your nominated mentor.

Handling questions

Outlined below is a useful approach that is commonly used. It minimises question disruption while at the same time inviting questions. Ensuring that participants' questions are handled well improves their engagement and ability to listen. It captures questions before they are forgotten, and validates the questioner's participation without derailing the session. It also gives the person conducting the training the time to research an answer if needed.

Post a flipchart in the room at the beginning of the day and provide participants with post-it notes. Explain the guidelines before the training begins.

1. Anyone can ask a question at any time.
2. Use the post-it notes to capture and post their questions as they arise.
3. If the question pertains to the current topic/flow of the session, it will be answered on the spot.
4. If it doesn't, either because the topic/issue in question is coming up later in the training or because that topic isn't covered, it will be 'parked' on the flipchart and addressed later whenever the trainer decides it best fits. All topics/issues will be addressed before the training finishes.

Options:

- You can pre-decorate this flipchart page with parking spaces or question marks.
- Enhancing the parking lot model with participants' names can lead to better quality questions since their names are attached to them. When the answer is available/timely, you can then check in with that person directly, 'Does that answer your question?'

SECTION 3 WORKSHOP

Program overview: Violence Prevention and Management (VPM)

Workshop overview

~~Overview of workshop pre-requisites~~

Risk Assessment

Workshop outline

Icons

Detailed program

Program overview: Violence Prevention and Management (VPM)

The Violence Prevention and Management in the Workplace Training Program has been developed by HETI to meet the minimum requirements of the Violence Prevention Training Framework for the New South Wales Public Health System PD2012_008.

The program will provide NSW Health staff with the necessary skills, knowledge and attitudes expected in prevention and management of aggressive, intimidating, threatening or violent behaviours.

The program is state-wide and comprises a total of 4 eLearning modules and 2 face-to-face workshops. Not all staff members are required to complete all modules and workshops.

VIOLENCE PREVENTION AND MANAGEMENT IN THE WORKPLACE TRAINING PROGRAM			
Course	Training mode	Audience	Pre-requisite
Promoting Acceptable Behaviour in the Workplace	eLearning module (30 mins)	All staff (PD2012_008 all staff categories)	N/A
Violence Prevention and Management – Awareness	eLearning module (30 mins)	All staff (PD2012_008 all staff categories)	N/A
Violence Prevention and Management – Legal and Ethical Issues	eLearning module (30 mins)	Staff working in high risk environments (PD2012_008 category 2 and 3 staff)	Awareness eLearning module
Violence Prevention and Management – Personal Safety	Face-to-face workshop (1 day)	Staff working in high risk environments and staff identified as potentially involved in physical restraint of other individuals (PD2012_008 category 2 and 3 staff)	Awareness eLearning module Legal and Ethical Issues eLearning module
Violence Prevention and Management – Team Restraint Techniques	Face-to-face workshop (3 days)	Staff identified as potentially involved in physical restraint of other individuals (PD2012_008 category 3 staff)	Awareness eLearning module Legal and Ethical Issues eLearning module Personal Safety workshop
Violence Prevention and Management for Managers	eLearning module (30 mins)	Managers and supervisors (PD2012_008 category 4 staff)	Awareness eLearning module

Workshop overview – VPM Personal Safety

VIOLENCE PREVENTION AND MANAGEMENT BLENDED LEARNING

Violence Prevention and Management – Awareness	Violence Prevention and Management – Legal and Ethical Issues	Violence Prevention and Management – Personal Safety
eLearning module (30 mins)	eLearning module (30 mins)	Face-to-face workshop (1 day)
Organisation/Management Prevention Response and self-care	Australian legal system Expression of ethics in work practice Legislation relating to violence in the workplace	Awareness and understanding of violence in the workplace Assessing risk in the workplace Managing violence Communication and de-escalation Evasive techniques Practice sessions
Workshop assessment: Completion of activities throughout eLearning module.	Workshop assessment: Completion of activities throughout eLearning module.	Workshop assessment: Appropriate involvement in all training activities and successful engagement in practice activities.

Personal Safety

This workshop is aimed at staff working in high risk environments, with staff allocated to the program as determined by Local Health Districts/Specialty Networks (LHD/SN) using a risk assessment approach. This blended learning program builds on previous content covered in the eLearning modules, and aims to equip staff with the essential knowledge and skills to prevent, manage and respond effectively to difficult, challenging and/or violent behaviours of patients and visitors in the workplace.

The training is necessary for all staff working in areas considered to be at high risk for workplace violence (including managers). The Personal Safety workshop reflects the category 2 staff standards in the NSW Health Policy PD2012_008 Violence Prevention Training Framework for the NSW Public Health System. It is based on the principles of the NSW Health Policy Directive PD2005_315 Zero Tolerance Response to Violence in the NSW Health Workplace and PD2012_035 Aggression, Seclusion and Restraint in Mental Health Facilities in NSW.

The workshop aims to provide staff with advanced communication and de-escalation skills, and the ability to practice a range of evasive techniques to increase the safety strategies available in the workplace when confronted with violent behaviour.

Overview of workshop pre-requisites

Violence Prevention and Management – Awareness

Violence Prevention and Management – Awareness is an eLearning module developed by HETI for all NSW Health staff identified as being at risk of workplace violence and reflects the standards for category 1 staff outlined by PD2012_008. It should take about 20–30 minutes to complete.

The module provides participants with an overview of violence prevention and early intervention, the zero tolerance approach, risk considerations and safety in the workplace, patient-centred care, communication skills, responding to violence and self-care.

Violence Prevention and Management – Legal and Ethical Issues

Violence Prevention and Management – Legal and Ethical Issues is an eLearning module developed for staff working in high risk environments. The module provides participants with an overview of legal and ethical issues related to the prevention and management of violence in the workplace.

The module covers the Australian legal system, expression of ethics in work practice, legislation relating to violence in the workplace, and legislation, policies, regulations, codes of practice and professional standards that impact on ethical decision-making in relation to safety in the workplace.

Promoting Acceptable Behaviour in the Workplace

This eLearning module, while not a pre-requisite module for the workshops, is an important component of the Violence Prevention and Management in the Workplace Training Program. The module covers acceptable and unacceptable behaviour, such as bullying, harassment and discrimination in the workplace and the supports and structures available to deal with unacceptable behaviour.

Risk assessment

The physical restraint techniques presented in this workshop have been assessed for potential safety risks to staff and patients by clinicians with expertise in physiotherapy. The techniques should be delivered in training and practiced in the workplace as they are presented and without alteration.

Workshop outline

TIME	CONTENT	
08:30-08:50	Welcome and introductions	Sign in and health questionnaire Overview of session WH&S procedures Housekeeping Introductions
08:50-09:30	Awareness and understanding of violence in the workplace	Definition of violence Local statistics What types of violence are you subjected to in your workplace? Cycle of violence (volcano) Video and/or discussion
09:30-10:00	Assessing risk in the workplace	What is risk? Identifying risk factors for aggression Case study – risk assessment
10:00-10:20	Managing violence	Short and long-term response options Legal and ethical issues
10:20-10:40	MORNING TEA	
10:40-12:30	Communication and de-escalation	What is de-escalation? De-escalation domains Role plays
12:30-13:00	LUNCH BREAK	
13:00-13:30	Introduction to evasive techniques	Safety principles Health questionnaire Warm up Evasive techniques basic principles
13:30-13:45	Practice session 1	Wrist releases Clothing release
13:45-14:15	Practice session 2	Bites Scratches Hair grabs
14:15-15:00	Practice session 3	Strangles Head locks Bear hug

15:00-15:15	AFTERNOON TEA	
TIME	CONTENT	
15:15-16:00	Practice session 4	Near safe zone Bull Bars
16:00-16:45	Final practice session and warm down	Group practice session Warm down
16:45-17:00	Conclusion	Completion scenario Evaluation
17:00	CLOSE	

Icons



Activity



Attachment



Energiser



Trainer led discussion



Feedback



Handout



Link



Policy

PowerPoint



Question



Reflective activity



Research



Tip



Parking

Detailed program

**Language**

The term patient is used to represent any person who utilises the services of NSW Health.

CONTENT SESSION**20 MINS SESSION 1 Introduction and welcome**

Purpose: This session is designed to provide participants with an overview of the workshop and to introduce the trainers to participants. It also serves to set the scene for the day and encourages discussion about violence in the workplace and its relevance to the participants' work context.



Show slide 1.1 Cover slide while participants are arriving.

Show slide 1.2 – Acknowledgement of Country and Elders

**Trainer led discussion**

NSW Health is committed to acknowledging Australia's traditional owners as a sign of respect and a commitment to reconciliation. The trainer is to open the workshop with the statement on the slide or an acknowledgement of the identified traditional owners.



Show slide 1.3 – Housekeeping

**Trainer led discussion**

Welcome participants and introduce trainer, including trainer's relevant background and experience.

Address 'housekeeping' issues e.g. location of toilets, meal breaks, smoking areas, fire exits, evacuation procedures, mobile phones, catering or tearoom facilities, and finishing times.

**Link to Participant Manual**

Introduce the Participant Manual and inform we will be referring to it throughout the day. It also acts as a resource after the workshop.

**Show slide 1.4 – Participant introductions****Trainer led discussion**

Lead trainer to ask participants to introduce themselves, their place of work, and their expectations of the training. The float trainer should ~~record the expectations listed by participants, with the lead trainer running through them at the end of introductions.~~



Use the 'parking lot' to refer any expectations which are outside the scope of the training (see p. 16 of this manual for more information about handling questions).

**Show slide 1.5 – Session outline****Trainer led discussion**

Run through the workshop overview and explain the content to be covered throughout the day, including the focus on the practical application of communication and evasive physical skills required to prevent and respond to aggression and violence within a healthcare setting.

40 MINS**SESSION 2 Awareness and understanding of violence in the workplace**

Purpose: This session is designed to provide participants with a definition of violence and an awareness of self, others and the environment. It furnishes starting points for discussion about relevant policies, procedures and protocols and highlights the statistics of violence in the workplace.

**Show slide 2.1 – Session 2 Introduction****Show slide 2.2 – Definitions****Trainer led discussion**

The trainer should present the 'definitions' slide and ask the participants to suggest and discuss other definitions. Discuss the concept that throughout this training the words 'violence' and 'aggression' will be used and are interchangeable and have the same meaning. Violence and aggression are on a spectrum and vary from verbal aggression to physical assault. Emphasise that non evasive/de-escalation techniques should be used to manage the majority of violent incidents in the workplace.

Advise participants that for today's workshop we are not engaging in conversation on sexual harassment and sexual assault and related physical attacks. These aspects of the definition will be covered in other

training programs. The VPM eLearning module Promoting Acceptable Behaviour in the Workplace has an anti-bullying focus.

Discuss the definition provided on the slide –

'Any incident or behaviour in which staff feel abused, are threatened or assaulted in circumstances arising out of, or in the course of their employment including verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault' (Violence Prevention and Management Training Framework for the NSW Public Health System, PD2012_008).

The Zero Tolerance Policy Directive includes a very similar definition to the one above. It has been sourced from the Violence Prevention and Management Training Framework for the NSW Public Health System, PD2012_008.

'Violence is defined as any incident in which an individual is abused, threatened or assaulted and includes verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault' PD2005_315.



Additional Definitions

'Violence can be defined as a form of negative behaviour or action in the relations between two or more people. It is characterised by aggressiveness which is sometimes repeated and sometimes unexpected'.

'Violence manifests itself in the form of both physical and psychological violence. It ranges from physical attacks to verbal insults, bullying, mobbing and harassment, including sexual and racial harassment.'

(Adapted from: European Commission, Guidance on the prevention of violence at work by Wynne, Clarkin, Cox, & Griffiths, March 1996 and Advisory committee on safety, hygiene and health protection at work of the European Commission, Opinion adopted on 29 November 2001).



Show slide 2.3 – Working in high risk environments



Question

Ask participants the following questions and generate discussion with the group:

- What are some examples of high risk environments?
- Why are they high risk?

**Trainer led discussion**

High risk areas examples:

- Mental health
- Drug and alcohol
- Maternity
- Emergency
- Brain injury
- Community
- Aged care.

**Link to eLearning module**

The trainer should be very familiar with the contents of the eLearning module Legal and Ethical Issues available on HETI Online.

Link the participants back to the eLearning modules for a short discussion on how they reacted to the court case. Trainers should have completed this eLearning module and be familiar with the clinical situation.

**Show slide 2.4 – Other high risk situations at your workplace****Trainer led discussion**

Other kinds of high risk situations:

- Poorly lit car parks and/or underground or isolated parking stations or isolated street parking.
- Exits via dark or narrow lanes or underpasses.
- Some areas used for shortcuts by the public.
- Isolated areas.

**Show slide 2.5 – Why situations are high risk****Trainer led discussion**

Trainer discussion points:

- The environment may be targeted by undesirable or desperate person(s) because of money, drugs etc.
- Some environments may put the staff member at higher risk of violence because of the location and type of premises, the presence of people unknown to the staff member and areas where immediate support may not be available.
- Some areas may be associated with visitors being under increased stress which may be associated with a higher risk of violence in the workplace.

- Some areas such as waiting rooms may contribute to a higher risk of violence when there is overcrowding, long waiting times and people in distress over injured or ill family or friends.
- Environments or areas where staff are working alone or are working in an isolated area may contribute to a higher risk of violence.
- Certain medical problems that patients experience may be associated with a higher risk of violence, such as:
 - Confusion, delirium and acute organic brain syndromes, dementia, i.e. Alzheimer's disease, multiple infarcts or brain dysfunction and trauma.
 - Anxiety associated with their illness and treatment or psychosocial concerns.
 - Mental illness and disorder.
 - Pain.
 - Substance misuse.
 - Dual diagnosis (both mental illness and substance misuse.)
 - Impulsive behaviours.
 - Deafness, blindness and sensory impairment.
 - Developmental disability.
 - Brain impairment resulting from head injury, epilepsy, neurochemical disturbances, metabolic disturbance (such as hypoglycaemia and limbic system disorder), tumours and infection.
 - Neurological disorder such as Huntington's disease, Parkinson's disease, Pick's disease, Multiple Sclerosis and AIDS dementia.

(NSW Health Training Manual: A safer place to work – preventing and managing violent behaviour in the Health workplace (2003).



Show slide 2.6 – Violence in your workplace



What are the emergency management procedures for your workplace?

The trainer should encourage participants to discuss their workplace processes when responding to violence.

How often do you think duress alarms are called in your area?

The trainer should share IIMS data from the relevant workplace and/or LHD/SN to highlight aggressive incidents, duress calls and responses. The trainer may need the participants to share information about calls to 000 (police) from non-hospital environments.



What was your reaction to the events from the eLearning?

- Participants may generate issues around ethics and law.
- Ask participants whether the content of either module made them reflect differently on their own workplace?

Discuss how the content covered in the eLearning modules will be supported by further discussion and practical application of skills in today's workshop.



Tip: For this section you will need to be very familiar with the content of the eLearning modules – Awareness, and Legal and Ethical Issues. It will also be beneficial to the discussion to have some local data and experiences to discuss and reflect on. Retrieve sources from your LHD/SN:

- Speak with clinical governance.
- IIMS data and other security data.

Read local, national and international journal articles to note exposure to aggression and violence in the workplace, the seriousness of the issue and the cost to healthcare.



Show slide 2.7 – Cycle of violence



Trainer led discussion

The individual will display physical and psychological behavioural reactions to the perceived threat (Smith 1983).

Briefly describe each phase of the aggression cycle:

1. Baseline
2. Trigger
3. Escalation
4. Crisis
5. Recovery
6. Post-crisis depression.

Cycle of Aggression	Aggressive Person	Recipient	Strategies
1. Baseline	Calm and relaxed	Calm and relaxed	Observe for verbal and non-verbal cues
2. Trigger	Increased muscle tension Dry mouth Tremor Palpitations Flushed	Anxious/agitated Increased heart rate Worried	Reflect feelings Offer help, problem solve Be aware of your body language, personal space and voice tone Use open questions
3. Escalation	Pacing Irregular, rapid, shallow breathing Tremor Reduced concentration Fear and anxiety Pale or ashen skin Verbal abuse or threat	Dry mouth Tense Increased breathing Fight or flight impulses	Stay calm Explain things are getting out of control Encourage self management, e.g. go for a walk Maintain safety Offer medication (if appropriate) Keep dialogue simple and direct Have back-up and escape plan
4. Crisis	Loss of control Assault Run or escape Self-harm	In control Self-defence Panic and attack Increased heart rate Freeze	Maintain safety – yours and others Call for back-up
5. Recovery	Cry Tired Drained	Worn out Frustrated Emotional Physically stressed	Quiet time Talk with colleagues Reflect
6. Post-crisis depression	Sad, remorse Anger Apologetic	Guilt, blame Anger Questioning	Seek formal support mechanisms Debriefing Check response of others not directly involved

1. Baseline



Trainer led discussion

The baseline should remind us to think about violent and aggressive behaviours occurring within a context. What is happening or has happened in the person's life may impact on how far up the escalation side of the 'cycle of aggression' they may start e.g. involuntary admission, feeling threatened and a lack of power will place someone further up that side of the volcano than someone whose life is going along quite well.



Activity

Ask the participants to break into 4 groups and provide them with butcher's paper and markers. Give each group a factor and ask them to identify what risks would increase the likelihood of someone becoming violent:

- Individual patient factors.
- Environmental factors.
- Work systems, practices and policy factors.
- Staff factors.

Individual patient factors:

- Mental illness.
- Medical illness (e.g. dementia, delirium, psychosis).
- Substance abuse/intoxication.
- History of violence.
- History of poor impulse control.
- Head injury.
- Medication.
- Rejection and humiliation.
- Frustration.
- Anxiety/fear.
- Pain.
- Confusion.
- Trauma.
- Culture – differences in religious practices.
- Misunderstanding and misinterpretation.
- Use of slang.
- Differences in personal space, touching and gestures.
- Preconceived ideas about hospital and the services provided, especially after hours.



Environment factors:

- Confined spaces.
- Working in an isolated area or working alone.
- Environments that are too hot or cold.

- Inadequate lighting.
- Uncomfortable or exposed spaces.
- Poor facilities and equipment.
- Ward layout.
- Building design.
- Crowding.
- Noise.
- Alarm system.

Work systems, practices and policies:

- Culture of the ward.
- Poor morale.
- Discrimination.
- Reduced staffing levels impacting on workload.
- Employee relationships.
- Restrictive policies.
- Long waiting lists.
- Poor communication.

Staff factors:

- Attitude/personal prejudices.
- Emotional state.
- Physical health.
- Beliefs.
- Expectations.
- Lack of training.
- Out of depth.
- Burnout.
- Compassion fatigue.
- Preconceived ideas.
- Personal issues (tiredness, stress, illness).
- Ignoring patients.
- Lack of a therapeutic relationship with the patients.
- Staffing issues e.g. rostering, skills mix, agency staff and casuals.



Introduce Trauma Informed Care

Trainer led discussion

Our patients often come to us with significant complex trauma present in their past. This all sits in their baseline factors. Often what we believe to be 'maladaptive behaviours' are in fact 'adaptive behaviours' for this patient. We need to presume our patients have a history of traumatic stress and on this basis exercise 'universal precaution' (Hodas 2004).

2. Trigger

This can be any event that the individual perceives as an immediate threat to themselves or to a person they are accompanying into our facility.



Question

Ask the participants to identify personal, cultural, work practice and environmental triggers that could increase the risk of a person becoming violent.

Personal triggers:

- Attitudes.
- Emotional state e.g. anxiety, fear, stress.
- Physical health.
- Expectations and beliefs.

Cultural triggers:

- Misunderstandings due to limited knowledge/understanding of English.
- Misinterpretation of body language, facial expression or speaking tone.
- Use of slang or forms of communication that are foreign.
- Differences in personal space, physical touching, gestures.
- Differences in religious practices.

Work practice triggers:

- Excessive workloads.
- Problems with employee relationships.
- Restrictive policies and procedures.
- Inconsistent limit setting.
- Long waiting lists and times.
- Lack of communication to patients.

Environmental triggers:

- Confined spaces and overcrowding.
- Environments that are too hot or cold.
- Poorly designed rooms.
- Inadequate lighting.
- Uncomfortable spaces.

- Inadequate or poorly maintained facilities.

3. Escalation

The person displays increasing signs of inner conflict and signs of losing control of their emotions, which, unless recognised, acknowledged and appropriately managed, could result in a violent action or reaction.



Question

Ask the participants to identify what characteristics they have noticed in someone when they are becoming angry/aggressive?

Some suggested characteristics:

- Pacing.
- Restless.
- Demanding, arguing.
- Refusing requests.
- Loud voice, swearing.
- Abusive/derogatory.
- Dilated pupils.
- Making threats.
- Clenched fists.
- Angry expression.
- Sustained eye contact.
- Threats of losing control.
- Refusing to communicate.
- Disregarding instructions.

4. Crisis

Patient loses control of their emotions and becomes aggressive and/or violent.



Question

Ask the participants what aggression looks like. How does this make them feel?

5. Recovery

With the crisis over (at least temporarily) the person's emotional and physiological state can start to relax, as the body strives to return to the equilibrium of their baseline levels.

Due to the heightened physiological state the patient has reached as a result of the angry outburst, both the patient and staff need to be aware that it will take time to return to the pre-outburst state. It has been suggested that this could take from 30 minutes to an hour.

**Question**

Ask the participants, what does this look like and what do they need to do as clinicians during this time?

- The crucial point here is that during the recovery stage the slightest trigger can set the whole process off again.
- The need for the patient to rest due to the heightened physiological state and release of adrenaline and noradrenalin.
- During the recovery phase the patient should be highly observed with relevant restrictions in place.

6. Post-crisis depression

It is recognisable by feelings of remorse and will often have the individual expressing regret for their actions. This may or may not occur. This is an appropriate opportunity to re-engage therapeutically with the patient and ensure the patient can debrief the events with someone.

**Question**

Ask the participants to identify what strategies they put into place for the patient during this period?

**Tip**

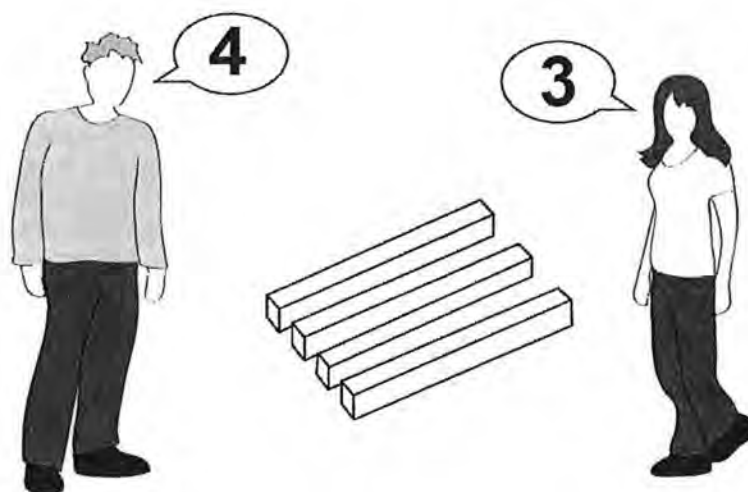
An important point to make during the discussion is that not all steps are recognisable nor spread out in an orderly fashion. The 'Aggression Cycle' is an attempt to set out aggressive/violent behaviour in a manner which is more easily discussed and analysed.

**Link to Participant Manual**

Refer participants to their manual (pages 18 –19) for further detail of the aggression cycle.

**Show slide 2.8 – In the eyes of the beholder...**

Use the image on this slide to wrap up the session.



Highlight the role that perception plays in our response to aggressive behaviour:

- We all perceive the world in different ways – patients, staff and visitors alike.
- Remind staff that we all view things from our own eye, we all have 'our story'.
- Staff may be seen as part of the problem in an incident.
- Staff must also remind themselves to be empathetic to the patient's current view/perception of the circumstances and causes of aggression.

30 MINS**SESSION 3 Assessing risk in the workplace**

Purpose: This session is designed to provide participants with valuable information on risk approaches and management. Participants will draw on the risk management approach.

**Tip**

In order to effectively facilitate this session, please ensure that you are familiar with PD2013_005 Work Health and Safety: Better Practice Procedures.



Show slide 3.1 Session 3 Introduction

Show slide 3.2 Risk assessment

**Trainer led discussion – Reinforce Zero Tolerance**

The zero tolerance response means that in all instances of aggression, appropriate action will be taken to protect staff, patients, visitors and health service property from the effects of this behaviour. It is about keeping staff, patients and visitors safe.

**Link to Participant Manual**

Refer to the Participant Manual (page 20) to write in answers from this discussion.

**Question**

Lead discussion using questions on the slide:

- What is risk?
- How do you assess risk in your workplace?
- Do you currently use a risk assessment document or tool?

**Trainer led discussion**

The risk is the probability, high or low, that somebody could be harmed by the identified hazard, considered in conjunction with a consideration of how serious the harm could be. Risk is judged or assessed in terms of likelihood (how likely is it that the event will happen?) and consequence or impact (how bad will an event be if it happens?). Risk assesses who could be harmed and what would be the consequences.

Trainers should refer to the risk management content in VPM Awareness and use this discussion to recap key themes from this module including how risks are assessed in NSW Health. A discussion about relevant risk assessment documents or tools used locally is also useful here.

Trainers may note that in mental health services, people admitted to an inpatient setting are encouraged to use the Mental Health Safety Plan (SMR025.090) to identify risk, previous trauma, and identified preferences for management.



Show slide 3.3 Identifying risk



Trainer led discussion

Assessing risk in the workplace involves estimating the extent of the risk and determining whether it is tolerable. The following factors need to be considered when assessing risks in the workplace. Revisit the risk factors that were identified in the earlier session.

Individual patient factors:

- Mental illness.
- Medical illness (e.g. dementia, delirium, psychosis).
- Substance abuse/intoxication.
- History of violence.
- History of poor impulse control.
- Head injury.
- Medication.
- Rejection and humiliation.
- Frustration.
- Anxiety/fear.
- Pain.
- Confusion.
- Trauma.
- Culture – differences in religious practices.
- Misunderstanding and misinterpretation.
- Use of slang.
- Differences in personal space, touching and gestures.
- Preconceived ideas about hospital and the services provided, especially after hours.

Environment factors:

- Confined spaces.
- Working in an isolated area or working alone.
- Environments that are too hot or cold.
- Inadequate lighting.
- Uncomfortable or exposed spaces.
- Poor facilities and equipment.
- Ward layout.
- Building design.
- Crowding.
- Noise.
- Alarm system.
- Staffing issues: rostering, skills mix, agency staff and casuals.

Work systems, practices and policies:

- Culture of the ward.
 - Poor morale.
 - Discrimination.
 - Reduced staffing levels impacting on workload.
 - Employee relationships.
-
- Restrictive policies.
 - Long waiting lists.
 - Poor communication.

Staff factors:

- Attitude/personal prejudices.
- Emotional state.
- Physical health.
- Beliefs.
- Expectations.
- Lack of training.
- Out of depth.
- Burnout.
- Compassion fatigue.
- Preconceived ideas.
- Personal issues (tiredness, stress, illness).
- Ignoring patients.
- No therapeutic relationship with the patients.

**Link to Participant Manual**

Refer to the Participant Manual (pages 21–22) to write in answers from this discussion.

**Show slide 3.4 – Knowing what is going on around you – situational awareness****Trainer led discussion**

Situational awareness is being aware of what is happening around you in terms of where you are, where you are supposed to be, and whether anyone or anything around you is a threat to your health and safety.

Our knowledge, experience and education enable us to understand what is going on around us and helps us to determine if it is safe. This means that everyone's situational awareness is individual and potentially different. We use our situational awareness to make decisions and instruct others.

Our situational awareness is only as accurate as our own perception or reading of the situation, so what we think is happening may not accurately

reflect reality. How we read a situation can be influenced by many things such as the type of information we have been given, our own experience and distractions in the workplace.

Our situational awareness can be further reduced in times of high workload, when under pressure to get a job done to time or stressful incidents. In these situations, it is essential to maintain a high level of situational awareness to stop accidents and near misses.

The following example comes from Jeff Espenship, a USAF fighter pilot:

'On 27th August 2006, Comair flight 5191 took off from the wrong runway. It was early morning and still dark outside as the captain (highly experienced and trained) was taxiing the aeroplane to the runway. Instead of taking the right runway, he took a wrong turn, which led the plane onto a runway that was too short for take-off. During take-off the cockpit is a designated quiet area to allow for concentration. On this occasion, the captain and co-pilot were chatting, affecting everyone's performance. Allowing this talk meant that the situational awareness of the captain and co-pilot was reduced and they failed to spot that they were on the wrong runway. Their perception of reality was different to the actual reality. Despite the co-pilot pointing out that there were no lights on the runway it was another 15 seconds before the captain realised what was happening, by which time it was too late. They failed to stop work despite recognising a hazard (there were no lights even though it was dark). If they had stopped work and brought their situational awareness in line with actual reality, 49 people would still be alive today!'

Wrap up session

Reflect on key themes of the discussion throughout this session and link to next session.

20 MINS

SESSION 4 Managing violence

Purpose: This session is designed to provide participants with an overview of the short and long-term options that are available to them to manage violent behaviour in the workplace. Key legal and ethical issues to the high risk environment will be highlighted in this session.

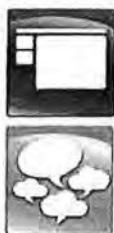


Show slide 4.1 Session 4 Introduction



Tip

In order to effectively facilitate this session, please ensure that you are familiar with PD2005_315 Zero Tolerance Response to Violence in the NSW Health Workplace, with particular emphasis in this session taken on sections 4 and 11 of the policy.



Show slide 4.2 Legal and ethical issues



Link to Participant Manual

Refer participants to content in Participant Manual (pages 23–24).



There are a number of legal and ethical issues to be aware of in responding to aggression.

These include:

- Duty of care.
- Assault.
- Reasonable force.
- Ministry of Health Policies and Guidelines.
- Legislation.



Further legal issues are addressed in the Zero Tolerance policy. Staff who regularly deal with aggressive incidents where mental health, guardianship or other legal issues arise should familiarise themselves with this policy.



Duty of care

Duty of care requires that a staff member acts in the best interests of the patient. However, it is essential to note that a duty of care does not suggest that staff should remain in dangerous situations or place themselves at unacceptable risk. At times a staff member's duty of care to a patient may justify the use of detainment, restraint or sedation for the patient's own safety or the safety of others. In these situations having exercised a duty of care may be a defence for staff members against claims of false imprisonment or assault. Not exercising a duty of care may result in a claim of negligence depending on the circumstances.

Assault

Explain that any person who on reasonable grounds believes that he/she is likely to be the subject of an imminent attack can take reasonable measures to protect themselves. In both cases however, the measures taken in self-defence must be reasonable.

The criminal offence of assault consists of:

- Force applied to another without their consent, or
- The actual intent to cause harm to the person, or
- A very high degree of reckless indifference to the probability of harm occurring.

These are the conditions that need to be proven for a successful prosecution. Under NSW Criminal Law, the term 'aggravated assault' covers the application of physical force. Such actions include pushing, stabbing, strangling a person, kicking, shooting and unlawful hitting. The attempted use of physical force that misses or fails to connect is nevertheless an assault. There must be a belief in the mind of the victim, created by the offender, that force is going to be used upon him/her.

The law allows the individual the right to defend his/her life against all unlawful attacks. However:

- No more force than is absolutely necessary to repel the attack can be used.
- The force must not be excessive and not out of reasonable proportion to the attack.
- The individual must not use extra blows/strikes by way of revenge.

Any person, who on reasonable grounds believes that he/she is likely to be the subject of an imminent attack can take reasonable measures to protect themselves. In both cases however, the measures taken in self-defence must be reasonable.

The courts may take into account:

- Whether it was necessary for the defendant to stand their ground.
- Whether the defendant could easily have used a means of escape.
- Whether it was necessary for the defendant to use a weapon.

Reasonable force

Reasonable force is the amount of force considered to be appropriate in proportion to the perceived danger posed. When a person considers that they or others are under attack or threat, and self-defence or the defence of others is required, the amount of force that is used must be considered to be consistent with the perceived threat faced.

Each case is judged considering:

- Its unique circumstances.
- The threat that was posed.
- Level of training.
- Support and options available.



Trainer led discussion

What would be considered to be reasonable force in response to differing levels of violence? Trainers should use examples relevant to the workplace of the participants to clarify the concept of reasonable force.



Ministry of Health Policies and Guidelines

Trainers should familiarise themselves with relevant policies and guidelines from the Ministry of Health, as well as local procedures in order to facilitate this discussion. It is suggested to choose key points from policies which are relevant to the participant group.

Suggested content includes:

- PD2005_315 Zero Tolerance Response to Violence in the NSW Health Workplace.
- PD2012_035 Aggression, Seclusion and Restraint in Mental Health Facilities in NSW.
- GL2012_005 Aggression, Seclusion and Restraint in Mental Health Facilities – Guidelines Focused Upon Older People.
- Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies.
- PD2013_005 Work Health and Safety: Better Practice Procedures.
- PD2014_004 Incident Management Policy.



Legislation

Trainers should familiarise themselves with relevant legislation in order to facilitate this discussion. It is suggested to choose key points from pieces of legislation which are relevant to the participant group.

Suggested content includes:

- Mental Health Act.
- Work Health and Safety Act.
- Guardianship Act.