Staff safety in the workplace

Guidelines for the prevention and management of occupational violence for Victorian Child Protection and community-based Juvenile Justice staff

State Government
Victoria

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Office for Children

Department of Human Services

Foreword

Supporting and strengthening the workforce is an integral priority of the Department of Human Services. Staff safety in the workplace. Guidelines for the prevention and management of occupational violence for Victorian Child Protection and community-based Juvenile Justice staff forms part of the Office for Children's commitment to providing and maintaining a safe and healthy work environment for its staff and clients.

The work conducted with children and young people is complex and demanding. The aim of Staff safety in the workplace is to provide consistent guidelines for all Child Protection and community-based Juvenile Justice employees, which promote safe practice and minimise the risk of employees encountering occupational violence.

While serious incidents can occur, steps can be taken to identify hazards and reduce risks. Staff safety in the workplace provides a systematic and practical approach to preventing and managing occupational violence. It also proposes ways to incorporate safety precautions that complement practice in a way that does not compromise the crucial work conducted with clients and families.

Please read Staff safety in the workplace. It is based on sound safety frameworks and valuable input from experienced practitioners. The document will be a helpful aid in orientating, supervising and training staff and will provide a reference point for experienced staff. This document should be used in conjunction with local regional safety guidelines.

It is anticipated all Child Protection and community-based Juvenile Justice staff will be trained in these guidelines and once the guidelines have been implemented, their application will be evaluated.

We encourage staff to make full use of this resource.

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Part 1
Introduction

1.1 Purpose of this document

The purpose of *Staff safety in the workplace* is to prevent and manage violence against staff. This document is a resource to assist staff and supervisors and managers at all levels to work safely while providing an effective service to clients. It is a tool to help prevent occupational violence and forms part of the Department of Human Services' overarching approach to safety in the workplace (see Appendixes 1 and 2).

Working in Child Protection and Juvenile Justice is very challenging. Clients involved in these programs can often present angry and frustrated. Unlike other welfare services, Child Protection and Juvenile Justice staff have a statutory obligation to provide services to clients who might behave in an aggressive manner. Both programs aim to provide respectful, proactive, flexible and responsive interventions with statutory clients. Particular skills are required to work effectively with this client group and these skills are acquired through a combination of training, observation and direct experience.

Integral to these guidelines is a focus on a participatory (consultative) ongoing assessment of day-to-day occupational violence risks. This enables supervisors and staff to regularly and consistently identify hazards and risks, which means the controls to minimise the risks are relevant and current. This resource does not aim to cover every aspect of occupational violence, but does:

- articulate staff safety guidelines for the Office for Children

- provide a structured risk management approach to dealing with day-to-day identification, assessment and management of occupational violence risks associated with clients

- establish guidelines for staff safety, provide a focus for supervision and training activities and provide guidance on:

  - preventing the occurrence of violence by identifying hazards and eliminating or controlling them

  - establishing and maintaining a system to manage occupational violence

  - available resources (for example, information, training and supervision, and tools such as mobile telephones).

1.2 Department of Human Services Occupational Violence Prevention Policy

The following is edited text from the department's Occupational Violence Prevention Policy. The complete policy is at Appendix 2.

The Department of Human Services is committed to creating a safe and productive workplace by improving health, safety and wellbeing at work. The client care and working environment will reflect the requirements of state and federal law, and community expectations for the protection of clients and staff. The department defines occupational assault as any incident in which employees are abused, threatened or assaulted in circumstances arising out of or in the course of their employment, including verbal, physical and psychological abuse. The department recognises that occupational assault injuries represent a significant proportion of overall injuries and aims to eliminate the risks associated with these injuries and to implement controlled solutions where elimination is not possible. This policy covers all facets of the Department of Human Services' business where people are managing or are exposed to the risk of injury resulting from occupational assault.

Legislation

The department will comply with the requirements of the *Occupational Health and Safety Act 2004* to provide a safe workplace, including safe systems of work.

Principles

- Senior management commitment is critical to achieving improvements in the health, safety and wellbeing of employees.

- Consultation with stakeholders, including departmental management and employees, and employee representative organisations, will provide positive and effective workplace health and safety outcomes.

- Preventing health, safety and wellbeing risks in the workplace is the most effective way to reduce illness and injury.

- No work-related injury to employees is acceptable. The goal is zero injuries.

Commitments

All tasks and systems will be examined using the framework of hazard identification, assessment and control, and a monitored process of continuous improvement. Appropriate resources will be allocated to enable compliance with legislative requirement to provide a safe workplace, with priority allocation to highest risks.

Consultation

- In line with the department's consultation policy, staff, occupational health and safety representatives and management will manage occupational assault issues through the consultative process.

Systems of work

- Program-specific policies and procedures designed to reduce the risk of occupational assault hazards will be developed and implemented, with priority given to high-risk groups. Reporting systems for all incidents, including near misses, injuries and illness, will effectively promote early reporting.

Client behaviour assessment and management

- Clients in the department's care will be assessed using existing systems, and behaviour management strategies will be developed and documented.

- Behaviour management strategies will be reviewed as required to maintain staff safety.

Supervision

- Supervision will be provided by managers and other key personnel in relation to performance of work tasks and personal safety to reduce the risks of occupational assault injury.

- Supervisors will monitor employee skills and competencies in implementing client behaviour management strategies.

Post-incident stress management

- Management will provide demobilisation and staff will be offered debriefing and defusing through the Critical Incident Stress Management (CISM) service, within recommended timelines.

Monitoring implementation

- All departmental programs will have their safety performance monitored using the Safety Performance Management System.

Responsibilities

Senior managers are responsible for:

- ensuring implementation of the Safety Performance Management System

- ensuring policy commitments reduce occupational assault risks.

Managers are responsible for:

- identifying, assessing and controlling occupational assault risks

- inducting and training employees in preventing occupational violence work practices

- working with employees and contractors to prevent and minimise occupational assault risks

- investigating all incidents and maintaining records of incident investigations

- maintaining staff training records

- providing immediate and ongoing support for employees exposed to occupational assault.

Employees are responsible for:

- following work practices designed to reduce occupational assault risk

- identifying and reporting occupational assault risks to management

- working with management to prevent and minimise occupational assault risks

- reporting all incidents.

1.3 Definitions of occupational violence

WorkSafe Victoria's publication, *Prevention of bullying and violence at work: guidance note* (2003) defines occupational violence as 'any incident where an employee is physically attacked or threatened in the workplace'. Within this definition:

- 'threat' means a statement or behaviour that causes a person to believe they are in danger of being physically attacked

- 'physical attack' means the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by, another person, where that application creates a risk to health and safety.

The most common forms of assault against staff are verbal abuse and threats of harm. Verbal abuse includes shouting, intimidation, sarcasm and personal insults. Staff might also be subjected to sexual or racial harassment through offensive suggestions and remarks. The impact of verbal assaults on staff can be considerable and can affect their psychological wellbeing.

The following flowchart depicts the systematic approach to managing occupational violence using a risk management strategy. Detailed procedures and tools to support this strategy and to provide direction to management and staff can be found in the Work Health Tool Kit (DHS, 2005).

Occupational violence prevention flowchart

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                    │ Health, Safety and Wellbeing Policy │
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                    ┌─────────────────────────────────┐
                    │ Occupational Violence Prevention Policy │
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Health, Safety and Wellbeing Policy

Occupational Violence Prevention Policy

New client or staff member: hazard identification

New or changed work practice: hazard identification

Management responsibility

Hazard identification

Physical environment

Client profile

Staff profile

Risk assessments

Intervention with actual or threatened occupational violence

Controls

Intervention with no actual or threatened occupational violence

Incident investigation

Reports:
• DINMA
• Incident
• Police

Post-incident:
• Support
• Counselling
• CISM
• EAP

Workcover:
• Claim
• Return to work

1.4 Legislative context

The principles of health and safety protection under the *Occupational Health and Safety Act 2004* (Vic) stipulate:

1. The importance of health and safety requires that employees, other persons at work and members of the public be given the highest level of protection that is reasonably practicable in the circumstances.

2. Persons who control or manage matters that give rise to risks to health or safety are responsible for eliminating or reducing those risks as far as is reasonably practicable.

3. Employers and self-employed persons should be proactive and take all reasonably practicable measures to ensure health and safety at workplaces and in the conduct of undertakings.

4. Employers and employees should exchange information and ideas about risks to health and safety and measures that can be taken to eliminate or reduce those risks.

5. Employees are entitled, and should be encouraged, to be represented in relation to health and safety issues.

Under the Act, the department, as an employer, has a responsibility to take all reasonably practicable measures to provide a safe working environment. The Office for Children recognises its responsibilities under this legislation for the safety of its employees. It provides all staff with induction, information, instruction, training and supervision to ensure they can carry out duties in a manner that is safe and without risk to health and have the necessary knowledge to contribute to work-related health and safety.

1.5 Supervision

Supervision plays a critical role in staff health and safety. All staff safety issues, and the planning and checklist procedures outlined in this document, must be discussed in supervision. Health and safety is a regular agenda item of Child Protection supervision (see the *Child Protection supervision standards* (Department of Human Services 2005)).

1.6 Defining the workplace

The definition of workplace is extended to all locations an employee visits during the course of their work. Therefore, the provisions of the occupational health and safety legislation apply to all environments in which work is conducted, such as home visits, meetings away from the office, court attendances and outreach.

1.7 Keeping safe

The department has a statutory obligation to provide, so far as reasonably practicable, work environments that are safe for all staff. Effective measures for minimising the risk of occupational violence are:

- establishing and maintaining a culture of safety through the department's consultative processes

- maintaining routine work practices that enhance safety

- assessing the risks to staff safety before every client contact

- effectively managing conflict

- building and maintaining a skilled workforce.

1.8 Scope of this document

The purpose of this document is to identify ways to enhance and manage staff safety regarding occupational violence in the workplace. It includes violence generated by clients and their families and carers in all areas where staff carry out their work. Staff-initiated assault is subject to separate procedures and processes.

1.9 Continual improvement

This resource will be monitored and reviewed for continual improvement as understandings and practices in managing violence against staff and its impact are refined. It is anticipated all Child Protection and community-based Juvenile Justice staff will be trained in these guidelines and once the guidelines have been implemented, their application will be evaluated.

1.10 Relevant departmental references

The department has an integrated approach to health and safety, which includes the following procedures, guidelines and publications:

- *Health, safety and wellbeing policy*

- *Occupational violence prevention policy* (a revision of the *Occupational assault reduction policy*)

- *Incident reporting departmental instruction*

- *Critical incident stress management service guidelines*

- *Guidelines for employee assistance program*

- *Disease Injury Near Miss Accident (DINMA) reporting*

- *Occupational health and safety consultative Structure. User guide and summary*

- *Occupational health and safety accountability framework. User guide and summary*
- *Resolving claims of unacceptable behaviour*
- *Risk management framework*
- *Child Protection, Beginning Practice learning guide*
- *Work Health Tool Kit.*

1.11 Acknowledgements

Regional Child Protection and Juvenile Justice staff contributed to this resource. It is based on work developed in the department's Northern Metropolitan and Southern Metropolitan regions.

The Staff Safety in the Workplace Reference Group and Child Protection and Juvenile Justice personnel gave advice and creative insight to these guidelines, and a range of people across the department made valuable input. These guidelines are also the result of extensive discussions with the Community Public Sector Union and WorkSafe Victoria.

Part 2
Risk management

The safety of staff cannot be simply a function of situational responses or guesswork. Violence can often be predicted and prevented. A risk management approach provides a systematic framework for violence prevention and management planning. Awareness of high-risk situations allows for enhanced interventions with clients who might be violent.

Staff safety in the workplace is based on a framework for controlling occupational health and safety risks in Australia. The framework has three steps:

- step one: hazard identification (identifying the extent and type of hazard)
- step two: risk assessment (identifying the factors that contribute to risk)
- step three: risk control (implementing necessary changes to eliminate or control the risk and monitoring and evaluating the risk control process).

Certain tasks can increase the risk of violence; for example, removing a child or breaching an order. A systemic view of factors that might influence occupational violence can be helpful. First, the nature of the task and the client group should be considered, followed by the physical environment (for example, the location, such as an office, court, or client's home). Conducting this type of assessment helps to identify and assess risks and then allows decisions to be made about the best way to control (that is, remove or reduce) the risks.

2.1 Departmental responsibilities

The department's Health, Safety and Wellbeing Policy outlines all staff members' roles and responsibilities for staff health, safety and wellbeing (Appendix 1). Developing and implementing strategies to manage occupational violence is a management responsibility. Under the policy, all employees are responsible for observing, notifying about and acting on workplace hazards. The department provides an incident reporting system all employees should use so staff can be supported and hazards can be identified, managed and monitored. (Refer to section 6.2, Disease Injury Near Miss Accident (DINMA) and incident reports.

2.2 Hazard identification approaches

The department has a number of systems in place to detect, consult on and record hazards. Child Protection and Juvenile Justice use the following mechanisms to identify hazards:

- alerts on clients' electronic and paper files
- staff supervision and staff meetings (refer to section 2.2)
- critical incident reporting (refer to section 6.2 for DINMA and incident reports)
- the workload review and monitoring panel
- reports with health and safety representatives (refer to section 2.1)
- case reviews and audits
- psycho-social assessments of clients
- ongoing consultations with police, including criminal records checks
- employee climate survey.

2.3 Information, instruction and supervision

The following forums provide staff with the information they need to function safely and effectively in the workplace. addressing occupational health and safety matters should also be an integral part of day-to-day management.

Orientation and induction of new employees

Where practical, employees must complete the induction process before commencing direct work with clients. The induction process should be used to:

- make new employees aware of the Victorian Public Sector Code of Conduct

- inform employees of the risks involved in their work, particularly any risks for occupational violence

- provide employees with the information and skills they require to understand and apply the preventative strategies being used to deal with the risks of occupational violence, and to manage potentially violent situations to the best of their ability

- ensure all employees are informed of the mechanisms and processes associated with health and safety (for example, occupational health and safety representatives and the DINMA system).

Child Protection

New employees to the Child Protection program are required to complete a seven-week comprehensive induction called the 'Beginning Practice' program, which includes both on- and off-the-job learning. Employees complete 'Beginning Practice' prior to taking on case management responsibility for clients.

Supervision and staff meetings

Clients should be assessed for potential violence at the time their case is allocated to a case manager. This assessment can be done in discussions between the supervisor and the case manager. The supervisor and the case manager should consider all sources of information. Client assessment should be ongoing, and identified hazards and associated risks should be placed on client information systems.

Supervision and regular staff meetings are integral to risk management and are important approaches to the early detection of risk to staff. As such, it is essential communication between staff members and the supervisor takes place.

Training

It is anticipated all Child Protection and community-based Juvenile Justice staff will be trained in these guidelines. This document should be read in conjunction with training material provided during employee orientation and safety or conflict management training.

Part 3
Hazard identification

To minimise the risk of occupational violence, staff must identify and assess the potential risks for violence using the checklists at Appendixes 8 and 8a. Hazard identification is the first step in the process of managing risk. If a hazard is not identified and consequently managed, its associated risk cannot be managed. A hazard is defined as anything that has the potential to harm the health and safety of a person.

As well as identifying hazards prior to contact with the client, staff need to monitor the situation during contact for evidence of increased risk. The checklist at Appendix 8b will help the staff member to identify a hazard. The safety plan at Appendix 8c, which the supervisor and the staff member will develop, will identify how the risk is to be managed.

3.1 Hazardous situations

The nature of the work environment and client group of Child Protection and Juvenile Justice predisposes staff to hazards and, consequently, to risks. It is therefore critical staff are made aware of hazards and their associated risks.

A number of identified hazards for staff in Child Protection and Juvenile Justice increase the likelihood of their being exposed to occupational violence. These hazards include:

- applying legislation that relates to child protection and juvenile justice
- working in clients' homes
- working after hours
- visiting clients in high-risk or isolated areas
- working and living within a client's community
- working with clients experiencing pain and anger associated with separation and loss
- working with clients whose behaviour is unpredictable (for example, clients affected by substance abuse or mental illness)
- being exposed to clients who are violent and use threats and intimidation.

3.2 Severe hazards

The following hazards are identified as severe and the associated risks are considered high:

- Firearms might be present or were present in the past.
- There is an indication of weapon presence.
- There has been previous police contact relating to assault or convictions of violence.
- There is a history of physical violence or serious verbal threats.
- There is a history of serious sex offence.
- There are staff safety alerts on client files.
- (Child Protection) Client contact is necessary (due to statutory requirements) prior to confirmation of criminal records and firearms checks.

Recommended control plan options to help manage these hazards are outlined in Part 5. Additional controls are documented in the Work Health Tool Kit (refer to *Occupational violence prevention policy*).

3.3 Other serious hazards

The following are examples of other serious hazards that can intensify risk:

- There is a history of substance abuse.

- There is a history of mental health issues.

- The client or family member presents in an escalating state of crisis.

- The client has unknown or problematic associates.

- Visits are to isolated, remote or at-risk areas (for example, high rise flats, work sites, farms).

- The impact of the intervention is likely to precipitate violence (for example, breach of order).

- The client is involved with a multitude of services (for example, Child Protection, Juvenile Justice, mental health and disability services, and community service organisations).

While the prevalence of these hazards is not extensive, they do represent regular situations staff encounter. All identified hazards should be subject to a risk assessment process and control plans to manage the established risks.

3.4 Hierarchy of control

There are preferred options for managing and controlling hazards. Wherever possible, the best way to control and manage the effects of hazards is to simply eliminate them. Where this is not possible, the next preferred option would be to substitute a hazardous process for another less hazardous one and to keep doing this until the final level of control offers personal protection arrangements. This principle is called the hierarchy of control. The higher up the hierarchy a control option, the more preferable it is.

To apply the hierarchy, it is vital to first identify the actual hazards facing staff. Certain tasks, such as removing a child or breaching an order, can increase the risk of violence. Similarly, the physical environment and location staff need to operate in can also impact on the level of hazard. Assessing the tasks a staff member has to take will help to identify the hazards that create the risks. Then, applying the hierarchy of control to the identified hazards will guide staff practice.

The hierarchy is shown here, together with suggestions for its application:

- **elimination**. Eliminate or remove the hazard; for example, eliminate or defuse triggers for violence; remove a violent person from a situation

- **substitution**. Replace a hazardous process with a less hazardous one. Alter the system of work; for example, conduct an interview at the office rather than during a home visit; send two staff to visit the client; have a police or security guard presence

- **engineering**. Apply a physical intervention to minimise the hazard; for example, use a desk as a physical barrier in laying out the interview room or setting up an office

- **administration**. Implement policies and procedures for safe work practices; for example, conduct a risk assessment before engaging with a client; provide occupational health and safety guidelines, and information and training

- **personal protective equipment**. For example, use duress alarms and mobile telephones, think about worker presentation (clothing), involve two staff in the client contact.

***Note**: It is not possible to eliminate most of the hazards in Child Protection and Juvenile Justice work because they are inextricably linked to the client. Therefore, the aim should be to manage the hazard and thereby manage the risk according to the guidelines in Part 5, 'Risk control'.*

Part 4
Risk assessment

All client activities with the potential to cause harm must be subjected to a comprehensive risk assessment. Risk assessments are a systematic method for evaluating the likelihood of occupational violence and resulting consequences. Risk assessment is based on:

- the likelihood of an incident (frequency and exposure duration)
- how serious the injury will be if an incident occurs
- who might be affected by the incident
- determining the appropriate control measures.

Supervisors, in conjunction with case managers, should complete the risk assessment worksheet for client contact (see Appendix 9) prior to the initial contact with the client. Assessing the potential for violence should be ongoing, and identified hazards and associated risks must be placed on client information systems.

4.1 Preparing for contact

Planning for staff safety is an essential aspect of preventing occupational violence. Supervisors and staff should regard planning for client contact as an important safety strategy. While staff should always take routine precautions, they should take extra precautions when hazards have been identified. Staff safety should be addressed during supervision, as prescribed in program-specific supervision guidelines.

Preparing for contact should occur whenever an employee is planning an initial contact appointment to find out facts, to seek clarification or to provide support or information; attending a routine home visit, supervising an access; going to court; participating in a client meeting or supervision at the office or other location; or organising an initial Child Protection investigation.

4.2 Routine contacts

If contact is assessed as being routine and no hazards are identified, it is still important that safety precautions for routine contacts are considered. Supervisors and staff should always check electronic and paper client management systems for alerts before all client contact. During contact with clients, staff should be:

- observant
- aware of changes that indicate unanticipated safety concerns are developing
- prepared for the unexpected.

4.3 Ongoing risk assessment

There are different ways in which an individual can indicate they are about to become violent, and some people become violent without warning. When engaged in client contact, an employee's assessment of the potential for violence should be ongoing.

Indicators of imminent violence

Staff should consider the following questions when evaluating potential risks and refer to the indicators of imminent violence checklist at Appendix 8b:

- Is the person showing any signs of atypical excitement or passivity?
- Are there weapons or similar cues to violence in the room?
- Is there a breakdown in the normal pattern of non-verbal communication?
- Is the person showing signs of rapid mood swings or increased irritability?
- Is the person oversensitive to suggestions or criticisms?

The following violent behaviour scale identifies warning signs that might become evident before a violent outburst (Mayhew 2000):

- **early potential**: rapid shallow breathing, clenched fists, grinding teeth, flaring nostrils, flushing, panic, rising voice or chanting, restless and repetitive movements, pacing, violent gestures (for example, pointing, swearing excessively, using sexually explicit language), veiled threats, abusive language, unprovoked outbursts of anger or emotion, or sexual harassment

- **escalated potential**: argues frequently and intensely; blatantly disregards 'normal' behaviour; hyper vigilant; obsessive thinking and behaviour; throws, sabotages or steals equipment or property; makes overt verbal threats to hurt staff; shows rage reactions to frustration; sends violent or sexual comments via email, voicemail or letter; blames others for all difficulties

- **urgent signs**: fascination with weapons, substance abuse, severe stress, violent history, marked changes in psychological functioning, exotic claims (losing touch with reality), social isolation or poor peer relationships, poor personal hygiene and drastic changes in personality

- **realised potential**: destruction of property, involved in physical confrontation or commits assaults, displays or uses weapons, commits sexual assaults, arson or suicide.

Note: *The best indicator of a client's capacity for violence is a history of violence.*

Part 5
Risk control

Risk control is a process of eliminating or minimising risk. In Child Protection and Juvenile Justice, the identified hazards are inextricably linked to the client and, as such, it is most unlikely they can be entirely eliminated. Therefore, once the risk is assessed, the safety plans that are devised should include precautions and preventative measures aimed at reducing the risk as far as is reasonably practicable to avoid placing staff in dangerous situations.

Supervisors and staff should refer to section 5.3, 'Risk control options and strategies', for help in implementing the control plan and formulating strategies to manage the identified risks of severe and other hazards. Staff should also be constantly alert to the indicators of imminent violence.

Management, in consultation with employees and their health and safety representatives, should review the range of controls available and identify the most suitable. They should consider the following hierarchy of control options when determining an appropriate risk management strategy:

- elimination: removing or eliminating the hazard from the work environment

- substitution: replacing a hazardous process with a less hazardous one, thereby limiting the opportunity for occupational violence

- engineering: using a physical intervention to minimise the hazard; making changes to the work environment

- administration: providing information about safe work practices

- personal protection: using, for example, mobile telephones and duress alarms, and thinking about worker presentation (clothing).

5.1 Control plan for severe hazards

One of the most vulnerable situations staff can find themselves in is a client home visit. The following severe hazards of a client home visit are identified as high risk. Given it is not possible to eliminate the identified severe hazards because they are inextricably linked to the client, the control plan recommends substitution responses (for examples, refer to the table at 5.1.1).

If any of the hazards outlined in the table at 5.1.1 are present when planning client contact, supervisors and staff should, wherever possible, follow the recommended control plan options outlined in the table. If the recommended options are not reasonably practicable, the supervisor and the case manager should discuss the situation. They might need to consider alternative options. The supervisor and the case manager should complete the risk assessment worksheet for client contact (Appendix 9) and the risk management worksheet for client contact (Appendix 9a) at the time of client allocation to determine the level of risk and to manage hazards. The plan should be reviewed during supervision or as required.

Note: *Electronic and paper versions of client management systems for Child Protection and Juvenile Justice have provisions for documenting safety alerts. Staff should always check alerts before all client contact.*

5.1.1 Substitution examples for severe hazards

	Recommended control plan options	
Severe hazards	**Child Protection**	**Juvenile Justice**
Firearms might be present or were present in the past.	Staff should not attend the house without police. Client to attend the office.	Staff should not attend the house. Alternative arrangements should be made (for example, have the client attend the office).
Indication of weapon presence.	Staff should not attend the house without police. Client to attend the office.	Staff should not attend the house. Alternative arrangements should be made (for example, have the client attend the office).
There has been previous police contact relating to assault or convictions of violence.	Alternative arrangements should be made (for example, have the client attend the office, send two staff to the home visit, or attend with police).	Alternative arrangements should be made (for example, have the client attend the office; send two staff to the home visit).
There is a history of physical violence or serious verbal threats.	Alternative arrangements should be made (for example, have the client attend the office, send two staff to the home visit, or attend with police).	Alternative arrangements should be made (for example, have the client attend the office; send two staff to the home visit).
There is a history of serious sex offence.	Alternative arrangements should be made (for example, have the client attend the office, send two staff to the home visit, or attend with police).	Alternative arrangements should be made (for example, have the client attend the office; send two staff to the home visit).
There are staff safety alerts on client files.	Alternative arrangements should be made (for example, have the client attend the office, send two staff to the home visit, or consult police).	Alternative arrangements should be made (for example, have the client attend the office; send two staff to the home visit).
Contact is required (due to statutory order) prior to confirmation of criminal records and police safety checks.	Alternative arrangements should be made (for example, have the client attend the office, send two staff to the home visit, or consult police).	N/A

Note: *Where no severe hazards are identified, it is still important to make sure safety precautions are considered. Staff should remain vigilant and be aware the situation might change.*

5.2 Control plan for other serious hazards

If any other identified serious hazards are present when planning client contact, the aim should be to formulate a suitable control plan to manage the risks. Refer to guidelines in section 5.3, 'Risk control options and strategies' during the planning stages.

The supervisor and the case manager should complete the risk assessment worksheet for client contact (Appendix 9) during client allocation to determine the level of risk and to manage hazards. The plan should be reviewed during supervision or as required and electronic client management systems should be updated.

5.3 Risk control options and strategies

Refer to the following options and strategies when formulating a strategy to manage risks associated with client contact.

5.3.1 Information gathering

Basic preparation and communication are essential if hazards are to be effectively identified and risks arising from the hazards are to be controlled as far as is reasonably practicable. As much information as possible should be gathered prior to client contact.

Client information systems

It should not be assumed that colleagues from other programs within the department have access to the same information systems. No information system should be a substitute for appropriate communication and explanation. For example, Child Protection staff must always alert supervised access staff to safety concerns. Likewise, Juvenile Justice staff must alert sessional workers.

Electronic and paper files must be checked:

- prior to an initial contact
- when the case is reallocated
- when there could be a change (for example, following an after hours contact).

If at any time safety concerns emerge, staff are responsible for updating the screens and recording the information on the paper file

Sharing information

Staff from other programs within the department (for example, School Nursing, Specialist Children's Services, Disability Services, and the Supervised Access Program) hold and might need information about safety issues. Staff must use correct case reporting procedures when reporting staff safety concerns and provide colleagues with any information relating to staff safety.

The department's clients are often clients of more than one service. It is therefore essential that departmental staff and community service organisations identify and share information about client issues that increase staff risk, and that pertinent information is placed on client information systems.

Information can be shared with other staff under the Information Privacy Principles (*Information Privacy Act 2000*) in situations where the organisation reasonably believes the use or disclosure is necessary to lessen or prevent a serious and imminent threat to an individual's life, health, safety or welfare. Staff safety takes precedence over any perceived confidentiality issue. If issues of confidentiality might conflict with information sharing, staff should seek advice from a supervisor in the first instance.

Police check and criminal records check

The Child Protection and Juvenile Justice programs have different roles and responsibilities, which require different levels of statutory contact with clients. Child Protection staff are required to attend the home of clients as part of their statutory role. Juvenile Justice staff are not required to visit clients or their families in their home, although they might choose to do so. Procedures for conducting police checks are therefore different for each program.

Child Protection

If there is any information to suggest an individual might have a history of violence, a criminal records checks should be conducted prior to client contact. Supervisors and managers can also ask police if they are aware of any safety issues for staff attending a client's home, for example warnings about firearms, warrants and intervention orders.

Where circumstances require contact to be made before criminal checks are completed, the contact must be considered high-risk and the control plan outlined in section 5.1, 'Control plan for severe hazards', should be followed wherever possible.

Criminal record checks can be made through the Victoria Police Human Services Unit (formerly the Information Bureau of Records) before the initial investigation of a new Child Protection client. A criminal police check gives information about a person's criminal record and is conducted primarily to find out whether a person has a criminal record for offences related to violence.

The process for conducting a criminal records check is:

1. The supervisor or unit manager applies for a criminal records check.

2. To ensure the check includes other states in which a client has resided, the supervisor or unit manager includes details about periods of time the client has resided interstate.

3. The supervisor and case manager discuss the results.

In high-risk situations, Child Protection supervisors must regularly repeat police checks in order to ensure the information on file is up-to-date. The Child Protection supervisor needs to assess the frequency of the repeat checks on a case-by-case basis in conjunction with managers. It is important to remember the absence of a criminal record or registered firearms does not rule out the possibility of a history of violence or the presence of firearms.

Staff safety concerns can also be raised with the police by:

• contacting the Sexual Offences and Child Abuse Unit

• asking for issues to be raised at police and Department of Human Services liaison meetings.

Juvenile Justice

If a home visit is being considered and severe hazards are identified, Juvenile Justice case managers must discuss alternative options with their supervisor. There are two preferred options: (1) have the client attend the office, or (2) arrange an alternative site for contact.

5.3.2 Communication

When a client home visit is required, a communication plan must be established between the supervisor and the staff member as part of a proactive risk management approach (see the Work Health Tool Kit, Occupational violence prevention policy, for guidance).

Communicating with co-workers

When working with a colleague during client contact, formulate a communication system. It is important to know if a co-worker believes it is necessary to end the contact or to obtain assistance, without the co-worker necessarily having to say it directly. Plan your excuses, your cues and your code words.

Note: Working with a colleague is not a safety plan in itself. Supervisors must be involved in risk assessments.

Communication strategies

Where risks are identified, supervisors will initiate telephone contact to check or confirm safety.

Plan communication strategies in advance and note the following:

• There must be at least one telephone safety check between the supervisor and staff.

• Staff and the supervisor should agree on an approximate time for the safety check. Preferably, the supervisor should initiate the safety check.

• Staff and the supervisor should develop a system for staff to signal for help without increasing client agitation. Supervisors should ask questions requiring a yes or no response to ascertain details about safety.

• The staff member should advise the client at the start of the interview that a telephone contact will be made during the interview and give reasons why (for example, to consult or to deal with an urgent matter). If the client expects the telephone contact, disruption can be minimised.

• Staff and the supervisor must discuss and agree on changes to the safety check, otherwise the supervisor can only assume whether or not the staff members are safe.

• If a staff member arrives at a destination later than expected, the staff member should inform the supervisor so the communication plan can be amended.

• When making contact with supervisors, staff should use agreed communication codes to confirm safety or to advise supervisors there are safety concerns.

• If the staff member does not make contact as agreed, the supervisor will initiate contact.

• If there is no response from the staff member, the supervisor will follow procedures outlined in section 5.3.3, 'Monitoring client contacts'.

• Staff should carry an emergency taxi voucher in case their car breaks down or an unexpected situation arises which might place them at risk.

Mobile/CDMA telephones

Staff should check the area they are going to has mobile telephone reception and their telephone is charged. Rural staff might need to use a CDMA telephone or handheld radio to maximise the likelihood of telephone reception. Staff should ensure pertinent numbers, including emergency numbers, are programmed into the mobile phone in case of emergency.

Police assistance

Child Protection

In cases in which the risks are deemed severe and the client cannot or will not attend the office, but yet there is a statutory requirement to visit the client, police assistance might be required (Refer to *Protecting children: protocol between Department of Human Services and Victoria Police*, DHS, 1998 for details). When police assistance is required, the staff member should inform police of the role, purpose, and likely length of the visit. Staff and police might have to negotiate when the visit will occur and consider the impact a police presence might have on the visit.

Stand-by arrangements are when staff and the police make the decision to involve the police by having them wait outside the client's home or by having the staff member ring 000 (Emergency Communication Victoria). In critical high-risk situations, police will conduct their own safety assessments and might require a period of time to complete these before the visit. Police might also wish to assess the property and its occupants prior to departmental staff entering the property. In high-risk situations, staff should be guided by the police at all times.

Executing a warrant to take a child or young person into safe custody can create additional high risks. Planning and managing warrant executions is a police responsibility, and departmental staff will take direction from the officer in charge. In some circumstances, it might be unsafe for staff to enter premises with police, and staff will need to await instruction.

Juvenile Justice

Juvenile Justice staff should not visit a client in a situation where police assistance is required. If an assessment determines a visit is high-risk to the degree police assistance is warranted, Juvenile Justice supervisors, in consultation with staff, will ensure an alternative site for the visit is arranged.

5.3.3 Monitoring staff safety

Routine contacts

Staff must always advise supervisors of their movements and the following information **must** be recorded prior to the staff member leaving the office to have client contact:

- the staff member's name

- their mobile telephone number

- the client's name

- the location of the contact

- the expected time of return.

This applies to all contacts and is the minimum requirement.

The recorded information must enable immediate contact if concerns develop for staff safety, for example, if a staff member fails to return to the office. Staff itineraries and arrangements must be known at all times. If the visit is likely to extend beyond normal working hours, it is important that arrangements for supervisor consultation are made. The overnight use of a vehicle might be arranged to avoid late returns to the office.

Contacts with identified risk

Staff movement will be closely monitored. Staff should take a mobile or CDMA telephone and make sure it is switched on and remains on. Staff should leave sufficient information to ensure helpful and appropriate assistance can be quickly made available if the need arises.

Staff should record the following before a client contact:

- location of the visit or meeting

- names and contact details of people who will be present at the visit or meeting

- details of any safety concerns

- time of departure

- estimated start and finish times of the visit or meeting

- whether police, security or colleagues will be in attendance

- contact details of police, security or colleagues who will be in attendance

- name and contact details of the person monitoring the visit or meeting, if other than the supervisor

- planned communication strategies and agreed code words to confirm safety

- car registration details.

Monitoring client contacts

If a staff member fails to return to the office when expected, the supervisor will implement the following safety procedure to establish safety:

1. Call the staff member's mobile.

2. If there is no response, call the staff member on the client's home telephone number or the telephone number of the visit site.

3. If there is still no response, or if safety concerns are indicated, assess the safety risks and decide what action is required, including informing the supervisor's manager and arranging for the police to attend the client's house or visit site if necessary.

5.3.4 Safety in different situations

All the suggested controls are fully developed in the Work Health Tool Kit. Completing the safety plan (see Occupational violence prevention policy, Work Health Tool Kit) will assist supervisors and staff in selecting the appropriate controls for a given situation.

Guidelines for office and reception physical environments

The department's Work Health Tool Kit (Occupational violence prevention policy) Known environment audit (see Appendix 6) and the *Client Service Model Strategic Project Front End Redevelopment Project* are safety guidelines pertinent to the physical environment of receptions and office areas. The safety guidelines can be used as a tool to review accommodation to create a safer and better environment for clients, the public and staff.

Managing office contacts

As discussed, it is not possible to eliminate most of the hazards in Child Protection and Juvenile Justice because the hazards are inextricably linked to the client. Therefore, the preferred option for managing risk associated with client contact is to conduct meetings and supervised access at the office. The following precautions should be considered:

- It is standard practice for staff not to arrange to have contact with a client when alone in the building.

- Staff should make sure the contact is not conducted in isolation and that supervisors, colleagues and reception staff are aware of the contact, including the estimated start and finish times. Staff should be checked on at regular intervals.

- Arrange for security guard assistance if available.

- Staff should use fixed and personal duress alarms, where available. Refer to regional office duress alarm procedures.

- Staff and their supervisor should develop a system for staff to signal for help without increasing client agitation.

- Staff should consult with office reception staff and follow their guidelines for dealing with threatening clients.

- If the regional office has interview rooms that are designed with viewing panels, staff should use these rooms whenever possible to conduct meetings with clients or family members.

- Staff should start the interview on time and keep waiting time to a minimum. If there is an unavoidable delay, staff should make sure the client is informed of the delay and of the likely duration.

- Staff should sit closest to the door, without blocking the exit, during the interview.

- If staff are moving around with clients (for example, escorting them to interview rooms) staff should always keep the clients in view.

- Staff should be aware of equipment that could be used as a weapon (for example, pens, chairs, the waste bin).

- If an incident occurs at the office, staff should contact the office manager, security or police. Refer to regional safety guidelines for further details.

Home visits: approaching the house

When approaching the house for a home visit, staff should:

- drive by the house and observe the premises for potential hazards (for example, locked gates)

- park facing the exit direction to ensure ease of exit

- never park in the driveway and always have access to car keys

- be alert and listen for potential staff safety issues (for example, raised voices, fighting, visitors, dogs) before making presence known

- stand to one side of the door when knocking and not enter until met at the door by the client

- on greeting the client, ask who else is home

- make a judgement about whether it is safe to do so if requested to remove shoes prior to entering the house

- be vigilant and aware of surroundings when conducting a client visit at a multistorey building

- meet police (if doing so) some distance from the house and confirm safety plan

- in cases where there appears to be an emergency, consult with their supervisor and discuss whether the staff member needs to call the police.

Note: If it does not feel safe, staff should not enter the house and should contact their supervisor immediately.

Home visits to isolated locations

Supervisors will discuss visits and obtain contact details (for example, the address, land line and mobile telephone numbers of the client or family).

If there are risk factors present, the supervisor and staff member should decide whether to organise for an additional worker to attend the home visit. They will decide this as part of completing the safety plan (see the Work Health Tool Kit, Occupational violence prevention policy).

The staff member should:

- take their mobile telephone and a CDMA telephone to maximise the likelihood of telephone reception

- ensure their car has a full tank of petrol before leaving the office

- check where the nearest police station is located

- telephone their supervisor on arriving at the family home to advise the supervisor of their safe arrival

- telephone their supervisor to advise them of the time of leaving the family home and of the expected time of arrival back at the office

- if going directly to another visit, telephone their supervisor again on arriving at the next destination

- if travelling directly home after the home visit, telephone their supervisor to let them know, and then telephone them once home to confirm their safe arrival.

Child Protection

- In identified high-risk visits, it is recommended staff follow the risk control plan outlined in the table in section 5.1.1. Where required, staff should make arrangements with police to attend as a safety precaution. In situations where the risk does not require police attendance, staff should note where the home is and the distance to the closest police station, and consider the time it would take police to respond to an emergency. Staff should consult with police prior to making the visit.

Juvenile Justice

- In identified high-risk visits, it is recommended staff follow the risk control plan outlined in the table in section 5.1.1. If there are high-risk factors present or if the level of risk is unknown, staff should discuss other possible arrangements for the visit with their supervisor; for example, an alternative site for the visit.

Inside the house

Once inside the house, staff should:

- observe the exits in the house and stay close to exits in rooms

- not allow themselves to be blocked or locked in

- sit in a position that allows easy access to the door (preferably with their back to the wall)

- interview the client in the closest suitable room to the front door. Avoid the kitchen (potential weapons) and bedrooms (personal space, firearms)

- scan the environment for dangerous items or drug paraphernalia

- face the client during the interview

- not block a client's exit

- attempt to monitor what the client is doing at all times

- be aware of the location of the co-worker at all times

- consider whether it is safe to accept offers of food or drink

- stay alert to anything out of the ordinary, such as agitated people

- monitor the presence of threatening pets and request they be secured in another area of the premises if the staff member feels unsafe.

Terminating contact

> If unforeseen safety concerns develop or a potentially violent situation escalates, terminate the interview.

- Staff should stop contact at the first thought or feeling of concern for safety. The client can always be re-engaged. Staff should follow their personal instincts.

- If attending with a colleague, and one staff member feels unsafe and decides to leave, the other staff member must accompany their colleague without question or discussion. Neither worker should re-enter the house unless both agree it is safe to do so.

- If a staff member finds themself in an unsafe situation, they must leave, despite potential risk to children. The staff member should consider whether police intervention is necessary.

- Staff should use any reason to allow for a safe departure.

- When in a safe location, the staff member should park the car, contact their supervisor and report concerns.

- The staff member and the supervisor should agree on an immediate plan of action which ensures safety and allows client safety. Options include the staff member returning to the office and organising an office interview, or the staff member contacting police and re-attending the premises with the police.

- The staff member should record in the case notes that the interview was terminated, the reason for termination, and further action taken or required.

- The staff member should report the incident to their supervisor, complete a DINMA report and an incident report, and seek support.

Conducting outreach visits

Supervisors and staff must be fully informed of any potential safety hazards the staff member might encounter during the outreach visit and of safety check arrangements, including the visit location and actions for the safety check. Refer to section 5.3.2 on communication strategies. Safety checks should be conducted in the following circumstances:

- when transporting clients to their home or placement

- when attending a client's residential address

- when trying to locate clients.

The following items should be made available to staff during outreach:

- mobile telephone

- pocket first aid kit (in car)

- rubber gloves (in car)

- torch (in car).

Attending court

Refer to Appendix 3, 'Melbourne Children's Court security procedures'. If there are known security risks, staff should make contact with the court registrar prior to the hearing date to instigate security measures. Staff should also inform their client's legal representative of their security concerns, either directly or through the department's legal representative. Staff should also ask the client's representative to request his or her client to maintain control.

Staff should consider the following strategies as part of a court safety plan:

- Use car pooling to court.

- Use taxi vouchers, if available, when travelling to or from court.

- Do not walk alone to or from court.

Melbourne Children's Court

In addition to the above strategies, Melbourne Children's Court has additional security measures available. Consider:

- waiting in the Department of Human Services office at the court

- using the court-employed security guards who can assist if safety concern arise

- asking a security guard for permission to use the secure welfare area on the ground floor as a waiting area.

Note: *Staff orientation or induction must cover the Melbourne Children's Court and local court arrangements and be provided to staff before they commence duties. Rural staff should also refer to Appendix 4, 'Rural Children's Court security procedures'.*

Visiting juvenile justice centres

Refer to Appendix 5, 'Professional visits to juvenile justice centres'. Juvenile justice centres have guidelines governing professional visits to clients. To ensure effective service delivery, it is imperative staff adhere to these guidelines.

If there are known risks relating to professional visits, staff should contact the relevant juvenile justice centre unit manager to instigate security measures prior to the visit.

Transporting clients

Staff should assess the safety risks for passengers, themself and the public before agreeing to transport clients, including children and young people.

> Staff must not use their own cars to transport clients.

Routine precautions

Staff should:

- ensure there is enough petrol to complete the journey

- check there is a first aid kit and torch in the car

- put all personal items or objects considered dangerous in the boot

- consider whether there are any items within reach that could cause injury if thrown (for example, a street directory or pens). Remove the cigarette lighter

- keep doors locked when waiting in a stationary vehicle, particularly at night and in quiet areas

- remain in the car if it breaks down at night, lock the doors and windows, and use a mobile telephone to call for assistance

- make sure the correct child restraints or seats are securely fitted according to child restraint regulations

- refer to regional driver safety guidelines.

Children and young people

If the client needs transport to placements, court or access, and is or is likely to become distressed, agitated or aggressive, staff should follow these safety procedures to minimise the risks:

- Staff should consider the most suitable place to seat the client depending on their age and circumstance (for example, if there are two workers, seat one in the back with the client).

- If transporting a sibling group, staff should consider using more than one vehicle.

- If planning to use the child lock on rear doors, staff should consider that:

  - for a young, active, suicidal or depressed child, this might prevent injury to them

  - for a drug-affected or angry teenager, this might increase their risk of frustration.

- Staff should discuss their expectations about the journey with the client (for example, the destination, the need to wear a seat belt, the requirement for the client not to smoke, whether the child lock will be in use).

- During transit, staff should avoid conflict or discussing issues that are known to anger or distress the client.

- If a child or young person becomes agitated, aggressive or starts to move around the car and distracts the driver, the driver should pull over and stop the car.

- If a child or young person attempts to leave the car while it is moving, the driver should activate the central locking (if available) and pull over as soon as possible.

- Once the car has stopped, staff should assess and make a judgement about whether it is appropriate or safe to attempt to physically restrain the child or young person. Necessary or reasonable restraints, as general law provides, might be required in cases where the child or young person is actively attempting to harm themselves or others.

- If staff safety is at risk, the driver should stop the car and not continue to transport the client. The staff member should contact their supervisor and inform them of the situation and discuss alternative strategies, including abandoning the car or requesting police assistance.

Child Protection

- If transporting a client to secure welfare, staff should consider placing two workers in the back: one on either side of the client.

- Staff should discuss alternative travel arrangements with their supervisor. If the risk issues are significant, the staff member and their supervisor should consider issuing a warrant under s. 265 of the *Children and Young Persons Act 1989*.

Parents or carers

It is not the responsibility of staff to transport the parents or carers of Child Protection or Juvenile Justice clients; however, in situations where the parent or carer might require assistance with transport, consider how they could be assisted to travel to the destination (for example, by being given advice about public transport, by being provided with cab vouchers or public transport tickets, or by receiving an offer for the program area to pay for their petrol). If the safety assessment indicates risks associated with transport, do not transport the client.

5.3.5 Personal safety guidelines

Protecting one's personal security

The Office for Children supports all staff in endeavouring to ensure their personal security and safety. Protecting personal security and identity is essential, not only in situations where specific threats have been made, but as a general precaution. These simple strategies are suggested as a means of enhancing staff members' personal safety:

- Become a silent voter.
- Obtain a silent telephone number.
- Carry a charged mobile telephone.
- Avoid calling clients from a personal telephone. If absolutely necessary, first dial 1831 to block the number display.
- Never give out home address or personal telephone number.
- Vary route to and from work.
- Avoid using a personal car to visit clients where possible.
- Keep car doors locked and windows shut.
- Keep valuables out of sight, either covered or in the boot.
- Park as near to the office building as possible in an area that will be well lit at night.
- Check the back seat of the car before getting in.
- If concerns arise about personal safety and security after work, alert a colleague or security officer if available and request assistance.
- If concerned a car is following, do not go home. Report the matter at a police station.

***Note**: Under no circumstances should staff give out colleagues' personal details to clients or others.*

Clothing

Clothing can increase or decrease personal safety in a violent situation.

- Loose, comfortable and practical clothing allows easy movement and breathing and allows staff to flee from a situation.
- Flimsy or high-heeled shoes can restrict mobility and cause tripping.
- Long-sleeved garments offer some protection from bites.
- Avoid wearing necklaces, ties, scarves or security passes because they can be used for choking.
- Long dangling earrings can be torn from ears.
- Handbags, briefcases, document satchels and wallets can be used as weapons.
- Jewellery, watches, belt buckles or bunches of keys can cause injury if a scuffle develops.
- Wear a swipe card safely. Use a belt anchor instead of wearing the card around the neck, particularly when interviewing clients or their families.
- Revealing clothing can jeopardise worker safety. Given the precarious and impressionable nature of clients, a sensitive and practical approach to clothing is required.
- Professional attire is essential.

Self-defence

If threatened with an imminent physical attack, staff should leave the hostile situation. If unable to do so, self-defence might be necessary. If a self-defence act is required, staff should do whatever is necessary to get away using the minimum force required (refer to Appendix 6, 'The law of negligence').

Dealing with an angry client

Clients of Child Protection and Juvenile Justice can present as angry and frustrated. In many instances, clients have limited skills in communicating this anger and frustration in acceptable ways. Specific defusing skills are required to work with this client group and such skills are learned through a combination of training, observing senior staff, and direct experience. When a client is hostile or verbally abusive, staff should keep in mind the following:

- Staff do not have to tolerate abusive or threatening behaviour.
- If safety concerns arise, staff should organise time out by terminating the contact entirely or for a short while.
- Staff should also:
  - keep a safe distance from the aggressor
  - avoid touching the person they are trying to calm down
  - try to defuse the situation by listening to the client and remaining calm
  - be quietly assertive, express facts calmly and avoid heated discussions
  - be mindful of power struggles, and remain courteous and respectful
  - be sincere in their attempt to help and avoid an aggressive response
  - use simple, direct and brief statements. They should speak slowly and clearly
  - discuss problems and issues in a straightforward manner
  - use language the client will understand
  - try to maintain empathy and paraphrase client's comments
  - time their responses carefully

– help the client to focus on the issues or problems that are causing anger and to identify solutions

– demonstrate they are trying to find solutions to problems

– steer clear of potentially hurtful comments and avoid belittling client concerns

– acknowledge the client's feelings and try to place the anger in context. The client might have good cause to be angry. Acknowledging their feelings and trying to place the anger in context can help to contain the anger and prevent it from escalating

– consider using an interpreter if required

– avoid force and physical restraint, except for protecting oneself and others

– ensure the client views their involvement as professional and not personal

– arrange office security guard assistance, where available.

Note: *If an incident is occurring in an office reception, consult with reception staff and follow their guidelines for dealing with threatening clients (refer to Appendix 7, 'Known environment audit'). For further information, see Front End Redevelopment Project Report Guidelines for the Department of Human Services front end reception physical environment.*

Telephone calls

Staff do not have to tolerate abusive or threatening behaviour. If threatened or verbally abused on the telephone, staff could consider these procedures:

• Listen to the caller. It might be a client who has a good cause to be angry, and acknowledging this might help contain their concerns.

• Try to calm down the caller and maintain composure.

• Explain the behaviour is not acceptable and ask the caller to stop. Be specific about what is unacceptable.

• Warn the caller the call will end if they do not stop the behaviour.

• If the behaviour continues, tell the caller you are not prepared to continue the conversation at this time and terminate the call.

• Invite the caller to call back when they have calmed down.

• Tell the client how, when and with whom they can resume contact. This will be decided on the basis of statutory requirements, duty of care, urgency, the staff member's relationship with the caller and the nature of the threats or abuse.

• On terminating the call, report actions to the supervisor, make a case note record and seek support.

• Complete a DINMA and incident report if the contact was abusive or threatening.

• Be aware of personal responses, including any residual reactions, and if necessary, talk over the incident further with the supervisor, or refer to section 6.3.3, 'Formal debriefing'.

Part 6 Post-incident management and support

Any incident involving staff in the department must be reported. The department provides various supports for staff who are affected. This guide focuses on preventing the risk of occupational violence occurring and managing and minimising its effects when it does occur. The department acknowledges the work staff do can be stressful and it often has an emotional impact (see section 6.8, 'Common personal reactions to occupational violence'). As well as ongoing supports, there might be times when staff need specific assistance to manage the emotional impact of their work. In accordance with departmental policy, supervisors should apply the information in the following sections as appropriate.

6.1 Medical assistance

Following any incident, the immediate concern is staff wellbeing and providing any necessary medical treatment for any person involved. Where medical treatment is necessary, the staff member should obtain a written medical report or certificate from the medical practitioner.

6.2 Disease Injury Near Miss Accident and incident reports

If staff are subjected to any form of assault at work, including threats and verbal abuse, staff must use the department's incident reporting system, Disease Injury Near Miss Accident (DINMA) and incident reports. Incidents are commonly under-reported for a variety of reasons. It is very important all incidents are reported and recorded in order to:

- ensure staff receive the support they need
- monitor the risks in the working environment
- improve risk minimisation strategies
- develop ongoing strategies to minimise risk.

Staff must:

- inform their supervisor
- complete a DINMA report
- complete an incident report
- consider police involvement.

Note: *Staff involved in occupational violence must make a case note record and update staff safety alerts on the electronic case management system under 'Behavioural alert'.*

6.3 Support

Assistance that can be provided to staff if they have been subjected to client-initiated abuse or assault includes formal debriefing, supervision, informal debriefing with peers, discussions of issues at team meetings, and reporting to their health and safety representative.

6.3.1 Culture of safety and support

Practical and emotional supports might be needed if staff are involved in a specific incident or if a cumulative response to a series of minor incidents or stress arises. The culture of safety and support in the work environment will have a significant impact on how staff are likely to respond and can influence the likelihood of an incident occurring in the first place.

A culture of safety and support is evident when:

- peers, managers and the organisation as a whole openly and actively recognise the realities of dealing with violent or potentially violent clients

- the often stressful nature of the work, and the impact of this, is recognised

- it is normal and automatic to raise any doubt, fear or uncertainty, however small, about a client or situation at an early stage

- all work is considered from a safety perspective before being undertaken

- safety is regularly raised and discussed at team meetings, user forums and supervision, not just after incidents

- it is recognised that when one worker is involved in an incident, whole teams and offices can be affected.

6.3.2 Supervisors

In addition to offering staff direct and immediate support, supervisors will ensure support and assistance is provided in order to:

- help staff to deal with personal responses

- organise formal debriefing

- plan a response to the perpetrator

- involve the police if necessary

- manage client-related legal issues arising as a result of the incident (a court order might need to be changed)

- review safety procedures for future contact, either by the case manager or other staff

- review casework strategies for working with the client

- make sure formal reporting requirements are met (that is, a DINMA and incident report is completed and processed)

- manage team issues arising from the incident

- raise issues with the health and safety representative

- provide training and practice in all safety procedures during orientation, supervision and staff meetings.

6.3.3 Formal debriefing

Critical Incident Stress Management service

The Critical Incident Stress Management Service or CISM service can be accessed following any incident that causes staff distress. It is free and confidential and provided by appropriately trained staff. The CISM service can be conducted on a group or individual basis, depending on the nature of the incident and the people involved. It will help staff to:

- express emotions

- try to gain a better understanding of what has occurred

- understand normal reactions to such events

- receive immediate support

- put the incident into perspective and confirm they were not responsible for the incident

- successfully resolve the issue to allow closure.

6.3.4 Peer debriefing

Peer debriefing provides individuals with an immediate opportunity to express their thoughts and feelings and to receive appropriate support from their own peer group.

> Supervisors will organise a formal debriefing for staff involved in an incident. Although staff are not obliged to attend, they will be encouraged to do so.

6.4 Employee Assistance Program

The Employee Assistance Program or EAP is a free and confidential counselling service provided by external counsellors. Staff can access the service if they are experiencing personal problems that are affecting their ability to perform at work. Whether or not a staff member uses EAP is a personal decision. Staff can find out more about EAP from the department's *KnowledgeNet* site or their supervisor or senior human resources advisor.

6.5 Managing the perpetrator

Responding to the perpetrator is primarily the regional manager or unit manager's responsibility. This officer will arrange the response in conjunction with the relevant supervisor. The purpose of the response is to make sure staff are not further harmed, statutory requirements are met, and the client is safe.

The response, which can be a letter or a telephone call to the client or the client's parents, will provide an opportunity to further discuss the incident and will aim to set clear boundaries for future contact.

The regional manager or unit manager should consider consulting the police about managing clients who present with threatening and aggressive behaviours.

6.6 Making complaints to the police

All staff members have the right to make a complaint to the police following assaults and serious threats of harm. If staff are assaulted or threatened (which includes any incident that might constitute a criminal offence, including threats to harm), they will be strongly encouraged to make a complaint. This applies whether the threats are made face-to-face or on the telephone.

It is important to report incidents, even when it is not clear whether there is evidence to prosecute. The evidence might build up over time or the police might have other information.

When reporting an incident, staff will be asked to make a statement. Senior managers should be informed if staff make a complaint to the police. This allows senior managers to make sure staff are supported in taking this action and to monitor the degree to which the department needs to be involved in discussions with the police about the case. The police decide whether there is a case to be prosecuted.Consideration could also be given to an intervention order.

6.7 Return to work program

The department is committed to providing a safe and healthy work environment for its employees and, if an injury occurs, to providing rehabilitation and return to work programs to help staff to return to work. The supervisor or manager works with injured employees, the regional coordinator and treating health practitioners to maintain injured employees at work where possible or, where the injured employee requires time off, to facilitate their safe and timely return to work.

6.8 Common personal reactions to occupational violence

There is a range of common personal reactions to being exposed to assault and aggression at work. A person might react as a result of a single incident or a cumulative response to the impact of the work. Staff involved in occupational violence might react immediately after an incident or some time later and can experience any of the following:

- a fear of clients, and particularly of confronting clients
- a fear of coming to work
- a fear of reporting the incident
- crying
- disturbed sleep
- feelings of powerlessness
- self-blame and guilt
- anger at work and in personal relationships
- damaged professional self-image
- headaches
- anxiety or depression.

6.8.1 Managing a personal response

Normal responses to threatening situations include anger and fear. The purpose of these responses is to quickly prepare us for flight or fight. It is important staff are aware of how to respond to threats. This will help them to monitor and control their responses and to use skills to manage the situation.

Personal reactions are also an important risk indicator that should not be ignored because they give the individual clues about the potential for attack.

6.8.2 Physical responses

When a person is threatened, the following physical cues might become evident:

- rapid, shallow breathing
- rapid, pounding heartbeat
- muscle tension (for example, in the stomach, chest, head or entire body)
- sweating
- clenching of jaw, teeth or fists
- pacing
- wanting to cry
- feeling ill
- trembling
- flushing of the face.

6.8.3 Resilience

An individual's resilience at any given time influences their personal responses to occupational violence. People are more likely to experience a physical stress response if they are hungry, tired, sick, frustrated, or there are unacknowledged personal triggers present in the situation.

6.8.4 Personal triggers

Nearly everyone has some previous experience of aggression and violence. These experiences can act as triggers in certain situations. Being aware of one's personal triggers will help to extend one's choices about ways of dealing with future episodes of aggression and violence. Staff should think about or discuss the following questions:

- What do you perceive as aggressive and violent behaviour?
- How do you deal with different types of aggression? Is your tendency to become confrontational or to give in or to stay calm?
- What groups of clients (for example, male adolescents, people with mental health problems, parents of abused children) give you most concern and why?
- What situations (for example, home visits, couples, groups, families) concern you?
- What might prevent you from recognising warning signals?
- What might prevent you from asking for support and protection?

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Appendix 1:
Department of Human Services
Health, Safety and Wellbeing

Policy

The Department of Human Services is committed to creating a safe and productive workplace through improving health, safety and wellbeing at work. Recognising that employees are central to effective service delivery, the department can demonstrate the value it places on employees by implementing measures which actively protect and promote the health, safety and wellbeing of all staff.

This policy contributes to the department's human resource management strategy, and is consistent with the departmental values which recognise the department's duty of care to staff and clients. An objective of this policy is to model within the department its own mission to protect and enhance health and social wellbeing and to ensure organisational practice is aligned with health and wellbeing philosophy and practice promoted to the Victorian community.

Legislation

The department will provide as far as is practicable a safe and healthy workplace for all employees, clients, contractors and visitors. Employer obligations in the *Occupational Health and Safety Act 2004* and other relevant occupational health and safety regulations are the basis on which the department builds its health, safety and wellbeing management practice.

Principles

- Senior management commitment is critical to achieving improvements in the health, safety and wellbeing of employees.

- Health, safety and wellbeing of employees is a core management responsibility as part of good people management and effective service delivery.

- Consultation with stakeholders, including Department of Human Service management and employees, and employee representative organisations, will provide positive and effective workplace health, safety and wellbeing outcomes.

- Prevention of workplace risks to health, safety and wellbeing is the most effective way to reduce occupational illness and injury.

- No work-related injury to employees is acceptable. The goal is zero injuries.

Commitments

- Health, safety and wellbeing management will be integrated into departmental and local practices.

- Risks to health, safety and wellbeing will be reduced by identifying, assessing, controlling and evaluating risks in consultation with stakeholders.

- Where workplace prevention fails and injury or illness occurs, circumstances will be investigated and action taken to prevent a recurrence.

- Continuous improvement in the health, safety and wellbeing of employees will be managed by setting departmental and local performance improvement targets, monitoring health and safety performance and reporting on achievements.

- Policies and procedures for reducing risks to health, safety and wellbeing will be developed in consultation with stakeholders and reviewed at least every two years.

- Managers will be provided with the knowledge and skills to enable them to manage workplace health, safety and wellbeing issues in their area of accountability.

- Employees will be provided with the information, instruction, training and supervision necessary to enable them to work safely.

Responsibilities

- Managers are responsible for identifying and managing local health and safety issues, allocating roles and responsibilities, monitoring performance and working with employees to achieve continuous improvement.

- Employees are responsible for co-operating with management to improve workplace health, safety and wellbeing, observing safe work practices they have been trained in and, as far as they are able, protecting their own and others' health, safety and wellbeing in the work environment.

- Specific responsibilities for stakeholders are specified in the document, *Implementation of the Health, Safety and Wellbeing Policy. Roles and responsibilities*, available on the Work Health website <http://intranet_1:8080?hrb/whu.nsf>

Management roles and responsibilities

Secretary

- Promote organisational values of health, safety and wellbeing as essential to good people management and effective service delivery.

- Sponsor health, safety and wellbeing policies that define departmental expectations in the provision of a safe and healthy working environment.

- Monitor organisational health, safety and wellbeing performance, and reward and recognise achievements.

Directors, assistant directors and regional executives

- Ensure program and regional managers implement the organisational commitments stated in the Health, Safety and Wellbeing Policy.

- Include and assess health, safety and wellbeing strategies and performance targets in annual service delivery plans and senior management executive performance plans.

- Allocate resources to achieve health, safety and wellbeing performance improvement targets.

- Monitor health, safety and wellbeing performance against agreed performance targets.

Senior management

- In consultation with employees, develop strategies for incorporating health, safety and wellbeing into service delivery and document strategies in the regional/program service delivery plan.

- Include and assess health, safety and wellbeing strategies and performance targets in management performance plans.

- Access resources to implement health, safety and wellbeing strategies to improve workplace risk prevention.

- Promote the Health, Safety and Wellbeing Policy and local implementation strategies through management and employee meetings and health and safety committees.

- Develop, implement and monitor systems to ensure compliance with statutory responsibilities to train employees in hazards and risks associated with their work.

- Monitor the implementation and performance outcomes of regional/program health, safety and wellbeing improvement strategies and report progress.

Managers/supervisors

- Provide and maintain a healthy and safe local working environment.

- Consult with employees and health and safety representatives on workplace health and safety information, issues and opportunities for improvement.

- Identify local risks through workplace inspections, incident reports, DINMAs, accident investigations and workplace consultation.

- Develop and implement health and safety improvements in consultation with employees.

- Provide a business case for recommended improvements to senior managers to secure resources.

- Integrate health, safety and wellbeing strategies into work procedures and practices.

- Document health, safety and wellbeing improvement strategies and monitor for effectiveness.

- Report on progress and workplace health, safety and wellbeing to senior managers and employees.

Other stakeholders' roles and responsibilities

Employees

- Participate with management in the development and implementation of health and safety systems.

- Participate in relevant health, safety and wellbeing training.

- Take care that activities undertaken or neglected do not cause a risk to health and safety of any person in the workplace.

- Report all work-related disease, injury, near misses or accidents to the department.

Occupational health and safety representatives

- Represent their designated work group in local health and safety consultation processes.

- Provide feedback on health and safety issues to employees in their designated work group.

- Assist in the development of health, safety and wellbeing improvements.

- Use the issue resolution process to resolve local health and safety issues.

Occupational Health and Safety Committee

- Provide a formal structure of consultation on health and safety issues and management strategies.

- Participate in the development of regional/program health and safety strategies.

- Analyse regional/program performance and monitor progress.

- Distribute information to employees on the outcomes of meetings.

Work Health staff

- Provide specialist knowledge and expertise to build health, safety and wellbeing management into core service practice.

Appendix 2:
Department of Human Services
Occupational Violence Prevention Policy

Policy

The Department of Human Services is committed to creating a safe and productive workplace through improving health, safety and wellbeing at work. The client care and working environment will reflect the requirements of state and federal law, and community expectations for the protection of clients and staff. The department defines occupational assault as any incident in which employees are abused, threatened or assaulted in circumstances arising out of or in the course of their employment, including verbal, physical and psychological abuse. The department recognises that occupational assault injuries represent a significant proportion of overall injuries and aims to eliminate the risks associated with these injuries and to implement controlled solutions where elimination is not possible. This policy covers all facets of human services' business where people are managing or are exposed to the risk of injury resulting from occupational assault.

Legislation

The department will comply with the requirements of the *Occupational Health and Safety Act 2004* to provide a safe workplace, including safe systems of work.

Principles

- Senior management commitment is critical to achieving improvements in the health, safety and wellbeing of employees.

- Consultation with stakeholders, including Department of Human Services management and employees, and employee representative organisations, will provide positive and effective workplace health and safety outcomes.

- Prevention of health, safety and wellbeing risks in the workplace is the most effective way to reduce illness and injury.

- No work-related injury to employees is acceptable. The goal is zero injuries.

Commitments

All tasks and systems will be examined using the framework of hazard identification, assessment and control, using a monitored process of continuous improvement. Appropriate resources will be allocated to enable compliance with legislative requirement to provide a safe workplace, with priority allocation to highest risks.

Consultation

- In line with the Department of Human Services Consultation Policy, staff, occupational health and safety representatives and management will manage occupational assault issues through the consultative process.

Systems of work

Program-specific policies and procedures designed to reduce the risk of occupational assault hazards will be developed and implemented, with priority to high-risk groups. Reporting systems for all incidents, including near misses, injuries and illness, will effectively promote early reporting.

Client behaviour assessment and management

- Clients in the department's care will be assessed using existing systems, and behaviour management strategies will be developed and documented.

- Behaviour management strategies will be reviewed as required, to maintain staff safety.

Supervision

- Supervision will be provided by managers and other key personnel, in relation to performance of work tasks and personal safety to reduce the risks of occupational assault injury.

- Supervisors will monitor employee skills and competencies in implementing client behaviour management strategies.

Post-incident stress management

- Management will provide demobilisation, and staff will be offered debriefing and defusing through the Critical Incident Stress Management (CISM) service, within recommended timelines.

Monitoring implementation

- All departmental programs will have their safety performance monitored using the Safety Performance Management System.

Service design

- Risks of occupational assault injury to employees will be eliminated where possible, or minimised when designing work. Elements to be considered are competencies, staffing levels, workloads, work patterns and work plans.

Physical workplace design

Design issues impacting on occupational assault risks will be incorporated into generic briefs and applied when building new facilities or modifying existing facilities. Worksite or client-specific design issues will be managed at a local level.

Recruitment and selection

- Job applicants will be informed of inherent requirements through an accurate description of the activities involved in the job.

Information, instruction and training

- Information and instruction will be provided in Department of Human Services' systems and procedures, and use of equipment. This will be provided at commencement of employment and where there is a change in potential occupational assault risk or environment.

- Staff will be trained in identifying, assessing and planning for control of occupational assault hazards. Priority will be given to workplaces where increased risk of occupational assault injury is present.

- Instruction and training will be used in conjunction with other strategies to reduce the risk of injuries resulting from occupational assault.

- Relevant information and training relating to Department of Human Services workplace risks will be provided to contractors where appropriate.

Responsibilities

Senior managers are responsible for:

- ensuring implementation of the Safety Performance Management System

- ensuring policy commitments reduce occupational assault risks.

Managers are responsible for:

- identifying, assessing and controlling occupational assault risks

- inducting and training employees in preventing occupational violence

- working with employees and contractors to prevent and minimise occupational assault risks

- investigating all incidents and maintaining records of incident investigations

- maintaining staff training records

- providing immediate and ongoing support for employees exposed to occupational assault.

Employees are responsible for:

- following work practices designed to reduce occupational assault risk

- identifying and reporting occupational assault risks to management

- working with management to prevent and minimise occupational assault risks

- reporting all incidents.

Appendix 3:
Melbourne Children's Court

The Children's Court of Victoria is a specialist court established under the *Children and Young Person's Act 1989*. It has two divisions the criminal division and the family division, which deal with matters relating to children and young people.

Signage

New signs have been installed in the ground floor entrance, the Family Division waiting area and the Criminal Division waiting area, advising the court is under constant video surveillance. Signs have been installed in the Department of Human Services room and the Court Advisory Unit room, advising staff of the number to call and the name of the location they are calling from in the case of needing urgent security assistance.

Camera surveillance

All domes are fitted with active video cameras. Chubb Security monitors the video screens.

Security staff in the Melbourne Children's Court

There are two groups of staff providing security services in the court:

Chubb Security: Two Chubb Security staff are located at the ground floor reception desk. They provide a reception service and general building security service, including video surveillance.

Protective services officers:
Victoria Police employs two officers to constantly patrol all areas of the Children's Court building. Their role is to provide a proactive policing function to ensure the safety of all court users. Because of this responsibility, they are unable to provide a full-time bodyguard function to individuals. Additional, roving teams of protective services officers also patrol the Children's Court building on a regular basis. These teams can be called, on a planned basis or at short notice, to provide assistance in particular situations.

Department of Human Services room

The Department of Human Services room has been enlarged and now incorporates the adjoining waiting room area. The door to this room has been fitted with a keypad security lock and a window. Child Protection staff are requested not to use the old waiting room door, except in an emergency. To improve security, staff are also requested not to prop open the main door to the enlarged room.

Secure welfare room

The secure welfare room door can be locked on the inside or the outside. The key can be obtained from Chubb Security at the ground floor desk. Chubb Security monitors the secure welfare room via a video camera. The door will open automatically in the event of a fire. The current procedures for the supervision of young people at the court are outlined in a memorandum dated 12 May 2000, entitled: *Young people recommended for secure welfare placements - supervision at Melbourne Children's Court and escorting young people to secure welfare*.

Procedures for requesting urgent assistance

In an emergency, staff can contact Chubb Security or the protective services officers directly or call extension 778 or 727 for urgent assistance. Chubb Security's role on these occasions is to summons the protective services officers.

Procedures for planning additional security assistance

Child Protection and Juvenile Justice staff who are attending court for a matter where there are known or anticipated security issues should contact the Principal Registrar or the Deputy Registrar on telephone 8601 6700 prior to the day of the court hearing wherever possible so that additional preparation can be made to manage the situation effectively.

After the Child Protection staff have made initial contact, the Principal Registrar or Deputy Registrar will contact the protective services officer who will then make direct contact with the Child Protection staff to obtain details of the matter and discuss management of the situation.

On the morning of a hearing, if additional security assistance is required and Child Protection or Juvenile Justice staff have not already contacted the court, they should speak with the Principal Registrar or the Deputy Registrar at the second floor counter. Staff are urged to consult with the Registrar or Deputy Registrar the day before the hearing wherever possible.

Remote witness facility

The Melbourne Children's Court has the capacity to hear live evidence from witnesses, including family members, Child Protection staff and other professionals, from a 'remote' facility. The courts set up to deal with remote witness evidence are Courts 1 and 5 (Family Division) and Court 6 (Criminal Division) located on the first floor. The witness gives their evidence from the remote witness room located elsewhere in the building. Staff who wish to use the remote witness facility should:

- contact the court coordinator at the earliest opportunity in the lead-up to the contest date, at which time the coordinator will note the request and arrange for the 'independent person' to be placed on standby

- contact other parties' legal representatives to advise them of the request

- request the department's legal representative to make an application to the court on the contest day for the facility to be used. If any of the parties object to the application, the magistrate will hear the argument on the contest day.

While the Child Protection or Juvenile Justice staff member is giving evidence in the remote witness facility, they are required by legislation to be accompanied by an 'independent person' who the court provides. The role of the 'independent person' is to assist in the function of the remote witness court, to contribute to the wellbeing of witnesses, and to understand the needs of witnesses in 'special needs' matters. The 'independent person' is able to operate the remote witness equipment.

Use of the Disease Injury Near Miss Accident (DINMA) report form book

Any incident that has potential to affect the safety or health of Department of Human Services' staff while on Department of Human Services' business at the Children's Court is required to be reported in the DINMA book located in the Department of Human Services room, first floor, Children's Court, 477 Lonsdale Street, Melbourne.

Child Protection and Juvenile Justice staff are encouraged to use the DINMA book to record any incident or injury. An example of this is any occupational assault that occurs in or around the Children's Court. The department defines occupational assault as any incident in which employees are abused, threatened or assaulted in circumstances arising out of or in the course of their employment, including verbal, physical and psychological abuse.

The purpose of completing a DINMA form is to provide information to regions about an incident in which staff were threatened or injured in court, to provide information that will assist with the processing of a WorkCover claim if appropriate, and to provide information that will help the program and the court to develop better occupational health and safety strategies

A DINMA book is in the Department of Human Services room so that departmental staff can report threats or injuries involving departmental staff in the court. The book has instructions for completing a DINMA report.

If an incident occurs at court and the staff member does not immediately complete a DINMA report, they can complete the report at the regional office.

Toilets

Child Protection and Juvenile Justice staff can use the 'staff only' toilet on the first floor. If staff are concerned about their safety, they can use the toilets on the ground floor near the pre-hearing conference rooms after advising Chubb Security staff at the ground floor counter of their intention to use these toilets.

Security information and security procedures for Child Protection and Juvenile Justice staff. Information prepared by Child Protection and Juvenile Justice Branch and Melbourne Children's Court, March 2002.

Appendix 4:
Rural Children's Court

The children's court of larger regional towns generally employs security staff. If there are known security risks, staff should contact the court registrar prior to the hearing date to instigate security measures.

The children's court of smaller rural towns does not have security staff; however, a smaller rural town's children's court is often located in close proximity to a police station. If there are known security risks, staff should contact the court registrar or contact the nearest police station to arrange for police presence on the day of the hearing.

Staff should inform the parent's legal representative of the staff member's security concerns either directly or through the department's legal representative. The staff member or the department's legal representative should ask the parent's legal representative to request his or her client to maintain control.

If the court is in an isolated location and the parent's of the staff member's client require assistance to travel to the court, but there are safety concerns associated with transporting the parent, the staff member should check whether there is a family member or friend available to drive the client if the department pays for their petrol. The department is also able to pay for public transport for the parent if this is available.

Staff should consider the following strategies as part of their safety plan:

- If attending court in an isolated location where there is a medium to high risk, consider requesting that your supervisor or another worker accompanies you.

- If you have arranged for police to be present at court, arrange to meet the police officer at the police station and ask them to accompany you to the court. Similarly, if you are attending a court that has security guards, ask them to meet you at the entrance of the court and accompany you inside.

- If there is a room in which you can wait for the matter to be called, advise the clerk of court's and the police officer (if applicable) of where you will be and then wait in this room.

- If using toilet facilities at the court, ask another worker to accompany you and to wait outside to ensure you are not accosted by the client in this restricted space. If the situation is high-risk, you should advise the police officer in attendance of your whereabouts at all times.

- If you have a client in your care during the court hearing and there is a high risk associated with the client having contact with his or her parents or other individuals, you should consider requesting that a police officer monitor the child while at court.

- When returning from court on isolated roads, be aware of the car the parents or other individuals travelled to court in and regularly check to see if this car is in sight or following you. Ring police immediately if you have any concerns about being followed or harassed while driving.

Appendix 5:
Professional visits to
juvenile justice centres

Legal and policy mandate

Children and Young Persons Act 1989 (s.139, s.252 and s.270)

There are clear instructions in the *Children and Young Persons Act 1989* regarding visitors to Juvenile Justice centres. Section 252 states that clients (subject to s. 270) are entitled to receive visits from parents, relatives, legal practitioners, people acting on behalf of legal practitioners and others. Section 270, which covers offences in relation to people held in centres, defines prohibited activities for visitors and the penalties they carry.

Procedures

Organising visits

- Visits should be arranged in advance. Professional visitors should book visits to suit all parties.

On arrival

- Professional visitors must sign the visitor's book at each arrival and exit.

- Professional visitors should produce photo identification.

- Professional visitors must leave mobile telephones, wallets, handbags, cigarettes, lighters and other items not required in a designated visitor's locker and be given its key.

Supervision of professional visits

- Unit coordinators will assess the risk level of each visit before it commences and determine the staffing and monitoring level required.

- Unit staff ensure that professional visits, particularly for protective services and Juvenile Justice staff, and legal matters have privacy.

- If the client or the professional visitor requests staff presence during a visit, staff should accommodate the request.

- If supervising staff have safety or security concerns for the client, visitor or any other person, the visit may be terminated by the supervising staff member.

(*Information prepared from Juvenile Justice centre operations manual* (DHS, 2004)).

Appendix 6:
The law of negligence

Assault can be internal to the workplace, or external, such as in a client's home. It can also occur to a client or visitor within the workplace. Assault at work can constitute a criminal assault.

Assault is defined in s. 31(2) of the *Crimes Act 1958* as:

the direct or indirect application of force by a person to the body of, or the clothing or equipment worn by, another person where the application of force is:

a) without lawful excuse; and

b) with the intent to inflict or being reckless as to the infliction of bodily injury, pain, discomfort, damage, insult or the deprivation of liberty.

In some programs, for example Child Protection and Juvenile Justice, there are statutory requirements to provide services in circumstances where there is a risk of occupational violence. Consequently, it is difficult to develop definitive strategies for prevention, control and harm minimisation and managers must be proactive in identifying, assessing and implementing control strategies. Workers also have a responsibility to continually monitor their work environment for indicators of potential violence.

In addition to its duty of care under the *Occupational Health and Safety Act 2004*, the Department of Human Services owes a duty of care to anyone who is reasonably likely to be affected by the department's activities, whether they are clients, the family or carers of clients, staff, or other groups of people in the broader community who might be affected by the department's actions or failure to act. The department's Policy on the Law of Negligence (refer to the Duty of Care Policy at <knowledgenet/portfolio/legal/duty_pol.htm>) provides full details of departmental and staff responsibilities in this area. In summary these are as follows:

Restraint, force and self-defence

The department has a duty of care to ensure staff are provided with adequate training, resources and appropriate systems of work to enable them to respond appropriately to situations of assault. Mechanisms, such as restraint, time out and sedation, should not be the primary approach to minimising the risks of assault in departmental workplaces. Such mechanisms should only be used to provide the necessary protection for staff and clients where the process of risk assessment and control have identified and put in place the range of appropriate controls, but some risk of assault still exists.

Physical restraint should only be used where an immediate risk of injury exists and no other option for resolving the situation is available. The physical restraint used should be the **minimum** required.

Reasonable force is the force that is sufficient to stop the assaulting person causing injury or harm to themselves or others–and no more.

In addition to civil law where staff are provided with a duty of care to clients which justifies the use of physical restraint, staff owe a duty of care to protect clients from being assaulted or assaulting others. The use of reasonable force sufficient to prevent this is acceptable. This includes situations where there is an overriding necessity to protect someone.

The 'emergency' or 'rescue' powers given to departmental workers provide the right (and responsibility) to rescue a person from a dangerous situation. There are situations the law 'excuses from being assault', such as:

- **implied consent**. Everyday activities of caring for clients require some physical contact between individuals. The department's clients have consented to the care provided and therefore to the physical contact involved in that caring. However, consent to such physical contact is not consent to restraint or seclusion. Part 5, Division 3 of the *Mental Health Act 1986*, s. 44 of the *Intellectually Disabled Persons' Services Act 1986*, and ss. 256 (a), (b), and (c) of the *Children and Young Persons Act 1989* provide specific detail on the use of restraint and seclusion in those settings and should be consulted and complied with in relation to the use of restraint and seclusion for such clients. Please note these Acts might have recently been amended and care should be taken to ensure the most recent version is consulted

- **self-defence and defence of others**. This is permitted where a direct care worker (or someone in care) is attacked or has a reasonable belief there is about to be an attack.Training in self-defence techniques, including evasive self-defence, provides employees with controlled physical intervention when all other non-physical strategies have failed. Services and programs in which staff work with clients who might display aggressive behaviour should provide adequate training for staff in containment and self-defence techniques

- **reasonable force**. The person responsible might be liable for prosecution for assault if an incident of aggressive behaviour occurs under provisions set down in the *Victorian Crimes Act 1958*. The main defence against assault actions available to staff is self-defence. Staff behaviour should therefore be defensive rather than aggressive, controlling rather than punitive, and use no more force than is

necessary in the given situation. The justification of 'self-defence' relies on the argument that the level of force used is reasonable given the threat faced. The level of force considered appropriate for self-protection or to ensure the safety of others will remain a matter of judgement, depending on the context of the specific persons and the situation involved

- **appropriate responses**. Appropriate responses to aggressive incidents are:
  - crisis communication and negotiation where staff are being verbally abused or verbally threatened
  - evasive self-defence to the threat of assault and battery, such as where physical contact or injury might occur
  - physical intervention and controlling self-defence to aggravated assault only where serious injury might be inflicted.

Use of restraints

General law provides that no person can be physically restrained against their will; however, in some instances it might be appropriate to place reasonable restraints on a client in a manner that is consistent with legal requirements. This applies only to the necessary and reasonable restraints or seclusion required to ensure the safety of the client and others, such as staff, other clients and visitors.

Medication and sedation

If medication is used outside the parameters of normal clinical practice and procedure and has no other clinical purpose or benefit other than sedation, then it is illegal and an assault against the person.

Post-incident issues

There are usually a number of relevant legal issues following incidents of occupational violence. These can include internal requirements, professional ethics, industrial issues, workers' compensation matters, and civil or criminal actions.

Management must ensure employees are aware of their rights (for example, their entitlement to claim compensation, and their right to report the assault to the police) and also the legal requirements and responsibilities placed on them under law by the organisation or with respect to professional ethics.

Management should also make provision for employees who are involved in giving evidence in court (if relevant). These provisions should advise on the format of criminal court procedure and also provide debriefing following the trial (preferably on an individual basis). Managers can seek advice and assistance from the legal unit in relation to these matters.

Appendix 7:
Known environment audit

Some risk factors might not apply in all situations and can be recorded by placing a tick in the N/A (not applicable) column or by putting a line through the section (for example, public places if the environment is a residential facility).

Environment being assessed

Assessor: Date

Item	Yes	No	N/A	Action	Timeframe
Are there factors in the external environment which could increase the risk of assault by a client or other person, such as:					
Poor lighting					
Unsecured doors					
Unsecured windows					
Car park poorly lit, blind spots, distance from entrance					
Lack of seating/rest areas					
Lack of shaded and/or protected areas					
People smoking around doorways or verandas					
Access to potential weapons - garden tools, pot plants, pool/spa chemicals etc.					
Proximity to hotels or clubs					
High incidence of crime in the immediate neighbourhood					
Are there factors in the internal environment which could increase the risk of assault by a client or visitor, such as:					
Furniture or fittings that could be used as weapons					
Access to kitchens					
Access to sharps					
Access to chemicals					
Cluttered passageways					
Blocked exits					
Crowding and poor people movement					
No quiet areas					
Blind corners					
Sharp edges and hard corners					
High noise levels from people or radios					
In public access areas, are there risk factors that could increase the risk of assault by a client or person, such as:					
Money or drugs kept on the premises					
Facilities inadequate/access to cafés/toilets					
Poor signposting					
Poor separation of staff and clients over counters					
Inadequate waiting areas/chairs/décor/space					
Isolation of meeting rooms					
Lack of meeting rooms					
In the community, are there risk factors that could increase the risk of assault by a client, such as:					
Inadequate facilities to meet the needs of the client					

Recommendations

Signature:

(See Occupational violence prevention policy, 'Risk assessments - known clients/environments' in the Work Health Tool Kit.)

Appendix 8:
Occupational violence –
severe hazard identification

The following hazards are classified as 'severe', and highly recommended risk controls apply when one or more of the following exist. (See Appendix 9a, 'Risk management worksheet for client contact'.)	Yes	No
• Firearms are present or have been present in the past.		
• There is an indication of a weapon presence.		
• There has been previous police contact relating to assault or convictions of violence.		
• There is a history of physical violence or serious verbal threats.		
• There is a history of serious sex offence.		
• There are staff safety alerts on client files.		
• (For Child Protection) Client contact is necessary (due to statutory requirements) prior to confirmation of criminal records and firearms checks.		

8a: Occupational violence - hazard identification checklist

(To be used in conjunction with the Work Health Tool Kit, Occupational violence prevention policy 'Hazard identification checklist'.)

	Yes	No
• Does the client complain regularly about provision of services?		
• Does the client have a history of substance abuse?		
• Does the client have a history of mental health issues?		
• Is the client or are the family members presenting in escalating state of crisis?		
• Does the client have associates you do not know or whom you consider problematic?		
• Are client visits to isolated, remote or vulnerable areas (for example, high-rise flats, farms, the client's workplace)?		
• Is the impact of intervention likely to precipitate violence (for example, breach of order)?		
• Is the client involved with a multitude of services (for example, Child Protection, Juvenile Justice, mental health, disability services or community service organisations)?		
• Does the client refuse to cooperate?		
• Does the client demonstrate 'cries for help' in some way?		
• Does the client sexually harass staff?		
• Does the client have noticeable mood swings or unprovoked outbursts?		
• Does the client make veiled treats?		
• Does the client throw, sabotage or steal equipment or property?		
• Does the client send violent or sexual comments via email, voicemail or letter?		
• Does the client threaten or verbally abuse staff?		
• Does the client argue frequently and intensely?		
• Does the client have a fascination with weapons or military hardware, or display or use weapons?		
• Does the client have a condition that has been associated with an increased potential for violence (for example, paranoid schizophrenia)?		
• Does the client have an unstable family life?		
• Does the client tend to be solitary, with poor peer relationships?		
• Does the client blame others for all difficulties?		
• Does the client make strange and exotic claims (losing touch with reality)?		
• Does the client have a history of violence?		
• Does the client cause anxiety or unrest through aggressive behaviour?		
• Does the client tell other clients about their plans to initiate violence?		
• Does the client commit sexual assaults or arson?		
• Does the client talk about self-harm or suicide?		

8b: Indicators of imminent violence

(To be used in conjunction with the Work Health Tool Kit, Occupational violence prevention policy.)

	Yes	No
• Does the client indicate a heightened level of anxiety or depression?		
• Does the client have rapid breathing, clenched fists or teeth, flaring of nostrils, flushing, loud talking or chanting, restless and repetitive movements, pacing, or violent gestures, such as pointing?		
• Is the client swearing excessively or using sexually explicit language?		
• Is the client refusing to cooperate?		
• Is the client showing signs of rapid mood swings?		
• Is the client threatening violence?		

Note: *A good indicator of a client's capacity for violence is a history of violence. (Refer to section 4.3, 'Indicators of imminent violence'.)*

8c: Personal safety plan

All personal risk assessments that result in the staff member rating a task or intervention as high or medium risk must have a safety plan.

SAFETY PLAN for (your name)

Task

Location

Time and date

Name and agency if not a Department of Human Services employee

Others (if any) involved in the task

Person responsible for monitoring the task

Name

Telephone number

Manager/team leader

Step 1: Acknowledge the risk

	Yes	No
Have you considered all the alternatives to undertaking this task?		
Will you be working alone?		
Others (if any) involved in the task:		
What is the nature of the potential violence?		

Step 2: Be prepared

Who is the client?

Who else (for example, family, friends, other clients, general public) might be present?

What are the likely triggers?

What are the hazards in the environment?

Have you reviewed possible controls:

• exit strategy

• talk down procedures

• behaviour management plan

• other strategies?

Your mobile telephone number is:

Your car registration is:

How long do you expect this task to take?

Is your personal attire appropriate (jewellery, scarves, footwear)?

Step 3: Control

What is your contact routine?

What is your communication strategy – cues with your co-worker?

What are your backup options?

Signed by you   Signed by manager

Step 4: Debrief

Was this task completed without incident? Yes / No

If yes, is there any other information that could be added to the client's file or to future safety plans for this task?

If no, please review the safety plan with your manager or team leader and make any comments on it prior to filing.

With the support of your manager or team leader, complete the necessary forms (DINMA, Workcover, incident report and police report) as appropriate.

List the forms completed as a result of the incident:

Remember, the impact of an incident might not affect you immediately. Ask for help if you need it.

Signed by you   Signed by manager

(See Work Health Tool Kit, Occupational violence prevention policy 'Safety plan' for full tool.)

Appendix 9:
Risk assessment worksheet
for client contact

Client allocation: Supervisor and allocated case manager should assess potential for violence based on all sources of information available prior to initial client contact. Where hazards are identified, the level of risk should be discussed and control plans and strategies formulated where necessary.

Are the following hazards present?			Assess the risks		Action
Severe hazards	No	Yes	If yes, what is the likelihood of the risk occurring?	If yes, how severe would the impact be?	Complete risk management worksheet
Could firearms be present or have they been present in the past?					See recommended control plan.
Is there any indication of weapon presence?					See recommended control plan.
Has there been previous police contact relating to assault or convictions of violence?					See recommended control plan.
Is there is a history of physical violence or serious verbal threats?					See recommended control plan.
Is there a history of serious sex offence?					See recommended control plan.
Are there staff safety alerts on client files?					See recommended control plan.
Is contact required (due to statutory order) prior to confirmation of criminal records and firearms checks?					See recommended control plan.
Other serious hazards					
Has the client got a history of substance abuse?					Formulate a risk management strategy.
Has the client got a history of mental health issues?					Formulate a risk management strategy.
Is the client or are the family members presenting in escalating state of crisis?					Formulate a risk management strategy.
Does the client have associates you do not know or whom you consider problematic?					Formulate a risk management strategy.
Are client visits to isolated, remote or vulnerable areas (for example, high-rise flats, farms, the client's workplace)?					Formulate a risk management strategy.
Is the impact of intervention likely to precipitate violence (for example, breach of order)?					Formulate a risk management strategy.
Is the client involved with a multitude of services (for example, Child Protection, Juvenile Justice, mental health, disability services or community service organisations)?					Formulate a risk management strategy.
Are there any other hazards?					Formulate a risk management strategy.

Risk control: If hazards are present, the supervisor and case manager must discuss safety concerns and develop a risk control plan with appropriate strategies to manage the risks. Refer to the document for options and strategies which might be appropriate. The safety concern must be documented in the electronic case management system and on the paper file.

9a: Risk management worksheet for client contact

Hierarchy of control:

Elimination. Eliminate or remove the hazard (for example, eliminate or defuse triggers for violence; violent person is removed from situation).

Substitution. Replace a hazardous process with a less hazardous one (for example, have the client attend the office, send two staff to visit home, have police or security guard presence).

Engineering. Adjust physical surroundings to minimise the hazard (for example, use a desk as a physical barrier when laying out the interview room, create calm surroundings, improve security).

Administration. Have policies and procedures for safe work practices (for example, conduct risk assessments before engaging with a client, have occupational health and safety guidelines, provide supervision and training).

Personal protective equipment. Use duress alarms and mobile telephones, consider worker presentation (clothing).

			If yes: recommended risk control plan		Alternative risk control plan - strategies
Severe hazards	**No**	**Yes**	**Child Protection**	**Juvenile Justice**	**Alternative strategies should be formulated through discussions between the supervisor and case manager.**
Firearms might be present or were present in the past.			Staff should not attend house without police. Client to attend office.	Staff should not attend house. Alternative arrangements should be made (for example, have client attend office).	
There is an indication of weapon presence.			Staff should not attend house without police. Client to attend office.	Staff should not attend house. Alternative arrangements should be made (for example, have client attend office).	
There has been previous police contact relating to assault or convictions of violence.			Alternative arrangements should be made (for example, have client attend office, send two staff to the visit, or attend with police).	Alternative arrangements should be made (for example, have client attend office, send two staff to the visit).	
There is a history of physical violence or serious verbal threats.			Alternative arrangements should be made (for example, have client attend office, send two staff to the visit, or attend with police).	Alternative arrangements should be made (for example, have client attend office, send two staff to the visit).	
There is a history of serious sex offence.			Alternative arrangements should be made (for example, have client attend office, send two staff to the visit, or attend with police).	Alternative arrangements should be made (for example, have client attend office, send two staff to the visit).	
There are staff safety alerts on client files.			Alternative arrangements should be made (for example, have client attend office, send two staff to the visit, or consult police).	Alternative arrangements should be made (for example, have client attend office, send two staff to the visit).	
Contact is required (due to statutory order) prior to confirmation of criminal records and firearms checks.			Alternative arrangements should be made (for example, have client attend office, send two staff to the visit, or consult police).	N/A	

Other serious hazards	No	Yes	If yes: risk control plan
Has the client got a history of substance abuse?			
Has the client got a history of mental health issues?			
Is the client or are the family members presenting in an escalating state of crisis?			
Has the client got unknown or problematic associates?			
Are client visits to isolated, remote or vulnerable areas (for example, high-rise flats, farms, the client's workplace)?			
Is the impact of intervention likely to precipitate violence (for example, breach of order)?			
Is the client involved with a multitude of services (for example, Child Protection, Juvenile Justice, mental health, disability services or community service organisations)?			
Are there other identified hazards?			

Review: Supervisor and case manager must regularly review the risk management plan to determine if the control plan put in place is effective.

Risk assessment and management plan prepared by:

Case Manager: Supervisor:

Date: Assessment no.: