



Health Professional Councils Authority

## POLICY AND PROCEDURE

### MANAGING UNPREDICTABLE PEOPLE

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**Summary:** The purpose of this Policy is to provide a framework for staff, members of Councils, Committees and Panels to respond to concerns about threatening or violent behaviour by visitors who are the subject of Council processes, their support people or other members of the public, including complainants.

The Policy provides guidance in identifying and avoiding risks and responding to threatening situations, including use of the HPCA duress alarms, and identifies training resources for staff and members.

**Applies to:** All staff

**Author:** Human Resources

**Related legislation, Awards, Policies and Agreements:** *Work Health and Safety Act 2011*  
PD2015\_001 *Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach*

**Review date:** 2022

**Approved by:** Director, HPCA

**Approval date:** 9 February 2017

### INTRODUCTION

All HPCA staff and people who visit HPCA offices have a right to conduct work in a violence free environment. This includes all staff, participants in Council programs, support people, witnesses and other people assisting or supporting Council programs.

It is crucial that HPCA staff and members understand their responsibilities in ensuring a violence free workplace and know how to appropriately identify, manage and respond to risk before and when it occurs. Risk refers to actual or threatened risk to any person.

Violence in the workplace can affect staff and members but may also involve or impact people visiting or working within the HPCA premises. Risk could be presented by:

- practitioners involved in Council programs
- support people
- practitioners who have previously been involved in our programs and who remain disgruntled, or
- complainants who are unhappy with the manner in which their complaints have been handled.

NSW Health has adopted a zero tolerance approach to violence in the workplace, which applies to the HPCA (*Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach* (PD2015\_001)).

## BACKGROUND

This document outlines the standard risk management strategies that are to be applied to all activities held in HPCA premises and useful processes for appropriately identifying and responding to risk.

It is also designed to support the development of appropriate strategies to minimise the possibility of physical or psychological harm arising from the actions of practitioners or complainants or other third parties.

## KEY DEFINITIONS

**Council** means any health professional Council.

**HPCA premises** includes Level 6/477 Pitt Street, Sydney and Building 45 and the Stables, Punt Road, Gladesville.

**Member** includes any member of a Council, a Council governance committee or an associated regulatory body such as an Assessment Committee, Professional Standards Committee, Impaired Registrants Panel, Performance Review Panel or Tribunal.

**Staff** refers to permanent, temporary and casual employees, contractors or consultants, working in a full-time or part-time capacity, at all levels of the HPCA.

**Violence** refers to any incident in which an individual is abused, intimidated, threatened or assaulted and includes verbal, physical or psychological abuse, threats or other intimidating behaviours including stalking behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault.<sup>1</sup>

## RESPONSIBILITIES

**Ministry of Health**, as the employer of HPCA staff has a range of Work Health and Safety responsibilities to staff.

**Director HPCA**, is responsible for ensuring implementation of this Policy, including that appropriate education and training is provided and information is regularly disseminated to staff; and that the systems, processes and records outlined in the Policy are implemented.

**Executive Officers and business unit managers/supervisors**, in addition to their responsibilities as a staff member, must:

- ensure staff are aware of this Policy
- document all incidents and provide this information to the relevant Assistant Director or Director
- advise and assist staff with appropriate ways to manage difficult situations, and
- monitor the work of staff and risk they are exposed to.

**Staff**, have a responsibility to:

- be aware of their obligation to identify and assess risk
- declare immediately any perceived or potential risk to their immediate supervisor and/or the Manager, Corporate Governance, the Director, HPCA or other senior staff member.

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<sup>1</sup> NSW Health, Zero tolerance: response to violence in the NSW Health workplace – *Policy and framework Guidelines* (page 5).

## PRINCIPLES

Every manager and staff member needs to recognise and acknowledge that violence is unacceptable and that HPCA is committed to addressing this issue.

The operational success of the zero tolerance response is based on the principles that staff:

- know how to report a violent incident and are encouraged and supported in doing so
- know how to recognise a situation that has the potential to turn violent and respond accordingly
- have access to training, work environments, equipment and procedures to enable them to respond confidently in violent situations
- know that their response will be supported by management, and
- know that management will respond appropriately after an incident.

## IDENTIFYING AND MANAGING RISKS

### 1) IDENTIFYING RISKS

There will always be a small number of instances in which an individual may create a heightened sense of risk to staff and/or members. If staff have a concern about an individual attending the HPCA office who may pose a risk, they should discuss this with their supervisor to determine the level of that risk and put in place strategies to appropriately minimise and manage the risk.

***Questions that should be asked by staff when dealing with practitioners/complainants are included in Appendix "A".***

### 2) DOCUMENTING RISK

Staff should routinely incorporate risk assessment and risk management practices in all activities and apply risk mitigation action when the need is identified. Where action to mitigate risk is required, staff need to make a file note and store it in the relevant TRIM practitioner file and place an alert in MaCS.

### 3) RESPONDING TO RISK

When a practitioner or other person is identified as posing an actual or potential risk, staff need to take the following steps:

- Place a database alert on the relevant practitioner records to ensure that staff are aware of concerns that have been identified. This may also include identifying individual practitioners who are considered a high risk to key staff, such as the receptionist or other Council team staff.
- Establish a single point of contact for relevant practitioners or complainants. This can involve a single telephone number or the centralised Council email address and may in some cases involve a decision to engage with an individual via the traditional mail system only.

#### Risk associated with hearings or proceedings

Staff must give the highest priority to any genuine concern that a practitioner, a complainant, or another person may be dangerous or threatening to the safety of staff and/or members. The risk must be satisfactorily controlled before any proceedings can take place. Where risks cannot be adequately controlled, Councils should consider conducting proceedings in different ways such as:

- Proceeding on the papers without the attendance of the person.
- Using teleconference or videoconference.
- Having a professional security guard in attendance or in close proximity.

#### Risk associated with stalking or intimidating behaviour outside hearings

Practitioners and others trying to engage with staff outside the work environment is more challenging. These behaviours can be random and take place in unstructured settings. The level of risk can also depend on the vulnerability of the targeted staff member.

Measures all staff should take to control these situations include:

- Never using private phone numbers (including mobile numbers) and email addresses for Council/HPCA business purposes and never releasing these details to participants in Council processes.
- Always being aware of social media profiles and activities and ensuring privacy settings appropriately control access and publically available personal information is contained. This includes being aware of the effect of on-line activities such as “tagging” photos.
- Considering unlisted personal phone numbers.

More persistent stalking or intimidatory behaviour may need to be reported to the police. Advice should be sought on a case by case basis.

#### Risk associated with inappropriate telephone email or mail contact

Sometimes individuals may make abusive or otherwise inappropriate telephone, email or mail contact with staff. This needs to be reported to the relevant manager or Executive Officer who should also advise the appropriate Assistant Director.

To deal with inappropriate telephone contact:

- Warn the caller that the conversation will be terminated if they continue to behave or communicate inappropriately.
- If inappropriate calls continue, restrict all telephone contact to a senior staff member and single phone number and refuse to deal with contact through any other number.
- If necessary, advise the caller that contact via the telephone will no longer occur.

To deal with inappropriate email and mail contact:

- Restrict all email and mail contact to a single senior officer, this may include redirecting all email contact from known email addresses to a dedicated email mailbox.
- Warn the individual that there will be no response to inappropriate communications and that future inappropriate communications may result in blocked email addresses.

#### **4) MANAGING RISK IN THE WORKPLACE**

Staff should routinely apply risk management practices to all activities held on HPCA premises including:

- Ensuring at least two members or staff are always present with a practitioner who is the subject of a hearing or interview and his or her representatives or support people.  
**Note:** *The number of members and staff present should not be such that a lone practitioner without support feels intimidated.*
- Scheduling hearings, interviews and other similar activities for an adequate length of time with regular breaks.
- Encouraging practitioners to bring a support person, legal representative or professional association representative.
- Ensuring a Portable Duress Alarm is always carried by members or staff involved in hearings, interviews, counselling or other similar activities and that they understand how to use it appropriately.
- Informing HPCA staff about the duress blue strobe alarm, locations around the office and how to respond to its activation.

**A Risk Management and Portable Duress Alarm Flowchart and duress alarm functions are included in Appendix “B”.**

Staff can manage lower level risks by ensuring that:

- Meetings/hearings are held in rooms with two entrances/exits so members and staff can easily leave if they feel concerned or threatened.
- Furniture in the room is limited and paper or plastic cups are used rather than glasses and glass jugs.
- Rooms are set up with space and/or tables between the members/staff and the practitioner.
- The practitioner is accompanied by an appropriate support person.
- Scheduling allows sufficient time for meetings/hearing to be completed while other staff are still available to assist, if required.
- A Portable Duress alarm is routinely worn during meetings/ hearings.
- Reception and senior staff, for example Executive Officer, know:
  - about the meeting
  - any concerns and steps taken to manage the concerns
  - the agreed response if a situation eventuates, including a threshold for calling the police.

**Note:** All staff must complete violence prevention and management training through HETI online (see *References and Resources section below*). Members involved in meetings/hearings with practitioners or complainants are also encouraged to complete the training.

#### **FURTHER ADVICE**

Staff or members who are concerned and are not sure of the process for managing issues must discuss this with their manager, Executive Officer or a member of the Executive.

#### **Employee Assistance Program (EAP)**

Staff and members are able to access the EAP which is a confidential counselling service. The EAP service is available 24 hours, seven days per week, all year. Scheduled appointments are generally during business hours. Phone 1300 687 327.

#### **REFERENCES AND RESOURCES**

1. NSW Health: [Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach](#) (PD2015\_01)
2. NSW Ombudsman: [Managing Unreasonable Complainant Conduct - Manual](#) (2012)
3. HETI online: [Violence Prevention and Management Awareness Training](#)

## APPENDIX A – IDENTIFYING AND MANAGING RISKS CHECKLIST

Questions staff should ask when dealing with *practitioners/complainants*:

Has the HPCA/Council/previous Board had previous dealings with this practitioner or the complainant?

*If Yes*

Has the practitioner or the complainant created a heightened sense of risk in previous Council or Board proceedings?

Does the nature of the practitioner's complaints history raise concerns, e.g. connections with organised crime, violent offences, intimidation or stalking

Have previous members or assessors raised concerns?

Have members of staff previously raised concerns?

Has any previous response or communication, whether written or verbal, by the practitioner included material that causes concerns?

Is the nature of the complaint before the Council, Committee or Panel likely to raise concerns?

Is there anything known about the complainant's background that might raise additional concerns?

*If Yes*

Is it the nature of the complaint itself?

Does the complainant have a relevant medical history?

Does the complainant or practitioner have a history of being a vexatious complainant with the Ombudsman or declared a vexatious litigant by the Supreme Court?

Has the complainant made threats against the practitioner?

Has the HCCC identified concerns about the complainant?

What has been the practitioner's or complainant's response to the complaint?

Is there relevant material in a CAP or treating practitioner's report?

Does the practitioner have adequate support systems?

## APPENDIX B – RISK MANAGEMENT AND PORTABLE DURESS ALARM FLOWCHART

For meetings or hearings with practitioners or complainants

## Assess risk

Assess risk prior to a meeting/hearing

## Manage unexpected risks for ALL meetings/hearings with practitioners or complainants

Routinely sign out & collect Portable Duress Alarm from reception for meetings/hearings with practitioners or complainants & wear device throughout

Activate Portable Duress Alarm if actual or perceived threat or risk to persons arises by pressing:

- **RED** button for staff emergency
- **BLUE** button for medical emergency

Return & sign in Portable Duress Alarm at Reception:

- After threat/risk is managed or
- After meeting/hearing if no incident

Receptionist returns Portable Duress Alarm to charger

If risk identified inform:

- Manager
- Assistant Director
- Relevant staff
- Reception

Consider alternatives to face to face:

- Papers only
- Teleconference/videoconference

Document:

- In TRIM practitioner record
- Alert in MaCS

Activated Portable Duress Alarm:

- Triggers **BLUE** lights in Reception & office areas & emergency alarm
- Sends message to Duress Dashboard at Reception with zone location of emergency

Receptionist contacts:

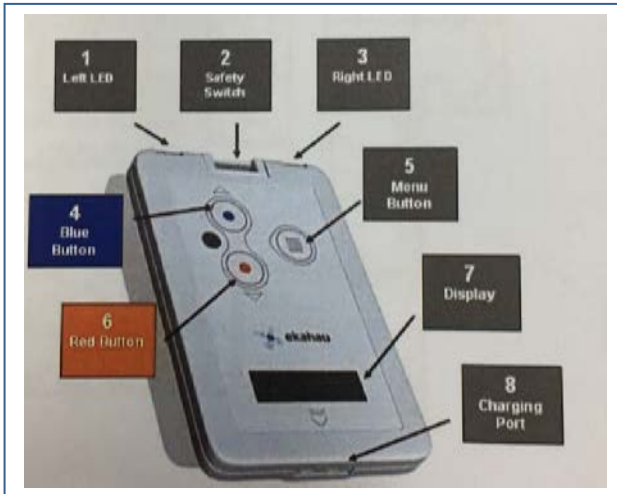
- Building Security & then
- Appropriate Assistant Director

Building Security &/or Assistant Director:

- Advises Receptionist to contact 000 if required
- Assists in calming situation & moving people away from threat if safe to do so

Complete incident report after threat/risk has been managed

## DURESS ALARM FUNCTIONS



### Button functions:

**RED** button: **Staff Emergency**

**BLUE** button: **Medical Emergency**

If the left LED of the alarm is '**blinking Green**' the alarm is in contact with the **Reception Duress Dashboard**.

If the left LED of the alarm is '**blinking Red**' the alarm has lost contact with the **Reception Duress Dashboard**.

Pulling cord attached to **safety switch** will activate alarm.

Leaving device on desk will activate '**man down**' alarm.

If the device battery is below 20% it will raise an alarm and flash the **low battery** message on the tag.