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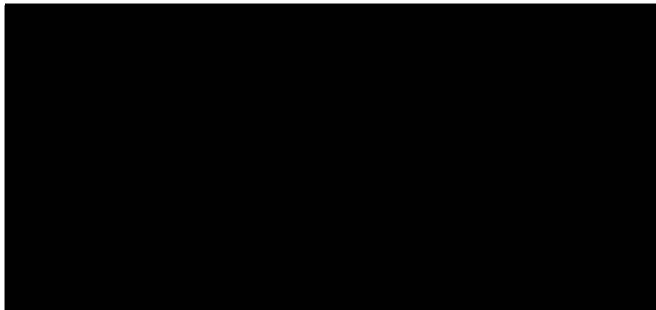

Re **Official Information Request – Sexual harassment complaints**

I refer to your official information request dated 11 July 2018 for information related to sexual harassment complaints.

The information you have requested is enclosed. We have provided our responses under each of your questions below.

In order to provide you with further context in terms of the information you have requested, please note that we have sourced this information by applying the Auckland DHB's official definitions of 'sexual harassment' and 'violence' which are as follows:

Definitions

Sexual Harassment:

Sexual harassment in the workplace occurs when:

- a person makes a request of any other person for sexual intercourse, sexual contact, or other form of sexual activity which contains an implied or overt promise of preferential treatment or an implied or overt threat of detrimental treatment or an implied or overt threat about present or future employment status; or
- a person is subjected to behaviour that is unwelcome or offensive to that person and has a detrimental effect on that person's employment, job performance or job satisfaction through:
- the use of language (whether written or spoken) of a sexual nature;
- the use of visual material of a sexual nature; or
- physical behaviour of a sexual nature

- Sexual harassment is one form of unlawful harassment and it includes any unwanted or unwelcome conduct of a sexual nature that makes a person feel offended, humiliated or intimidated. As with harassment, conduct can amount to sexual harassment even if the person did not intend to offend, humiliate or intimidate the other person.

Sexual harassment may take many forms including the following:

- Requests or demands for sexual activity which carry overt or implied threats or promises regarding the employee's employment
- Offensive sex-oriented gestures or comments
- Sex based insults, taunts, teasing or name calling
- Unwanted and deliberate physical contact, including pinching, touching, grabbing, kissing or hugging
- Persistent and unwelcome social invitations or telephone calls and / or propositions / inappropriate attention.
- Leering and suggestive staring at a person or parts of their body
- Obscene phone calls. Sending rude or offensive emails, attachments, text messages or movie files. Sending sexual material in any form or format
- Displays or circulation of sexual material such as posters, magazines, pictures, screen savers, internet material etc.
- Accessing, downloading or transmitting sexually explicit or inappropriate material in the workplace;
- Sexual jokes, comments or innuendo, including sexually provocative remarks and suggestive or derogatory comments about a person's body or physical appearance
- Questions or probing about a person's sex life
- Sexually explicit conversations.

Violence:

This is defined as "Any incident in which an employee has been abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health. (Managing the Risk of Workplace Violence, Department of labour 2006). This can incorporate some behaviours identified as harassment and bullying, for example verbal violence.

1. **The number of internal sexual harassment complaints the DHB staff has received in the last five years (2013 - 2017).**

   2013: one

   2014: one

   2015: one

   2016: four

   2017: three

2. **Sexual harassment complaints resulting in disciplinary action.**

2013: Nil

2014: one | Outcome 1 x written warning

2015: Nil

2016: two complaints |Outcome 1 x resignation and 1 x dismissal

2017: one complaint | Outcome dismissal

3. **Auckland DHB processes in place to deal with sexual harassment complaints.**

Auckland DHB recognises that unprofessional behaviour between employees has a measurable impact on patient outcomes and experience. During 2016 Auckland DHB introduced a formal "Speak up" programme to encourage staff to talk about workplace bullying and harassment and to provide a support network, a way to raise concerns or complaints and a process for dealing with substantiated complaints to ensure unacceptable behaviour is not repeated.

Through the Speak up programme, robust tools and processes for managing complaints were introduced, not just to support people who wish to make a complaint, but also individuals being complained about, and for people who may witness this type of behaviour. By way of example, a copy of one of our pamphlets "Dealing with harassment, discrimination and bullying" is attached.

We actively champion our Speak Up anti-bullying and harassment programme and we have publicly discussed our commitment to eliminating unacceptable behaviours in our organisation. We continue to work closely with our people, our union partners and the wider health sector to implement and share Speak Up, to ensure our values are understood and lived at work, and to take action when behaviour is unacceptable.

Copies of our Harassment and Bullying Policy and our Workplace Violence and Aggression Policy, as well as our Dealing with Harassment, Discrimination and Bullying pamphlet are attached for your reference.

I trust this information answers your questions.

Yours faithfully

Ailsa Claire, OBE
Chief Executive

Encl. *20180711-133 Att 1 – ADHB Harassment and Bullying policy.pdf*
20180711-133 Att 2 – ADHB Workplace violence and aggression management policy.pdf
20170711-133 Att 3 - Dealing with harassment, discrimination and bullying pamphlet.pdf

Workplace Violence and Aggression Management

Document Type	Policy
Risk level (content)	High
Function	Board Policy Manual (Auckland DHB Wide) – Health & Safety
Directorate(s)	All Directorates, within Auckland DHB
Department(s) affected	All Departments and Services within Auckland DHB
Applicable for which patients, clients or residents?	All
Applicable for which workers?	All
Key words (not part of title)	
Author	Manager - Occupational Health & Safety
Owner	Chief Health Professions Officer
Edited by	• Manager - Occupational Health & Safety • Copy edit by Document Controller • Formatting by Document Controller • Proofreading by Document Controller
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1. Purpose

The purpose of this Policy is to outline a programme that aims to decrease the number and the impact of the incidence of violence and aggression towards workers in Auckland District Health Board (ADHB).

Violence towards workers is a significant health and safety risk. This can take the form of physical assault, verbal abuse including telephone abuse, racial abuse and threatening behaviour. These can originate from the general public, from patients or co-workers. Violence and aggression is a significant hazard and as such the risks associated with them need to be managed effectively. This policy should ensure that all workers are able to provide care to patients within a safe environment and must be applied effectively in all appropriate situations.

2. Scope of the Policy

This policy extends to all employees as well as students and independent contractors who work for Auckland DHB. **Worker to Worker Aggression -** Occurrences of worker to worker violence and aggression are to be reported to Human Resources and managed as per the Harassment Policy.

3. Policy Statement

ADHB recognises its legal duty to provide a safe and secure environment for patients, workers and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect workers, patients and visitors. It is the policy of ADHB:

- to ensure that the likelihood of workers being exposed to violence and aggression whilst at work is reduced to a minimum
- to identify measures to protect workers and those visiting its premises from the risk of violence and aggression
- to forge firm links with the Police in order to protect workers from violence and aggression
- that all forms of intentional violence and aggression to workers are unacceptable, assailants will be reported to the Police and where a criminal action has occurred, prosecution will be supported

4. Definitions

- **Violence** – This is defined as "Any incident in which an employee has been abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health. (Managing the Risk of Workplace Violence, Department of labour 2006). This can incorporate some behaviours identified as harassment and bullying, for example verbal violence.
- **Physical Assault** - The intentional use of force by one person against another, without lawful justification, resulting in physical injury or personal discomfort.

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- **Non-Physical Assault** - The use of inappropriate words or behaviour causing distress and/or constituting harassment. Examples include:
  - Offensive language
  - Unwanted or abusive remarks
  - Racially aggravated remarks
  - Intimidation and any other non-physical words or actions which cause distress or constitute harassment (or are likely or intended to do so)

The list is not exhaustive and it is a subjective test as to whether a person feels threatened, alarmed, harassed or distressed.

- **Aggression** - An act or gesture, verbal or physical, which suggests that an act of violence may occur
- **Perpetrator** - A person responsible for committing an offence or crime, i.e. a physical assault and in some circumstances a threat to commit an assault
- **Victim** - A person who is adversely affected by an action as a consequence of the perpetrator's actions.
- **Intentional Violence** – this definition of violence applies to an aggressor who is knowingly aware of the intent of their actions.
- **Violence due to a medical or clinical condition** - this is where the aggressor does not knowingly choose to present with violent behaviour which is often the result of them experiencing clinical instability. This may be a result of medication, anaesthesia, severe pain, dementia, illness or head injury.
- **Capacity** - An individual is presumed to have capacity for the purpose of this guidance unless he or she:
  - Is unable to take in and retain the information material to the circumstances especially as to the likely consequences of their behaviour in the effect it may have on them having or not having the treatment; or
  - Is unable to weigh the information in the balance as part of a process of arriving at the decision.

Mental health problems/learning disability does not necessarily mean that a patient does not have the capacity to refuse consent. Capacity may be variable in people with mental health problems. In both people with mental health problems and learning disabilities an assessment should be made in relation to the particular patient, at a particular time, as regards a particular action/episode of violence or aggression.

5. Documentation

All relevant documentation referred to in this policy is available on the Health & Safety (H&S) intranet site.

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6. Roles and Responsibilities

6.1 Chief Executive

The Chief Executive is responsible for:

- Ensuring the effective implementation of this Policy
- Allocating sufficient resources to enable the Policy to be delivered
- Monitoring the overall effectiveness of the Policy

6.2 Director of the Directorate/Service Clinical Director

Directors of the Directorate/Service Clinical Directors are responsible for ensuring that arrangements are in place for:

- Monitoring of Management of Violence and Aggression performance within their Directorates and areas
- Ensuring that hazard identification and risk assessments have been undertaken in accordance with the ADHB procedures
- Ensuring that violence and aggression related risk assessments and control measures are communicated to relevant workers where appropriate
- Ensuring that hazards and risks are entered onto the Hazard Register as appropriate

6.3 Operational Managers

The first step to ensuring the safety of workers is to perform a risk assessment (section 8) of the roles and tasks that workers are required to undertake which could lead to then being faced with a situation of possible violence and/or aggression. Following this assessment, appropriate control measures (sections 9 and 17) must be implemented to ensure their safety.

Managers must also ensure that workers receive suitable and sufficient information, instruction (section 10 and appendix 2) and training (section 10) in order to safely undertake their role. They must also ensure that risks are appropriately communicated to all staff who may come into contact with known or potential violent and/or aggressive patients/service users (section 10).

Managers must encourage workers to report all incidents of violence and aggression towards them as per ADHB H&S Incident (occurrence) reporting policy, including near misses.

Following an incident of violence or aggression managers must:

- ensure the safety of their workers and provide post incident support (section 13 and 14 and Appendix 3); and
- ensure that a suitable and sufficient investigation is completed to ensure that all cause factors are identified and to put procedure into place to try to prevent a re-occurrence (section 12). As part of this process they are also responsible for ensuring appropriate sanctions are put in place (sections 15 and 16)

Managers are also responsible for:

- ensuring workers are aware of their responsibilities for health and safety and violence and aggression;
- monitoring violence and aggression performance;

- ensuring that the yearly workplace violence checklist is completed by the department/area Health and Safety Rep. They are responsible for reviewing this checklist and ensuring that relevant measures are implemented to rectify and deficiencies identified by the checklist; and
- undertaking self-assessment audits within their area when requested

6.4 All Workers

All workers have a responsibility to:

- Ensure their own safety and that no action or inaction causes harm to any other person
- Follow the safe systems of work identified for the management of violence and aggression
- Make full and proper use of control measures including personal protective equipment
- Report any compliance failures, digressions, defects or concerns to their line manager supervisor, Health and Safety Representative and/or Occupational Health and Safety
- Report accidents and near misses
- Attend training as required

6.5 Health and Safety

Provide advice and support to managers in relation to the implementation of this Policy

7. Hazard Identification and Risk Assessment

7.1 Identification of Risk

Managers are responsible for ensuring that documented risk assessments (formally hazard control plans) are undertaken to identify and assess risks faced by workers. Following this, they must implements suitable and sufficient measures to eliminate or control the risks and evaluate, monitor and periodically re-assess the measures.

The risk assessment should take into account the past, present and future:

- **Past** - any previous incidents or known history of violence, verbal abuse or threatening behaviours towards staff
- **Present** - the environment and any existing arrangements in place to manage the hazards faced by workers, such as the equipment available, communication systems in place and training
- **Future** - the risk inherent in the task to be carried out such as any threats that have been made as to future behaviour and the process to be followed in the event of an incident.

The risk assessment must consider:

- What worker groups exposed to risk
- Assessment of working conditions and environment
- Whether workers have received suitable and sufficient training to defuse potentially violent situations should also be considered
- Assessing the possibility of an increased risk of violence due to alcohol abuse, drug misuse, a mental or personality disorder
- Assessment of necessary equipment and the capacity of the worker to handle the amount of equipment themselves

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- Evaluation of physical capability to carry out working, such as being pregnant or inexperienced

7.2 Assessment of an Individual

It is the responsibility of the service to ensure that there are appropriate methods in place to allow workers to conduct risk assessments for each patient/client at time of admission/referral. This is to determine if there is any potential or actual risk of the threat to safety of ADHB workers while providing treatment/care, this may be a part of the initial clinical assessment. The level and means of assessment will vary by each service as appropriate to the service being provided.

When assessing risk, the following must be considered:

- Ensure that clients with a history of violence are identified beforehand and fed into Family Violence Alert system where appropriate.
- Obtain information from those with recent responsibility for the patient/client (caregivers, family, GP, etc...).
- Ensure that patient care plans are updated regularly e.g.: after an incident and fed into Patient Alert system.
- Patient/client information should include: (if known)
  - Known tendencies for violence or aggression
  - Early warning signs or triggers
  - Effective calming techniques
  - Strength and size of person
  - Mobility level
  - Any handling aids required
  - Presence of infectious disease
  - State of mental health including diagnosis
  - The person's social situation, contact with/influence of family, friends
  - Health care needs that may predispose the person to confusion (and risk of aggression)

There must be procedures in place for the ongoing assessment and reporting of changes in patient/client behaviour.

7.3 Dynamic Risk Assessments

The term 'Dynamic Risk Assessment' is commonly used to describe a process of risk assessment being carried out in a changing environment, where what is being assessed is developing as the process itself is being undertaken.

A Dynamic Risk Assessment can be defined as "the continuous assessment of risk in the rapidly changing circumstances of an operational incident, in order to implement the control measures necessary to ensure an acceptable level of safety".

During a dynamic risk assessment, the decision making process involves:

- gather the available information
- analysing reviewing the risks and benefits presented by the incident
- apply professional judgement to decide the appropriate course of action. This may mean withdrawing from a situation, calling for assistance from other workers, security

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or the Police or sharing information with other ADHB services in which the patient/client is engaged with.

Information is often not always available or imparted at the time or referral or admission. Therefore the principles of a dynamic risk assessment need to be employed whenever situations and risks change (including when risks no longer existing as well as new risks arising).

7.4 The Working Environment

Part of the risk assessment process should include examining the physical layout of the workplace, looking at issues such as the potential for workers to be trapped by furniture, the use of objects within the workplace as weapons, and issues around the observation of workers and patients.

Managers need to risk assess whether the working environment is conducive to reducing violence to workers. The internal and external design of buildings can be a significant factor in assessing and reducing risk. In many cases, the building cannot be changed without incurring excessive costs and attention must be given to the way in which the building is used - working arrangements, entries and exits, operational procedures, reception facilities, and times of opening. Advice on personal safety risk assessments can be obtained via Health and Safety and ADHB Security Manager.

High-risk areas such as interview areas in the Emergency Department and mental health settings should be examined in terms of the need for appropriate alarm systems and/or ease of calling for workers assistance. However it is essential that the introduction of any alarm system is combined with appropriate workers training and guidance in the area of ensuring the workers on hearing the alarm are clear of their responsibilities and role (specifically in terms of calling for police assistance). In high-risk areas it is essential to designate safe areas where workers can quickly retreat to, lock the door and raise the alarm. For example the use of easily turned door locks rather than keys will facilitate safely in an emergency situation.

Other risk factors include:

- The level of foreseeable risk for each main area of worker activity
- Environmental factors such as the general reputation and incidence of violent acts in a particular patch; and the design and usage of the building and internal accommodation.
- The existing level of training and confidence of workers

The information provided in Appendix 1 – Designing for Safety and Appendix 2 – Work Organisational Practices provides further advice and guidance for managers to assist them with performing risk assessments and creating a safer working environment and practices.

The risk assessment needs to consider options to eliminate or control a hazard in order to reduce the degree of risk to as low as reasonably practicable. Information on the outcome of risk assessments must be communicated to staff as part of the risk assessment process. Arrangements also need to be put in place to monitor and review the findings of the assessment.

Further advice on risk assessments is available on the Hazard Identification and Risk Assessment pages of the Health & Safety intranet site.

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8. Control Measures

8.1 Jewellery

The wearing of jewellery by all clinical workers, must be kept to a minimum to avoid risk of injury to both the workers and patients i.e. no looped earrings, rings - only a single plain band, no bracelets, no necklaces etc.

The ADHB Uniform, Surgical Attire/Scrub Clothing & Professional Presentation Policy states: *Jewellery, if worn, must be discreet and not worn in excess, especially by those in direct patient contact. Jewellery must not be worn by staff if their area of work place has a Service specific policy restricting the wearing of jewellery... Jewellery must not be worn if it may be at risk of catching clothing, being pulled or scratching a patient.*

8.2 Identification Badges

In areas of higher risk, identification badges must be worn on 'clothing clips' as opposed to lanyards worn around the neck. This is to prevent the possibility of them being grabbed and used as a potential means to strangling staff. Lanyards with one breakaway clip at the rear do not 'give way' if grabbed from the rear and can be used to strangle a worker.

8.3 Local Protocols/Procedures

Each area which has identified that there is a risk of violence should have a clearly understood, written operational procedure (emergency response protocol/action card) agreed with the staff which may include:

- Minimum levels of staffing
- Who should do what, when and how in the event of a potentially violent situation
- Traceability of staff (diary tracking, lone worker alert systems)

This plan should be based on findings of hazard identification and risk assessment.

8.4 Safe Systems of Work

Safe Systems of Work (SSOW) (also known by various names e.g. working procedures, standard operating procedures (SOPs), method statements etc.) are written documents, which accurately document and give detailed instructions how workers must do a job/task.

SSOW are designed to standardise working practice in order to ensure that no one is hurt or injured. When these are developed, they should be rigorously implemented and monitored. SSOW contain sections on:

- Potential hazards
- Equipment required
- Personal protective equipment required
- Training required
- Instructions for carrying out task/activity
  - This will be a detailed step by step guide to performing the activity/task
  - It should include details of any preparation work required to be undertaken in the working area before the work begins
  - The required number of workers to perform the activity/task

The SSOW must be prepared by a competent person within the department/area and the Manager must sign and date the document to confirm that they have checked, (possibly wrote) and have accepted the process.

The completed document must be communicated to all relevant workers and the workers sign to state that they have had the opportunity to read the above safe system of work and discuss it with their manager/supervisor. This documentation must be retained by the department/area. SSOW documentation is available on the H&S Intranet and should be used for used by departments/areas for the work/tasks where the potential for violence and/or aggression exist.

8.5 Pre-employment Screening

- Employing managers must use best practice selection methods and pre-employment procedures to identify people who are suitable or unsuitable for work involving the level of violence risk that has been identified for the area
- The manager must identify people who require training (as per risk assessment) and their specific training needs before they commence work

9. Communication of Risk

Section 11 of the Health Information Privacy Code makes it clear that personal health information must be transferred to subsequent caregivers - in relation to the possibility that a patient or client will be violent towards a caregiver.

9.1 Security Alerts

Subsequent caregivers are to be alerted to the potential for violence or aggression from a patient/service user by posting a Security Alert (for individuals who have been assessed as a risk to caregivers) on patient information system by using CR0008 (Clinical Alert Notification).

There are three levels of Security Alert:

Level 1	Level 2	Level 3
• The patient/relative is manipulative/ demanding/distressed • Threats are perceived/implied	• The patient/relative is: - verbally aggressive - physically threatening - threatening damage of theft of property • Previous level 1 or 2 • Patient unfit to leave department • Physically aggressive prior to admission • Police/prison escort	• The patient/relative is: - physically aggressive - damaging property physically threatening - trying to leave and possibly committable

A Child Protection Alert should be created for every child or young person notified to the Department of Child Youth and Family Services for care and protection concerns. The decision to add an alert must be made in consultation with either Te Puaruruhau or Care and Protection Social Workers in Women's Health or Community Child and Family Services. Te Puaruruhau is a specialist team within ADHB which deals with cases of suspected abuse or neglect in children and young people.

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9.2 Process for Posting a Security Alert

1. A clinical alert is identified
2. Complete form (CR0008)
3. Fax to Clinical Records (Fax. 6959)
4. CRD workers record on CMS (CHIPS) and turn CRIS alert flag on
5. File CR0008 in the front of the patients notes for current visit

9.3 Electronic Information Systems

Concerto will be used to integrate patient information systems to:

- Provide a single (high level) integrated view of a patient record
- Provide a single point of access to underlying clinical systems that hold detailed information
- Community and Mental Health integrated in HCC access via Concerto
- Short Term: Display CMS clinical alerts in Concerto - an alert icon will highlight that there is an alert on the patient
- Long Term: work toward implementation of a regional alerts system

9.4 Patient Management System

Each patient care area to develop and regularly review a local plan to:

- Identify high risk patients/clients
- Methods of intervention while a patient/client is in care
- Prepare care plans that address issues of actual or potential violence
- Consider the client's behaviour as it changes with time, record those changes on the client profile and report them to staff
- Provide appropriate accommodation
- Determine repercussions after violent episode
- Medication as per local protocols
- Restrain as Restraint Minimisation & Safe Practice Policy
- Revise plans with site moves

10. Violence and Aggression Training

10.1 General Training

As a basic level, all staff must receive training to introduce them to the subject of violence and aggression in the workplace. They will be provided with a basic overview of the importance of correctly and safely managing violence and aggression. They will be introduced to ADHB policies and procedures and the importance of reporting all incidents of violence and aggression. Training must also include how to summon help if required in an emergency and familiarisation with ADHB colour codes (code orange etc).

Regular training and refreshers are an essential part of workplace violence prevention. Every worker should be prepared to react appropriately in a crisis.

Note: A review of the current provision of violence and aggression training is currently in progress. Practice will be aligned to this policy by the end of 2016.

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The appropriate level of training required will be determined upon the level of risk that has been identified by the Directorate/service risk assessment. The identification of training needs is the responsibility of the Directors of the Directorate/Service Clinical Directors/Operational Managers. This must take into consideration the past history of incidents of violence and/or aggression to workers and the risk assessment of the possibility of such events occurring. H&S are able to assist managers in identifying training needs in all aspects of violence and aggression.

10.2 Personal Safety & De-escalation Training

Dependent upon the level of risk identified, further training in the form of Personal Safety & De-escalation may be appropriate. This particular training will provide participants with greater awareness of issues associated with the theory of personal safety and de-escalation. Emphasis is placed upon the importance of de-escalation and the steps which can be taken to prevent incidents of violence and aggression occurring in the first place.

The training is intended to equip participants with the skills to recognise and de-escalate potential violent incidents and will include issues associated with customer care and diversity. Training should focus on prevention rather than just being reactive and should cover:

- Raising awareness of the changing culture of violence and aggression in society in relation to the Health Service and workers
- Raising awareness of the different types of violence and aggression
- Raising awareness of the existence of the local policies and procedures
- Raising awareness of the importance of reporting incidents of violence and aggression
- Raising awareness of personal safety
- Raising awareness of the environment and the risks that it can present
- Raising awareness of early warning signs
- Raising recognition of trigger factors which can lead to violent and/or aggressive behaviour
- Having an awareness of communication skills which can assist in de-escalating and diffusing violent and aggressive situations
- Emphasising the importance of relevant health and safety legislation
- Raising awareness of legal and ethical issues
- Raising awareness of cultural and gender issues
- Risk factors, risk assessment and risk reduction
- Raise awareness of personal safety and specific precautions for workers, working:
  - on wards
  - in offices
  - alone in the community
  - alone in buildings
- How to summon emergency help
- Post incident support for injured workers

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10.3 Restraint Training

All workers who may be required to 'restrain' a patient/client/visitor must receive addition training (in addition to that detailed above) to the appropriate level of training to ensure their and the restrained persons safety. This training will include theoretical training in:

- When restraint would be used and would not be applied
- The understanding that restraint is always the last resort measure
- The need to maintain communication which can assist in defusing a potentially violent situation
- The potential physical risks of harm due to restraint
- Personal safety of patient/client and workers prior and during restraint
- The environment and the risks it can present
- The professional and accountability issues associated with using restraint
- Cultural, gender and religious issues
- Legal and ethical issues
- Post incident support for patient/client and workers

In addition to the theoretical training, training in practical techniques must also be given appropriate to the level of restraint which is required to be used i.e. staff working in an acute mental health in-patient unit, will require additional training as compared staff who work with older patients who may display aggressive behaviour due to medical conditions and require minimal restraining.

Injury will inevitably occur in some operational situations where there is a need to intervene to prevent imminent violence or to terminate a violent episode. The skills selected for these situations should have the best possible safety profile in comparison to any other skills that might be executed in the same situation for the same purpose (Boatman, P. Bleetman, A. 2005.)

All practical techniques used and taught must be appropriate for use within a health environment. Pain compliance techniques **must never** be used. All the skills and techniques trained and employed must be *'as a result of legal, tactical and medical review in an effort to promote safety for all persons involved in a violent incident where physical interventions are necessary. The expected medical implications are as low as possible, bearing in mind the fact that whilst injury potential can be minimised, there always remains a risk of some physical injury when two or more persons engage and force is used to protect, breakaway from or restrain an individual'. (Boatman, P. Bleetman, A. 2005).*

It is essential that training gives a clear message that physical restraint is always the last resort measure. It is essential that written policies and procedures regarding the use and practice of physical restraint are in place and all workers are fully aware of these and their roles and responsibilities.

11. Incident Reporting and Investigation

All health and safety incidents and near misses involving violence and/or aggression, including verbal abuse, towards workers must be reported on the ADHB H&S Incident (Occurrence) Reporting System as per current accident/incident procedures.

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The relevant operational manager must suitably investigate all incidents. To aid manager in their investigations a Staff Physical Assault Investigation Form is available on the H&S intranet site if required. The operational manager is also required to assess whether workers involved in an incident require help/support.

11.1 Learning from Incidents

The Operational Manager must keep the victim fully informed of the progress and outcome of the investigation.

As part of the investigation it is important to determine lessons that can be taken forward to minimise similar causes and explore more effective levels of support. This may be that specialist assistance was delayed, the patient was suffering from substance abuse, etc., and needed additional nursing support, the patient's visitors had been delayed parking their car, etc.

The findings should be communicated to other relevant departments and committees to ensure that ADHB as a whole benefit from them.

12. Post Incident Support

Workers are entitled to expect that their actions will be supported with understanding by their supervisors and managers and by ADHB. It must be reinforced that workers are not to blame and that however insignificant others may consider the abuse, threat or assault everyone is entitled to support. The effect that one incident has on a member of workers may differ greatly to that of another; no judgement should be made on the grounds of workers reaction.

A worker who has been attacked may suffer psychological harm as well as physical injury, confidential counselling services are available through self-referral to the Employee Assistance Programme and workers can self-refer to this.

It may take some time for the individual to regain their previous level of confidence to return to their work, and managers should carefully monitor the immediate period after the return.

Following incidents all workers involved should be given the opportunity to discuss the incidents in a supportive environment, usually from line mangers and peers. ADHB will provide support and assistance for workers in the event of criminal/civil proceedings. All and any support/advice offered should be documented.

Further guidance is available in Appendix 3 - Guidance Checklist for Managers Following an Assault on a Member of Staff.

13. Health Monitoring

- The manager must have a system in place to monitor employees who report suffering harm or have been in an incident that could have led to such harm to ensure that the employee is not suffering long term effects from an exposure to aggression or violence in the workplace
- This could be in the form of regular meetings, post event, to review the employee's level of concern regarding exposure to workplace violence

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- Seek advice from the H&S Rehab Advisor via the illness/absence referral procedure if evidence of long term effects of the episode are observed or suspected

14. Sanctions

Any action taken in response to violent or abusive behaviour should be carefully planned. It should take into account the clinical needs of the service users, the right of all service users to be treated in a safe and caring environment and the duty towards employees.

Actions implemented should be relevant to the circumstances. These can include:

- Drawing the person's attention to the fact that their behaviour is unacceptable
- Treatment of service users in the presence of increased security or Police and /or alternative treatment facility/location/times/days, including suspension of routine appointments following medical advice*
- Reporting the behaviour to the Police

*As excluding service users from clinical care has legal and ethical implications, it is important that the service user's clinical team meet and come to an agreed documented approach which will endeavour to continue to care/treat the service user and minimise the residual risk of further incidents of violence and aggression.

Visitors who display any unacceptable behaviour should be asked to stop and be offered the opportunity to explain their actions. Continued unacceptable behaviour may result in the individual being asked to leave the premises by a senior member of staff. Such action will need to be undertaken with minimal risk and should not be attempted without appropriate support. Depending on the location and circumstances this can involve the Police or security. Incident reports must be completed for all incidents of violence and aggression. Any request to leave and the visitor's response **MUST** be documented within the report.

15. Trespass Notice

Trespass arises from the right of an occupier to control property. The Trespass Act 1980 creates two offences:

- Warning to Leave – Every person commits an offence that trespasses on any place and, after being warned to leave by an occupier of that place, neglects or refuses to do so.
- Warning to Stay Off – Where a person has trespassed, or there is reasonable cause to suspect they are likely to trespass, the occupier may warn that person to stay off that place. Having been warned that person commits an offence if they trespass on the property.

A Trespass Notice is the means by which an individual is warned to leave and/or stay off. A warning to stay off applies for 2 years unless specified for a shorter period or revoked.

Trespass Notices should be regarded as a last resort after all other means of addressing the situation have been exhausted. They should not be routinely used to manage patient or visitor behaviour. Nor should they be used to penalize an individual.

A Clinical Nurse Manger (or Service Manager/Charge Nurse if the Clinical Nurse Manager cannot be located in an emergency) has delegated authority to issue a trespass notices.

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For a Trespass Notice to be effective the steps outlined in the Trespass Notice Policy must be followed and a careful record of service of the Trespass Notice must be kept.

All Service Managers and Charge Nurses should make themselves familiar with the Trespass Notice Policy

16. Lone Working

"Working alone means the normal contact with other staff is not available. This may include working in isolated areas on-site or off-site, either during or outside normal working hours"

This could be outside of a hospital or similar environment or internally, where staff care for patients or service users on their own. Other descriptions commonly used include Community or Outreach Workers. Lone working may be a constituent part of a person's usual job or it could occur on an infrequent basis, as and when circumstances dictate.

By the very nature of their work, lone workers need to be provided with additional support, management and training to deal with the increased risks, as well as being enabled and empowered to take a greater degree of responsibility for their own safety and security.

Specific advice on managing the risk to lone workers are detailed in the Lone and Community Worker Policy.

17. Self-defence

Section 48 of the Crimes Act 1961 states:
'Everyone is justified in using, in the defence of himself or another, such force as, in the circumstances as he believes them to be, it is reasonable to use'.

This recognises that people have a right to defend themselves against violence or threats of violence, so long as the force used is no more than is reasonable for that purpose. The law does not require people to wait until they have been attacked before taking action to protect themselves. But the law also acknowledges the attacker's right to life and bodily integrity and requires the force used in self-defence to be no more than is necessary to prevent the violence or threatened violence.

Section 48 does not provide immunity from prosecution for using self-defence. Unless the circumstances clearly show the force used was appropriate and in self-defence, the person who has used the force may have to explain their justification to a criminal court. When using force for self-defense it is important to remember three questions:

1. Did the person use force for the purpose of defending himself or herself?
2. What were the overall circumstances as that person believed them to be?
3. Was the force used reasonable?

17.1 Reasonable Force

If a worker is in significant danger, and is unable to retreat safely from the situation without the use of physical action, the principles of reasonable force would apply.

What might be considered as reasonable force will differ from case to case. The principle that should guide workers considering the application of reasonable force is to use the minimum intervention (in terms of force and time) necessary to reduce harm and damage. The force used must be consistent with the intended outcome e.g. the force used to stop a very young

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child hitting another will differ significantly from that needed to prevent a violent attack from a physically strong adult.

18. Audit Tools

Managers/supervisors are required to undertake periodical self-assessment audits into the management of violence and aggression within their area and provide these to H&S upon request.

These audits will be used as evidence of compliance with this policy and the relevant legislation. The audits will be used as a baseline for H&S audits of departments/areas. Documentation is available on the H&S Intranet.

Health & Safety Representatives are also required to undertake a yearly Workplace Violence and Aggression Checklist for their areas. The only exception is if a department/area does not have patients/service-users/visitors or they do not have a history of any form of violence and/or aggression towards staff and there is no perceived risk from violence and/or aggression towards staff then they **DO NOT** need to complete this checklist.

19. Monitoring and Review

Adherence to this policy should be monitored by a combination of local inspections and audits. This policy will be reviewed in line with updated government regulations as and when available.

20. Associated Auckland DHB documents

- Code Orange Calls
- Hazard Management
- Health & Safety
- Lone and Community Worker Safety Policy (under review)
- OH&S Occurrence
- Risk Management
- Trespass Notice - Board

21. Corrections and Amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document needs reviewing ***before*** the scheduled date, they should contact the owner or the Document Controller immediately.

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Appendix 1: Designing For Safety

This section (taken for the NZ publication - Managing the Risk of Workplace Violence to Healthcare and Community Service Providers: Good Practice Guide) applies to in-patient care services and is not necessarily applicable to community-based service providers.

Access

- provide safe access and quick egress from the workplace
- minimise multiple areas of public access to healthcare facilities
- locate security services at the main entrance, near the visitors' transit route in emergency departments
- locate staff parking areas with close proximity to the workplace if possible
- ensure the reception area is easily identifiable by patients and visitors, and easily accessible to other staff
- restrict access to staff areas (changing rooms, rest areas and toilet facilities) to personnel of the facility.

Space

- provide enough space per person to reduce interference with personal space
- design waiting areas to accommodate all visitors and patients comfortably - provide adequate seating, especially if long waiting periods are a possibility
- provide employees with separate rest areas and/or meal rooms away from patients/clients, particularly when doing night work or dangerous work
- install protective barriers for workers at special risk and to separate
- dangerous patients/clients from other patients and the public consistent with assessment of therapeutic needs.

Fixtures and Fittings

- Provide good lighting
- Provide an environment with an appropriate temperature, humidity and ventilation
- Where high-risk patients are cared for, ensure that the wall coverings are sufficiently robust to withstand assault
- Ensure fixtures and fittings cannot be used as weapons

Premises

When the opportunity presents itself for new premises or redesign:

- Design facilities with the potential for emergencies in mind
- Address the issue of "black spots". These are the areas that either promote violence by tunnelling people into confined spaces, or by restricting egress from a hostile situation
- Ensure interview rooms have two exits (to avoid a staff member becoming trapped) and viewing window(s) so that other staff can intervene if necessary
- Ensure treatment rooms in emergency service areas are apart from public areas
- Keep levels of noise to a minimum to reduce stress, irritation and tension
- Provide facilities for waste management i.e. soiled linen, clothing etc.
  - Provide extra services of facilities and equipment where needed, e.g. where a patient/client is known to be hepatitis B positive

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- In problematic areas, and where proven need exists, introduce facilities to ensure that weapons or mood-altering substances are not smuggled to patients/clients
- Ensure weapons removed are stored off site by police or security
- Ensure that windows and doors are secure so that patients/clients can be
- cared for in an environment safe for them, the staff and the public at large
- Isolate potentially dangerous equipment, chemicals or medication supplies (i.e. locked cupboards where appropriate)
- Consider the use of closed-circuit TV where oversight may be required in geographically difficult or distant parts of the building
- Where appropriate, install security devices such as metal detectors to prevent armed persons from entering the facility
- Test these security devices and personal/other alarm procedures regularly
- Where appropriate, provide adequate security lighting and security escorts for evening or night staff

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Appendix 2: Work Organisational Practices

Every workplace is unique; therefore a combination of different factors and management tools will apply. The NZ publication - Managing the Risk of Workplace Violence to Healthcare and Community Service Providers: Good Practice Guide, recommends:

Risk Assessment Routines

- "Isolate" the risk of violence by ensuring that clients are appropriately placed in organisations with the ability to cope with them and with people within those organisations who have adequate training and experience
- Obtain a current medical report from the referral agency, a general practitioner, psychologist or psychiatrist
- Ensure that clients with a history and likelihood of violence are identified beforehand
- Obtain information from those with recent responsibility for the patient/client (e.g. caregivers, family)
- Rule 11 of the Health Information Privacy Code makes it clear that personal health information must be transferred to downstream caregivers - recognising the possibility that a patient or client will be violent towards a caregiver
- Develop a procedure for assessing changes in patient/client behaviour, communicating them to staff (via patient/client profiles) and implementing the changes in the way care is given
- Assess the risk of harm to employees that may result from contact with the patient or client .e.g. if the person has an infectious disease or where the infection causes the client to have an increased risk of behaving violently

Communication

- Prepare care plans that address issues of actual or potential violence
- Ensure that the staff member has knowledge of the way the patient/client may respond to medication that they are receiving (i.e. the caregiver's knowledge is matched to the person's needs and circumstances)
- Consider the client's behaviour as it changes with time, record those changes on the client profile and report them to staff
- Assess accidents and incidents and make changes to the patient/client profiles as indicated

Appropriate Staff Skills for the Demands of the Job

- Use best practice selection methods and pre-employment procedures to identify people who are suitable or unsuitable for this work
- Identify people who require training and their specific training needs before they begin the work
- Assess employee skills in relation to dealing with patients/clients and assign employees accordingly

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Other Factors that Impact on Staff Safety and Client Care

- Rotate jobs to reduce the period of exposure (with respect to long-term mental fatigue)
- Remove potentially dangerous weapons (e.g. scissors, knives) within the boundaries established by the law and management policies
- Assess the physical safety of the facilities in which patients and clients live and learn

Work Practice Procedures

Suggestions include:

- Provide feedback on performance and opportunities for the development of skills
- Patient/client notes should include a section which assesses the risk to caregivers. In particular, the nature of the risk should be specified by asking the following types of questions:
  - is there information in the patient/client record that suggests violence has occurred to staff in the past?
  - if you are aware of such incidents, from the information available, how frequent are they?
  - do family members or support people report a history of violence or abuse in the recent past?
- A procedure similar to this (risk assessment of patients/clients and situations) is required by most jurisdictions and professional associations.

Work Practice Procedures

- Define tasks and vary them if possible
- Assign tasks to people who have the skill and ability to do them – consider general abilities and things that may impact in the short term such as pregnancy, fatigue and/or fitness
- Rotate staff who do dangerous and/or unpleasant tasks or who are new to the job
- Introduce team care or buddying in situations where risk is unknown or high
- Consider the cultural factors (e.g. culturally inappropriate behaviour of employee) that may escalate or de-escalate client aggression
- Provide clear messages to patients/clients and their visitors that violence is unacceptable and has consequences
- Use behavioural techniques to promote non-violence

Personal Protective Equipment

Where appropriate:

- Ensure that clothing is appropriate to the level of risk encountered
- Ensure that emergency response devices cannot be used as a weapon (e.g. a personal alarm used as a garrotte)
- Instruct staff not to wear jewellery or carry tools or pens in at-risk situations
- Provide staff in hazardous environments with personal communication devices

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Suitable and Sufficient Emergency Response

Where appropriate:

- Signpost areas for staff, patients and visitors
- Use signage to identify areas of special risk or restricted areas
- Ensure that areas where people may be assaulted are visible through windows
- Provide easy egress from areas where violence may occur
- Install other security devices such as cameras and good lighting in hallways
- Provide emergency exits

Allowing Staff to Summon Help Easily

Where appropriate:

- Develop emergency signalling, alarm and monitoring systems as appropriate, and test periodically (make sure that other staff are available to respond to alarms)
- Have a mixture of personal and wall-mounted alarms so that staff have a variety of options to summon assistance
- Test these systems regularly and measure the response time to ensure that intervention occurs before serious harm can be inflicted
- Have a system in place to treat and monitor employees who report suffering harm, serious harm or have been in an incident that could have led to such harm (i.e. 'first aid' response and monitoring as required by the Health and Safety at Work Act)
- Have a 'check-in system' whereby staff are all accounted for at the end of each shift (refer to Lone & Community Worker Safety Policy)

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Appendix 3: Guidance Checklist for Managers Following an Assault on a Member of Staff

GUIDANCE CHECKLIST FOR MANAGERS FOLLOWING AN ASSAULT ON A MEMBER OF STAFF

The following points should to be considered & carried out by the Manager immediately following an incident:

- Call a code Orange
- Do you need to call the Police?
- Does the member of staff require medical assessment or attention?
- Do you need to cordon off any areas to preserve evidence for the Police?
- Have you obtained the names and contact details of any witnesses, this will include patients and visitors as well as staff members?
- Have you obtained photographic evidence of any injuries sustained by staff or damage caused by the perpetrator?
- If applicable, have swabs of saliva (DNA evidence) been taken or any blood stained clothing preserved?
- Does the member of staff feel fit to continue duties?
- Do they need assistance with transport to get home?
- Do they need recovery time after the incident?
- Has the member of staff had an opportunity to discuss the incident and talk about how occurred and how it was managed? (This will be needed to help with the manager investigation and form completion).
- Does the member of staff require specialist counselling (EAP)?
- Do other members of staff within the team who were affected by the incident require support?
- If applicable, is the member of staff happy to continue to provide care to the patient involved?
- Have the implications for the future health and safety of staff been considered?
- Is a change of working practice or working environment required?
- Has a H&S incident report (KIOSK) been completed?

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HARASSMENT & BULLYING POLICY

Overview

Document Type	Policy
Function	Corporate Administration, Management and Governance
Directorates	Organisation Wide
Department(s) affected	All departments, services and units
Applicable for which Patients, Clients or Residents?	n/a
Applicable for which Staff?	All workers
Keywords (not part of title)	
Author – role only	Human Resource Director Partnering and Management
Owner (see ownership structure)	Owner: Chief Executive Issuer: Chief of People & Capability
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Continued on next page

HARASSMENT & BULLYING POLICY

Overview, Continued

Content

This document covers the following topics relating to harassment and bullying.

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HARASSMENT & BULLYING POLICY

Introduction

Purpose

The purpose of this policy is to:

- Ensure all workers know their rights and responsibilities regarding workplace bullying and / or harassment.
- Provide definitions for identifying workplace harassment and bullying.

Associated Document

The table below indicates other documents associated with this policy.

Type	Document Titles
NZ Legislation	• Employment Relations Act 2000 • Health and Safety at Work Act 2015 • Human Rights Act 1993
Board Policy	• Complaints Management • Discipline & Dismissal • Values & Behaviours (Consultation Draft)
Other	• College codes of practice and associated documents

HARASSMENT & BULLYING POLICY

Definitions

Term	Definition
Workers	• Employees • Contractors • Honorary staff / observers • Volunteers • Partner-organisation employees and representatives
Harassment	Harassment is any type of unreasonable, unwelcome comment or behaviour which offends, humiliates or intimidates the person at whom it is directed. Unreasonable behaviour means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable. Some forms of harassment, such as sexual and racial harassment (defined below), are unlawful and are prohibited under the New Zealand Human Rights Act 1993 (HRA) and the Employment Relations Act 2000 (ERA). Harassment can take many forms – it may be verbal, physical, written or pictorial. Examples include, but are not limited to: • Verbal or written abuse or comments • Physical or verbal assault • Bullying (set out in detail below) • Embarrassing, threatening, humiliating, patronising or intimidating remarks • Belittling opinions or constant criticism • Spreading of a malicious, unfounded rumour • Subjecting a person in the workplace to unreasonable scrutiny • Undermining another's authority / standing in the workplace • Isolating or excluding a person in the workplace (eg dealing with him / her through a third party) • Publicly insulting / humiliating a person in the workplace; • Engaging in favouritism (both overt and covert) • Sabotaging or impeding work performance by deliberately withholding work-related information and / or resources or by supplying incorrect information • Jokes or offensive gestures.

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HARASSMENT & BULLYING POLICY

Definitions, Continued

Term	Definition
Harassment, continued	The behaviour may either be repeated or be a one-off incident which is significant enough to have a detrimental effect on the recipients(s) health and safety, employment, job performance or satisfaction. Repeated behaviours do not have to be directed at one individual to constitute harassment. The intentions of the alleged harasser are not relevant to the definition of harassment; it is the effect of the behaviour on the individual and its reasonableness which are key to defining behaviour that constitutes harassment. Harassment can take place in a range of relationships, including between: • A worker and a manager • Co-workers • A worker and a patient • A worker and another person in the workplace • A worker and a member of the public. Harassment may also occur through electronic means such as electronic messages, voicemail, phone and / or video calls, Internet chat-rooms and other social media platforms or chat-rooms, both inside or outside the workplace and / or work time.

Term	Definition
Sexual Harassment	Sexual harassment in the workplace occurs when: • a person makes a request of any other person for sexual intercourse, sexual contact, or other form of sexual activity which contains an implied or overt promise of preferential treatment or an implied or overt threat of detrimental treatment or an implied or overt threat about present or future employment status; or • a person is subjected to behaviour that is unwelcome or offensive to that person and has a detrimental effect on that person's employment, job performance or job satisfaction through: – the use of language (whether written or spoken) of a sexual nature; – the use of visual material of a sexual nature; or – physical behaviour of a sexual nature.

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HARASSMENT & BULLYING POLICY

Definitions, Continued

Term	Definition
Sexual Harassment, continued	Sexual harassment is one form of unlawful harassment and it includes any unwanted or unwelcome conduct of a sexual nature that makes a person feel offended, humiliated or intimidated. As with harassment, conduct can amount to sexual harassment even if the person did not intend to offend, humiliate or intimidate the other person. <u>Sexual harassment may take many forms including the following:</u> • Requests or demands for sexual activity which carry overt or implied threats or promises regarding the employee's employment • Offensive sex-oriented gestures or comments • Sex based insults, taunts, teasing or name calling • Unwanted and deliberate physical contact, including pinching, touching, grabbing, kissing or hugging • Persistent and unwelcome social invitations or telephone calls and / or propositions / inappropriate attention. • Leering and suggestive staring at a person or parts of their body • Obscene phone calls. Sending rude or offensive emails, attachments, text messages or movie files. Sending sexual material in any form or format • Displays or circulation of sexual material such as posters, magazines, pictures, screen savers, internet material etc. • Accessing, downloading or transmitting sexually explicit or inappropriate material in the workplace; • Sexual jokes, comments or innuendo, including sexually provocative remarks and suggestive or derogatory comments about a person's body or physical appearance • Questions or probing about a person's sex life • Sexually explicit conversations.

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HARASSMENT & BULLYING POLICY

Definitions, Continued

Term	Definition
Racial Harassment	Racial harassment occurs in the workplace when a person uses: • Language (written or spoken); or • Visual material; or • Physical behaviour that directly or indirectly expresses hostility against or brings into contempt or ridicule another person on the grounds of their colour, race, ethnic or national origins, is hurtful or offensive to that person and has a detrimental effect on that person's employment, job performance or satisfaction. Racial harassment may take many forms including the following: • Making offensive remarks about a person's race; • Jokes or songs of a racial nature • Mocking others' accents or mimicking the way they speak • Deliberately mispronouncing names • Racial or ethnic oriented jibes or abuse • Calling people by racist names • Displaying offensive material • Distribution of racist material. Auckland DHB recognises that behaviour that may be regarded as harmless, trivial, a joke or acceptable by one person may be racial harassment to those who find offence. However, conduct can amount to racial harassment even if the person did not intend to hurt or offend the other person.

Other Forms of Harassment	Harassment covers many activities, events and situations which may occur in the workplace. This policy cannot identify every behaviour or conduct that may constitute harassment. In general, Auckland DHB will consider any conduct that creates a hostile and / or offensive environment as breaching this policy.

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HARASSMENT & BULLYING POLICY

Definitions, Continued

Term	Definition
Other Forms of Harassment, continued	What constitutes acceptable behaviour to one person may not be acceptable to another. This can be for various reasons such as different backgrounds, experiences and / or personal beliefs that people hold, or because a worker is new to a workplace and has not formed relationships with the other workers, and is unfamiliar with the behavioural norms (ie what is and is not acceptable) of that particular workplace. For these reasons, workers should be careful in all of their dealings with colleagues to ensure that their behaviour is acceptable. Additional details on appropriate behaviour can also be found in Auckland DHB's Values and Behaviours Policy. However, no unreasonable behaviour which causes distress to other workers is acceptable. All workers need to consider their own behaviour and that of their colleagues and reflect whether it might be unacceptable or offensive.
Bullying	Workplace bullying is a form of harassment. It is behaviour directed towards a person or group of people within Auckland DHB that is: • Repeated; and • Unreasonable; and • Creates a risk to health and safety. Repeated behaviour is persistent and includes a range of actions and behaviours over time. One-off incidents of unreasonable behaviour are not generally considered to be workplace bullying. However a single, serious incident may constitute harassment and / or a breach of Auckland DHB's policies, and such behaviour is not acceptable. Violent behaviour is a highly objectionable form of direct bullying. However, bullying can be manifested in more subtle ways that impact on the health and well-being of the victim.

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HARASSMENT & BULLYING POLICY

Definitions, Continued

Bullying, continued	Examples of bullying include (but are not limited to): • Physical assault or threats; • Initiation rites; • Verbal abuse or name calling; • Practical jokes; • Teasing / inappropriate comments; • Intimidating actions; • Psychological abuse such as excluding or isolating workplace participants; • Deliberately withholding information necessary for effective work performance. • Giving unachievable tasks / impossible deadlines; • Persistent and / or public criticism.

Behaviour That Is Not Harassment or Bullying
Managers have responsibilities to manage their workers, particularly with regard to unsatisfactory performance of duties. Therefore, harassment and / or bullying must not be confused with advice, feedback and comment from managers regarding an individual's work performance. Some examples of behaviour that are not bullying or harassment include are: • A Manager reasonably counselling a worker about their performance or behaviour. Performance management and / or counselling is a necessary part of ensuring that workers meet company standards of work and behaviour; • Setting high standards because of quality, safety and team cooperation; • The raising of genuinely held concerns by a manager about a worker's conduct or behaviour; • Constructive and / or negative feedback; • A Manager requiring reasonable verbal or written work instructions to be carried out; • Other reasonable managerial actions such as disciplinary action, organisational change, work directions and orders, and allocation of work and leave in compliance with business needs and systems;

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HARASSMENT & BULLYING POLICY

Definitions, Continued

Other examples of behaviours that are not bullying or harassment include:

- Personality conflicts or difference of opinions;
- One off or occasional instances of forgetfulness or tactlessness.
- Mutual friendships or relationships or physical contact based on mutual consent.
- Constructive peer review.
- Friendly banter, light-hearted exchanges, mutually acceptable jokes and compliments;
- A single incident of unreasonable behaviour (unless serious).

HARASSMENT & BULLYING POLICY

Policy Statements

Policy Statements

- Auckland DHB is committed to providing a safe workplace free of harassment and bullying.
- Harassment or bullying of any type is not acceptable at Auckland DHB and such behaviour will result in disciplinary consequences, including dismissal or summary dismissal.
- Harassment and bullying fail to respect a person's dignity.
- Harassment and bullying can affect workplace morale and performance including patient safety

All workers are personally responsible for:
- Making themselves aware of this policy;
- Behaving in a responsible, respectful and professional manner;
- Listening and responding appropriately to the views and concerns of others; and
- Treating others in the workplace with courtesy and respect.

HARASSMENT & BULLYING POLICY

Scope

Scope

This policy applies to all Auckland District Health Board (Auckland DHB):

- Employees
- Contractors
- Honorary staff / observers
- Volunteers
- Partner-organisation employees and representatives

For purposes of this Policy the above parties are defined as workers.

This policy applies to behaviours that occur:

- Within the workplace and / or during work hours
- In connection with work, even if it occurs outside normal working hours and / or away from the workplace
- During work activities, for example when dealing with patients
- On social media where workers interact with colleagues and their actions may affect them directly or indirectly.

HARASSMENT & BULLYING POLICY

Obligations & Liability

Obligations & Liability

Auckland DHB has obligations under the Employment Relations Act 2000, Human Rights Act 1993 and Health and Safety at Work Act 2015 (and amendments) to actively address complaints of harassment or bullying made by or against workers.

All reported instances of harassment and / or bullying will be treated seriously and, if substantiated, may result in the disciplinary process being invoked. One possible outcome of a disciplinary process is termination of the offender's employment.

Where Auckland DHB becomes aware of harassment or bullying related incidents, Auckland DHB may, at the discretion of the Chief of People and Capability, decide to investigate, even in the absence of an allegation from an individual (or the retraction of a complaint by an individual), depending on the seriousness of the issue.

Complaints made by, or on behalf of, patients / clients will be investigated through the Auckland DHB Complaints Process.

Workers are legally responsible for their own behaviour and as such they may be personally fined or convicted by a relevant court for unlawful conduct. In circumstances where a worker's conduct may involve a breach of any New Zealand law and could be a criminal offence (eg some forms of sexual harassment). Auckland DHB may be legally obliged to notify the Police.

Continued on next page

HARASSMENT & BULLYING POLICY

Obligations & Liability, Continued

Duty of Managers & Supervisors

Managers are responsible for:

- promoting appropriate standards of conduct in the workplace;
- making workers aware of, and providing guidance on, what behaviour constitutes harassment and / or bullying and that harassment and / or bullying will not be tolerated at ADHB;
- ensuring that a culture of unacceptable behaviour is not tolerated or allowed to develop;
- ensuring that no form of harassment or bullying takes place at the workplace;
- taking reasonable steps to make sure any person complaining of harassment and / or bullying is protected and supported;
- identifying and mitigating any risk when harassment or bullying concerns are raised or identified.

Making a false or misleading complaint

It is defamatory to make a false statement about someone which is likely to harm his or her reputation. Complaints or allegations found to be false or misleading or malicious may result in disciplinary action being taken against the complainant.

Formal Complaint to an External Body

An individual has the right to make a formal complaint to the Human Rights Commission.

HARASSMENT & BULLYING POLICY

Support Available

Purpose

To provide information about available support systems

Support Team

At Auckland DHB there are a number of individuals who are specially trained in dealing with bullying and harassment.

These include:
- Human Resources Manager
- Occupational Health and Safety Staff Support team

Their role is to:
- Provide workers with information on bullying and harassment and clarify any questions or concerns they may have
- Provide confidential advice on the options that are available for dealing with bullying and harassment
- Support an individual who wishes to confront a person displaying harassing or bullying behaviours themselves

Employee Assistance Programme (EAP)

In some circumstances employees may wish to seek confidential counselling services. EAP can be used to address issues of a work or personal nature that may be impacting on health and wellbeing. EAP contact details are available 0800 SELF HELP (0800 735 343)

Other Support

Alternatively, an individual may seek support and guidance from another individual that they choose as a support person. This could be a union representative, whanau, family doctor, a friend or solicitor. In many cases it will not be appropriate to have a colleague act as a support person due to confidentiality and in case they need to be interviewed as part of an investigation.

Any individual approached as a support person must be aware of the requirement to regard any information discussed with them as confidential.

Continued on next page

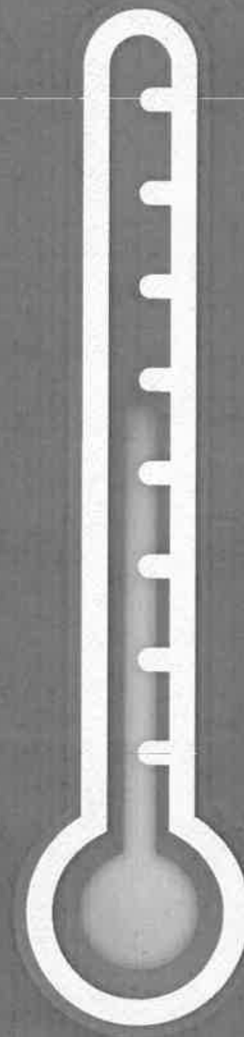
HARASSMENT & BULLYING POLICY

Support Available, Continued

Human Rights Commission

The Human Rights Commission is a statutory body, which administers the Human Rights Act 1993. The commission's primary functions are to promote human rights through education of the public and to investigate and attempt to resolve complaints of discrimination. The Commission's website is www.hrc.co.nz and its toll free number is 0800 496 877.

Dealing with harassment, discrimination and bullying



Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

We're here to support each other to create healthy, happier colleagues, patients and communities.

If you experience, or see, harassment, discrimination or bullying, don't put up with it. Please Speak Up.

Speak Up

Kaua ē patu wairua

We're privileged to work in a place that makes a real difference to peoples' lives

– but that comes with responsibilities as well.

To improve the health of our communities, we first have to nurture the health of our own people.

Harassment, discrimination and bullying have no place in a healthy, supportive environment. Let's work together to confront it, deal with it and remove it.

If you, or someone you know, is being harassed, discriminated against or bullied, please Speak Up about it.

Talk to your manager, team leader or someone you trust. You can also call the Health Integrity Line on 0800 242 888 or visit the Speak Up page on Hippo.

Use this guide to help you recognise unacceptable behaviour and how to deal with it.

There is always support here for you. **You're never on your own.**

What's the difference between harassment and bullying?

Remember, while they're different behaviours, both are unacceptable

Harassment
Harassment is an unreasonable, unwelcome comment or behaviour that offends, humiliates or intimidates. The behaviour is either repeated or a serious, one-off incident that has a negative effect on safety, health, performance or job satisfaction.

Harassment is:

- Racial, sexual or offensive comments
- Embarrassing remarks
- Unwanted attention
- Undermining authority
- Badmouthing
- Intimidation
- Favouritism
- Offensive jokes
- Gossip
- Personal comments

Harassment isn't:

- Reasonable work directions
- Feedback about performance or conduct
- Performance management processes
- Differences in opinion

Bullying
Bullying is intense harassment that involves repeated incidents over time.

Bullying is:

- Physical assault
- Name calling
- Practical jokes
- Intimidation
- Psychological abuse
- Deliberate exclusion of others
- Impossible deadlines
- Public criticism
- Dominating conversations to exclude others

Bullying isn't:

- Reasonable work-related instructions (even if you have a different opinion)
- Expressing a difference of opinion
- Warnings or disciplines that have followed fair process according to our policies
- An expectation of reasonable standards of performance at work
- Legitimate criticisms, expressed constructively. (These include criticisms raised during performance appraisals where a request for improvement is justified)
- One-off rudeness or tactlessness

For the full policy on harassment, discrimination and bullying, go to the Speak Up page on Hippo.

Employees

Harassment, discrimination or bullying – don't let it hit fever pitch

At Auckland DHB, we know we're healthier when we work together and respect each other. We'll do what it takes to support our people in creating a healthy place to work.

If you are experiencing harassment, discrimination or bullying, or you see someone who is, here's what to do:

Make a call to address it yourself
Talk to a manager, Speak Up supporter or someone else you trust – they can give you support and guidance.

You might choose to privately speak to the person you believe is harassing or bullying you and let them know the behaviour is unwanted and you'd like it to stop. Separately, you might contact that person in writing with your concerns.

Focus on the behaviour, not the person. Keep your cool and be kind. They may not have done it intentionally.

Informal action – raise concerns
This is a way to talk about your concerns with the person you believe is behaving badly, using a third party like your manager or someone independent from the situation. This is a "no-blame" approach aimed at reaching agreements and resolution to prevent unwanted behaviour happening again. Agreements can be recorded and monitored.

Formal action – call the health integrity line or write a formal complaint
A formal complaint is usually made in writing, detailing all aspects of the complaint. Use the 'Speak Up form' on Hippo as a prompt. When you submit your complaint you can be represented by a support person and any investigation is conducted in strict confidence.

Where a complaint is substantiated, we will take appropriate steps to ensure:

- Suitable support is provided to all parties.
- Suitable disciplinary action is taken against the person, where appropriate.
- The bullying is not repeated

When the investigation can't find substance to a complaint, the person won't be disciplined but the matter may be referred for informal mediation to see if a resolution can be reached that is fair to both parties.

Leaders and managers

How to operate at the right end of the scale

As a leader or manager, you play an important role in ensuring we're healthier together, supporting and respecting each other.

If one of your team feels they've been harassed, discriminated against or bullied, please take the following steps to see they have the help they need:

Listen
Set aside plenty of time to listen and fully understand their concerns, the impact it's having and how they'd like it resolved.

Act promptly
Start the support process as soon as possible. Think about what they need to be safe and supported while the matter is resolved. You'll also need to consider whether you have a conflict of interest in providing ongoing support to the particular team member.

Support options for your team member:

- EAP Services
- Union representative
- Professional Body
- Health Referral to Occupational Safety and Health
- Their GP

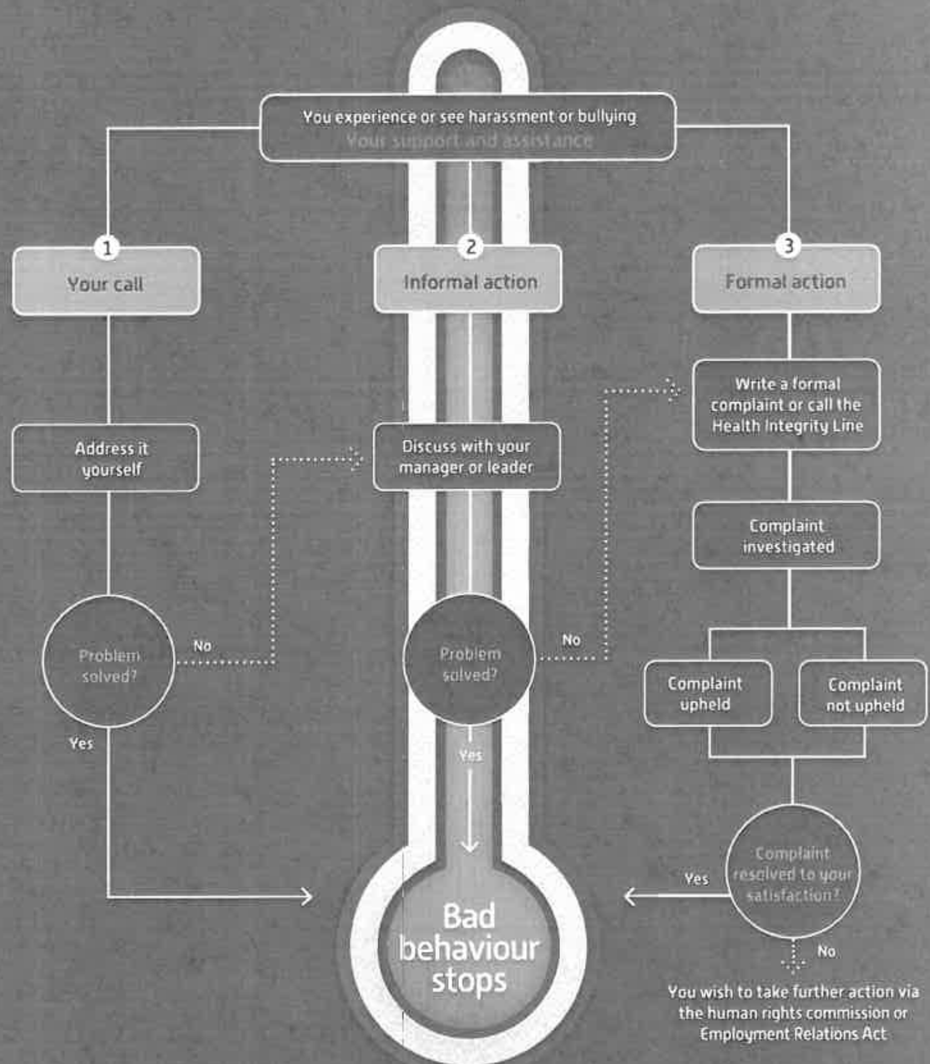
Explore low-level resolution options
If the allegations aren't at the serious end of the scale, it's in everyone's interest to resolve complaints with a lighter touch. This might simply mean talking to the person concerned, discussing the allegations and requesting the offending behaviour stops. The focus should be on the behaviour, not the person. Please be kind, they may not have done this intentionally.

If the allegations are serious,they need to be treated as a formal complaint requiring an employment investigation. Contact HR if you think this is the case, or if you're unsure. If you're ever in doubt or need advice, please talk to your own manager or professional lead, or go to the Speak Up page on Hippo.

HR is always here to support you and provide advice on the options available to you and those concerned.

How to turn down the heat on harassment, discrimination and bullying

Talk to your manager or team leader, call the Health Integrity Line on 0800 424 888, or visit the Speak Up page on Hippo.



Checklist - Healthy Behaviours

- B Talk about the BEHAVIOUR not the person
- U UNDERSTAND the context, don't judge, don't ask why
- I Describe the IMPACT on patients, colleagues or care
- L LISTEN to their point of view
- D Ask 'What would I do DIFFERENTLY next time?'

Who can help you Speak Up?

- Your team leader or manager
- Speak Up supporter
- Occupational Health and Safety staff support team
- Employee Assistance Programme - Tel: 0800 735 343
- Your own support person
- Human Rights Commission - hrc.co.nz

If you have any questions or would like to know more,
check the Speak Up page on Hippo or the Auckland DHB website.