Dear CEO

Improving safety and security for Victorian health practitioners

Preventing violence and aggression in Victorian health services is critically important. Health practitioners should not fear for their safety or that of patients and their loved ones. That is why the Victorian Coalition Government is honouring our election commitment to improve safety and security in Victorian health services.

Ministerial Advisory Committee for improving hospital safety and security

In seeking to fulfil our commitment, in early 2013, I established the Ministerial Advisory Committee for improving hospital safety and security to provide advice on implementing the Inquiry’s recommendations. Actions undertaken by the Government as a result of that advice have had and will have real impact.

Increased penalties for perpetrators of violence

The Justice Legislation Amendment (Confiscation and Other Matters) Bill 2014 was introduced into Parliament on Wednesday 20th August, 2014. This bill will amend the Summary Offences Act 1966 and builds on the Sentencing Amendment (Emergency Workers) Bill 2014, which focuses on sentences for assaults against emergency workers such as paramedics providing emergency care, to create an offence of assaulting a registered health practitioner in the course of providing care or treatment, including all 14 registered health practitioner groups.

The new offence will not be limited to a hospital or health setting, which will mean that all registered health practitioners will be covered by the offence, regardless of where they are conducting their professional duties.

For those health practitioners who work in a hospital the offence will also cover any incident that occurs in hospital premises including car parks, foyers and forecourts.

The offence of assaulting a registered health practitioner in the course of providing care or treatment will be punishable by six months imprisonment or sixty penalty units.

Funding

In related action, the Government has committed well over $40 million over the forward estimates in safety and security related initiatives, including:

- $11.4 million to directly address the issue by upgrading duress and security systems and supporting organizational responses to clinical aggression, including staff training and capital improvements.

- A further $38.9 million to enhance the management of population groups that pose a known risk to safety and security, in particular, those where mental health and alcohol and other drugs are an issue.
**Standardised health service response to clinical aggression**

Standards for organizational responses to clinical aggression (Code Grey) have also been released. The Standards for Code Grey reflect best-practice and have been transmitted to metropolitan and rural health services for adoption and implementation.

A review of the literature and evidence surrounding clinical aggression by Melbourne Health underpinned the development of best practice principles and minimum practice standards for Code Grey. This work has provided the foundations for the Standards which have then been drafted more broadly to include organisational responses to all forms of aggression including on the part of patients, visitors, staff, volunteers or indeed anybody on the premises.

Under the conditions of funding set out in the annual Victorian Health Policy and Funding Guidelines, all health services are required to report to the Victorian Health Incident Management System (VHIMS). Reporting captures all incident types including both clinical and non-clinical violence and aggression in health services.

**Effective duress alarms and other security measures**

Since coming to government, the Coalition has undertaken an audit of security devices in our health services including emergency departments. This audit found that:

- 22 health services reported having both fixed trigger point and personal duress alarms for staff in emergency departments and mental health facilities.
- 9 remaining health services reported having duress alarms in place, however they noted having only fixed trigger point duress alarms available to staff.

In 2012-13, we invested in upgrading duress alarms in 30 Victorian hospitals previously neglected by Labor.

Our smaller rural and regional services have also received funding to improve safety and security. Examples include external lighting to car parks, CCTV and additional duress alarms.

Unlike the previous state Labor Government, who refused point blank to satisfactorily increase penalties for assaults against emergency and health care workers over eleven years, the Napthine Government has in its first term demonstrated no tolerance for violence or aggression against health professionals. The caring role of our health care workers needs to be respected and hospitals should be safe for patients and staff alike.

Yours sincerely

Hon David Davis MP
Minister for Health

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