Safety and Security Kit for General Practice

September 2008
Acknowledgements

The Dandenong Casey General Practice Association developed this kit with the assistance of the following members of the Project Advisory Group.

<table>
<thead>
<tr>
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<th>Organisation</th>
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<tbody>
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</tr>
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<td>CEO, Dandenong Casey General Practice Association</td>
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</tbody>
</table>

Dandenong Casey General Practice Association would like to thank the following individuals who provided their time, expertise and practical experience to the project:

- Dave Short Sgt Crime Prevention / Neighbourhood Watch State Coordination Unit, Victoria Police
- Hagen Tuschke, Project Officer, Melbourne Health

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Introduction

Why was this kit developed?

Occupational violence is a growing concern for health professionals. Increasingly Australian General Practitioners (GPs) report experiencing violence at work. Many others report concerns about their safety and security.

This kit was developed to provide people working in general practices with a set of tools to help them improve the safety and security of their workplace. Everyone working in general practices – from the GPs and practice managers to the receptionists, practice nurses, allied health professionals - can use the tools in this kit to:

- improve the safety and security of the practice and reduce the likelihood of occupational violence
- develop sustainable and integrated systems for managing the risk of occupational violence
- meet legislative requirements, and
- provide strategies for managing incidents of occupational violence.

What is occupational violence?

Occupational violence refers to any incident where an employee is physically attacked or threatened in the workplace. Within this document:

- “threat” refers to a statement or behaviour that causes a person to believe they are in danger of being physically attacked. It may involve an actual implied threat to safety, health or wellbeing.
- “physical attack” refers to the direct or indirect application of force by a person to the body of, or clothing or equipment worn by, another person, where that application creates a risk to health and safety. Examples of physical attacks include:
  - striking, kicking, scratching, biting, spitting or any other type of direct physical contact
  - throwing objects
  - attacking with knives, guns, clubs or any other type of weapon
  - pushing, shoving, tripping and grabbing
  - any form of indecent physical contact.

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How to use this kit

This kit presents three types of resources on health, safety and security topics. They are presented in four sections:

1. overview of occupational health and safety requirements
2. checklists
3. fact sheets
4. templates

The resources provided or cited in this kit provide a comprehensive resource that can be supplemented with information from other sources.
Overview of occupational health and safety requirements

Under the Victorian Occupational Health and Safety Act 2004 (the Act), employers must provide a safe and healthy work environment for all employees and the general public. When applied to a general practice setting, practice owners, principals and managers are responsible for ensuring the safety and security of the general practice team members, patients, contractors and agency staff.

According to the Act, “an employer must, so far as is reasonably practicable, provide and maintain for employees of the employer a working environment that is safe and without risks to health”2. Occupational violence and aggression in the workplace is an example of one risk that must be controlled.

Consultation is a key element of this legislation. Employers are required to consult with their organisation’s employees and/or Health and Safety Representatives (HSRs) about the risk management approaches. They must consult directly with practice team members if there is not an elected HSR in the workplace.

The Occupational Health and Safety Act also requires employers to provide their employees with as much information, instruction and training as they need to work safely and without risk to their health3.

By employing some of the basic risk management principles presented in this kit, employers can reduce the risk of violence for practice teams and patients. For more information on basic risk management principles, refer to Fact Sheet ‘Controlling occupational violence hazards and risks in general practices’ in the Fact Sheet section of this kit.

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3 Section 21, 22, 35, 36 of the Occupational Health and Safety Act 2004
Checklists

This chapter contains checklists that general practices can use to conduct a safety and security risk assessment. The checklists provide a generic risk assessment framework that can be tailored to address the particular circumstances of your general practice.

Involve practice team members and/or your practice’s Health and Safety Representative (HSR) in this assessment. Your local police service’s Crime Prevention Officer and consultants with expertise in the prevention and management of occupational violence can also assist with your assessment.
### Legislation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Practice Owners/Principals/Managers aware of their obligations under the Victorian <em>Occupational Health and Safety Act 2004</em> and <em>Accident Compensation Act 1985</em>?</td>
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<tr>
<td>Are practice team members encouraged to submit an incident report if they sustain an injury?</td>
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</table>
### Policy and procedures

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
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</thead>
<tbody>
<tr>
<td>Does the practice have a written policy of zero tolerance towards violence and aggression toward team members, patients, contractor and agency staff? Has the policy been endorsed by management?</td>
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<tr>
<td>Does the practice policy:</td>
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<tr>
<td>• Apply to all?</td>
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<tr>
<td>• Define occupational violence as an occupational health and safety hazard?</td>
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<td>• Include specific risk factors which are associated with violence?</td>
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<td>• Include measures in place to prevent and manage violence?</td>
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<td>• State clearly that practice team members should not be put, or put themselves, at risk of violence?</td>
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<tr>
<td>• Include advice for all practice team members who have contact with the public during potentially violent situations?</td>
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<td>• Include a statement that (potentially) violent patients or visitors will be managed appropriately and that practice team members will be made aware of their identities?</td>
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<tr>
<td>• Include the physical environment?</td>
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<tr>
<td>• Include staff levels and staff training/experience as an important aspect in the effective prevention and management of occupational violence?</td>
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<td>• Include a statement of support for practice team members?</td>
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<td>• Encourage practice team members to report all incidents or &quot;near misses&quot; of occupational violence, including threats?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
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<td>What will you do about this?</td>
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<tr>
<td>Does the practice have a elected Health and Safety Representative (HSR) or consult directly with staff?</td>
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<td>Does the practice have a security process in place to deal with situations (eg how to approach unknown visitors)?</td>
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<td>Does the practice advise staff to document verbal aggression and threats by patients or their associates (eg family, friends or pets) in the respective patient’s notes or file?</td>
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<tr>
<td>Does the practice have policy to ensure that employees who work with the patient in the future are aware of the patient’s history of occupational violence and steps that were taken to protect employees previously and recommended for future contact? Flagging files of patients who have a history of occupational violence is an example of such a system. Refer to the Fact Sheet ‘File flagging systems to identify patients with a history of occupational violence’.</td>
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<tr>
<td>Have local police and security providers been provided with after hours contact numbers for a representative of the practice?</td>
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<tr>
<td>If the practice has a number of tenants within a building, does practice management liaise with building management and other tenants about security issues?</td>
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<tr>
<td>Has the practice established a Victim Support Policy, such an Employee Assistance Program?</td>
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<tr>
<td>Does the practice policy provide for post-incident responses for any victim of a serious incident (eg debriefing and counselling or referral to support services)?</td>
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</tbody>
</table>
### Information and education of patients and visitors

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
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</thead>
<tbody>
<tr>
<td>Does the practice display information/posters emphasising that violence will not be tolerated?</td>
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<tr>
<td>Does the practice provide patient information sheets and utilise patient behaviour contracts (refer to the Sample patient treatment agreement* template and the Fact Sheet ‘Risk control options for treating patients at risk of occupational violence’)?</td>
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</tbody>
</table>
### Training and education for practice management and teams

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
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</thead>
<tbody>
<tr>
<td>Does the practice provide general OHS training and occupational violence specific training for all practice team members?</td>
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<tr>
<td>Is OHS training provided as part of induction to all general practice team members, including contractors and agency staff?</td>
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<tr>
<td>Does the practice provide information on risk factors relevant to each member of the practice team?</td>
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<tr>
<td>Does the practice provide training and/or information when relevant such as:</td>
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<tr>
<td>• Employer and employee obligation and rights under the OHS legislation?</td>
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<tr>
<td>• Occupational violence?</td>
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<tr>
<td>• The legal context of occupational violence?</td>
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<tr>
<td>• Workplace policy and procedures to prevent and manage occupational violence?</td>
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<tr>
<td>• Risk assessment, including hazard identification (recognition of potential risk groups and causes of violence)?</td>
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<tr>
<td>• Risk control?</td>
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<tr>
<td>• How a situation of aggression will be managed (eg defused, call for police)?</td>
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<tr>
<td>• When, how and who to call for assistance?</td>
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<tr>
<td>• Whom to contact?</td>
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<tr>
<td>• Legal duty of care and the use of reasonable force?</td>
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<tr>
<td>• Making police statements and reports?</td>
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<tr>
<td>• Awareness of Work Safe’s <em>Prevention of Bullying and Violence at Work</em> and other guidelines, compliance codes and standards?</td>
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<tr>
<td>• Post incident management, including procedures for incident reporting, investigation, follow-up, critical incident debriefing and counselling?</td>
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</table>
## Incident reporting

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
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<tbody>
<tr>
<td>Does the practice have an incident register and encourage written reporting of all incidents, whether resulting in injury or not?</td>
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<tr>
<td>Would the practice assist police prosecutions if required?</td>
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<tr>
<td>Has the practice assessed whether on-site trained security personnel are required?</td>
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<tr>
<td>Does the practice’s policy state that:</td>
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<tr>
<td>• It will act immediately following an incident to ensure the safety of all practice team members and others?</td>
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<tr>
<td>• All incidents will be investigated in consultation with practice team members and/or the practice’s Health and Safety Representative (HSR)?</td>
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<tr>
<td>• Any ongoing risks concerning patient aggression or threats, including management recommendations, are flagged in the patient record?</td>
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<tr>
<td>• Copies of incident forms should be filed in an incident register separate from the patients’ medical records?</td>
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<tr>
<td>• All potential or actual incidents are reported to a designated person within the practice?</td>
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<tr>
<td>• Serious incidents will be reviewed and measures will be taken to prevent similar incidents?</td>
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<tr>
<td>• Do you have a criterion for reporting serious incidents to the police?</td>
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<tr>
<td>• It will support staff in making police statements and laying charges?</td>
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<tr>
<td>• Professional counselling will be offered for those who require ongoing assistance in dealing with the incident?</td>
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</table>
## Physical security

### Outside the building

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
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<tbody>
<tr>
<td><strong>Practice identification</strong></td>
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<td>Is the street number clearly visible to the street?</td>
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<tr>
<td>Is the practice’s business name clearly displayed?</td>
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<td>Is the practice identifiable from the rear?</td>
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<tr>
<td><strong>Landscaping</strong></td>
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<tr>
<td>Have potential hiding places been minimised around the practice to reduce shelter for those intent on crime and to improve visibility (eg keeping trees and shrubs trimmed and entrances and exits clear)?</td>
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<tr>
<td>Are items that can be used by offenders to gain access to the premises removed or locked away (eg ladders, bins and loose items such as tools and heavy garden stakes)?</td>
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<tr>
<td>Are tools that could assist offenders gaining access to the practice (eg ladders, bins and loose items such as tools and heavy garden stakes) locked away or inaccessible?</td>
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<tr>
<td>Have bollards, heavy planters or large rocks been installed to act as ram raid barriers?</td>
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<tr>
<td><strong>Lighting</strong></td>
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<tr>
<td>Is outdoor lighting adequate around all entrances, exits, recesses, movement routes and car parks?</td>
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<td>Are recesses and doorways painted in light colours to improve the visibility?</td>
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<td>Is there overnight security lighting installed around the practice?</td>
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<td>Is the security lighting operating and regularly checked?</td>
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<td>Is the practice well lit internally?</td>
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<tr>
<td><strong>Fences, gates, external doors and windows</strong></td>
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<tr>
<td>Is the boundary well secured by sturdy gates and fences that are in good condition?</td>
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<tr>
<td>Are the gates and fences checked regularly to ensure they are in good condition and adequately secured?</td>
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<tr>
<td>Does the practice fully secure all external doors and windows with good quality locking devices that are regularly checked?</td>
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<tr>
<td><strong>Telephones</strong></td>
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<tr>
<td>Are emergency contact numbers easily accessible or pre-programmed into telephones?</td>
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</table>
Inside the building

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
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</thead>
<tbody>
<tr>
<td><strong>Restricted areas</strong></td>
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<tr>
<td>Does the practice restrict patients/visitors from accessing practice team members and some practice areas?</td>
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<td>Are patients prevented from accessing the area behind reception?</td>
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<td>Is workflow arranged to facilitate security?</td>
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<tr>
<td><strong>Signs</strong></td>
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<td>Does the practice have effective directional signage to facilitate work and patient flow (eg entrances, exits, reception areas, toilets and consulting rooms)?</td>
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<tr>
<td>Does the practice have interior and exterior warning signs to deter potential offenders (eg signs stating that the practice has monitored alarms and/or CCTV)?</td>
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<td>Are restricted areas clearly identified (eg staff only area)?</td>
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<td>Are the emergency exit points clearly identified?</td>
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<tr>
<td><strong>Room lay-out, furniture and fixtures</strong></td>
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<tr>
<td>Are rooms, furniture and fixtures designed and arranged to minimise risks from or use in aggression?</td>
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<tr>
<td>Does the reception/waiting room:</td>
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<tr>
<td>• Have adequate seating for the number of people likely to be waiting?</td>
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<tr>
<td>• Provide patients with sufficient personal space?</td>
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<tr>
<td>• Have televisions (securely fixed to a wall) and/or reading materials, play areas for children to reduce boredom?</td>
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<td><strong>General security</strong></td>
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<tr>
<td>• Is the building constructed and secured to restrict unauthorized access?</td>
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<tr>
<td>• Are manholes secured and skylights covered with grills?</td>
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<tr>
<td><strong>Communication systems</strong></td>
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<tr>
<td>Is there a way to communicate emergency situations to all people in the practice (eg an alarm notifying people to vacate the premises)?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>What will you do about this?</td>
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<td><strong>Doors</strong></td>
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<td>Are door frames strong and secure or have appropriate strengtheners been attached to doorframes?</td>
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<td>Are the practice’s external doors solid (not 'hollow core')?</td>
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<td>Are external doors fitted with quality lock sets to restrict access?</td>
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<td>Are all fire doors self-closing?</td>
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<td>Are at-risk doors appropriately locked at all times?</td>
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<td>Are external door hinges mounted so they cannot be removed?</td>
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<tr>
<td>Can patients/visitors be seen before access is allowed?</td>
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<tr>
<td>Do the practice's procedures identify exit routes?</td>
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<tr>
<td>Are all practice team members (including contractors and agency staff) aware of egress and escape routes?</td>
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<tr>
<td>Are exit routes clearly marked and clear of obstructions?</td>
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<tr>
<td>Does the practice ensure practice team members understand and follow lock-up procedures?</td>
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<tr>
<td><strong>Windows</strong></td>
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<tr>
<td>Are windows fitted with high quality locks?</td>
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<td>Are windows free of unnecessary posters or other materials which make them hard to see through?</td>
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<tr>
<td>Are windows in high risk areas protected by grills, security film or laminated glass?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>What will you do about this?</td>
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<td><strong>Key, valuables and drug control</strong></td>
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<tr>
<td>Do practice team members have a safe location to store their personal</td>
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<tr>
<td>belongings (eg bags)?</td>
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<tr>
<td>Is access to this storage area restricted?</td>
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<tr>
<td>Does the practice maintain a key register?</td>
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<tr>
<td>Are all spare keys secured?</td>
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<tr>
<td>Does the practice have a procedure to ensure that keys to storage areas</td>
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<td>(both physical and electronic) can be accounted for at all times?</td>
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<td>Are S4 and S8 drugs securely stored?</td>
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<tr>
<td>Are all locks including padlocks (for doors, drawers, cabinets, safes,</td>
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<tr>
<td>gates etc.) appropriate for their intended use?</td>
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<tr>
<td>Are personal alarm codes used? If not, are codes changed regularly?</td>
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<tr>
<td>Are personal codes deleted when team members leave?</td>
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<td><strong>Safes</strong></td>
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<td>Does the practice have a safe installed? If yes,</td>
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<td>• Is the safe securely anchored?</td>
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<td>• Is the safe in an appropriate position?</td>
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<td>• Does the safe have a drop-chute facility?</td>
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<td>• Is the safe kept locked?</td>
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<tr>
<td>• Are keys to the safe adequately secured or are codes/combinations</td>
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<td>changed regularly and only provided to appropriate team members?</td>
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<td>Question</td>
<td>Yes</td>
<td>No</td>
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<td>What will you do about this?</td>
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<tr>
<td><strong>Surveillance/security equipment/systems</strong></td>
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<tr>
<td>Does the practice have surveillance equipment installed and activated?</td>
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<tr>
<td>Is the entry monitored and recorded by surveillance equipment?</td>
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<tr>
<td>Are waiting rooms and other public areas monitored and recorded by surveillance equipment?</td>
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<tr>
<td>Is signage posted to both inform of CCTV monitoring and as a deterrent?</td>
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<tr>
<td>Is there a system to manage the recordings? Is this system checked regularly to ensure that it is working correctly?</td>
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<tr>
<td>Are security systems installed?</td>
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<tr>
<td>Is the security system monitored?</td>
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<tr>
<td>Are duress alarm activating buttons installed in all areas of the practice?</td>
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<tr>
<td>Does the practice have audible alarms to advise practice staff when patients are entering and leaving the premises in quiet times, when the reception desk is unattended or after hours?</td>
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<tr>
<td>Are security systems (eg duress alarms or mobile phones) available and operational at all times?</td>
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<tr>
<td>Do team members have access to security systems when attending to a person or moving between work locations?</td>
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<tr>
<td>Are there systems to ensure that continuous power supply is available to security systems such as alarm systems, surveillance/recording systems and electronic doors (eg back-up batteries).</td>
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</tbody>
</table>
### Planning to move or renovate your premises

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>What will you do about this?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Furniture, fixtures, reception and waiting areas</strong></td>
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<tr>
<td>Only complete the questions below if you are planning to move or renovate your premises.</td>
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<tr>
<td>Is the reception desk/counter wide and high enough to prevent a patient or visitor from reaching across to physically attack team members?</td>
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<tr>
<td>Are counters fitted with vertical glass partitions or a security screens? Are partitions/screens high enough to deter an adult from climbing over them?</td>
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<tr>
<td>Is the waiting room set up to ensure that a practice team member is located close to an exit so they can exit safely and quickly in case of emergency?</td>
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<tr>
<td>Is the reception desk positioned so that reception staff can view the entry, waiting room and main corridor?</td>
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<tr>
<td>Does the waiting area:</td>
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<tr>
<td>▪ Have adequate seating for the number of people likely to be waiting?</td>
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<tr>
<td>▪ Provide adequate personal space for the people waiting in it?</td>
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<tr>
<td>▪ Have furniture and décor to minimise stress (eg television, music, magazines and play area for children)</td>
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<tr>
<td>▪ Have sufficient lighting?</td>
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<tr>
<td><strong>Communication systems</strong></td>
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<tr>
<td>Is there a way to communicate emergency situations to all people in the practice (eg an alarm notifying people to vacate the premises)?</td>
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<tr>
<td><strong>Consulting rooms</strong></td>
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<tr>
<td>Do consulting rooms have two doors? Is the team member’s desk or work area positioned close to one of them so they can egress quickly if necessary?</td>
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<tr>
<td><strong>Entrances, exits and car park</strong></td>
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<tr>
<td>Are entrances, exits, paths and car parks well lit at night?</td>
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<tr>
<td>Is the car park close to the practice?</td>
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Fact sheets

The following fact sheets provide practice managers and other people working in general practice with general advice on preventing occupational violence. These documents are short and can be posted.
Controlling occupational violence hazards and risks in general practices

General practice managers have a responsibility to ensure the safety and security of team members, contractors, locums, volunteers, patients and visitors.

A safe workplace doesn’t happen by chance or guesswork. It requires a systematic approach to finding and fixing hazards and risks. It begins with consulting staff on any potential health and safety issues, and typically follows four steps:

There are four steps to managing the risks associated with working in general practices:
- Step 1 – Identify hazards
- Step 2 – Assess risks
- Step 3 – Control hazards and risks
- Step 4 – Check controls

Step 1 – Identify hazards
Occupational violence is one of many risks that must be controlled. Occupational violence refers to physical attacks or threats of violence in the workplace. Occupational violence can cause physical or psychological harm to practice team members, patients and offenders.

When assessing the potential for violence in your workplace, review previous incident and injury reports, and consult staff to identify potentially high-risk patients or situations. Other service providers and peak bodies can also help you to identify risks.

Step 2 – Assess risks
Risk assessments help you to understand what ‘harm’ hazards such as:
- occupational violence can cause
- how the harm is caused
- the likelihood that harm will occur.

The likelihood that a hazard will cause injury will influence decisions about how much effort needs to be taken to control the risks.

In general, the risk of occupational violence is highest when one or more of the following factors are present:
- the patient is challenging and may:
  - be distressed or anxious
o be refused a preferred service (e.g., prescriptions or certificates)
o have waited a long time
o have prolonged or untreated pain
o be affected by drugs or alcohol
o have a history of violent and aggressive behaviour
o display challenging behaviours

• the practitioner is:
o administering medication
o handling money
o working alone
o providing home or community-based services
o working at night
o denying someone a service or drug

• expensive equipment

Step 3 – Control hazards and risks
If risk factors are identified, especially if there are several risks, it is important to address these concerns. Practice managers must develop and implement systems to reduce the risks of occupational violence as far as is reasonably practicable.

Develop policies to prevent occupational violence

Establish and implement clear policies and procedures for preventing and dealing with occupational violence (in consultation with practice members). While developing these policies, ensure risks are documented and are communicated to any team members that could be affected. Some recommended policies are outlined below.

• Screen patients before providing higher risk services – Develop procedures to ensure that all referrals for home or community-based services as well as night and weekend service are reviewed for potential security risks before team members work with them.

• Restrict patient access - Restrict unescorted patients from accessing all areas of the practice other than the reception area, waiting rooms and toilet facilities.

• Banking - Develop systems to ensure that money is stored safely, banked securely and that practice team members do not carry money outside the premises when they are alone. Alter banking routine and times. Provide other payment options such as EFTPOS or BPay to reduce the amount of cash being managed.

• Medication storage - Ensure that medications are stored securely in a locked area and administered away from the storage area. Refer to Fact Sheet ‘Prevention occupational violence associated with medication storage and administration’ for more information...

• Communicating emergencies – Develop communications systems that enable team members to communicate that they need assistance immediately, whether they are in the office, working in the community or visiting patients in their homes.

• Documenting occupational violence – Ensure that team members know how to communicate when they have experienced occupational violence to their employer.

• Incident investigation – Ensure that occupational violence incidents are thoroughly investigated and that steps will be taken to reduce the likelihood of the incident reoccurring.
• Flagging files - Ensure that the files of patients who have a history of occupational violence are clearly marked (refer to Fact Sheet 'File flagging systems to identify patients with a history of occupational violence') and that each flagged file has a plan for managing their behaviour (eg two team members must be present, a behaviour contract or patient treatment agreement that is signed by the patient or not permitting patient to enter the practice).
• Locking up – Ensure that team members know to lock up the premises securely after hours and when leaving late.
• Key security – Refer to the Fact Sheet 'Preventing occupational violence through improving workplace design and maintenance’)
• Support team members involved in incidents - Provide assistance and support to employees who report or witness occupational violence as soon as possible (eg access to appropriate counselling or employee assistance programs).

Provide training and supervision

Provide training and build support for the policies and procedures. Ensure practice teams are familiar with emergency procedures and policies on occupational violence. Training should cover the following topics:
• team members should place their safety first, and not risk their safety and security to protect other people and the general practice’s property
• if a team member feels threatened when working with a patient, it is acceptable for them to discontinue the service early
• the practice’s safety and security systems, including how to communicate when they need emergency assistance (refer to ‘Template 3 - Further information/contact list' for a list of resources)
• how to identify high risk situations
• how to develop strategies for preventing occupational violence if a high risk situation exists (eg if a patient has a history of violence toward health providers, eliminate the risks by scheduling the appointment when security staff are present – don’t work with them alone or in their homes)
• strategies for:
  o responding if patients or other persons unexpectedly demonstrate aggressive or violent behaviour (refer to Fact Sheet 'Working with patients who become aggressive and violent – Tips for health professionals’)
  o responding to burglaries (refer to Fact Sheet ‘Preventing and responding to attempted robberies or burglaries of general practices’)
  o working alone (refer to Fact Sheet ‘Preventing occupational violence when working alone – Tips for health professionals’)
  o working safety in the community or in patients’ homes (refer to Fact Sheet ‘Preventing occupational violence during home and community visits – Tips for health professionals’)
• how to report incidents of occupational violence
• safe and secure areas where team members can store their personal belongings
• where to obtain copies of a description form and how to complete this form (for an example, refer to ‘Template 2 – Offender description form’)
Employers are responsible for establishing safety and security policies and procedures, but more importantly, for ensuring that the systems are implemented correctly and revised as necessary to ensure. In other words, Practice Managers must supervise the practice team to ensure that the risk controls are implemented properly.

Controlling risks within your premises

- Keep the practice’s premises well-lit, tidy, clutter-free and well-maintained. The Fact Sheet ‘Preventing occupational violence through improving workplace design and maintenance’ provides tips for designing and maintaining your premises to prevent occupational violence.
- Establish security communication systems that prompts fast response when threats of violence are present such as:
  - duress alarms
  - code words that enable practice team members to subtly communicate to each other, either by phone or in person, that need immediate assistance with a threatening or potentially volatile situation.
- Arrange offices, furniture and partitions to ensure that employees can be seen when working with patients and they cannot be trapped.
- Keep medication storage areas securely locked and limit access to team members who need to enter. Do not place signage indicating where medication is stored.
- Provide team members with a secure and locked area to store their personal and valuable belongings such as bags.
- Provide a safe room or place for staff to retreat to in emergencies.
- Place signage to identify areas that are off-limits to patients and visitors.

Controlling risks when working with patients in the community or in their homes

Team members are most at risk of occupational violence when working with patients in the community or in their patients’ homes, therefore it’s important to assess and manage safety risks before team members provide community-based services.

The sections below provide general advice for employers. The Fact Sheet ‘Preventing occupational violence during home and community visits – Tips for health professionals’ provides additional information.

Screen patients and provide practitioner with as much information as possible. Ask referral agencies for the patient’s history and review it for references to violence, behavioural issues and other potential security concerns (eg aggressive pets, challenging housemates or lack of nearby parking).

- Develop a system for screening patients for violence and challenging behaviours.
- Provide staff with as much information as possible before they conduct their first home visit (eg the patient’s name and diagnosis, their physical location, other residents of the property, pets, etc.).
• If occupational violence concerns are identified, manage these risks before providing services using methods such as:
  o arranging for two staff or a security escort to be present
  o delivering services in a supervised setting
  o declining the referral
  o requesting additional information (e.g., if a patient with a chronic pain condition requests a GP to administer pain relief in their home, do not do so unless you have the patient’s pain management plan)
  o calling the police to attend patients who are threatening suicide, appear violent or abusive

• If possible, establish relationships with local services and consult with other organisations working with the same patient.

Provide an emergency communication system. If the practice offers home or community-based services, the practice must establish a communication system for the team member to communicate problems such as occupational violence.

Provide all practitioners working outside the premises with mobile phones that have appropriate coverage. Also ensure they are programmed with emergency numbers (including automotive breakdown assistance).

Each practice must test and maintain its security system to ensure that it’s operational (e.g., emergency procedures, mobile phones and duress alarms).

Track staff location and status. A Safety Call Back System is an example of a system for tracking staff location and status. With this type of system, the team member who is working in the community is frequently in touch with another person for “welfare checks” using code words indicating safety or concerns. For example:

• Team member advises a security contact (usually their office’s receptionist or a colleague) of their location, estimated time of entry (ETE), expected time of departure (ETD), together with all contact numbers – including the patient’s contact details;

• Team member calls the security contact within 10 minutes of their ETD, or the security contact will call the team member; and

• If the team member cannot be contacted either on their mobile or via the patient’s contact number, then security contact should call the police on 000 and advise them of the security concerns.

Know the team member’s movements. If the team member calls for assistance or cannot be contacted, it is important to be able to provide police with information to help them find the practitioner.

• Ensure a designated person in the practice knows:
  o the practitioner’s planned movements (e.g., locations they will be visiting, their anticipated schedule for the day and the routes they intend to drive)
  o the type of vehicle the practitioner is driving and its registration number
  o their mobile phone number.

• Check with your local police station about the best methods to contact them in an emergency.
Working alone or at night

- Develop policies to reduce the risk of working alone or at night (eg ensuring at least two team members are present when patients are in the premises).
- If team members work alone, after hours and weekends, establish systems to ensure they can leave and return safely (eg secure parking as well as locked windows and doors).
- Refer to the Fact Sheet ‘Preventing occupational violence when working alone – Tips for health professionals’ for more information.

Travelling by car

- Ensure all vehicles have roadside assistance and appropriate insurance.
- Provide practitioners with advice on how to respond in case their vehicle breaks down (eg when to call roadside assistance, the practice, the insurer and police).
- Provide practitioners with appropriate communications equipment (eg mobile phones with a car charger).

Step 4 – Check controls

If a practice team member, patient or visitor reports an incident, you have a duty to investigate the incident. Discuss the incident and its impact on the people who were involved. Provide appropriate services (eg medical attention, debriefing or counselling) if necessary.

If the incident is serious, you must also report it to WorkSafe (refer to WorkSafe’s publication *Incident Notification*), and potentially the police, the referral source and your WorkSafe insurance agent.

Learn from the negative experience. Review the incident and implement strategies to protect team members and other healthcare workers working with the patient in the future. Develop recommendations for working with the patient, and be sure to note this in their chart (refer to Fact Sheet ‘File flagging systems to identify patients with a history of occupational violence’).

While it is important to change the way you work with the particular patient, it is also important to review and update your policies and procedures to prevent similar incidents from occurring with other patients.

Risk controls should also be reviewed (and, if necessary, revised) whenever any changes are made to the work or the workplace, such as changes to the way work is done or to the tools or equipment used. A review is also necessary if a Health and Safety Representative requests one.

Sources:

- *Victorian police business security kit 2007*.
Preventing occupational violence through improving workplace design and maintenance

Don’t make your practice a target for violence.

Offenders are less likely to target premises that appear secure, bright, well-maintained and provide no opportunities for hiding. By designing and maintaining your premises with safety and security in mind you can reduce the likelihood of occupational violence.

This fact sheet provides some basic tips for improving the safety and security of your general practice.

1. Outside your building
   • Ensure building entrances and exits are clearly visible. Prune and maintain all trees and shrubs around your practice and remove other objects that people can hide behind (e.g., bins, high fences or tall statues).
   • Keep outdoor areas free of objects that someone can climb on to access high windows (e.g., ladders, boxes and rubbish).
   • Ensure that boundary gates and fences lock tightly and are well-maintained.
   • Use bollards, heavy planters or large rocks to act as ram raid barriers.
   • Install security bars, screens, grills or roller shutters on vulnerable windows, doors and/or skylights (subject to Fire Brigade approvals).

2. Lighting
   • Keep entrances, exits, car parks, laneways and external areas well lit.
   • Check all lights outside and inside the building regularly to ensure they work.
   • If lights are activated by timeclocks, motion sensors or light sensors, regularly check to ensure they activate the lights appropriately.

3. Doors and windows
   • Ensure all external doors fit well and are made of a solid material (not 'hollow core').
   • Fasten steel door jamb strengtheners on wooden doorframes.
   • Remove posters from windows and provide sheer curtains (where possible) to ensure people inside the practice can see the street.
   • Install and regularly maintain high quality locks on all external doors and windows.
   • Install audible door announcers to identify when patients/visitors enter the practice.
4. **Office lay-out**
   - Organise consultation rooms so that there are two exits that can be used in case of emergency.
   - Remove obstacles that can be used to trap or corner team members and arrange furniture so that practice team members can easily escape.

5. **Storing valuables and medications**
   - Secure and register all valuable property. Record the make, model, serial number and provide a description of valuable items. Clearly and permanently mark all property with your Australian Business Number (ABN), practice name or a drivers’ licence number, preceded by the letter V if the licence is Victorian.
   - Do not store addictive drugs on your premises and minimize drug storage in general. (Refer to the Fact Sheet ‘Prevention occupational violence associated with medication storage and administration’ for more information.)
   - If your practice has a safe, ensure that it is located in a secure position and affixed to the wall or floor.
   - Keep TVs, monitors and computers away from windows.
   - Use appropriate padlocks for securing fixtures or items.

6. **Controlling keys and access cards**
   - Provide security keys or access cards that cannot be copied without authorisation.
   - Control access to secure areas by providing employees with keys or access cards only for the areas they work in regularly.
   - Track the keys provided to employees. Retrieve keys from ex-employees.
   - Track access after hours through a sign-in system or card access.
   - Store keys and access cards that are not being used in a lockable key/card storage cabinet in a secure area.

7. **Closing up and after hours**
   - Ensure all relevant staff/practice team members understand and obey lock-up procedures.
   - Advise local police and any security provider of emergency after hours contacts for the practice.

8. **Consider installing security devices and systems such as:**
   - monitored security alarm systems or private security service (refer to ‘Private security – What to consider when selecting a private security service’)
   - electronic sensors to advise practice team members when visitors/patients are entering and leaving the practice
   - duress buttons
   - CCTV or surveillance cameras (refer to Fact Sheet ‘Closed circuit television security systems – What to consider when selecting a system for your organisation’)

Source: Adapted with permission from the *Victorian police business security kit 2007*. 
**Fact Sheet**

**Prevention occupational violence associated with medication storage and administration**

Many incidents of occupational violence in general practices are related to people trying to obtain drugs illegally.

There are four steps to managing the risks associated with storing and administering medications.

**Step 1 – Identify hazards**

Storing and handling medications can be an occupational hazard, particularly for medications with pain relief or psychoactive properties.

**Step 2 – Assess risks**

Risk assessments help you to understand what harm hazards such as occupational violence can cause and how the harm is caused as well as the likelihood that harm will occur. The likelihood that a hazard will cause harm will influence decisions about how much effort needs to be taken to control the risks.

The risks are highest when:

- patients or their associates are addicted to drugs (particularly the type of medication that you provide)
- patients that are under the influence of drugs and alcohol, distressed, frustrated, have a history of violent and aggressive behaviour
- the practitioner is denying someone a service or drug
- expensive equipment is present
- the service is delivered at night
- the practitioner is working alone and/or in the patient’s home/community

**Step 3 – Control hazards and risks**

Eliminate the hazards or risks by:

- not storing or administering addictive medications, including S8 drugs, on your premises or in team members’ vehicles.
- minimising drug storage in general
- posting signage and stickers stating that no drugs are held on these premises
Change the risks to reduce them

Consider reducing risks by substituting risks for lesser risks, changing systems of work or isolating people from the risks. Some examples of these techniques include:

- prescribing and administering non-addictive medications whenever possible
- ensuring that medications are stored securely in a locked area and administered away from the storage area
- keeping medication storage areas securely locked and limit access to team members who need to enter
- not placing signage indicating where medication is stored
- installing security devices such as Closed Circuit Television (CCTV) or duress/panic buttons near medication storage areas
- ensuring sharps containers are anchor bolted to prevent easy removal of container
- if locks or combinations locks are required to secure drugs, ensure that the selected locks are secure and appropriate for their intended use

Change people to reduce the risks

Establish procedures about medication storage and administration. Consider procedures such as:

- ensuring that no cash or medications are kept on premises when people work alone or in their vehicles when they are working in the community
- prohibiting the administration of addictive pain relief medication in patients’ homes unless the practitioner has the patient’s pain management plan
- staff should not discuss drug holdings or storage of drugs in public.

Step 4 – Check controls

Review incidents and near misses, and implement strategies to protect team members and other healthcare workers working with the patient in the future. Develop recommendations for working with the patient, and be sure to note this in their chart (refer to Fact Sheet ‘File flagging systems to identify patients with a history of occupational violence’).

While it is important to change the way you work with the particular patient, it is also important to review and update your policies and procedures to prevent similar incidents from occurring with other patients.

Risk controls should also be reviewed (and, if necessary, revised) whenever any changes are made to the work or the workplace, such as changes to the way work is done or to the tools or equipment used. A review is also necessary if a Health and Safety Representative requests one.
Fact Sheet

File flagging systems to identify patients with a history of occupational violence

Employers and practice team members have a responsibility to provide information about patient’s behaviour to all other practice team members who may have contact with this patient. Patient alert systems or ‘file flagging’ may be a useful violence risk control strategy.

File flagging policies and protocols need to comply with relevant legislation and must not be discriminatory. Victoria’s Equal Opportunity Act 1995 (refer to Section 2.5) does not prohibit general practices from flagging files to identify patients presenting a risk to the health and safety of patient team members and other patients. File flagging systems must meet privacy requirements and are subject to freedom of information requirements.

Flagging information must be kept relevant, accurate and up to date. Do not retain flags that are no longer accurate because this will have implications under privacy legislation and possibly the Anti-Discrimination Act. For example, a patient’s partner verbally threatened home visit staff and so the patient’s file was flagged with precautions for home visit staff. However a few months later the partner moves out permanently and so the risk to home visit staff was eliminated and the flagging was removed from the file.

Cover the following issues in your practice’s “file flagging” policies:

- the purpose of the flag (eg the flag is applied to protect practice team members from occupational violence)
- that recommendations for protecting team members must accompany all flags (eg how to manage the patient so to eliminate the risk of occupational violence)
- who has access to the information and justification for who can gain access to the flagging information (eg only treating practitioners in your practice or neighbouring practices),
- that flagged files will be reviewed regularly to ensure the flags are relevant

File flags can be placed on electronic or paper files or both. Refer to ‘Template 1 - Patient alert’ for an example of a hard copy ‘Patient Alert’ that can be placed on a file. If your patient file system is electronic, consider using statements such as “History of occupational violence” or “Do not provide home-based services due to violent behaviour”.

Fact Sheet

Risk control options for treating patients who present with risk factors for occupational violence

General practices must control risks so far as is reasonably practicable when treating patients who present with risk factors for occupational violence such as:

- a history of occupational violence (including threats of violence) toward general practice staff
- attending the clinic while under the influence of either drugs or alcohol
- attending the clinic with friends, family or associates who are disruptive or have a history of violence
- requiring home or community based services in locations where people or animals (e.g. threatening pet dogs) pose a concern to the health and safety of practice team members

Any or all of the following risk control options can be used to manage the risks:

- schedule treatment sessions so that additional staff or security are present or on duty
- arrange treatment in a more secure location (e.g. in the clinic rather than in the home)
- develop a ‘patient treatment agreement’

‘Patient treatment agreements’ are also known as ‘behaviour contracts’. These documents establish expectations for the appropriate behaviour and identify consequences for inappropriate behaviour. For example, a patient treatment agreement may state that the patient will be provided with services only when they are sober and services will not provided when the patient is under the influence of alcohol. Another may state that a patient with a threatening dog will receive home-based services when their dog is locked in a room and that if the patient does not lock the dog away, the services will not be delivered in their home.

Develop patient treatment agreements in consultation with the patient, a representative from the practice team and relevant stakeholders (e.g. security staff, carers and relatives). Ensure that the environment stays constructive, safe and therapeutic during these discussions. Stay objective and focus on the behaviour and not the person.

Each patient treatment agreement must provide channels for appeals or complaints. They must also be reviewed regularly to ensure they are current. For example, if the agreement states that the patient is not eligible for home-based services because their spouse’s threatening behaviour, if the spouse moves out the agreement must be updated or cancelled to reflect the change in circumstances.

Refer to the template ‘Sample patient treatment agreement’ for more information.

Closed circuit television security systems – What to consider when selecting a system for your organisation

Many hospitals, general practices, department stores and service stations include closed circuit television (CCTV) in their security systems. These systems are usually used to prevent shoplifting, theft and violence, but they have many other uses.

While simply having the cameras present can deter crime, careful consideration of your needs and the equipment can help you make the best use of the system. This fact sheet will help you consider some of the options before you meet with CCTV retailers.

What areas should be monitored?

Consider placing cameras in:

- areas with little or no natural surveillance such as passing motorists, pedestrians or employees (particularly after hours)
- areas where vandalism, graffiti or other criminal offences have occurred previously
- areas where valuable equipment or drugs are stored (eg unsupervised computer rooms or drug handling areas), and
- at entrances, exits and reception areas.

What equipment is required?

At a minimum, you will need a camera, a storage system, monitors and signage, but there are many options to consider.

- **Camera image resolution.** Camera resolution can range from low to high. High resolution cameras provide quality images that police can may be able to use to identify perpetrators.

- **Recording speed.** Continuous systems record several images a second, while other systems record images every few seconds. Other systems record only when motion sensors detect movement in the area. Continuous recording is best suited to busy areas where crimes can happen quickly (eg shoplifting) while intermittent recording is effective in slow-paced areas for crimes that take longer to occur (eg break and entry). Movement-based recording systems are best for small areas with minimal movement (eg drug storage areas).

- **Video storage.** The video can be recorded onto video tapes, computer hard drives. In general, the more data you collect, the bigger the storage system you require. Systems with many cameras, high resolution images and continuous recording will require the most storage space.

- **Signage.** Clearly and prominently display signage advising customers that all activity is being recorded.
• **Monitors.** Place monitors so that employees can easily observe them.

• **Equipment for copying footage.** Consider how you would to provide police with a copy of recorded footage.

**How to position cameras**

CCTV is most helpful to the police when it captures large, clear, well-lit facial images of offenders. To obtain the best images mount cameras:

• at building entrances and exits, or areas where high value items are kept

• where potential offenders can clearly see them (for deterrence)

• at a height where the camera will capture an image of the offender’s face in full view (not the top of their head)

• where the image will not be obscured by interferences (e.g., trees, shrubs or pillars)

• in well-lit areas so that images are clear.

**How to train employees**

Staff must be trained to operate security equipment. Procedures must be developed to ensure that the CCTV system is tested and checked regularly.

Source: Adapted with permission from the *Victorian police business security kit 2007*. 
Private security – What to consider when selecting a private security service

Selecting a security provider can be difficult as there are many providers to choose from. To ensure you select a quality provider:

- Check the Victoria Police's website at www.police.vic.gov.au to ensure the provider is registered with the Victoria Police Licensing Services Division.

- Ask the private security service about their professional accreditations and associations with peak body regulatory agencies such as the Australian Security Industry Association Ltd (ASIAL). These professional associations protect consumers by resolving complaints about unsatisfactory service.

Source: Adapted with permission from the Victorian police business security kit 2007.
Preventing and responding to attempted robberies or burglaries of general practices

Robberies and burglaries rarely occur, however these incidents can cause physical and psychological injuries to the general practice team members involved. It is important to reduce the risk of robberies as far as is reasonably practicable but also to support staff to ensure they know how to respond if an incident occurs.

There are four steps to managing the risks of robberies and burglaries.

Step 1 – Identify hazards
Robbers and burglars that target general practices are typically trying to steal money or obtain drugs illegally. Some burglars are also seeking prescription pads and certificates for time off of work.

Step 2 – Assess risks
The risk of robberies and burglaries is highest for practices that accept cash payments or store/administer medications. Other factors that increase the risk of robberies and burglaries include:

- people entering your practice (not necessarily your patients) who are addicted to drugs (particularly the type of medication that they think your practice may have)
- patients that are under the influence of drugs and alcohol, distressed, frustrated, or have a history of challenging, violent and/or aggressive behaviour
- when practitioners work:
  - at night
  - alone
  - in the community or in patients' homes
- when cash, handbags, drugs or expensive equipment is visible or appears to not be stored securely in the practice or vehicles
Step 3 – Control hazards and risks

Reduce risk by changing systems of work

- not storing cash, medications or valuable equipment on your premises or in vehicles
- developing systems so patients don’t pay cash (i.e. EFTPOS or BPAY)
- placing signage on your premises stating that cash and medications are not stored on the premises

Reduce the harm

Consider reducing risks by substituting risks for lesser risks, changing systems of work or isolating people from the risks. Some examples of these techniques include:

- providing a secure locked area for team members to store their personal belongings such as handbags, phones and laptop computers
- securely storing or locking up valuable equipment, medications and money and limit access to these areas by controlling keys and
- not placing signage to advertise where secure storage areas are located
- installing security devices such as duress/panic buttons and Closed Circuit Television (CCTV) in areas where expensive equipment, cash or medications are stored, administered or used
- designating escape routes and safe areas for practice team members to move to during a robbery, burglary or other incident of occupational violence

Change people to reduce the risks

- Train team members how to respond if a robbery or burglary occurs and drill them to ensure they understand it.

If practice team members feel threatened by a patient or individual, especially someone who is affected by drugs and seeking a prescription or needles they should:

1. give the robber or burglar what they want – the practice team member’s safety and security is more important than money, drugs or property
2. get to a safe place as soon as possible such as the practice’s “safe room” or leave the premises
3. get help immediately – either call the police, activate an alarm (e.g. duress alarm) or contact your practice’s private security system (if you have one)
• **How to respond when handling robbers or burglars**
  
  - Remain calm, assess the situation and do exactly as the offender says. Remember the number one priority is your safety, the safety of other practice team members and patients.
  
  - Avoid sudden actions and calmly explain any necessary movements to the offender. Unexpected movements could pose an unintended threat to the offender, who may already be anxious and tense.
  
  - Speak only when spoken to as any conversation with the offender will prolong the incident.
  
  - Observe the offender, especially any characteristics that could help police to find them, and take note of any weapons that are being used.
  
  - If it is safe to do so, observe the direction of travel taken by the offender/s when they leave the premises.
  
  - Never take drastic action and do not chase the offender.
  
  - When in safety, complete the Description form (see ‘Template 2 – Offender description form’). Store it in a predetermined, convenient place within the practice for quick and easy reference and use by practice team members.

• **After the robber or burglar leaves**
  
  - Immediately telephone the police on 000, even if you have activated a duress alarm. Provide the police telephone operator with:
    - exact location – practice name/address of where the crime occurred including the closest intersecting street
    - your name
    - details of persons injured and whether medical assistance is required
    - date/time/nature of the offence
    - number and description of offender/s including any vehicles used
    - direction of travel
  
  Only hang up the telephone when told to do so and stay off the phone until police arrive unless you remember additional information that may be important.

  - Close the practice to the public and keep unauthorized persons out.
  
  - Make sure that no person touches or moves any items where the offender/s was/were present.
  
  - Consider arranging someone to meet police outside.
  
  - Request that witnesses, practice team members and/or patients remain until the police arrive – failing that, request their names, addresses and telephone numbers and pass them onto police when they arrive.
  
  - Supply the police with all details no matter how insignificant they appear to you. This could include earlier suspicious patients/visitors, rude, drunk or drug affected patients or simply details of certain cars that frequently drive past.
Crime affects different people in different ways and the impact may not be felt immediately. Consideration should be given to organising professional trauma counselling for employees affected by crime.

**Step 4 – Check controls**

Review incidents and implement strategies to protect team members for future instances.

Risk controls should also be reviewed (and, if necessary, revised) whenever any changes are made to the work or the workplace, such as changes to the way work is done or to the tools or equipment used. A review is also necessary if a Health and Safety Representative requests one.
Preventing occupational violence starts with accepting that it is a potential work hazard, and although we would like to believe that it “won’t happen to me”, it just might. Simple steps taken prior to, during and following the patient contact can manage the risk.

The process for safe home and community visiting involves the following four steps.

Step 1: Identify potential risks

Prior to conducting the visit, team members are encouraged to identify risks through a two-step process.

- If the patient is recently referred to you, contacting the referral source and asking if the patient has a history of violence or behaviour issues.
- Reviewing the patient’s file and referral documentation for ‘Safety Warning Indicators’ such as:
  - threatening, aggressive, or inappropriate physical contact behaviours;
  - drug/alcohol abuse
  - access to or a history of weapons ownership
  - pre/post injury - psychiatric conditions involving aggressive and or irrational behaviours, and
  - 3rd party persons of concern (eg safety issues about the patient’s family, friends, and associates at the contact site)

Step 2: Manage the risks

If risks are identified, it is important to address or clarify these concerns prior to the home visit. Some examples include:

- If the patient has a history of violence or aggression, or reports state that they are distressed and angry, bring a second staff member along for security.
- If you do not know the patient and their neighbourhood, do not conduct the initial home visit at night or on a weekend. Always be on time for the first visit.
- If the family pet is aggressive, phone the worker in advance and ask the worker to secure the animal away from the team member.
- If you are working alone, ensure there is a Safety Call Back System to track your location and status.
Step 3: Conduct home and community visits with safety in mind

Security experts indicate that first visits pose the highest risk for occupational violence. As team members are generally the first healthcare providers to enter a patient’s home, team members should keep the following guidelines in mind.

General tips

- Carry a mobile telephone and/or a personal duress alarm that is linked to security personnel or police.
- Maintain situational awareness and listen to your intuition/instinct.
- Remember you can leave and withdraw services before completing the visit. It’s better to leave with dignity rather than scramble for the door at the last minute.
- Have an “exit” excuse in case the patient becomes aggressive/abusive or you feel uncomfortable.
- If a second person has been notified of a practice team members’ departure from the practice, ensure that the same person is contacted and advised that the practice member has reached their intended destination safely.

Car driving and parking tips

- Park your car as close as possible to the home in a well-lit area. Park in an accessible position on the street (not in the driveway) where you can easily drive out in an emergency.
- Before leaving your car, ensure that all doors and windows are closed and locked.
- Before you go outdoors, find your car keys and have them ready for use. Do not search for them when standing at the car door.
- Check inside the car by looking through the windows before getting in.
- Keep the doors locked and the windows wound up when you are driving and parking the vehicle.
- Do not leave valuable items visible inside the car.
- Avoid driving in dark and isolated areas.

Entering the home

- Ask patients to restrain dogs, to turn on an outside light at night and provide guidance on identifying the residence (eg landmarks or nearest intersection).
- Before entering a home, listen for any conflict or large animals.
- Bring as little as possible into the home, and keep it with you at all times.
- Wear comfortable shoes and keep them on when you are in the home in case you feel you need to exit quickly.
- Don’t wear neck ties or lanyards around your neck as these are a potential strangle hazard.
When walking

- If you feel threatened, cross the road, locate a telephone or enter a store or place of business even if you have just left it.
- Avoid walking alone at night unless absolutely necessary, stay on lit paths and wear visible clothing.
- Walk purposefully and know where you are going.
- Walk on the footpath facing the oncoming traffic.
- Carry purses and handbags close to your body.

Step 4: Review incidents and implement learning

If you have a negative home visit experience, report the incident to your employer and the referral source. Flag the files of patients who have a history of occupational violence according to your organisation’s procedures (refer to Fact Sheet ‘File flagging systems to identify patients with a history of occupational violence’). If you think you need extensive debriefing, counselling may be warranted. If medical attention is necessary for you or the patient, advise the Practice Manager and referral source.

Finally, learn from negative experiences. Review the incident and implement strategies to protect team members and other healthcare workers working with the patient in the future.

Source: Adapted with permission from the *Victorian police business security kit 2007*.
Fact Sheet

Working with patients who become aggressive and violent – Tips for health professionals

When dealing with aggressive and violent people, the main priority is to ensure your safety, then the safety of your practice team members and patients.

The most important rule is to be prepared for the worst – know when and how to call for assistance:

- if the practice has security officers or private security services, contact them immediately (eg activate duress alarms), or
- telephone the police on 000.

Every situation is different and as such there is no one, absolute set of procedures in dealing with aggressive people, but there are recommended strategies.

When a patient is aggressive

- Do not respond to the person’s bad behaviour in the same manner.
- Remain patient and respectful. Try to restore a sense of justice for the person. Explain what options are available and encourage them to try one of these.
- Listen to the person and acknowledge their problem or situation.
- Do not take insults personally. The person may be relating the insults to practice policies and procedures rather than to you personally.
- Remember that anger can diminish over a period of time.
- Other team members not involved in the incident should not become an audience but practice team members should monitor the situation in case it escalates.
- If you cannot calm the person and they continue to be offensive or obnoxious, politely ask them to leave the practice. If they refuse to leave a practice, contact the police and await their arrival. Do not engage in any further unnecessary dialogue.
- Look for a way to escape that does not involve crossing the path of the aggressive patient.
- Report incidents of aggressive behaviour immediately to Practice Managers and identify options to providing the services safely. If the practice cannot provide a safe environment for team members to work with the patient, a patient should not be retained on the patient list.
When a patient is violent

- Do not enter the person’s physical space as this can escalate the situation.
- Discretely remove any items that could potentially be used as weapons.
- Identify a safe exit route where you cannot be trapped or cornered by the patient.
- Call for assistance.
- Use counter areas or display stands to create natural barriers and distance between staff members and the violent patient.

Caution

Practice team members are entitled to remove themselves from violent situations and protect themselves from violence. The amount of force used to repel the violence must be reasonable and proportionate to the harm that they are trying to avoid. Excessive force is not justified and can result in a counter-claim of criminal assault or civil litigation. Avoid keeping weapons such as baseball and cricket bats and guns on the premises.

Source: Adapted with permission from the *Victorian police business security kit 2007*. 
Preventing occupational violence when working alone – Tips for health professionals

Working alone or in isolation is a risk for many general practices because team members who work alone cannot call upon other team members for assistance in case of emergency. People who work in sole practices, visit patients in the community or work long or late hours may face this risk.

There are four steps to managing the risks associated with working alone.

Step 1: Identify potential risks

The risk of occupational violence is highest for people working alone there is a combination of the following factors:

- challenging patients who may be: distressed, frustrated, affected by drugs or intoxicated; have a history of violent and aggressive behaviour; display challenging behaviours
- the practitioner is denying someone a service (eg a certificate or medications)
- the practitioners is administering medication
- the practitioner handles money
- expensive equipment is present
- the service is delivered at night
- working with patients in their homes or in the community

Step 2: Manage the risks

If risks are identified, especially if there are several risks, it is important to address these concerns before working alone with the patient. Some examples include:

- Carefully screen patients before you agree to work alone with them. If possible, arrange the first meeting at a time when other team members are present. If this is not possible, review their file and contact referral sources and ask whether the patient has a history of violence or behaviour issues.
- If the patient has a history of violence or aggression, or reports state that they are distressed, frustrate and/or angry, don’t work alone with them. Consider options such as bringing an extra person along for security or meeting the patient in a facility that has a security service.
- Establish a Safety Call Back System to check on your safety when you are working alone.
- If you are denying a service, plan to deliver this information when you are not working alone with the patient.
Avoid having cash or drugs in your practice or vehicle when you are working alone. A service that is known to receive cash payments may become a target for burglary. Suitable alternative payment options should be put in place.

Avoid using expensive or portable equipment when you are working alone with patients.

Pre-program important numbers such as 000 into your business telephones and the mobile phones.

**Step 3: Work alone with safety in mind**

When working alone with patients, team members should keep the following guidelines in mind.

- **DO NOT RISK YOUR SAFETY TO DELIVER A SERVICE.** Remember you have the right to withdraw services. It’s better to stop a service and not get paid than it is to experience occupational violence.
- **DO NOT RISK YOUR SAFETY TO PROTECT PROPERTY.** Property can be replaced, but your life can’t.
- Maintain situational awareness and listen to your intuition and instinct.
- Have an “exit” excuse in case the patient becomes aggressive/abusive or you feel uncomfortable.
- Carry a mobile telephone and/or a personal duress alarm that is linked to security personnel or police.
- If you work alone or before/after normal practice hours, keep the practice door and windows locked.
- If you work late, try to find another practice team member or a security guard to walk out with you to your car.
- When team members are temporarily leaving the practice (e.g., to go to the hospital or conduct a home visit), notify a second party (such as your receptionist or a private security company) and advise them about the team member’s anticipated movements, expected time of return or arrival at next location.
- Park vehicles as close to your practice or premises as possible.
- Be aware of all escape routes that can be used during emergencies.
- Report all suspicious persons/circumstances to the proper authorities such as the practice principal/manager, building security and/or the police as soon as possible.
Step 4: Review incidents and implement learning

If you have an incident while working alone, report the incident to your employer and the police. If the patient was referred to you, also advise the referral source. Flag the files of patients who have a history of occupational violence so that team members will not have similar experiences. If extensive debriefing is necessary, counselling may be warranted. If medical attention is necessary for you or the patient, advise the Practice Manager and referral source.

Finally, learn from negative experiences. Review the incident and implement strategies to protect team members and other healthcare workers working with the patient in the future.

Source: Adapted with permission from the Victorian police business security kit 2007.
Templates

The following templates can be photocopied, printed and freely distributed.
**Patient alert**

*This should be placed prominently in the front of the patient’s paper file or could be adapted to appear on the computer when the record is opened to inform practice team members of potential risks to their health and safety or be incorporated into your practice’s own file flagging policies and procedures. The development and implementation of local file flagging policies and procedures need to be done with due consideration to relevant legal requirements including anti-discrimination and privacy legislation.*

**Example of patient alert**

Based either on assessment or past behaviour the following potential areas or risks to practice team members have been identified:

- ........................................................................................................

Practice team members are advised to check the patient record and incident register to familiarise themselves with these risks before contact, and are advised to always use safe work practices for themselves and others.

SIGNED ..................................................... Designation

LAST UPDATED ....../....../...

**Sample patient treatment agreement**

This template is adapted from WorkSafe Victoria’s publication *Prevention and management of aggression in health services*.

---

**ONGOING ACCESS TO AND USE OF <<ORGANISATION>> FACILITIES AND SERVICES**

Staff, patients and visitors of <<ORGANISATION>> are entitled to a safe environment free of violence, threats and intimidation.

**THE CONDITIONS**

I, <<NAME>> agree to treat all staff, patients and visitors courteously and with respect at all times.

I understand that threats, intimidating behaviour, verbal abuse, physical violence and other anti-social behaviour are unacceptable.

I accept that I will be restricted to the treatment area or ward where I am a patient or visiting.

I agree to visit the practice on <<DAYS>> only and between the hours of <<TIME>> and <<TIME>> and on every occasion I will report to the reception desk on arrival before proceeding to the treatment area.

I am aware that a request for information about a relative (if I am the next of kin) from a member of staff may be made through the patient liaison officer or afterhours administrator.

<<ADD ADDITIONAL CONDITIONS IF WARRANTED>>.

I AGREE TO THE CONDITIONS ABOVE AND AM AWARE THAT FAILURE TO COMPLY WITH THESE CONDITIONS WILL RESULT IN MY EVICTION FROM THIS PRACTICE. I HAVE BEEN GIVEN A COPY OF THIS AGREEMENT.

SIGNED: ________________________________________________________________

---

Offender description form

If you’re a victim of a robbery, please complete this form by yourself. If you are unsure of an answer don’t guess - leave it blank. If there are other witnesses, record their names at the base of page and ask them to complete these descriptions on a piece of paper.

<table>
<thead>
<tr>
<th>ROBBERS:</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEIGHT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUILD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAIR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACIAL HAIR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPLEXION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EYES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCENT/RACE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISGUISE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCARS/TATTOOS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEADWEAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLASSES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHIRT/JACKET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PANTS/DRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOTHING LOGOS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHOES/BOOTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARRY BAG</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VEHICLE DETAILS**

<table>
<thead>
<tr>
<th>MAKE:</th>
<th>MODEL:</th>
<th>TYPE:</th>
<th>YEAR (approx):</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLOUR:</td>
<td>REGISTRATION:</td>
<td>PLATE COLOUR:</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF OCCUPANTS:</td>
<td>DISTINGUISHING FEATURES/ACCESSORIES:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WEAPON DETAILS**

![Weapon Icons]

**OTHER:**

**WITNESS DETAILS**

| WITNESS 1: | |
| WITNESS 2: | |
| WITNESS 3: | |

Source: Adapted with permission from the Victorian police business security kit 2007.
Further information/contact list

<table>
<thead>
<tr>
<th>Service</th>
<th>Responder</th>
<th>Phone number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>To request urgent medical, safety or security assistance</td>
<td>Emergency services - police, fire brigade or ambulance attendance</td>
<td>000</td>
<td></td>
</tr>
<tr>
<td>To report a crime or security concerns</td>
<td>Your local police station</td>
<td></td>
<td>police.vic.gov.au</td>
</tr>
<tr>
<td>To report tips that can help the police solve a crime</td>
<td>Crimestoppers</td>
<td>1800 333 000</td>
<td>vic.crimestoppers.com.au</td>
</tr>
<tr>
<td>To obtain assistance for victims of crime</td>
<td>Victims of crime helpline</td>
<td>1800 819 817</td>
<td>justice.vic.gov.au/victimofcrime</td>
</tr>
<tr>
<td>To report occupational health and safety issues</td>
<td>Worksafe</td>
<td>03 9641 1444 or 1800 136 089 (toll free)</td>
<td>worksafe.vic.gov.au</td>
</tr>
<tr>
<td>To obtain ‘Victorian Police Victorian police business security kit 2007’</td>
<td>Victoria police</td>
<td></td>
<td>police.vic.gov.au</td>
</tr>
</tbody>
</table>

It is not possible to provide an exhaustive list of specialist general practice and other health professional advisory and regulatory bodies, but the list below will provide a good starting point.

- **Australian Nursing Federation (Victoria Branch)** [www.anfvic.asn.au](http://www.anfvic.asn.au) or 03 9275 9333 or 1800 133 353 (regional toll free)

- **Australian Medical Association**, [www.amavic.com.au](http://www.amavic.com.au) or 03 9280 8722 or 1800 810 451 (Australia toll free)

- **General Practice Victoria** [http://www.gpv.org.au](http://www.gpv.org.au) or 03 9341 5200 has a Division Directory and provides a range of services to divisions of general practice.

- **Royal Australian College of General Practice (Victoria)**, vic.faculty@racgp.org.au or 03 8699 0488
References


Delaney J 2001, Prevention and management of workplace aggression: Guidelines and case studies from the NSW health industry, Central Sydney Area Health Service.


WorkSafe Victoria


  – 2003, Occupational violence and bullying: Your rights, what to do, and where to go for help. worksafe.vic.gov.au


– 2007, Controlling OHS hazards and risks. worksafe.vic.gov.au
