

Safe work environments

2015

Introduction

Everyone has the right to work in a safe environment. Safe work environments in hospitals and other health care organisations are essential for best practice clinical learning, the provision of quality care and improving patient outcomes.¹

Safe working environments improve productivity and reduce costs related to absenteeism, lost productivity, turnover, workers' compensation, and medical and disability claims. Many unintentional injuries can be avoided and psychological stress reduced through appropriate prevention and early intervention.

The hospital and health care environment is a high pressure environment with competing demands. There are large variances in approaches to providing a safe working environment across jurisdictions, with some state industrial awards providing better conditions than others.

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This document articulates the AMA view on the essential components of a safe work environment and the expectations on hospitals and other health care organisations to keep their employees safe and to maintain a sustainable and productive workforce. It outlines requirements along three domains – system, physical and personal safety – and complements the existing suite of specific AMA position statements relating to safe work environments which can be found at <https://ama.com.au/advocacy/position-statements> .

Requirements for system safety

1. Leadership and commitment

Hospitals, health care organisations and management can show leadership and commitment to providing a safe working environment by developing and communicating a clear statement that articulates the organisation's commitment to a safe workplace, that they value the health and safety of their employees, and acknowledging the potential for unsafe work environments to impact on wellbeing, care quality, safety and access.²

2. Clear policies and procedures

Effective policies and procedures include:

- An overarching policy with an absolute commitment to providing and promoting a safe workplace.
- Policies and protocols which foster safe work environments and support clinicians to deliver care according to safe work principles.
- Policy which supports the health and wellbeing of workers, including communication, performance management and grievance handling; discrimination, bullying and harassment, workplace aggression and violence, occupational health and safety in the workplace (injury

prevention, infection control, safe handling of chemicals and waste); hazard identification and reporting systems; and crisis management and emergency incident response.

3. Clearly articulated roles and responsibilities

Hospitals and health care organisations can facilitate a safe working environment by clearly articulating the roles and responsibilities of line managers and senior leadership in providing a safe work environment. This includes ensuring that managers and those responsible for policy implementation and safety planning receive adequate training and support, and accept responsibility and accountability for their actions.

4. Awareness raising and education

Information education and training should be provided to all staff about the importance of safe work environments, employer and employee responsibilities, what constitutes an unsafe environment, and how to manage and report an incident when it occurs. Information, education and training should be included at induction for all new staff, and in continuing education programs for staff.

5. Hazard identification and reporting

Hospitals and health care organisations should have processes in place to identify and report hazards and assess risks, and should take proactive measures to implement controls to minimise risks and achieve a safe workplace. It is important to consider aspects that may be discipline and/or setting specific when assessing work conditions and risk factors. To be effective, reporting should be followed by appropriate action, and de-briefing and counselling services should be offered where appropriate.

6. Support and referral

Hospitals and health care organisations must ensure that there are appropriate and confidential, de-briefing and counselling support and referral services, and return to work pathways, for employees who are injured at work. These must be clear, accessible and promoted to all employees.

7. Complaints handling

Hospitals and health care organisations must adopt a no blame culture for reporting unsafe work situations. Efficient and accessible systems must be in place to allow staff to report unsafe work situations.

8. Safety planning

Hospitals and health care organisations must promote engagement and discussion amongst clinicians and staff, managers, consumers, researchers and policy makers about how to improve work environments. It is important to involve clinicians in the development of strategies and policies related to occupational health and safety, personal safety, risk management and health and well being.

9. Monitoring and review

Hospitals and health care organisations should have review and reporting systems in place that facilitate risk identification and management and use this to develop new or review existing policy to inform the development of best practice safe work environment policy and practice.

Requirements for physical safety

10. Safe systems of work, safe equipment and facilities

Creating a safe work environment is a fundamental responsibility for both employers and employees. Workplaces need to develop a culture of best practice regarding physical safety. Mindfulness, compliance, role clarity, work group cohesion, and appropriate supervision are essential elements of physical safety in the workplace. Investing in new products and technology that can assist with safe practice is also important.

11. Information, instruction and training

Hospitals and health care organisations must provide access to adequate information, instruction, and supervision in relation to work tasks and situations that encourage people to work effectively, safely and responsibly.

12. Safe working hours, rostering and fatigue management

Rostering and working hours should contribute to good fatigue management practices and a safe work and training environment. This includes implementing and supporting safe rostering practices and staffing levels, providing appropriate access to leave provisions, and for clinicians, protected teaching and training time, and teaching organised within working hours.

13. Safer design

Particular attention should be paid to designing facilities and buildings to maximise safe work environments to the greatest extent possible. Factors to consider during the design/building phase of a facility include:

- Security and access arrangements.
- Planning for appropriate entry and egress points in consulting or patient care rooms as required.
- Effective lighting.
- Good visibility at entrances, in walkways and the perimeter of a building.
- Methods of communication.
- Work schedules.
- Physical layout and natural surveillance points.
- Service delivery processes.
- Providing accommodation on site for locums, employees on call/after hours and/or working long shifts.
- Providing sufficient car parking within close proximity of the building for doctors who work after hours/at night.
- Access to a dedicated office/time out space for clinicians, and rest areas, sleeping pods for doctors on call/after hours in recognition of the contribution of service and learning to quality of care and patient safety.

14. Hazard controls and injury prevention

The responsibility of identifying hazards, assessing risks and taking action to ensure a safe work environment belongs to both employers and employees. Risks include communicable diseases, exposure to hazardous materials, needle stick and sharps injuries, violence and verbal aggression from patients and co-workers, to name just a few. Identifying and resolving safety issues requires constant attention, and should include:

- Having processes in place to ensure that staff working after hours can do so safely and efficiently including:
 - providing transport home and/or accommodation on site for staff who work long shifts or after hours; and
 - providing staff escorts to accompany staff to car parking after hours, and where staff are required to walk significant distances after hours to perform their work.
- Providing access to healthy food, and appropriate shift and meal breaks.
- Providing access to secure lockers in which valuables can be stored while working.
- Controlling access to staff only areas (including staff office areas, staff common rooms, and other restricted areas).
- Having video surveillance in appropriate areas.
- Providing duress alarms where practicable for staff exposed to higher-risk situations and in settings where there is little organisational backup or may be delays in getting emergency help.
- Providing protection from infectious risks and biohazards, including the provision of personal protective equipment, providing instruction in good hygiene practices and aseptic techniques.
- Establishing policies and processes, and providing education and training to manage workplace aggression and violence.

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Requirements for personal safety

15. Culture

Workplaces have a clear role to play in promoting health and wellbeing by establishing systems and cultures that promote a safe and productive work environment for employees. This includes modelling positive behaviours at all levels in the workplace, developing workplace champions for personal safety, having in place visible and accessible support services, and promoting a zero tolerance policy to instances of aggression, bullying and harassment in the workplace.

Workplaces must also adopt a “no-blame” culture that supports those in difficulty, so that doctors are confident that seeking help will have no negative consequences nor damage their career.

16. Support and care

Workplaces can provide a safe work environment by ensuring that prevention and early intervention services are publicised and easily accessible to doctors and medical students. These services should provide confidentiality and privacy at all times. The entry and exit points to these services should be made clear. Services could range from the provision of health promoting events or seminars, to access to a general practitioner, professional counselling, debriefing and mentorship.

Formalised support systems and services must also be put in place. For doctors, and in particular medical students and doctors in training, this may include regular education, review and/or debriefing sessions, a buddy or mentor system, peer support groups, or a combination of models. Provision must be made to ensure support services are extended and are accessible to doctors, trainees and medical students working in rural and isolated areas.

Consideration should also be given to establishing handover arrangements between medical schools and hospitals for interns known to have or have experienced high levels of stress and/or a mental health condition so that appropriate support mechanisms can be put in place.

Referral pathways for doctors in need of assistance should be clear, with the option of accessing services away from the work environment. Information and education on strategies and contingencies to manage unexpected situations or extreme events at work should also be provided e.g. exhaustion, assault, death or serious accident in the workplace.

Career guidance and planning should be available to doctors across the medical training continuum.

17. Raising awareness and building resilience

Employers should ensure that all staff understand the impacts of poor health on themselves, and on quality of care and patient safety. Staff should receive training on how to identify internal and/or external stress factors contributing to poor health in themselves and in colleagues, and be able to recognise the warning signs and behaviour patterns leading to stress and poor health. Strategies workplaces can adopt include promoting access to early and expert assistance from professional services and providers, and incorporating skills such as stress management, resilience and time management into continuing education and professional development.

18. Discrimination, bullying and harassment

Changing the culture of the profession must start with hospital management and senior members of the profession taking a leadership role and making it clear that discrimination, bullying and harassment is unacceptable. Policies and processes to stamp out discrimination, bullying and harassment must be strengthened including a commitment at senior levels to tackling problem behaviour, and specific training for all staff including how to deal with situations of discrimination, bullying and harassment.

There must be clearly articulated policies and process on discrimination, bullying and harassment to engender confidence that complaints will be treated seriously and fairly. Processes must offer a 'safe space' for complainants so that they can raise issues of discrimination, bullying and harassment, free of shame, stigma or repercussions. Employers need to have good performance management processes in place to avoid reasonable management actions escalating into harassment complaints.

19. Privacy

Employers must ensure that the personal privacy of doctors is protected, particularly sensitive details such as private address and contact numbers. This is particularly important in situations where the nature of doctors' work places them at risk of harassment and violence from unstable or maladjusted patients.

20. Provision for leave and flexible work arrangements

Employers can support staff to maintain a healthy lifestyle and work life balance by making provisions available for leave and by providing flexible work and training arrangements. Workplaces should adopt policies that promote the intentional inclusion of females so that they are able to fully participate in the workforce (e.g. by providing flexible employment and training opportunities).

A clear and supportive framework should be in place to support return to work arrangements for employees who are returning to training/work following a career break, illness or mental health episode or illness.

See also:

AMA Position Statement on Sexual Harassment in the medical workforce - 2015.

AMA Position Statement on Workplace bullying and harassment - 2009. Revised 2015.

AMA Position Statement on Health and wellbeing of doctors and medical students - 2011.

AMA Position Statement on Accommodation and Appointment Standards for Community Placements - 2007

AMA Safe Handover: Safe Patients

AMA National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors

End Notes

¹ Russell LM, Anstey MHR & Wells S. Hospitals should be exemplars of health workplaces. *Med J Aust* 2015; 202(8): 424-426.

² Hills D & Joyce CM. Workplace aggression in clinical medical practice: associations with job satisfaction, life satisfaction and self-rated health. *Med J Aust* 2014; 201(9).