Responding to occupational violence in the Emergency Department:

An ethical decision-making framework based on clinicians' values

Rosalind McDougall, University of Melbourne
Jess Simionato, Austin Health

Danielle Ko, Michael Geluk, Meaghan Storey, Kat Hall, Sharon Feldman, Will Halpin, Jerry Luo

Funder: The Avant Foundation

Austin HEALTH

CLINICAL ETHICS AND DECISION SUPPORT
CEADS

THE UNIVERSITY OF MELBOURNE

Acknowledgement of Country



Miriam Baadjo (b. 1957), Tossie Baadjo (b. 1958), Jane Gimme (b. 1958), Gracie Mosquito (b. 1955), Helen Nagomara (b. 1953), Ann Frances Nowee (b. 1964), Imelda Yukenbarri (b. 1954) language: Kukatja
artist location: Wirrimanu (Balgo), Western Australia

Bush medicine: a collaborative work by women from Wirrimanu (Balgo), 2018 acrylic on linen, 120.0 × 180.0 cm MHM2018.32, Medical History Museum © Warlayirti Artists

https://mdhs.unimelb.edu.au/__data/assets/pdf_file/0012/4193868/Advancing-Health-2030-Strategy.pdf

Austin HEALTH

THE UNIVERSITY OF MELBOURNE


Bringing an ethics lens to OVA

The problem



Different judgements

A diverse project team for a multifaceted problem

Collaboration between the Clinical Ethics Unit, ED, and Health Safety and Wellbeing Department

Backgrounds across medicine, nursing, allied health
Ethics, law, qualitative research, staff wellbeing
Different career stages
Lived experience of OVA in ED



Project aims

1. To understand ED **staff experiences** and responses to OVA incidents

2. To identify the **ethical values** that drive ED clinicians' decision-making in responding to OVA incidents

3. To develop a **shared understanding** of ethical decision-making in this context

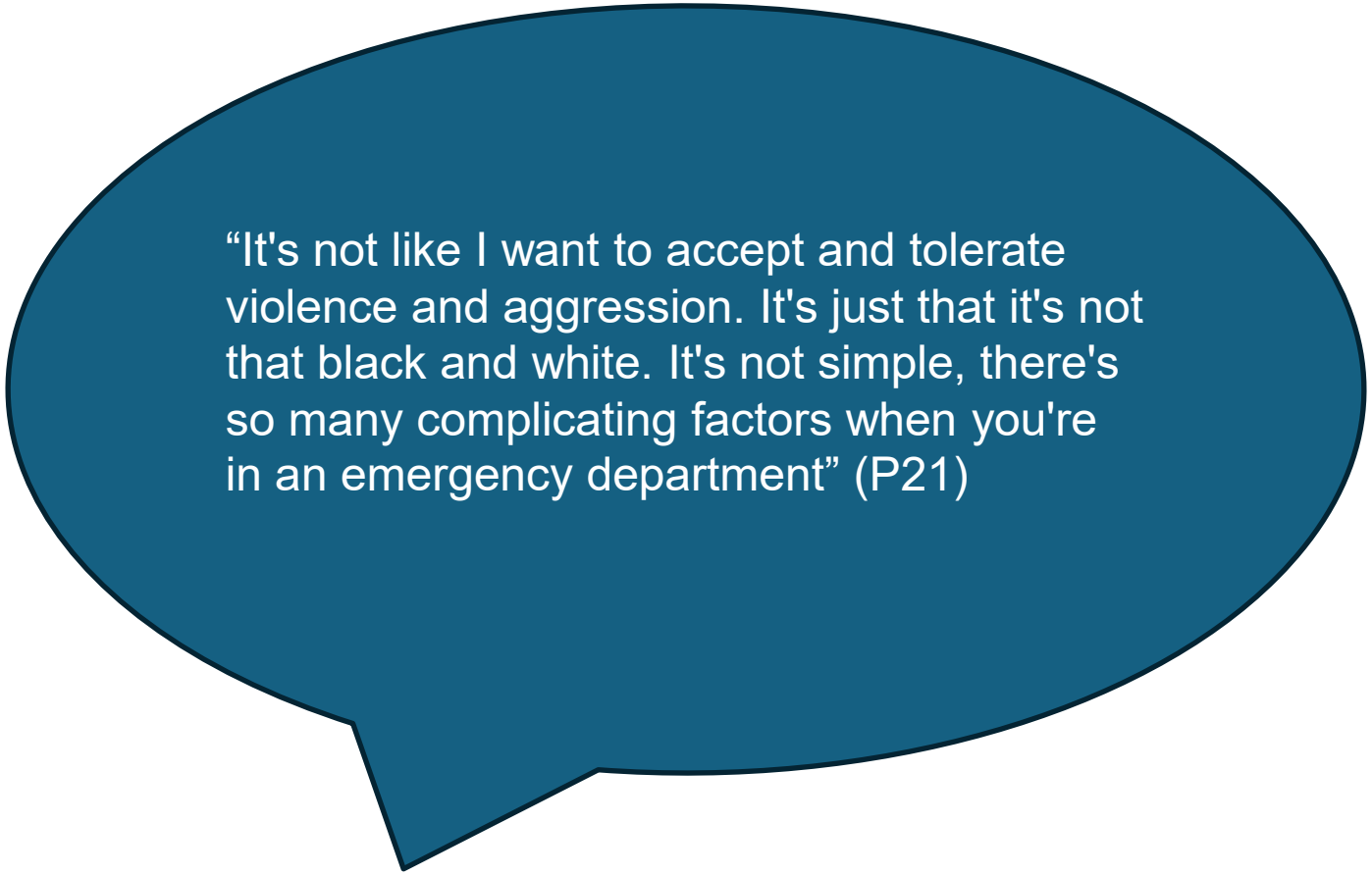
The specific output of the project will be an **ethical decision-making framework** that reflects the experiences and values of Austin ED staff

Interviews	
Consultant (senior medical)	9
Nurse	10
Clerical	1
Allied Health	2
Patient Services Assistant	1
JMO (junior medical)	2
TOTAL:	**25**

Feedback sessions on the draft framework	
Nursing staff	65 staff across 2 sessions
Consultants	11 staff
JMO	18



Beyond zero tolerance: balancing values


“It's not like I want to accept and tolerate violence and aggression. It's just that it's not that black and white. It's not simple, there's so many complicating factors when you're in an emergency department” (P21)

Staff safety

- Patient outcomes
- Others' safety
- Compassion
- Patient or visitor accountability
- Fair resource allocation

Staff safety

“My staff, as far as I’m concerned, have the right to come in and feel safe every single day that they work here. They have the right to be in an environment which is safe and supportive. And whilst yes, you [patients] have the right to care, you can get that care from a different emergency department as long as the situation that you’ve come in with is not imminently life-threatening.” (P5)

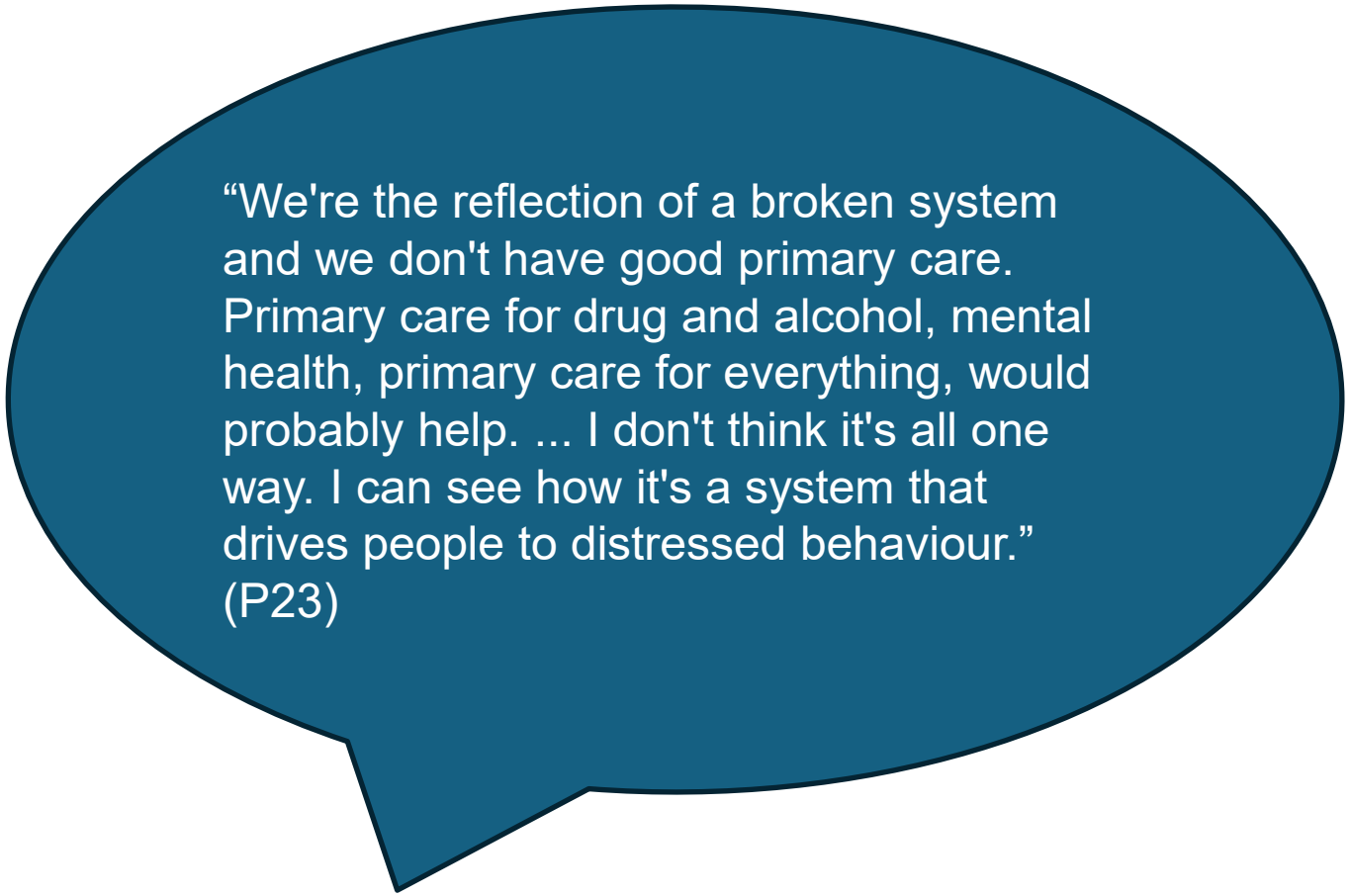
Patient outcomes

"It's easy if it's a visitor because you can just eject them immediately. You haven't got a duty of care to them. But when it's a patient, it makes it a bit more difficult. We can't just kick them out if they're there for treatment. And it depends on what kind of treatment and how they're presenting." (P21)

Others' safety

Some participants said that aggressive and violent behaviour that made other patients feel unsafe was where they "[drew] the line" (P24) in terms of tolerance, and required "sterner" action (P7).

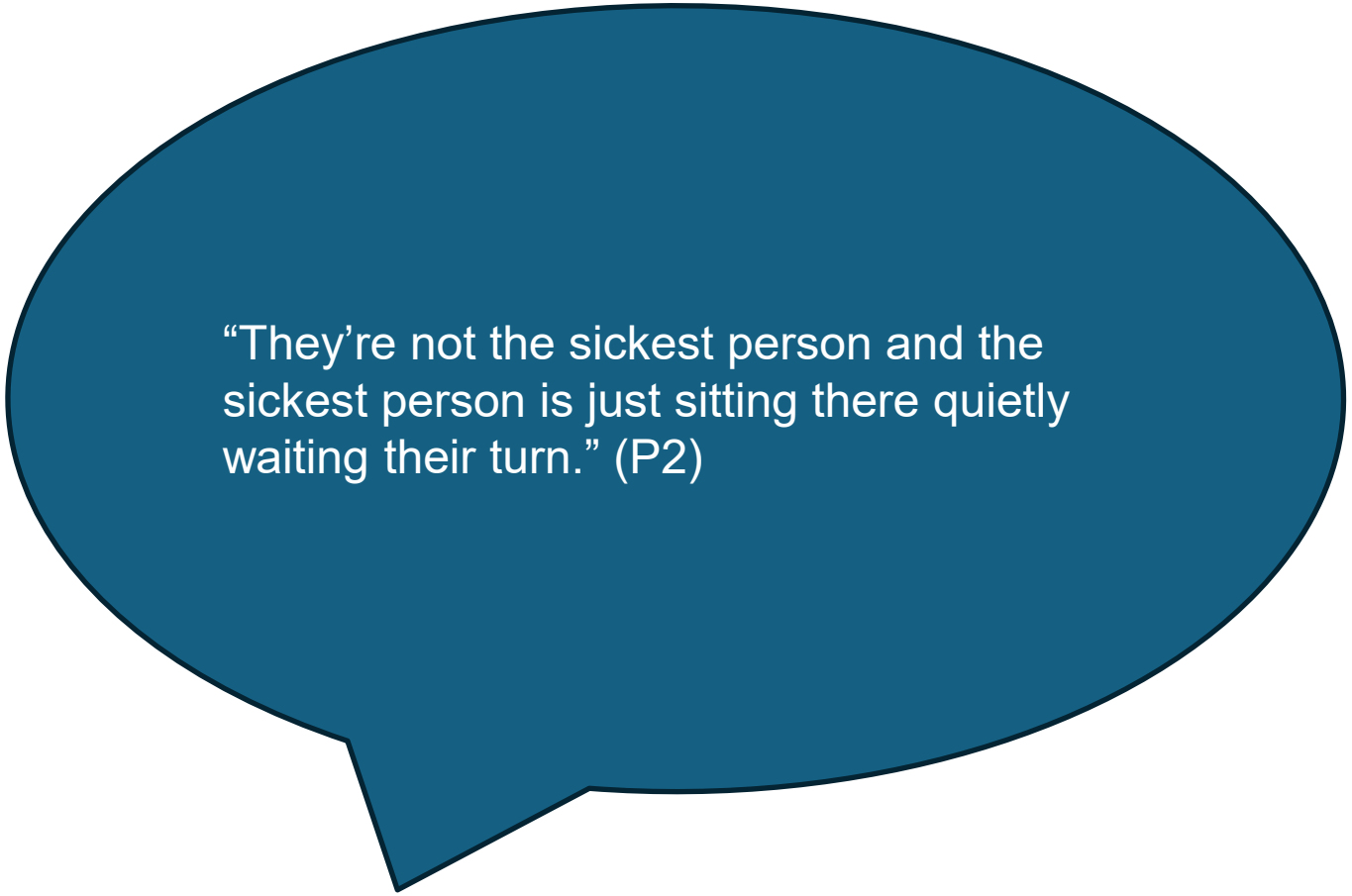
Compassion


“We're the reflection of a broken system and we don't have good primary care. Primary care for drug and alcohol, mental health, primary care for everything, would probably help. ... I don't think it's all one way. I can see how it's a system that drives people to distressed behaviour.” (P23)

Patient or visitor accountability

“obviously we have patients who come in with advanced dementia and things, who are aggressive and violent, but they can’t help it... I think it's when they have the capacity to make those choices and they're still violent, aggressive, then that's when we need to put our foot down and say enough.” (P13)

Fair resource allocation



Tool part 1: Hierarchy of values

Staff Safety

Are you and your team safe and supported?

- Physical safety
- Psychological safety/wellbeing
- Protection/care for ED colleagues/feeling supported

Patient Outcomes

Does the patient/visitor need to be here?

Is visitor OVA putting the patient's outcome at risk?

Others' Safety

What are the impacts and risks to others (patients, visitors and staff) in ED?

If discharged, what are the risks to the broader community?

Compassion

Why might the person be reacting in this way?

How are your colleagues feeling? Are they seeing this differently and why?

Patient or Visitor Accountability

What behaviour can you reasonably expect from the patient or visitor?

Does the patient have capacity?

Fair Resource Allocation

How can you and the team best use your time and resources?

If you prioritise the care of this patient, what is the cost to yourself and others?

Tool part 2: Ethical reflection process

1. Identify



Recognise that you are still having a reaction to the incident

- What are you thinking?
- How are you feeling?
- Is there something that just doesn't seem right?

2. Assess



Consider the incident and your experience

- What values were at stake and which values were ultimately compromised?
- Might others (patient, staff, other people) see this a different way?
- Did decision makers prioritise different values to you?

3. Reflect



Looking ahead

- Having looked at this through a values lens, is there anything you would do differently next time?
- Is there anything you would ask your colleagues to consider next time?

Next steps

Individual

- What **support** do you need?
- Who else can support **you** and your **team**?
- Would it be useful to **talk with your colleagues** using this tool?
- Does this need to be **escalated?**

Manager

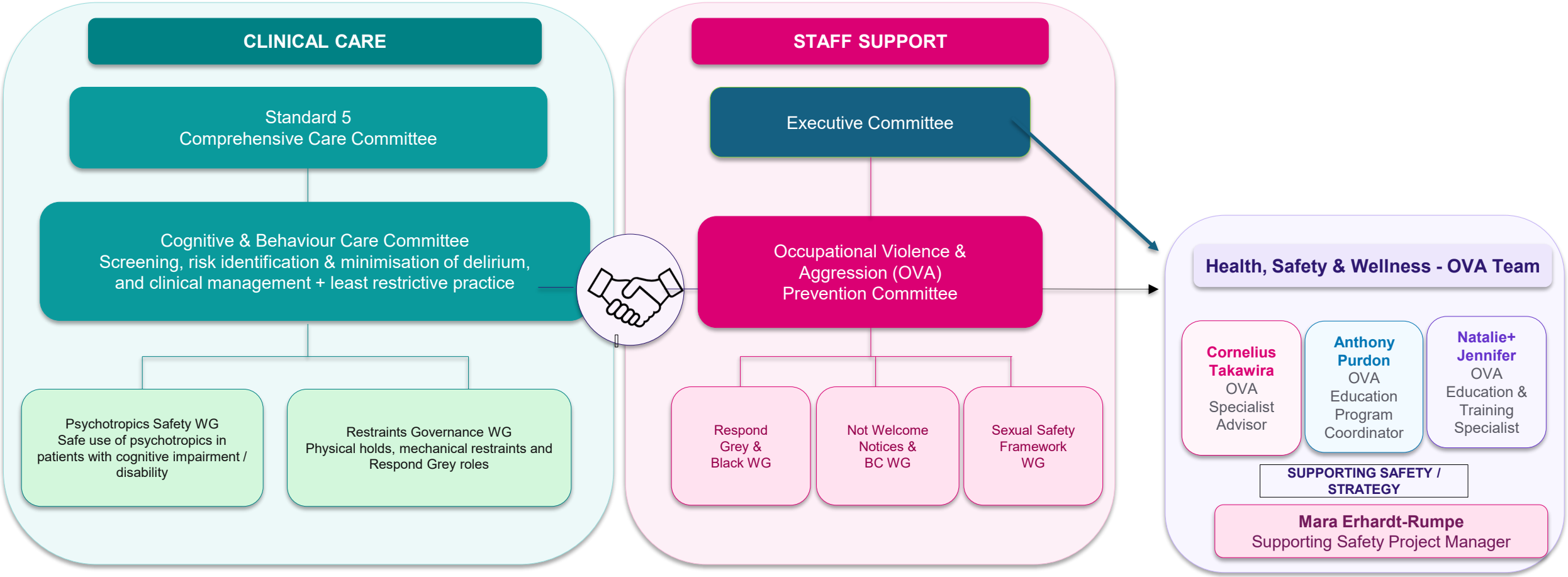
- Ensure **safety** and **wellbeing** of staff member/s and acknowledge their efforts under very difficult circumstances
- Ensure relevant **processes** are followed, including reporting
- **Communicate key concerns** from staff to relevant **hospital leadership** (including ED OVA leadership team) and **report back** to clinical teams regarding responses and outcomes

Austin HEALTH

THE UNIVERSITY OF MELBOURNE


Where to next?

Where OVA sits in Austin Health governance



How the team connects to governance

Provides subject-matter expertise, delivers OVA education, supports prevention initiatives, and informs Improvement through operational data and feedback.

Practical approaches to clinical aggression at Austin

What good practice looks like from prevention through recovery.

1	**Understand the driver**	Medical, mental health, cognitive, pain, environmental and communication factors.
2	**Plan prevention**	Risk assessment, PSP / BSP, Safewards, environmental controls and team communication.
3	**De-escalate early**	Use clear roles, relational approaches and least restrictive strategies before crisis.
4	**Escalate safely**	Activate Respond Grey / Code Grey and Code Black processes when thresholds are met.
5	**Coordinate the response**	Brief responders, allocate roles, maintain clinical leadership and keep bystanders safe.
6	**Recover & support**	Post-incident care, staff check-in, debrief / review where indicated, and psychological support.
7	**Document & report**	Complete clinical documentation, RiskMan / OHS reporting and required incident processes.
8	**Learn & improve**	Use trends, simulations, competency checks and local feedback to refine controls.

Ethical decision making tool

Mental Health | ED | Aged Care | Cognitive impairment / ABI | BDU

Apply the same system principles, tailored to the clinical setting.

[5] Victorian Department of Health, Code Grey and Code Black requirements (updated Sep 2026). [6] Victorian Department of Health, OVA post-incident response (updated Sep 2026). [1] WorkSafe Victoria health-services OVA guide.

Austin HEALTH

THE UNIVERSITY OF MELBOURNE

Education and Training to support improvement

Management of Clinical Aggression (MOCA) model/program objective

- To establish an evidence based, sustainable internal Occupational Violence and Aggression (OVA) education and training program, modelled on the RMH MHS Management of Clinical Aggression (MOCA) framework, building long term internal capability and reducing organisational OVA risk exposure.

- Mandatory eLearning education for all staff (Clinical & Non-Clinical) - ‘Prevention and Management of Aggression and Behaviours of Concern’ module via Atlas.



Austin HEALTH

THE UNIVERSITY OF MELBOURNE

How would we know?

- We have the tool… and now **the challenge is to use it**
- Simple **quality improvement practices** that help to test theories of change
- Use of **focus groups** and other novel data collection
- ED is a captive location for **QI projects** – fast turn around, shifts and know how
- Support **research into practice**
- **Leadership** support and “on the ground” coaches
- Quantitative and qualitative measures – **count and feel**



More information

Link to paper, including tool:

https://onlinelibrary.wiley.com/doi/10.1111/bioe.70176

Ros: rmcdo@unimelb.edu.au

Jess: jess.simionato@austin.org.au