



Prevention and Management of Workplace Violence and Aggression Policy

1. Purpose

The WA Country Health Service (WACHS) is committed to providing a safe and secure environment for all individuals – workers, consumers and visitors – across its sites. We are committed to preventing workplace violence and aggression (WVA), and to protecting the wellbeing of everyone within our care and service settings.

WACHS acknowledges that WVA can occur in complex healthcare environments and is committed to actively minimising its occurrence and impact. While any form of violence or aggression is considered unacceptable, we recognise that some behaviours may be influenced by health conditions, trauma, or other factors beyond a person's control. Safety remains our highest priority, and we take proactive steps to reduce risk and protect the wellbeing of all individuals. At the same time, we approach challenging behaviours with empathy, compassion, and a trauma-informed, person-centred lens – ensuring that everyone is treated with dignity and respect, even in difficult circumstances.

WACHS believes that fostering a culture of dignity, mutual respect and care is a shared responsibility. Everyone – workers, consumers, and visitors – plays a role in creating a safe, inclusive and respectful environment. Workers have the right to carry out their duties without fear, just as consumers have the right to receive care in an environment that is secure, supportive, and grounded in dignity and respect. By balancing safety with compassion, WACHS exemplifies its core values through its commitment to upholding the highest standards of care and workplace wellbeing.

WACHS supports the promotion of a comprehensive strategic approach to the prevention and management of Workplace Violence and Aggression (WVA) as outlined in the WACHS Workplace Violence and Aggression Strategy 2024 - 2028 on [WACHS Workplace Violence and Aggression](#).

2. Policy

WACHS has a duty under the [Work Health and Safety Act \(2020\)](#) and associated legislation to minimise the risk of violence to all workers, and other persons, so far as is reasonably practicable. This Policy focuses on the general principles applied to the prevention and management of violence and aggression in the workplace.

This policy applies to all workers, consumers, and visitors in all WACHS workplaces and our health care facilities.

The scope of this policy is to address issues of WVA perpetrated by consumers and visitors towards WACHS staff members and other persons on WACHS sites. Work-related violence and aggression perpetrated by WACHS staff members is outside the scope of this policy and must be managed in accordance with MP 0124/19 [Code of Conduct Policy](#), MP 0116/19 [Grievance Resolution Policy](#), MP 0127/20 [Discipline Policy](#) or MP 0117/19 [Prevention of Workplace Bullying Policy](#), WACHS [Grievance Resolution Guideline](#), and where appropriate, the WACHS [Fitness for Work Policy](#) and [Fitness for Work Guideline](#).

2.1 Prevention

A risk management approach should be adopted by workers and managers to create a safe workplace by:

- identifying, assessing and mitigating risk factors
- educating workers on recognising early warning signs and appropriate responses
- promoting a culture of respect and psychological safety
- establishing clear protocols for intervention and support.

Physical Environment Risk Assessment

Risk assessment ([Security Assessment Checklist](#)) must be conducted annually for all work areas where WVA poses significant actual or potential risk including (but not limited to), clinical, environmental, and service delivery, as per the [Security Risk Management Policy](#).

Security and safety risks relating to WVA must be considered and designed out when undertaking refurbishment or extensions to existing health services and for new purpose-built facilities.

High risk patient areas must be regularly evaluated to remove any potential triggers for WVA.

For further information, refer to:

- [Access Control Procedure](#)
- [Security Assessment Checklist](#)
- [Security Risk Management Policy](#)
- [Workplace Inspection Guideline](#)

Clinical Risk Assessment

Effective clinical risk assessment is a critical tool in preventing workplace violence and aggression in healthcare settings, enabling early identification of potential triggers, guiding tailored interventions that protect both workers and consumers, and facilitating communication of hazards between stakeholders.

Clinical Risk Assessments, which include an assessment of aggression potential, must be implemented, recorded and, where a need is indicated (for high-risk patients), evaluated on a regular and ongoing basis to ensure effective control measures are in place.

For further information, refer to:

- Community and home visiting risk assessment templates approved for use in your region
- MP 0095/18 [Clinical Handover Policy](#) and relevant WACHS clinical handover processes
- WACHS [Acute Behavioural Disturbance in Emergency Departments Guideline](#)
- WACHS [Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#)
- WACHS [Recognising and Responding to Acute Deterioration Procedure](#)
- WACHS [Working in Isolation - Minimum Safety and Security Standards for All Staff Policy](#)

Training

Training allocation will be guided by a risk-based approach reflecting the level of WVA risk associated with specific roles and/or work environments. Any WVA training delivered must be evidence-based and tailored to suit the needs of the individual target audience.

WVA training is to include:

- relevant elements of the work health and safety and patient safety legal frameworks
- rights and responsibilities of workers when responding to a WVA incident
- recognition of early warning signs of aggression or behaviours of concern, including clinical and non-clinical characteristics
- verbal and non-verbal de-escalation interventions and strategies
- identifying and selecting appropriate response options when confronted with aggressive or violent behaviour, including:
 - activation of code black
 - contacting emergency services
 - de-escalation
 - clearing of work area of consumers and staff
 - withdrawal to a safe space
 - encourage consumer to exit environment
 - lawful restraint or removal of consumer
 - legal considerations and support
- safe, lawful and proportionate use of restrictive practices in various work settings, when they are appropriate (e.g. only to be used as a last resort), to be in alignment with the principles of consent, decision making capacity and necessity, and to promote the use of trauma-informed care and the consideration of the patient's rights, freedoms and choices
- social and cultural factors that influence the experience of receiving healthcare and the healthcare environment
- clinical conditions that may impact behaviour, agitation and aggression (e.g. cognitive impairment, delirium, medication reaction, dementia, mental health, alcohol or drug dependency) and how these can be assessed and managed to reduce risk
- interpersonal factors between workers and consumers or visitors that contribute to WVA incidents
- reporting of WVA hazards and incidents
- support mechanisms available for staff, consumers and the others impacted by WVA incidents.

Supervisors are to receive appropriate training relating to their supervisory and post incident management obligations such as worker monitoring and support, debriefing, investigations, reporting and review.

New workers will complete WVA training relevant to their role as soon as reasonably practicable after commencement:

- for work locations within the greater Perth metropolitan area, all relevant WVA training must be completed within the first two months of commencing employment
- for work locations outside the metropolitan area, eLearning module(s) will be completed as soon as practicable after commencing employment, with face-to-face requirements to be completed within 6 months of commencement.

Workers in identified high risk work areas must undertake refresher training annually.

All training is to be delivered by a trainer with appropriate training qualifications (i.e. Cert IV in Training and Assessment), relevant experience/subject matter expertise and knowledge of legal frameworks impacting the management of WVA (Work Health and Safety, Criminal Code, Patient Safety and Quality Standards, restraint guidance).

For further information, refer to:

- [Monitored Training Matrix](#)
- WACHS [Mandatory Training Policy](#)
- WACHS [New Staff Induction Policy](#)

Consumer and Visitor Management

WACHS sites are to clearly communicate standard of acceptable behaviour to be observed by consumers and visitors, including information on potential consequences of non-compliance.

Refer to Department of Health (DoH) guidance on [patient rights and responsibilities](#).

WACHS sites are to support consumers and visitors to report WVA incidents, as other persons under the [Work Health and Safety Act \(2020\)](#).

2.2 Incident Management

De-escalation

Workers shall appropriately respond to any person behaving in a manner that indicates the initial stages of aggression by implementing de-escalation strategies.

Workers are to use their skills to prevent escalation of the situation whilst also alerting other workers to the potential for aggression, including early activation of Code Black to seek support for evolving situations.

For further information, refer to:

- WACHS [Acute Behavioural Disturbance in Emergency Departments Guideline](#)
- WACHS [Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#)
- WACHS [Recognising and Responding to Acute Deterioration Procedure](#)
- WACHS [Restraint Minimisation Policy](#)
- WACHS [De-escalation Techniques](#)

Situation Management

Workers, consumers or visitors should not place themselves at risk when responding to WVA. If it is safe to do so, raise the alarm via place-based Code Black (personal threat) procedures or Duress Alarm procedures, immediately.

For further information, refer to:

- [Place-based Emergency Management Procedures \(including Code Black response\)](#)
- WACHS [Duress Alarm Procedure](#)
- WACHS [Electronic Security Systems Policy](#)
- WACHS [Personal Protective Equipment – Stab Vest Policy](#)

- WACHS [Working in Isolation - Minimum Safety and Security Standards for All Staff Policy](#)

Withdrawal of Care

In certain circumstances, senior registered health professionals may refuse or withdraw care to patients who pose a threat to workers. A decision to refuse or withdraw care is to be exercised by a senior registered health professional as an option of last resort when all other available and reasonable measures have been exhausted.

For further information, refer to:

- MP 0174/21 [Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Policy](#)
- DoH [Refusal or Withdrawal of Care Procedure](#)

2.3 Post Incident

Following any incident, the wellbeing of all workers including those injured and witnesses must be prioritised with appropriate medical and psychological first aid to be provided as needed.

Debriefing

All persons involved, including witnesses (as appropriate), are to be offered a hot debriefing session/counselling promptly after critical incidents, and access to the Employee Assistance Program where appropriate. Attendance at the session should be on a voluntary basis.

Cold debriefing is to occur within 10 days of the critical incidents, and is to support shared learning, identify triggers and strategies to improve risk management processes and training and development requirements.

Refer to:

- WACHS [Employee Assistance Program](#)
- WACHS [Serious Adverse Event Management Guideline](#)
- WACHS [Staff Support Post Critical Incident Guideline](#)
- WACHS [Workers' Compensation and Injury Management Procedure](#)

Reporting

In accordance with the WACHS [Hazard and Incident Management Procedure](#), staff must report all WVA incidents (including verbal aggression and near misses), and incidents are to be investigated to determine contributing factors, identify any factors that can be addressed to reduce the likelihood of a further incident occurring (if possible), update relevant risk and care plans accordingly, and ensure the ongoing psychosocial safety of all involved in the incident.

WACHS staff are supported to report WVA incidents relating to assaults and serious threats of assault against workers to WA police, as per WACHS [Reporting an Incident of Workplace Aggression or Violence to the WA Police Guideline](#).

All WVA incidents resulting in harm or injuries to consumers must be recorded in the Clinical Incident Management System in accordance with the MP 0122/09 [Clinical Incident Management Policy](#) and Guideline. These incidents must also be reported to the local Work, Health and Safety team, and where relevant, WVA incidents pertaining to psychiatric patients in an authorised setting are to be reported to the Chief Psychiatrist as soon as practicable or within 48 hours of the incident as required under the [Mental Health Act 2014](#).

3. Roles and Responsibilities

WACHS Executive is accountable for:

- ensuring that appropriate systems and resources are in place for the prevention of violence and promotion of safe working in all its operations and for systematic implementation and monitoring of procedures.

Directors/Senior Managers are responsible for:

- taking a visible and active role in establishing a positive safety culture including leading by example
- monitoring performance in the prevention of WVA and promote safe working in all its operations, including compliance with training of their workers
- providing adequate resources and responses based on the risks identified through risk assessment
- providing guidance to managers on escalated WVA concerns, including using a multidisciplinary approach when managing escalated identified at-risk behaviours and when planning responses to WVA incidents.

Managers are responsible for:

- implementing the requirements of this policy
- carrying out risk assessments for all the activities and duties, where there is a risk of WVA identified
- ensuring strategies are in place to minimise incidence of, and exposure to, WVA within their work area
- implementing patient behaviour alerts and behavioural management plans when individuals are assessed as a potential WVA risk
- escalating issues that cannot be resolved where risk of WVA remains
- supporting their workers to prioritise their safety and remove themselves from an incident and/or escalate their concern
- ensuring staff receive adequate training on the prevention and management of WVA, in line with the risk within their workplace
- ensuring staff receive appropriate first aid and support should exposure to WVA occur.

Work Health Safety and Security Department is responsible for:

- providing strategic advice, analysis and reporting of key risks relating to WVA to relevant stakeholders
- monitoring, reviewing and escalating incidents and trends of WVA through the incident reporting system and Workers' Compensation claims
- providing leadership and direction through the strategic framework and relevant governance committees
- leading the development of strategic and operational initiatives to manage the risk of aggression

- supporting managers and supervisors in their role to address and minimise the incidence of WVA and monitoring compliance with relevant legislative requirements as they apply to the risk of aggression within WACHS
- facilitating the investigation of serious/high risk incidents of WVA
- recommending and facilitating the provision of Safety Equipment to minimise the impact of WVA
- monitoring, recording and reporting of completed risk assessments, and tabling compliance results and actions through the relevant regional Governance Committees.

All staff are responsible for:

- taking reasonable care to ensure their own safety within the workplace, including withdrawing from aggressive situations when able, demonstrating proactive situational awareness, and identifying and managing potential WVA triggers before an incident occurs
- ensuring that their conduct does not adversely affect the health and safety of other persons in the workplace, including letting others know about known hazards or triggers
- ensuring they are familiar with this policy and associated procedures and conducting themselves in a manner reflecting WACHS values and respect for all workers and members of the public
- co-operating with the measures provided for their safety both in terms of the risk assessment process and the development and implementation of control arrangements
- attempting to minimise a potentially violent situation by withdrawing from the situation if the opportunity arises
- reporting all hazards and incidents (including near misses) to their supervisor, and via a [Safety Risk Report Form](#), and [Clinical Incident Management System \(CIMS\)](#) as appropriate
- undertaking training as required by the WACHS [Mandatory Training Policy](#) and as identified in workplace violence risk assessments.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

Consumers/Visitors are expected to comply with acceptable behaviour within the health service. Refer to DoH guidance on [patient rights and responsibilities](#).

4. Monitoring and Evaluation

Monitored activities relating to WVA will be escalated to the relevant Safety and Performance Executive Group (SPEG) and Work Health and Safety (WHS) Committees, who will evaluate compliance, review incident trends, and recommend strategic improvements.

Monitoring activities may include, but are not limited to:

- percentage of relevant employees trained in management of violence/aggression.
- number of incidents relating to aggressive behaviour reported by [Safety Risk Report Form](#)

- number of Code Black activations and security attendance statistics available via Guardhouse/Security personnel for sites with security presence
- incidence rates of violence/aggression incidents, workers compensation claims related to violence/aggression (total and severe claims)
- completion of [Security Assessment Checklist](#) or [Workplace Violence Risk Assessment Form](#)
- completion rates of duress alarm testing.

5. References

DoH [Work Health and Safety Framework](#)

Work Health and Safety Commission's [Violence and aggression at work: Code of practice](#)

6. Definitions

Term	Definition
Cold Debrief	A cold debrief is a facilitated review held within 10 working days of an incident, involving all relevant personnel and stakeholders. Its purpose is to analyse contributing factors, assess the initial response, identify lessons learned, and establish corrective actions to prevent future occurrences.
Consumers	Consumers refers to anyone who has used, currently uses, or will use WACHS services. This includes patients, clients, aged care residents, carers, and family members.
Critical Incident	A critical incident is an incident that has the potential to affect personal or organisational continuity that is beyond what is normally experienced by a person or service. This will be different for different people and services
Hot Debrief	A hot debrief is an informal post-incident discussion conducted immediately or shortly after an event, involving directly affected staff, relevant witnesses, and supervisors. Its purpose is to assess staff wellbeing, offer immediate support, facilitate reflection on the incident, and record key details while they remain fresh.
Person Conducting a Business Undertaking	A person conducting a business or undertaking (PCBU), in this instance refers to WA Country Health Services (WACHS).
Worker	A worker is anyone who performs paid or unpaid work in any capacity for a PCBU, an employer, business or organisation is considered a worker. Workers include employees, trainees, apprentices, work experience students, volunteers, outworkers, contractors or sub-contractors, employees of a contractor or sub-contractor and employees of a labour hire company.
Workplace	A workplace is an area or place, vehicle or vessel whether on land or water, where a worker performs his

	<p>or her duties on behalf of WACHS and includes but is not limited to hospital premises, laboratories, workshops, training rooms, on-site and off-site facilities and offices.</p>
<p>Workplace Violence and Aggression</p>	<p>Workplace violence and aggression (WVA) refers to any incident where a worker is threatened, abused, assaulted, or sexually harassed in circumstances relating to their work. Examples include, but are not limited to verbal, physical or psychological abuse, threats, spitting, biting or throwing objects. It can be perpetrated by patients, relatives, members of the public or other workers.</p> <p>The term WVA is not limited to intentional behaviours or actions from an individual; the key consideration is the risk to the health, safety, or well-being of workers. Incidents that may unintentionally occur due to cognitive impairment, disability, or other mitigating factors still present a risk as these incidents have the capacity to cause physical or psychological harm.</p>

7. Document Summary

Coverage	WACHS-wide
Audience	All staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Work Health and Safety Act 2020 (WA) Work Health and Safety (General) Regulations 2022 (WA) Criminal Code Act 1913 (WA) Mental Health Act 2014 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0095/18 Clinical Handover Policy • MP 0122/19 Clinical Incident Management Policy • MP 0124/19 Code of Conduct Policy • MP 0127/20 Discipline Policy • MP 0174/21 Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy • MP 0186/24 Use of Restrictive Practices in Non-Authorised Healthcare Settings Policy • MP 0159/21 Workplace Aggression and Violence Policy • Clinical Governance Safety and Quality Framework • Employment Framework • Mental Health Framework • Work Health and Safety Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Access Control Procedure • Acute Behavioural Disturbance in Emergency Departments Guideline • Body Worn Camera Procedure • Closed Circuit Television Footage and Security Data Policy • Code Black Procedures • Duress Alarm Procedure • Electronic Security Systems Policy • Employee Assistance Program Policy • Fitness for Work Guideline • Fitness for Work Policy • Hazard and Incident Management Procedure • Key Control Procedure • Mandatory Training Policy • Mental Health Restraint Policy • New Staff Induction Policy • Personal Protective Equipment – Stab Vest Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy

	<ul style="list-style-type: none"> • Recognising and Responding to Acute Deterioration Procedure • Reporting an Incident of Workplace Aggression or Violence to the WA Police Guideline • Restraint Minimisation Policy • Risk Management Policy • Risk Management Procedure • Security Risk Management Policy • Serious Adverse Event Management Guideline • Staff Identification Procedure • Staff Support Post Critical Incident Guideline • Work Health and Safety Policy • Workers' Compensation and Injury Management Procedure • Working in Isolation - Minimum Safety and Security Standards for All Staff Policy • Workplace Inspection Guideline
<p>Other Related Documents</p>	<ul style="list-style-type: none"> • Australian Charter of Healthcare Rights • DoH Clinical Incident Management Guideline • DoH Patient rights and responsibilities • DoH Principles and Best Practice for the Care of People Who May Be at Risk of Exhibiting Violent or Aggressive Behaviour • DoH Refusal or Withdrawal of Care Procedure • Reporting Notifiable Incidents – Public Mental Health Services Chief Psychiatrist Government of Western Australia • Restrictive Practices Factsheet Chief Psychiatrist Government of Western Australia • Security Assessment Checklist • Violence and aggression at work: Code of practice – Work Health and Safety Commission 2022 • WACHS Monitored Training Matrix • WACHS Workplace Violence and Aggression Strategy 2024 - 2028
<p>Related Forms</p>	<ul style="list-style-type: none"> • Clinical Incident Management System (CIMS) • Safety Risk Report Form • Workplace Violence Risk Assessment Form
<p>Related Training</p>	<p>Available from MyLearning:</p> <ul style="list-style-type: none"> • Aggression Module 1: Theory (MA1 EL2) • Aggression Module 2: Individual (AGMTI 002) • Aggression Module 2-R: Individual Refresher (AGMTR 002) • Aggression Module 3: Response Team (AGMTT 003) • Aggression Module 4: Response Team Drill (AGMTD 001) • Psychological First Aid Declaration (PFA EL2)
<p>Aboriginal Health Impact Statement Declaration (ISD)</p>	<p>ISD Record ID: 4906</p>

<u>National Safety and Quality Health Service (NSQHS) Standards</u>	1.01, 1.07, 1.11, 1.30, 5.33, 5.34
<u>Aged Care Quality Standards</u>	Clinical Governance Standard 1.29, Comprehensive Care Standard 5.33, 5.34 Standard.
<u>Chief Psychiatrist's Standards for Clinical Care</u>	Chief Psychiatrists Standards for Clinical Care - Currently under Review, however WVA embedded within the current Risk Assessment and Management
<u>Other Standards</u>	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	1 December 2025	1 December 2025	New policy
1.01	16 March 2026	1 December 2025	Minor amendment to Document Summary: <ul style="list-style-type: none"> • hyperlink update to MP 0159/21

9. Approval

Policy Owner	Executive Director People Capability Culture
Co-approver	Nil
Contact	Director, Work Health Safety and Security
Business Unit	Work Health and Safety
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