

Whole of Victorian Government Response to the Drugs and Crime Prevention Committee of Inquiry into Violence and Security Arrangements in Victorian Hospitals and, in particular, Emergency Departments

## Attachment 2

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
STATE-WIDE RECOMMENDATIONS				
1.	The Committee recommends that the Victorian government ensure current policies and frameworks to prevent violence in Victorian hospitals such as the Department of Human Service's 'Preventing occupational violence in Victorian health services' and WorkSafe Victoria's 'Prevention and Management of Aggression in Health Services' are fully implemented and complied with in Victorian hospitals and health services.	DH	Support	<p>Victorian health services are responsible for the implementation and support of occupational violence prevention in their workplaces.</p> <p>The department has implemented initiatives to support health services including the "Preventing Occupational Violence in Victorian Health Service - A policy framework and resource kit".</p> <p>The department proposes to monitor health service compliance with the recommendation through the Victorian Public Health Service and Mental Health Policy and Funding Guidelines and performance meetings (where required).</p>
2.	<p>The Committee recommends that <b>the Victorian government requires that hospitals complete the implementation of the recommendations emanating from the Victorian Taskforce on Violence in Nursing: final report.</b></p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>• remaining recommendations need to be expedited.</li> <li>• The Department in conjunction with hospital management must ensure that any programs recommended by the Taskforce are effectively implemented in hospitals at local level.</li> </ul>	DH	Support	<p>Victorian health services are responsible for the implementation and support of occupational violence prevention in their workplaces.</p> <p>The department has implemented initiatives to support health services including the "Preventing Occupational Violence in Victorian Health Service - A policy framework and resource kit".</p> <p>There are two recommendations from the Taskforce which are still being implemented. This includes research on bullying which is to be completed by August 2012. The other recommendation relates to the introduction of standardised Code Grey in health services. Standards Australia (SA) have declined to have code grey incorporated into the AS 4083-1997 "Planning for Emergencies-Health care facilities".</p>
3.	The Committee recommends that within 12 months of the tabling of this Report there should be a <b>fully independent evaluation</b> of the policies, programs and other measures implemented as a result of the recommendations in the	DH	Support in principle	The department, under the <i>Victorian Taskforce on Violence in Nursing</i> , has established an oversight group. The Minister will appoint an advisory group to monitor the implementation of budget initiatives and other measures.

## Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	<i>Victorian Taskforce on Violence in Nursing: final report.</i>			
4.	<p>The Committee recommends that the Victorian government provides <b>ongoing funding which is within the health sector budget</b> which would provide funding for safety and security of staff in accordance with the particular needs of health services.</p> <p>Specifically: A funding mechanism similar to the Occupational Violence Prevention Fund 2008-2011 may serve as a useful model to direct funding.</p>	DH	Support in principle	From 1 July 2012, a national activity based funding (ABF) model will be introduced including payment of a weighted price for all hospital services. The price paid under ABF incorporates funding for safety and security requirements for staff in health services.
LAW AND LEGAL ISSUES				
5.	The Committee recommends that a <b>specific offence of assaulting, obstructing, hindering or delaying a hospital or health worker or a licensed security guard or emergency worker</b> in the execution or performance of their duties be <b>considered</b> in Victoria.	DoJ	Support	The Government will support this recommendation in accordance with the recent announcements to legislate.
6.	The Committee recommends that <b>individual hospitals develop strategies</b> to manage violent behaviour that is appropriate to that hospital's environment.	DH	Support in principle	<p>Victorian health services are responsible for the implementation and support of occupational violence prevention in their workplaces.</p> <p>The department has implemented initiatives to support health services including the <i>"Preventing Occupational Violence in Victorian Health Service – A policy framework and resource kit"</i>.</p> <p>The policy framework makes explicit the expectation that health services will be committed to the implementation and support of occupational violence prevention in their workplaces. It recognises the health service duty of care to staff and clients. Each health service setting will need to consider customisation and local solutions/implementation strategies.</p>
HOSPITAL POLICY, MANAGEMENT AND INFRASTRUCTURE				
7.	The Committee recommends that <b>hospital executives and management promote policies endorsing the message that violence against health workers is unacceptable</b> and will be proactively addressed. Such policies must	DH	Support in principle	<p>Victorian health services are responsible for the implementation and support of occupational violence prevention in their workplaces.</p> <p>The department has implemented initiatives to support health services</p>

Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	<p>encourage a culture of reporting violent behaviour and incidents.</p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>Hospital management must ensure that internal policies towards addressing occupational violence are developed and more importantly rigorously implemented as a priority.</li> <li>Hospital staff must be encouraged by management to report incidences of occupational violence whenever they occur and be supported in any efforts to prosecute the perpetrators of such violence.</li> </ul>			<p>including the "Preventing Occupational Violence in Victorian Health Service - A policy framework and resource kit".</p> <p>Victorian health services are expected to comply with accreditation and industry standards and a number of these standards have specific requirements that relate to the management and prevention of occupational violence.</p>
8.	<p>The Committee recommends that <b>hospitals should be encouraged to form security and aggression management committees and teams</b> with representation from executive management, security staff, medical, nursing and allied staff including, where relevant, members of mental health and alcohol and drug teams.</p>	DH	Support in principle	<p>Victorian health services are responsible for the implementation and support of occupational violence prevention in their workplaces including establishing appropriate governance structures.</p> <p>The department has implemented initiatives to address this including the "Preventing Occupational Violence in Victorian Health Service - A policy framework and resource kit". This includes establishing aggression management reference groups who are responsible for the development of local policies and procedures.</p>
9.	<p>The Committee recommends that <b>hospitals form security liaison committees</b> with representation from local police. Police liaison officers are recommended to facilitate relationships between hospitals and local police stations.</p>	DH (DoJ)/ VicPol)	Support in principle	<p>Victorian health services are responsible for the implementation and support of occupational violence prevention in their workplaces including establishing appropriate governance structures.</p> <p>There has been considerable work undertaken in localised areas with Police and hospital management establishing representative liaison committees.</p> <p>Relevant Ministers, including Minister for Health, the Chief Commissioner of Police, Minister for Police and Emergency Services will liaise regarding the existing work being undertaken between health services and Victoria Police, stressing the importance of liaison and the vital link in reducing the incidents to violence and improving the responses to violence in hospitals.</p>
10.	<p>The Committee recommends that <b>hospital policies to address violence should utilise a risk management approach</b>. Formal risk assessments should be conducted at each workplace, taking into account the times most likely to result in violent events. Continuous monitoring and evaluation</p>	DH	Support in principle	<p>Victorian health services have operational policies that utilise a risk management approach for the prevention and management of occupational violence. This includes the Victorian Managed Insurance Authority (VMIA) requirement to have a risk management framework as well as requirements under the <i>Occupational Health and Safety Act 2004</i> to identify, assess and</p>

## Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	of outcomes need to be undertaken to assess the effectiveness of the risk management strategies that have been implemented. The outcomes of such evaluation should be reflected in updates to violence risk management plans.			control risk. In addition, Health Services, as a matter of course, in the provision of a therapeutic environment, undertake clinical risk management of patients.
SECURITY ISSUES				
11.	The Committee recommends that <b>Protective Service Officers (PSOs) not be employed in Victorian hospitals and health services</b> . Such a measure is inappropriate and contrary to the good management of security in hospitals and poses a greater safety risk.	DH (DoJ)	Support	The recommendation is supported, noting that an extensive range of other measures are being undertaken, as outlined in this response, to address safety and security concerns in health settings.
12.	The Committee recommends that <b>hospital security guards should not possess, carry or utilise firearms, capsicum spray or tasers</b> in the course of their duties.	DH (DoJ)	Support	The recommendation is supported, noting that an extensive range of other measures are being undertaken, as outlined in this response, to address safety and security concerns in health settings.
13.	The Committee recommends that all <b>Victorian hospitals be assisted to comply with the provisions of Victorian firearms and weapons legislation</b> and the state government policy <i>Deter, detect and manage: A guide to the better management of weapons in health services</i> .  Specifically: <ul style="list-style-type: none"> <li>• It is essential that this policy is publicised and followed in all Victorian hospitals and health care settings.</li> </ul>	DH (DoJ)	Support in principle	Victorian health services are required to comply with relevant legislation and seek advice relating to legal interpretation, standards and implementation of legislation.  A guide to management of weapons and other dangerous articles in health care settings for public health services has been distributed to health services and other relevant stakeholders.
14.	The Committee recommends that all security personnel employed in Victorian hospitals <b>be fully licensed</b> under the <i>Private Security Act 2004</i> .	DH (DoJ)	Support in principle	Victorian health services are responsible for employing security personnel and ensuring they have appropriate licences.
15.	The Committee recommends that each hospital be responsible for the employment of <b>dedicated security staff with specialist training and skills in hospital security</b> . Security staff may be either contracted through a security company or employed directly by the hospital.	DH	Support	Victorian health services are responsible for the employment of appropriately trained security staff.  Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in hospitals including provision of duress alarms.
16.	The Committee recommends that <b>visible, uniformed,</b>	DH	Support	Victorian health services are responsible for the visibility and placement of

Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	<p><b>unarmed security staff should be positioned in close proximity to emergency departments, psychiatric units and other areas of the hospital where violent incidents may have the potential to occur.</b></p>		in principle	security staff in hospitals. This needs to be determined in consultation with clinical staff, to ensure that clinical care and patient comfort is not compromised.
17.	<p>The Committee recommends that the Victorian Department of Health undertake a <b>review of security requirements</b> for rural hospitals that do not qualify for emergency department funding.</p>	DH	Support in principle	<p>Victorian health services are responsible for provision of a safe workplace, and ensure staff wellbeing is reflected in the design and operation of these facilities.</p> <p>The Department will review existing security arrangements in rural hospitals through existing regional committees and respond to needs appropriately.</p>
18.	<p>The Committee recommends that, as outlined in the <i>Victorian Taskforce on Violence in Nursing: final report</i>, <b>standardised Code Grey (violence emergency) and Code Black (armed threat) responses be introduced into all Victorian hospitals.</b> The St Vincent's Hospital security response may serve as an appropriate model.</p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>ensure all emergency department staff are sufficiently trained on the management of Code Grey and Black episodes.</li> </ul>	DH	Support	<p>The Department supports the Victorian Taskforce recommendation that a standardised Code Grey and Code Black alerts be implemented throughout the State.</p> <p>Standards Australia (SA) have declined to have code grey incorporated into the AS 4083-1997 "Planning for Emergencies-Health care facilities". The Department is therefore currently reviewing the options for wider adoption of code grey through an health emergency management approach. This may include having a code grey as part of an emergency preparedness tool.</p> <p>Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in hospitals including provision of duress alarms.</p>
COMMUNICATION, EDUCATION AND TRAINING				
19.	<p>Accepting that long waiting times in the emergency department and triage rooms is one of the main contributors to frustration and aggression, the Committee recommends that the <b>hospitals explore options for the better communication of likely waiting times and alternatives sources for medical attention in cases of non-critical presentations.</b></p> <p>Specifically: There must be adequately trained staff available to approach the delicate communication issues associated with being a</p>	DH	Support in principle	<p>Victorian health services, with the support of the Department, have implemented initiatives to better communicate likely waiting times and alternative sources for medical attention in cases of non-critical presentations, such as Co-located after hours GP clinics and communication training packages.</p> <p>In addition, the Health Service Performance website provides information to patients on ED waiting times by location.</p> <p>Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and</p>

## Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	patient, family member or visitor to the emergency room.			improve patient experience in hospitals. These will target health and security staff in hospitals including the provision of duress alarms.
20.	The Committee recommends that the <b>Victorian government support non-government organisations such as the Jesuit Social Services and the Salvation Army to provide volunteers with appropriate training for Volunteer squads in emergency departments</b> that could sit with patients and help keep them calm while the triage process is taking place.	DH	Support	The Department acknowledges the important contribution volunteers make to improving patient, carer and staff experiences in public hospital EDs.  Volunteer programs are currently operating in many Victorian health services and are encouraged.
21.	The Committee recommends that in addition to holding a licence under the <i>Private Security Act 2004</i> (Vic), all hospital based security personnel <b>must have received nationally accredited training in the specialised nature of providing security in a health setting</b> . This will include culturally sensitive training in dealing safely with aggressive behaviours due to drug and alcohol abuse, mental health conditions, intellectual disabilities and other clinical conditions including dementia and acquired brain injuries. Training must also include communication skills and comprehensive instruction on safe restraint techniques and appropriate response to patients with various medical conditions and injuries that render usual restraint procedures inadequate.  Specifically: <ul style="list-style-type: none"> <li>Nationally accredited training course in the specialised nature of providing security within a health care facility should be developed and made a necessary prerequisite for security personnel to work in health care settings.</li> </ul>	DH	Support	Victorian health services are required to employ and induct appropriately trained security staff. In the absence of nationally accredited training, health services can draw on Victorian training packages where relevant.  Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in hospitals including the provision of duress alarms.
22.	The Committee recommends that violence prevention including conflict management and techniques in de-escalating aggressive situations be included in the college or university curricula for health professionals' training, including medical, nursing, social work and allied health schools.  Specifically: <ul style="list-style-type: none"> <li>It is particularly imperative that students in medicine, nursing and allied health fields receive appropriate training in violence prevention and management long before they</li> </ul>	DH	Support in principle	Victorian health services are required to ensure staff have the skills necessary to undertake the role either through the recruitment process or through provision of training.  Relevant Ministers, including Minister for Health and Minister for Crime Prevention, will consult with the various educational colleges and universities regarding this recommendation.  Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and

## Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	enter hospitals for their practical training or as part of the workforce.			improve patient experience in hospitals. These will target health and security staff in hospitals including the provision of duress alarms.
23.	The Committee recommends that <b>in-house comprehensive, induction and ongoing accredited education and training be provided to medical, nursing, allied health and security staff, especially emergency department staff, on violence and aggression prevention, procedures and practices.</b> Such training should include but not be restricted to early recognition, restraint and de-escalation techniques along with reporting requirements and procedures. It should, wherever possible, be conducted jointly with health and security groups.	DH	Support	Victorian health services aim to provide induction, education and training on aggression and violence for medical, nursing, allied health and security staff.  Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in-hospitals including the provision of duress alarms.
24.	The Committee recommends that <b>where possible in-house training programs</b> on violence prevention be made available to <b>students on placement in the hospital.</b> Specifically: <ul style="list-style-type: none"> <li>• It is especially important that training is provided on procedures to follow in the event of a code grey or code black being activated.</li> </ul>	DH	Support	Victorian health services conduct induction training for all new staff, including students.  Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in hospitals including the provision of duress alarms.
25.	The Committee recommends that the <b>hospital should provide information to all health care staff, patients and visitors outlining the standard of behaviour expected</b> of them within hospitals and other health care settings. In particular, hospital waiting rooms should have appropriate signage, posters and patient information sheets conveying the expected standard of behaviour and the possible ramifications for failing to adhere to them.	DH	Support	The Department's initiative on <i>Preventing occupational violence - A policy framework and the Victoria's 'Prevention and Management of Aggression</i> has provided information and resources on prevention and management of occupational violence including posters and multilingual cards.  Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in hospitals including the provision of duress alarms.
26.	The Committee recommends that the <b>state government develop and conduct a public health awareness campaign</b> that promotes the message that violence in hospitals is unacceptable and subject to severe penalties.	DH	Support in principle	The Department, in collaboration with Victoria Police and WorkSafe Victoria, has developed resources to promote greater awareness and understanding about the impact of occupational violence in Victorian health services.

Cabinet-in-Confidence

No.	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
27.	<p>The Committee recommends that <b>Victoria Police receive specific education and training around security incidents in health care environments</b>, including the management of aggression and violence in patients who may have a potential mental illness. Such training should be done in collaboration with health care professionals and experienced health care security officers.</p>	DoJ/ VicPol, DH	Support	<p>Victoria Police have done considerable work in developing contemporary training and information packages designed to provide increased understanding around mental illness including associated behaviours and risk identification. This work includes:</p> <ul style="list-style-type: none"> <li>• Building Better Partnerships, an initiative that aims to facilitate better inter-agency management of factors/issues that occur at the interface of healthcare and key agencies including police, ambulance and correctional services. The successful elements of this program are being examined for possible system-wide application after the 12 month period</li> <li>• Development of a training program to assist police when transferring violent or mentally ill patients to hospital.</li> </ul> <p>Victoria Police is considering moving toward a broader approach within current training structures to enhance information sharing with relevant health care professionals along with building its capacity to provide appropriate operational responses within health care environments.</p> <p>Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in hospitals including the provision of duress alarms.</p> <p>Relevant Ministers, including Minister for Health, the Chief Commissioner of Police and the Minister for Police and Emergency Services will consult regarding current training provided and encouraging inclusion of security incidents in health care environments in future training.</p>
SITUATIONAL, ENVIRONMENTAL AND DESIGN ISSUES				
28.	<p>The Committee recommends that <b>hospital management utilise the principles of crime prevention through environmental design (CPTED)</b> in designing and fitting out existing emergency departments (including waiting rooms and triage areas) or in the designing and building of new hospital emergency departments.</p>	DH	Support in principle	<p>The Department has design guidelines for Victorian health services to draw on that incorporate principles of crime prevention through environmental design (CPTED).</p> <p>Facilities that have or are currently using the Department's Design Guidelines to include CPTED in the planning and design of Emergency Departments include the new Children's Hospital, the Box Hill Hospital, Echuca Regional Hospital and the Dandenong Hospital.</p> <p>This recommendation will be implemented as new or refurbished facilities are being designed and built.</p>



## Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
				Relevant Ministers, including Minister for Health and Minister for Crime Prevention, will consult and discuss examples of health services who have used the design guidelines.
29.	The Committee recommends that <b>hospital management should consider establishing purpose built rooms or areas for isolating or assessing violent or potentially violent persons</b> , particularly patients with mental health and drug and alcohol behavioural disturbance attending their hospitals. The Behavioural Assessment Rooms successfully trialled at St Vincent's Hospital may serve as an example of a measure to treat such persons in a manner that minimises the likelihood of harm to themselves or others.	DH	Support in principle	The Department's Design Guidelines require EDs to provide "adequate facilities for the reception, assessment, stabilisation and initial treatment of patients presenting with acute mental health problems".  This recommendation will be implemented as new or refurbished facilities are being designed and built.
30.	Given that research indicates higher levels of patients presenting at emergency departments with a mental illness, the Committee recommends that <b>greater efforts and resources are invested to ensure staff with training in psychiatric issues</b> , such as nurse practitioners, be readily available to assist where necessary emergency department staff with mental health patients presenting to the emergency department.	DH	Support in principle	Victorian health services are required to respond to patients presenting with mental illness or mental health problems. The Department has specifically supported Mental Health practitioners in ED through the Emergency Crisis Assessment Treatment Team (ECATT) program to improve care and assessment of mental health patients.
31.	The Committee recommends that <b>hospitals provide secure access and egress that are not accessible to members of the general public</b> for emergency patients arriving or departing by ambulance.	DH	Support in principle	The Department's Design Guidelines require emergency department's to "be accessible by two separate entrances: one for ambulance patients and the other for ambulant patients."  This recommendation will be implemented as new or refurbished facilities are being designed and built.
32.	The Committee recommends that <b>hospitals install effective CCTV and electronic equipment in the emergency department</b> , the triage area and other appropriate areas of the hospital to monitor at all times possible aggressive behaviour.  Specifically: Hospitals need to work in partnership with their security staff to develop and implement protocols on the usage of CCTV and other monitoring systems. Victoria Police should be encouraged to continue to work proactively with hospitals on	DH	Support in principle	The Department's Design Guidelines for Hospitals and Day Procedure Centres require patients in the ED to be "continuously observable by staff either directly or via closed circuit television". They also require "relatively secluded or isolated areas to be "monitored electronically (for example, by closed circuit television), with monitors in easily visible and continuously staffed areas.  The security and aggression management committees and teams in hospitals will be encourage to work proactively on using CCTV as a community safety and crime prevention tool.

## Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	using CCTV as a community safety and crime prevention tool.			
33.	<p>The Committee recommends that the <b>hospital provide effective duress alarms for staff</b> working in emergency departments and mental health facilities.</p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>Should be both fixed trigger point duress systems throughout the hospital and personal duress alarms worn by all staff potentially at risk.</li> </ul>	DH	Support	<p>The Department's <i>Design Guidelines for Hospitals and Day Procedure Centres</i> require the reception and triage area of the emergency department to be provided with a fixed duress alarm and generally require "fixed and/or personal duress alarms" to "be positioned in suitable areas as suggested by the security risk assessment."</p> <p>The Department has supported some initiatives through the Nursing Taskforce to implement effective duress alarms for staff.</p> <p>Funding has been provided in the State Budget for the development of training and educational packages to reduce occupational violence and improve patient experience in hospitals. These will target health and security staff in hospitals including the provision of a duress alarm.</p>
34.	The Committee recommends that, as far as possible, <b>waiting and treatment areas for paediatric patients within general emergency departments be separated</b> to optimise the safety of children.	DH	Support	<p>The Department's <i>Design Guidelines for Hospitals and Day Procedure Centres</i> indicate that it is desirable to provide a separate waiting area for children in EDs.</p> <p>This recommendation will be implemented as new or refurbished facilities are being designed and built.</p>
DATA REPORTING, RESEARCH AND EVALUATION				
35.	The Committee acknowledges the work that has been undertaken in developing and implementing the Victorian Health Incident Management System (VHIMS). <b>The Committee recommends that an evaluation be undertaken of its performance, ease of use in capturing violent incidents in hospital settings and its effectiveness in promoting the reporting of these incidents by hospital staff.</b> This evaluation should be undertaken 18 months after the roll out has been completed.	DH	Support in principle	<p>The Department routinely monitors the implementation of VHIMS. This includes a series of evaluation activities for VHIMS following the completion of the statewide roll out in February 2011.</p> <p>Funding from departmental reprioritisation would need to be secured in order to implement this recommendation</p>
36.	The Committee supports Recommendation 29 of the <i>Taskforce on Violence in Nursing: final report</i> that proposes the Department of Human Services <b>make aggregated local</b>	DH	Support	Victorian health services have the system capacity to manage reports for their organisations. The Department supports this through the provision of de-identified statewide aggregate reports of incident data received through

## Cabinet-in-Confidence

No	Recommendation	Lead Agency	Vic Gov Position	Comments (including the nature of the recommendation, whether there are financial implications, and whether the State has control)
	<p><b>data results available to health services.</b> The Committee therefore recommends the expedition of the regular collation, analysis and dissemination of VHIMS data to Victorian hospitals and WorkSafe Victoria.</p>			<p>VHIMS annually to health services.</p>
37.	<p>The Committee <b>notes</b> the importance of hospital staff recording the incidence of violent and potentially violent behaviour and recommends that <b>hospitals encourage and train their staff to vigilantly report such incidents</b> (on VHIMS).</p>	DH	Support	<p>Victorian health services are required to comply with accreditation and industry standards have specific requirements that relate to the management and prevention of occupational violence.</p> <p>Victorian health services have been supported through a series of e-learning packages that are available on the Departments' website. [<a href="http://www.health.vic.gov.au/clinrisk/training/elearning.htm">http://www.health.vic.gov.au/clinrisk/training/elearning.htm</a>]</p>
38.	<p>The Committee recommends that hospitals and other health care settings are <b>regularly evaluated on their policy and progress around managing and reducing occupational violence</b>. This could be included as a mandatory part of hospital accreditations.</p>	DH	Support	<p>Victorian health services are required to comply with accreditation and industry standards and have specific requirements that relate to the management and prevention of occupational violence.</p> <p>WorkSafe as the regulator, also have a role in monitoring compliance with the <i>Occupational Health and Safety Act 2004</i> which would include health services progress around managing and reducing occupational violence.</p> <p>Relevant Ministers, including Minister for Health and the Chief Executive Officer of the Australian Commission on Safety and Quality in Health Care will work together to encourage mandatory evaluations on policies around managing and reducing occupational violence.</p>
39.	<p>The Committee recommends the <b>Victorian government commission research into the incidence, prevalence, nature and consequences of occupational violence in health care settings</b>. Such research should be informed by a mixture of research disciplines including quantitative, qualitative and ethnographic methodologies.</p>	DH	Support in principle	<p>The department will continue to monitor the incidence, prevalence, nature and consequences of occupational violence in health care settings and will identify relevant academic partners and share available data as appropriate.</p> <p>The department will consider incorporating the areas of incidence, prevalence, nature and consequences of occupational violence in health care settings in other research opportunities as they arise.</p>