

Occupational violence unpacked

ACT Health have a policy directive that states that occupational violence (OV) in any form is unacceptable and must be reported. There is recognition that for OV to be reported accurately, everyone needs to have a clear understanding of what constitutes OV and all reporting requirements.

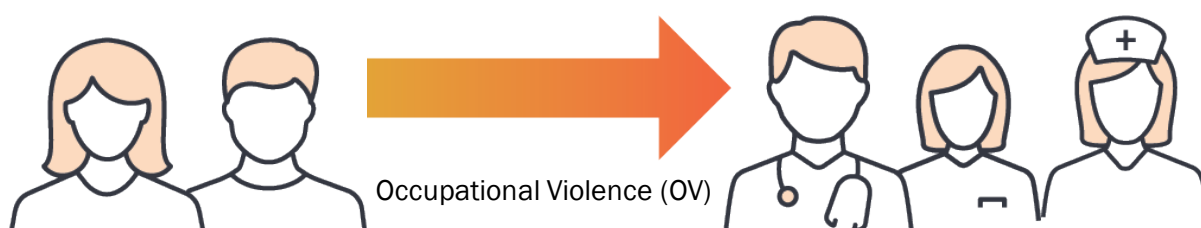
OV in any form is unacceptable and requires action under the Work Health and Safety Act 2011 (the WHS Act).

Some incidents may also require reporting to ACT Policing and /or WorkSafe ACT.

Definition

OV is defined as any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, or injured during, or as a direct result of their work where the workplace. A workplace also includes remote, community or home-based sites.

OV is any unacceptable behaviour or action that is directed to healthcare workers (workers) in any ACT public health service (where worker includes employees, staff, volunteers, wards persons, students) by a healthcare consumer (consumer) (where consumer includes patients, clients, carers, or visitors).



Occupational violence (OV) for the ACT Health Manager's OV incident response toolkit, is limited to incidents that occur when consumers threaten the health and/or safety of any ACT public healthcare service worker.

Staff-to-staff aggression, bullying and harassment are not acceptable workplace behaviours and require management and reporting. They are addressed by the [ACT Government Respect, Equity and Diversity Framework \(2010\)](#), [the Public Sector Management Act 1994](#) and [the Calvary Workplace Behaviour Policy and Calvary Code of Conduct](#).

Types of OV in the workplace

OV may be a one-off incident, a repeated behaviour or escalation of behaviours. OV includes, but is not limited to, verbal, physical, or psychological abuse, threats or intimidating behaviour, racial vilification, harassment (including sexual harassment and stalking) or sexual assault that threatens the health and/or safety of the worker.

OV is typically classified as either psychological or physical violence with commonly reported behaviours and actions that escalate from psychological through to serious physical actions, inclusive of, but not limited to:

- Aggressive gestures or expressions such as eye rolling and sneering
- Verbal abuse such as yelling, swearing and name calling
- Verbal threats to physical safety, making vexatious complaints, or derogatory, slanderous or threatening statements to or about another person
- Intimidating physical behaviour such as standing over a worker, invading a worker's personal space or stalking
- Physical assault such as biting, spitting, scratching, pushing, shoving, tripping and grabbing
- Extreme acts of violence and aggression such as hitting, punching, strangulation, kicking, personal threats, threats with weapons, sexual assault.

Occupational violence also includes any attempt at a physical attack, including near misses. (Modified from the ACN Position Statement, 2021, Occupational violence against nurses)





It is important to be alert to other non-verbal behaviours (such as eye rolling and sneering) that may indicate a potential for the situation to escalate to an OV incident. Best practice details can be found in the [Challenging behaviour guidelines for ACT Health services \(2020\)](#). For more specific implementation advice refer to local OV policies and procedures.

Other factors of OV

- Occupational violence may be a one off or repeated event.
- The violence can occur in person or remotely, where remote OV can include digital technology platforms such as phone, email or social media, or written communications.
- It may be an actual event or a threatened or near miss event.
- The violence may also be experienced indirectly, where an individual is affected by the exposure to other people's trauma e.g., after providing support (also known as vicarious trauma).
- Can result in direct or indirect psychological or physical trauma (injury or illness) to workers and/or consumers.
- Trauma includes any physical or psychological harm that a person incurs in the process of responding to or avoiding OV such as slipping, tripping and/or falling. This may include musculoskeletal injuries from direct trauma, injury, stretching, twisting or because of maintaining a static posture for a length of time.

Common responses of those affected by OV

There is no right way to respond to OV as everyone responds to stressful or traumatic events differently. However, there are some known responses that may be commonly experienced by workers that managers can be alert to.

Short and Long Term Responses	
 <p>Physical</p> <ul style="list-style-type: none"> • OV trauma • Nausea • Shaking • Heart Palpitations • Headaches • Aches & pains 	 <p>Emotional</p> <ul style="list-style-type: none"> • Confusion • Anger • Feelings of Dread • Stress, Depression, Anxiety, PTSD • Sadness • Guilt • Helplessness • Numbness/shock
 <p>Behavioural</p> <ul style="list-style-type: none"> • Sleep disturbances • Withdrawal • Avoidance of reminders • Alcohol/drug use • Apathy • Easily irritable 	 <p>Cognitive</p> <ul style="list-style-type: none"> • Intrusive Thoughts • Memory blanks • Flashbacks • Thoughts of self-blame • Ruminating thoughts • Difficulty concentrating • Feelings of isolation or dislocation


The most important role for managers is to be aware of changes in workers behaviours or practices that may indicate they are not coping, or they require additional support.

More information ⇒ **Supporting workers wellbeing factsheet** ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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