AUSTRALIA'S SAFEST WORKPLACES

Australian Government

Comcare

Prevention and management of customer aggression

A GUIDE FOR EMPLOYERS

Contents

Foreword

Comcare's vision is to work in partnership with employers and their employees as they create safe and healthy workplaces, and assist injured workers. The development of this guide has been a collaborative approach between employers within the Comcare scheme, other external stakeholders and Comcare.

Comcare's regulatory approach is underpinned by a systematic and integrated approach to OHS and rehabilitation which recognises the relationship between organisational and employee health, and prevention of injury and illness.

This guide is consistent with the Safety, Rehabilitation and Compensation Commission's (SRCC) view that the most effective and efficient way to promote a healthy and safe workplace is for employers to integrate OHS risk management into their core business. This is also supported by the Occupational Health and Safety Code of Practice 2008 (OHS Code 2008).

Effective organisational approaches require a combination of primary, secondary and tertiary level interventions.

- Primary interventions are undertaken by employers to address hazards in the workplace through hazard identification, risk assessment, risk control and monitoring and review.
- Secondary interventions aim to reduce the severity of consequences of hazards and harm, including responding to early indicators such as near misses, incident reports or absenteeism.
- Tertiary interventions deal with the consequence of injury, in particular effective rehabilitation strategies.

A more detailed example of these interventions as they relate to customer aggression can be found on page 29.

A full list of resources and references used to develop this guide can be found at the end of this publication.

Other publications on injury prevention and management are available from the Comcare website at **www.comcare.gov.au**

Introduction

Purpose and benefits

The Comcare scheme includes many employers that have customer service as part of their day-to-day business. Consistent with the SRCC OHS risk management model and the risk management approach from the OHS Code 2008, this guide serves as a framework for a systematic approach to identify, assess, control and review customer aggression.

Specifically, the purpose of this guide is to assist employers to:

- understand the benefit of integrated systems with a focus on prevention and management of workplace injuries
- understand issues associated with customer aggression
- identify customer aggression
- assess the risk of customer aggression
- assess the adequacy of existing customer aggression risk controls and determining new controls if required.

This guide is intended for use by employers within the Comcare scheme. It is specifically for supervisors, managers or staff with responsibilities in health and safety and the prevention and management of injury.

This guide is not intended to provide direct solutions to every customer aggression situation that organisations face. It is designed to provide organisations with a systematic framework and examples for managing this hazard.

This guide should be considered during the development and/or review of management systems for health, safety and rehabilitation.

This guide will help employers review approaches to the prevention and management of customer aggression at the prevention, incident management and post-incident management stages. The benefits of applying this approach in organisations include:

- improved understanding of what is working well and what may be improved
- a safer and more productive work environment
- overall improvements in morale and health
- reduced financial costs associated with absenteeism, workers' compensation premiums and medical costs
- reduced human costs of trauma
- improved customer and client feedback.

Scope

The scope of this guide is customer aggression. Other types of aggression under the broader category of occupational violence are not covered in this guide, although many of the risk management principles can be generalised. The US Department of Health and Human Services have suggested four broad categories of occupational violence.[1]

Broad categories of occupational violence

Category	Explanation
Type 1: *Criminal intruder*	This category includes people who have no legitimate link to the workplace or organisation and are usually committing a crime with violence (e.g. robbers).
Type 2: *Client or customer*	This category refers to current or former clients/patients/customers who have been the recipient of a service provided by the organisation (e.g. customer aggression).
Type 3: *Worker to worker*	This category involves people who are, or were previously employees of the organisation (e.g. bullying, harassment).
Type 4: *Personal relationship*	This category involves people who have no legitimate relationship with the organisation. They have a relationship with an employee of the organisation (e.g. domestic violence).

1 Chappell, D. (2008a).

Customer aggression in the Comcare scheme

Occupations and industry groups at high risk of exposure to client initiated violence are similar across the industrialised world. That is, client focused jobs requiring significant face-to-face contact are at high risk of exposure to customer aggression.

Research has indicated that the incidence of client initiated violence may have increased[2].

In Australia, a significant proportion of violence related workers' compensation insurance claims, including customer aggression, come predominantly from industry sectors including:

- health, welfare and community services
- education
- property and business services
- retail trade
- public administration
- road and rail transport.

The Comcare scheme covers a diverse jurisdiction. Both premium paying employers and licensees perform work in which customer service is part of the day-to-day business.

The social health and welfare sector, including agencies such as Centrelink, Medicare Australia, Child Support Agency and ACT Government, may experience many or all of the potential hazardous situations identified in this guidance. Likewise, many licensees fall under industry groups at higher risk of customer aggression.

The 10 agencies in the jurisdiction with the highest percentage of claims associated with customer aggression are reflected in the industry sectors identified above. This is consistent with other Australian jurisdictions.

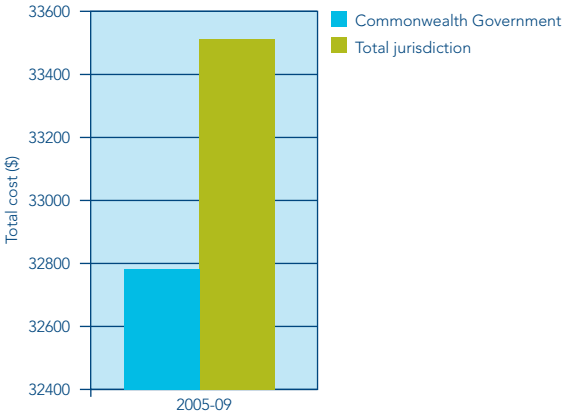
2 Mayhew, C. (2000).

The case for taking action

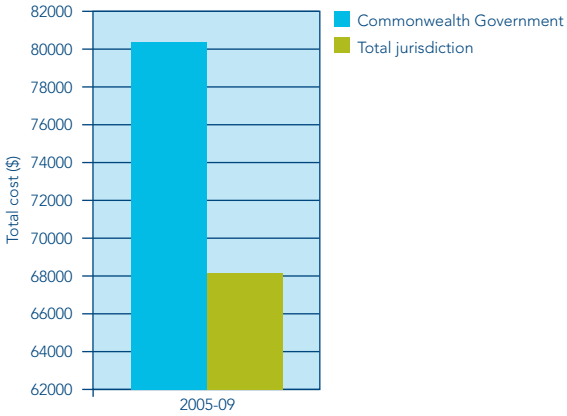
Workers' compensation costs

Customer aggression may result in injury to employees and contribute to injury management expenses and workers' compensation costs. Despite accounting for a relatively small proportion of costs for accepted workers' compensation claims, customer aggression claims have higher than average claim costs. This is in part because a large proportion of these claims result in psychological injury. Workers' compensation claims for customer aggression in the Comcare scheme is represented by the graphs below.[3]

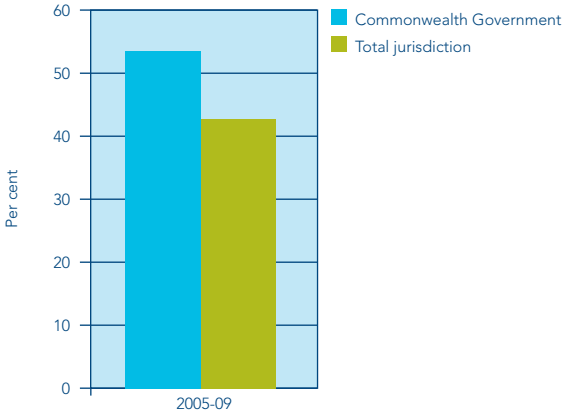
All accepted claims: Average total cost



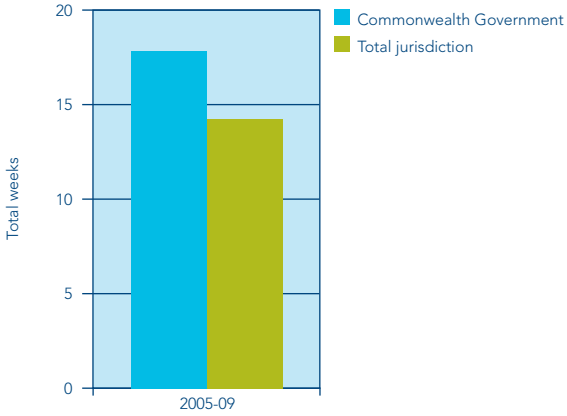
Accepted customer aggression claims: Average total cost



Percentage of accepted customer aggression claims that resulted in psychological injury



Average accepted weeks incapacity due to customer aggression



3 Comcare (2008).

Broader costs to the organisation

The adverse effects of exposure to customer aggression can affect an organisation in many ways and is likely to have much broader personal and organisational costs than workers' compensation costs alone. Research has emphasised the broader benefits for organisations to effectively manage workplace health and safety risks. The Australian Public Service Commission refers to the broad term organisational health as the organisation's structure, function, climate, management systems and culture. Generally, a healthy organisation is one with a climate, culture, values and practices that facilitate good employee health and wellbeing, and high organisational productivity and performance[4].

If customer aggression is not well managed it is likely to have many direct and indirect costs to employers. These can include:

- recruitment costs when high turnover occurs
- training of new staff when there is increased turnover
- salary costs when employees are absent from work
- downtime for supervisors and managers in addressing underperformance and absenteeism, for example, cost of lost time for supervisor
- reduced staff and client satisfaction which impacts on morale, productivity and attendance.

Establishing a healthy organisation and methodically identifying hazards and assessing risks will position the organisation to achieve its business outcomes. For more information see Comcare's publication *Building a case to invest in OHS and organisational health*.

4 Office of Public Service Merit and Equity (State of Queensland) (2006).

Legislative duty of care

The *Occupational Health and Safety Act 1991* (OHS Act) is supported by a framework of legislative instruments (regulations and approved codes of practice) which provide guidance to employers and others on how the requirements of the legislation can be met. The OHS Act, regulations and approved codes of practice are further supported by guidance material and facts sheets.

According to the OHS Act, employers have following duty of care[5]:

- take all reasonably practicable steps to protect the health and safety of their employees at work
- maintain a working environment (including plant and systems of work) that is safe for the employee and without risk to their health
- provide adequate facilities for the employee's welfare at work
- ensure the workplace is safe, including safe entry and exit points
- ensure safety at work for employees in connection with use, handling, storage or transport of plant or substances
- develop, in consultation with employees, written health and safety management arrangements
- provide employees with, in appropriate languages, the information, instruction, training and supervision necessary to enable them to perform their work in a manner that is safe and without risk to their health.

Therefore, employers have a legislative responsibility to create safe working environments and reduce the risk of exposure to customer aggression. This involves considering the procedures in place and engaging staff in the development or review of these, having appropriate environmental design and ensuring employees have the skills and training they require.

The employee's responsibilities are to take all reasonably practicable steps to:

- ensure they do not take any action, or make an omission, that creates a risk or increases an existing risk to their health and safety or that of another people at or near the workplace
- cooperate with their employer to the extent necessary for the employer to meet obligations
- use equipment in accordance with any instruction given.

Employees need to understand what is expected of them in relation to customer aggression. They need to ensure their behaviour doesn't cause or exacerbate a potential threat to themselves or other employees.

5 Occupational Health and Safety Act (1991).

Risk management model

The OHS risk management model reflects the SRCC view that the most efficient and effective way to create and maintain a healthy and safe work environment is for employers to integrate OHS risk management into their daily business operations.

The OHS risk management model below builds on the basic OHS infrastructure prescribed in the OHS Act and is in line with the OHS Code 2008. It is applicable to large and small organisations, in all work environments and for the prevention of all types of work related injury and/or disease.

The SRCC risk management model

The OHS risk management model provides six general principles for the integration of OHS risk management into an organisation's daily business operations.

The principles are:

1. Senior management leadership and commitment

- Having a vision of what needs to be achieved in OHS
- Recognising the steps required to achieve the vision
- Making it possible to achieve the vision
- Promoting a culture of continuous improvement in OHS performance

2. Active involvement of each individual in the workplace

- Creating an environment based on cooperation and trust, which values contribution
- Active participation of each individual
- Establishing an infrastructure that supports the active involvement of each individual

3. Effective communication through consultation with all relevant parties (including managers, supervisors, health and safety representatives and employees)

- Ensuring that each individual is fully informed about current OHS issues
- Establishing a framework to encompass the views of all parties

4. Provision of appropriate information, education and training

- Ensuring that each individual has the necessary knowledge and skills to actively undertake their OHS functions and responsibilities

5. Hazard identification, risk assessment and risk control at the workplace level

- Managing the process at the workplace level by using the knowledge and expertise of individuals most familiar with operational tasks and risks.

6. Development and implementation of an appropriate (new or revised) OHS management information system

- Establishing appropriate recording and reporting tools and mechanisms
- Establishing appropriate monitoring and evaluation tools and mechanisms

Customer aggression, along with all other identified hazards, needs to be considered in the context of this model and integrated with all relevant management and operational systems in organisations at risk of occupational violence.

Understanding customer aggression

Customer aggression is a subset of workplace or occupational violence. Occupational violence is any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed or injured in the course of, or as a direct result of, his or her work[6]. This behaviour is likely to impact on an employee's right to dignity, physical or emotional safety, wellbeing, work performance and social development[7]. Occupational violence has four categories: criminal intruder, client or customer, worker to worker and personal relationships.

Occupational violence can include:

- threatening behaviour (such as throwing objects or shaking fists)
- verbal or written threats
- harassment (unlawful harassment occurs when someone is made to feel intimidated, insulted or humiliated because of their race, colour, national or ethnic origin, sex, disability, sexual preference or some other characteristic specified under discrimination or human rights legislation. Harassment can include behaviour such as telling insulting jokes about particular racial groups, sending explicit or sexually suggestive emails, making derogatory comments or taunts about someone's race or religion)[8]
- verbal abuse (such as swearing, condescending language or insults)
- physical attacks (such as kicking, pushing, punching or shoving).

The National Committee on Violence (1989) divides occupational violence into five broad motivation categories:

- random (expressed by people unable to form a clear intent, such as behaviour by an intoxicated customer)
- instrumental (intimidation employed to achieve a desired result such as faster service, payment of entitlement, and variation of a decision)
- expressive (the product of extreme irritation such as dissatisfaction with poor service or desperation with the outcome of a decision)
- unmet needs (which may include physical needs, emotional needs, and expectations)
- criminal (manifested in the pursuit of criminal aims).

Whilst most incidents of occupational violence involve only one category of motivation, on occasions, they may involve multiple categories.

6 Chappell, D. & Di Martino, V. (1998).

7 Work Trauma Foundation. (2009).

8 Human Rights and Equal Opportunity Commission (2009).

Customer aggression is defined as unacceptable hostile behaviour exhibited by a current or former customer of an organisation towards an employee that creates an intimidating, frightening or offensive situation.

It usually belongs within the expressive or instrumental violence categories, however given the nature of customer service arrangements, customer aggression may involve random factors. Criminal violence or violence resulting from unmet needs may occur on rare occasions.

Research shows that violence at work can result from a diverse array of interactions between the physical and external environment of the workplace, a customer, the target of the aggression, the culture of the workplace, and the nature of the work being performed[9]. How these factors may contribute to, facilitate, or sustain the display of customer aggression is described below.

Environment

Location

Workplaces located in a high crime area are at increased risk of customer aggression. Accessing relevant data (such as statistics available from the Australian Bureau of Statistics) may assist in determining the level of general community crime and possible associated risk. A coordinated profiling approach could be used in both the prevention and management of customer aggression. By knowing high risk areas, organisations may elect not to establish a workplace in that postcode. If organisations have an existing workplace in a high risk area or, due to community need, are required to open a new workplace or operate in a high risk area, they can dedicate resources to reducing the risk of customer aggression based on the profiling and risk assessment conducted.

External factors

There are external factors which may increase the risk of violence and customer aggression, including:

- lack of mental health services
- high long-term unemployment
- reduction of community support and welfare services
- increase in violence in the wider society.

These are factors over which an organisation has no direct control, but which may influence the likelihood of aggression its employees face. Several authorities have discussed the impact of a shrinking welfare/charitable networks, higher and longer-term unemployment, the integration of the mentally ill into the community and the widening gap between rich and poor, in relation to the likelihood of aggression by benefit recipients[10]. The impact that these issues may have on service delivery provision within organisations should be considered when assessing long-term trends in customer aggression.

9 Chappell, D. (2008a).

10 Barab, J. (1996).

Physical environment

The other major factor that can impact on customer aggression is environmental design.

Crime Prevention Through Environmental Design (CPTED), is a widely accepted concept aimed at enhancing those aspects of building design that discourage a range of criminal activities, including violence. Consideration of CPTED includes the physical design such as space and layout, and also social psychology concepts such as behaviour of people in relation to colour, lighting, temperature and queuing. Some examples of CPTED strategies include[11,12]:

Wider and higher counters to reduce customers scaling and climbing over, or reaching over counters, where reasonably practicable	Safe rooms where staff can gather when a threat occurs	Duress alarms at workstations, front counter and mobile personal alarms
CCTV installed to discourage unacceptable behaviour and record footage	Security screens and locks with key pads or cards to reduce unwarranted access	Security guards for a visual presence and to aid in responding in an emergency
Use of relaxing music and calm colours in paintwork, carpet and furniture to reduce potential for aggression	Planned approach to queuing such as appointments or taking a number, where adequate seating is provided for customers to wait	Adequate lighting in car parks surrounding the workplace
Minimise the number of entrances to the workplace, while maintaining fire code regulations	Differentiating customer and employee spaces by using clear signs and different carpet/tiles.	Reduce background noise by using good insulation and sound absorbing materials (e.g. appropriate ceiling tiles)

11 Chappell, D. (2008a).

12 Comcare (2009b).

Working away from usual workplaces

Employers need to consider what approaches they will take to prevent and manage the risk of customer aggression when employees are working away from their usual place of work. Many employees are faced with the risks associated with working in isolation, and working in unfamiliar environments (such as a customer's home).

Prevention and early intervention strategies are very important in this situation. Employers need to conduct a hazard assessment and ensure their policies and procedures outline safe processes when employees work away from their usual workplace. Once the hazard is identified, a risk assessment needs to occur to eliminate or reduce the hazard.

There are a number of simple strategies that employers and employees can apply to reduce the risk of exposure to customer aggression in these circumstances, or better manage it, such as[13]:

- being thoroughly prepared
- knowing who will be at the destination
- reviewing any relevant customer information before attending meetings (e.g. customer file)
- registering travel details in a log book that is reviewed by a staff member regularly to ensure employees have returned – include name, departure time, destination, expected time of return, mobile phone number, customer name or reference number
- having a check in procedure with a designated office contact, where there are clearly defined arrangements for when the check in call will be made, by whom, and key words if the situation is dangerous
- ensuring there is an effective action plan in place should an employee fail to check in or return from the visit
- taking a mobile phone and ensuring the battery is charged
- ensuring motor vehicles are well maintained
- having a system of travelling in pairs
- carrying identification
- carrying a torch for unlit or darkened areas
- parking in well lit areas and with vehicles parked the way they will exit
- attending self defence training
- attending relevant training on dealing with difficult situations, diffusing conflict, and what to do in the event of customer aggression
- having a clear reporting system in place for employees to record any incidents that could have or did result in an OHS issue.

Also consider alternatives such as meeting a customer in a public area such as a local café or their treating doctor's surgery.

13 Workcover NSW (2008) Working at External Locations

Case study

Power and Comcare (1998) AATA 8 (16 January 1998)

This case demonstrates the complexities when employees work in the field, such as visiting the homes of customers. It highlights the interrelatedness between an individual's pre-existing medical condition and current status.

Mr Power was held hostage and assaulted when he visited a client in their home. The description in the Administrative Appeals Tribunal decision of how the incident occurred demonstrates a gap of process for home visiting. There was no reference to following processes, minimising risks, travelling in pairs, understanding how to reduce conflict, or other strategies that may have assisted. This is not to say they didn't exist, but there was no reference to them being followed.

This case also highlights chronic conditions, and the subsequent impact on the individual, their personal life, the workplace, and costs incurred by the employer.

Customer attributes

Customer attributes or personal factors include all of the characteristics a person brings to an aggressive event. This includes the person's traits, attitudes and predispositions. These factors contribute to a person's likelihood and willingness to behave aggressively. Added to these personal factors are situational factors, which when teamed with the personal factors may increase the likelihood of aggression. These factors are described below[14].

Factor	Why
Traits	Particular traits predispose a person to a higher level of aggression. For example, a person with high self esteem is more likely to demonstrate higher levels of aggression. Research has suggested those with inflated self esteem or unstable self esteem are more likely to become highly aggressive when their self image is threatened.
Sex	Laboratory studies and crime statistics show men to be more aggressive than women. However, when provoked, the difference in likelihood to become aggressive is not as clear. The preference for types of aggression differs for males and females. It has been shown that men have a preference for direct aggression, and women for indirect forms of aggression.
Beliefs	Those who believe that they can get away with carrying out aggressive acts and produce the desired outcomes are more likely to act aggressively. These beliefs and the success of the aggression will predict the likelihood of further aggressive acts in the future.
Attitudes	Positive attitudes toward violence can make a person more likely to engage in aggressive acts. Where a person holds the attitude that violence toward certain groups in society is okay (for example, a particular ethnic group), then the likelihood of aggression toward those people is increased.
Values	Beliefs about what a person should or could not do play a role in determining whether an individual is prepared to act aggressively. For some, displaying aggression is considered a perfectly sensible option, and may even be their preferred method for dealing with conflict.
Aggressive cues	Objects or events may prime a person for aggressive acts. For example, seeing a gun throughout a movie or viewing violent videos or television may increase a person's likelihood of acting aggressivley.
Provocation	Provoking a person could include insults or verbal aggression or being seen to be in the way of a person achieving their goal. Provocation is thought to be the most notable cause of aggression arising from interpersonal conflict.
Frustration	Where a person feels that they have been blocked from achieving their goal, frustration may result. That frustration may be fully justified, however it can still escalate to aggression. The resulting aggression might be directed at a person who is not responsible for blocking the person from achieving their goal. This displaced aggression is quite common.
Pain and discomfort	Uncomfortable conditions such as hot temperatures, loud noises and unpleasant smells increase the likelihood of aggression. Being in pain is also likely to increase the likelihood of aggressive behaviour.
Drugs	Drugs including alcohol and caffeine increase aggression. Provocation, frustration and aggressive cues have a greater impact on people who are under the influence of drugs.
Incentives	Desire to achieve an incentive can increase a person's likelihood of aggression. This can result in planned or spontaneous aggression.

14 Anderson, C. & Bushman, B. (2002). Human aggression. Annual Review of Psychology, 53, 27-51.

Target of the aggression

Employees must be trained about their roles and responsibilities, and the policies and procedures on how to prevent and manage customer aggression. They need to be aware of their own skills and limitations when engaging with customers. Employees must, through training and mentoring, understand the role they play in promoting productive and professional interactions with customers. It is also important that employees understand how to avoid provoking negative responses. Provocation has been found to be a stronger elicitor of aggression than the effect of alcohol.[15]

Individuals who are affected by an aggressive incident may experience feelings or symptoms such as anxiety, shock, anger, mood swings, low morale, low productivity, loss of confidence, psychosomatic symptoms and a sense of vulnerability.[16]

Case study

Joyce and Australian Postal Corporation (2001) AATA 491 (5 June 2001)

This case demonstrates the interrelatedness of workplace incidents, an individual's current level of coping, and their ability to manage aggression. When people come to work, they bring their whole selves, including what is happening in their lives outside work. On some occasions, this results in people not coping with an incident as well as they otherwise would.

Supporting employees by having an established policy and system to prevent and manage customer aggression is part of an employer's duty of care, especially when customer aggression is identified as a potential hazard.

15 Giancola, P., Helton, E., Osborne, A., Terry, M., Fuss, A. & Westerfield, J. (2002).

16 Violence in the Workplace Prevention Guide, CCOHS, 2008

Workplace culture

A supportive workplace culture has been associated with a variety of benefits for both employees and employers, including higher levels of commitment to the organisation, higher levels of job satisfaction, lower intention to leave the organisation, lower levels of stress, and less conflict between work and family responsibilities[17].

The culture of a workplace is created by people's attitudes to their job, their environment, each other and themselves. Therefore, all employees need to work together to create a positive workplace culture.

In regard to culture and customer aggression, it is important to understand:

- what employees consider as usual and acceptable customer behaviour
- the level of importance employees place on policies and procedures
- the approach to reporting incidents in the workplace.

Understanding this can assist organisations to better prevent and manage customer aggression.

Case study

Pellizzeri and Comcare (2009) AATA 311 (6 May 2009)

This case demonstrates the complex nature of individuals, workplaces, workplace incidents and how they interrelate. While the Administrative Appeals Tribunal (AAT) in this case concluded that Mr Pellizzeri had not suffered a compensable injury under the SRC Act, it recognised that aspects of Mr Pellizzeri's work with Centrelink contributed significantly to his condition.

Mr Pellizzeri sought a review of the Comcare decision made on 8 December 2007 to deny liability for generalised anxiety disorder. He claimed the generalised anxiety disorder began on 10 January 2007. The AAT affirmed the reviewable decision because they found the mental ailment was as a result of Mr Pellizzeri's failure to obtain a benefit in connection with his employment.

The AAT accepted that some aspects of Mr Pellizzeri's work caused him to feel anxious. He experienced a previous assault at work in 2001. His workplace at the time was a very busy office where incidents of customer verbal aggression were frequent. The AAT also noted excess workload, conflict with managers, the creation of a new work section, long queues, inadequate training, and a new computer program had contributed to Mr Pellizzeri's generalised anxiety disorder.

The decision described the evidence of customer aggression at Mr Pellizzeri's workplace, and gave insights to the culture that surrounded this behaviour. It highlights employees' perceptions in relation to the issue of customer aggression. These are all important factors for employers to consider in their approach to preventing and managing customer aggression.

17 The State of Queensland (Department of Employment and Industrial Relations). (2009).

Work characteristics

The following work characteristics are known to carry a risk of occupational violence and customer aggression[18,19]:

- dealing with the public
- exchanging money with the public
- working with or guarding valuable items (for example, jewellery)
- working at night or during early morning hours
- performing public safety functions (for example, law enforcement)
- working in direct physical contact with customers or clients
- working in isolation
- working in education or in schools
- working with people in distress.

Summary

Customer aggression can be influenced by the work characteristics of an organisation, the location of a workplace, the attributes of the customer, the skills and capability of employees in managing the hazard and performing their normal work, workplace culture, and the design of the environment.

Guidelines for the prevention of customer aggression should contain risk control measures that are applied across the organisation. These measures need to be flexible to meet the needs of individual workplaces. Simply considering customer aggression from one point of view doesn't address the whole picture. Consideration needs to be given to health, safety, security and wellbeing of employees. All these components need to be a part of the overall organisational approach to preventing and managing customer aggression.

18 Chappell, D. (2008b, October).

19 Ellis, N., (2000).

Applying the risk management approach

Hazard identification, risk assessment, risk control, review and monitoring at a workplace level requires employers to consult with individuals who are most familiar with operational tasks involving particular risks.

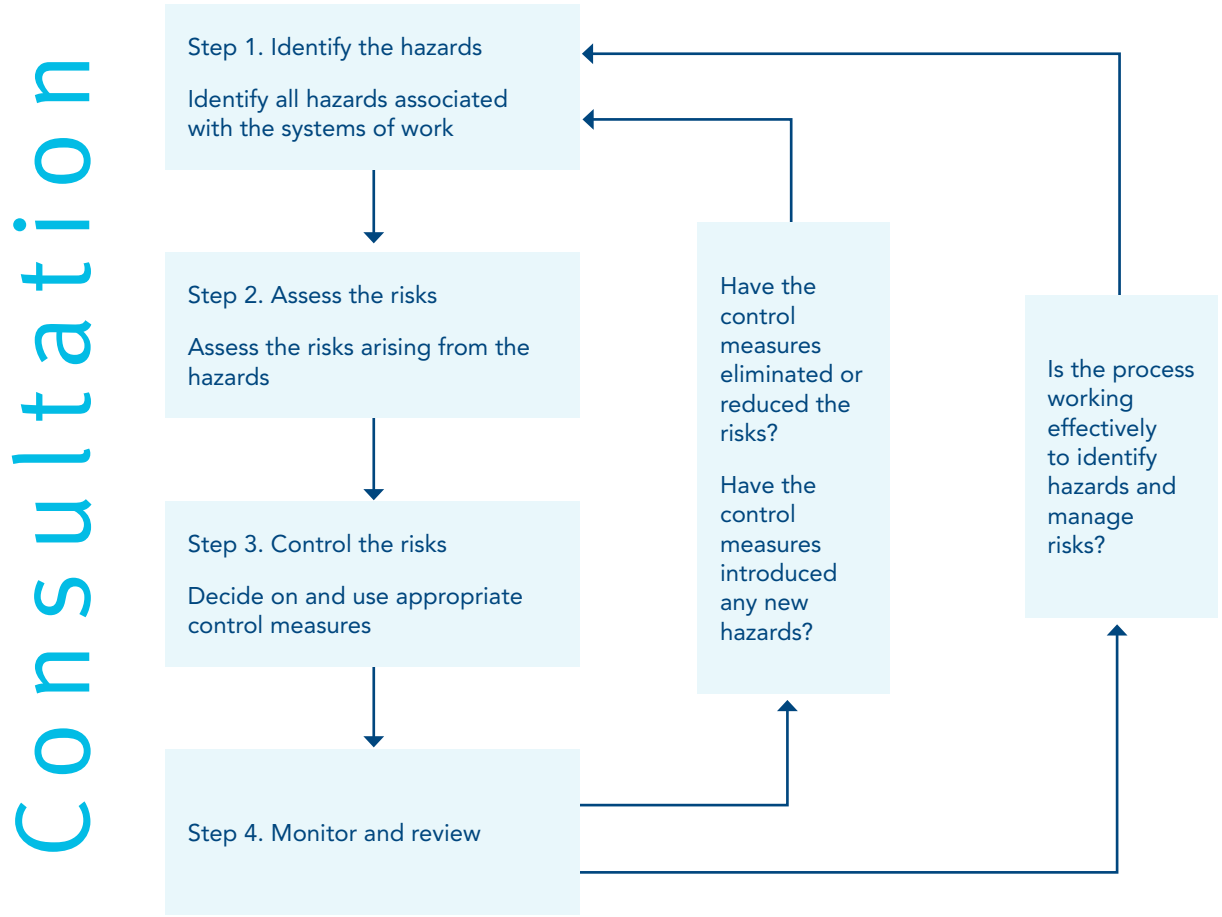
In particular, the approach should:

- identify and assess OHS issues
- design practices and procedures for preventing and/or managing specific OHS risks
- integrate those practices and procedures into existing operational practices and procedures
- establish a method for monitoring and review.

The OHS Code 2008 uses a four step approach to risk management. This approach is supported by Comcare and can be found in *Identifying Hazards in the Workplace: a guide for hazards in the workplace*, Comcare publication OHS10, 2004.

Risk management process[20]

Below is an explanation of each component of this process.



20 Occupational Health & Safety Code of Practice 2008.

Hazard identification

Hazard identification is the systematic identification of all hazards in the workplace that have the potential to cause workplace injury. It is important to carry out a new hazard assessment if there are significant changes to the workplace such as changes in operations, changes in equipment, changes in employee numbers, or changes in site location. The results of the hazard assessment should be communicated back to employees, explaining what occurred, the findings, and what will happen next.

An example approach to identifying hazards[21, 22]

Activity	How to complete it?
Understand the issue	Review potential industries at risk and compare against own organisation
Divide the workplace into logical workplace groupings for the purpose of effectively identifying hazards	Consider divisions such as tasks, locations, roles and functions or production processes
Walk through and inspect each task and/or role	Use job dictionaries if they exist and a standard general checklist
Consult with employees	Use surveys to gather information[23] Conduct interviews or focus groups to gather information (see Appendix 1)
Consult with HSRs and workplace health and safety committees	Use existing consultation mechanisms identified in Health and Safety Management Arrangements
Conduct a safety audit, inspection or assessment	Use existing hazard identification checklists or inspection surveys to suit the needs of your organisation. Examples can be located in the *Literature review into better practice for preventing and managing customer aggression*, located on Comcare's website[24], or in Appendix 2
Analyse records and data including near misses, worker complaints, sick leave, absenteeism, claim trends and staff turnover. It is important to consider whether the culture of the organisation supports reporting of incidents.	Examples include: • claims data trends – looking at frequency, duration, type of injury and location of employee – available through internal organisational reports or through the Customer Information System (CIS) at **www.comcare.gov.au** • incident and/or hazard report trends and procedures • absenteeism data and other relevant HR reporting, in particular sick leave without a certificate

21 Department of Employment, Training & Industrial Relations (2000).

22 Occupational Health and Safety Code of Practice (2008).

23 Bureau of Labor Statistics (2005).

24 Chappell, D. (2008a).

Risk assessment[25]

Risk assessment is the overall process of risk analysis and risk evaluation. It is the process of evaluating the probability and consequences of injury or illness arising from exposure to an identified hazard or hazards.

Where employers have identified a hazard, they should ensure that an assessment is made of the risks associated with that hazard. Employers should ensure that, as a minimum, a risk assessment is conducted prior to:

- the introduction of a new work practice or procedure
- any change in the workplace, work practice, activity or process where the change may give rise to a health or safety risk.

To assess the risk, employers need to consider both likelihood and consequences. The desired outcome of this step is a prioritised list of risks for further action.

The level of risk is determined by the relationship between the likelihood and consequence and can be illustrated by the risk assessment matrix below.

Risk assessment matrix

Likelihood	Consequences				
	Insignificant	Minor	Moderate	Major	Severe
Almost certain	M	H	H	E	E
Likely	M	M	H	H	E
Possible	L	M	M	H	E
Unlikely	L	M	M	M	H
Rare	L	L	M	M	H

L – Low
M – Medium
H – High
E – Extreme

25 Occupational Health and Safety Code of Practice 2008

Factors that affect the likelihood of an incident occurring include[26]:

- how often the situation occurs
- how many people are exposed
- the skills and experience of the people exposed
- any special characteristics of the people involved
- the duration of exposure
- the position of the hazard relative to workers and to other hazards
- distractions (for example, time pressures, workplace conditions)
- environmental conditions
- the effectiveness of existing control measures.

Organisations need to consider these elements when determining the likelihood of an identified hazard, such as customer aggression, occurring.

Likelihood can be rated as:

- *very likely* (exposed to hazard constantly)
- *likely* (exposed to hazard occasionally)
- *unlikely* (could happen but only rarely)
- *highly unlikely* (could happen but probably never will).

Determining consequences involves making a judgement about the level of harm that can occur because of exposure to the hazard. Consequences can be rated as:

- *fatality*
- *major or serious injury* (serious damage to health that may be irreversible, requiring medical attention and ongoing treatment) – significant time off work
- *moderate injury* (significant impact on health which is likely to require ongoing treatment)
- *minor injury* (reversible health damage that may require medical attention but limited ongoing treatment) – one day or less off work
- *negligible or insignificant injuries* (might sustain slight injury and may require only primary first aid) – no time off work.

Factors that affect the consequences of an incident occurring include:

- potential for 'chain reaction' where a hazard, if not eliminated, evolves and compounds into an even more dangerous situation
- position of the worker relative to the hazard.

26 Department of Employment, Training & Industrial Relations (2000).

Tools, such as a checklist for inspection of the physical environment, located in Appendix 2, can assist employers when conducting hazard identification and risk assessments. Other tools may assist such as the sample inspection form and sample hazard assessment questionnaire located in *Violence in the Workplace Prevention Guide* (3rd Ed), Canadian Centre for Occupational Health and Safety.

If there is uncertainty about the level of risk, degree of exposure or inadequate information exists after completing the risk assessment, the employer should consider the following actions to gather this information[27]:

- seek more information and in the meantime, apply good practice to minimise exposure
- seek specialist advice if necessary
- conduct surveys, environmental and medical monitoring
- analyse records and data regarding dangerous occurrences, employee complaints, sick leave, unscheduled absences and staff turnover
- examine organisational culture and behaviour as a risk factor
- assess staff competency and training levels.

Risk control

Risk control is the process of managing the elimination or minimisation of a risk. This may be an object, work process or system of work. It will often be necessary to use more than one control measure to successfully manage an identified risk.

Employers should ensure that any risks to health and safety of employees, arising from the workplace or any work related activity are eliminated or if not reasonably practicable, are minimised.

Employers should ensure that the control measures selected:

- adequately control exposure to the risk
- do not create a new hazard
- allow employees and contractors to do their work without undue discomfort or distress.

The hierarchy of control is useful to determine the most appropriate method with respect to risk control. The approach involves phasing out or removing hazards at the source and controlling any residual risks by engineering or organisational means. Employers should start at the top and work down through the hierarchy. The hierarchy of control is structured in the following way:

- eliminate the hazard
- substitute or modify the hazard
- isolate the hazard
- use engineering controls to control the hazard at its source
- use administrative controls
- use personal protective equipment.

For more information on hazard identification, risk assessment and risk control, see Comcare publications available at www.comcare.gov.au

27 Occupational Health and Safety Code of Practice 2008

A closer look at the risk management approach with customer aggression

Effective organisational approaches to the OHS risk management of customer aggression require a combination of primary, secondary and tertiary level interventions.

Primary intervention measures are undertaken by employers to address hazards in the workplace through hazard identification, risk assessment and risk control. The interventions and resources in place at the primary level contribute to the development and maintenance of a workplace culture that supports employee welfare and safety. The application of OHS management systems, rehabilitation management systems, and management standards that provide a set of conditions to promote high levels of health and wellbeing, can all contribute to the development and maintenance of a strong and supportive workplace culture. The UK Health and Safety Executive (HSE) set out management standards considered to represent a set of conditions that reflect high levels of health, wellbeing and organisational performance[28]. The primary level of intervention not only promotes prevention, but through creating a strong safety workplace culture, also facilitates achievement of timely and durable injury management outcomes should an injury occur.

Once an individual employee has developed symptoms, an injury or an illness, the workplace relies on **secondary and tertiary intervention** to manage the condition and promote a timely and durable return to health and return to work. The secondary level interventions aim to reduce the severity of consequences of exposure to hazards and harm, including responding to early indicators such as illness symptoms, incident reports or absenteeism. The tertiary level interventions deal with the consequence of injury, often through partnering the injured worker with skilled practitioners, internal and external to the workplace, to apply effective rehabilitation strategies. The goal of timely and durable return to work and return to health remain the focus. Where this is determined not possible through consultation with key stakeholders, including medical practitioners and the injured employee, alternative goals are determined in line with the hierarchy of return to work outcomes.

Comcare has produced a guide to assist employers apply secondary and tertiary interventions to achieve successful outcomes in Injury Management. *Recognition, resolution and recovery: Early intervention to support psychological health and wellbeing* (Pub 46)[29], outlines four key steps in supporting injured workers to a successful rehabilitation recovery in the workplace. The key steps are recognition, response, assessment and planning, recovery and resolution.

It is important to remember to monitor and review your risk management approach.

The following case study highlights the diverse approach to preventing and managing customer aggression taken by Centrelink.

28 Health and Safety Executive (2007).

29 Comcare (2009a).

Case study

Centrelink recognises that many of its customers are dealing with difficult situations and has well-established safety, security and customer service policies and procedures for dealing with customer aggression. These strategies aim to ensure the health and safety of employees and customers. These policies and procedures are regularly reviewed as part of a continuous improvement process.

Centrelink records and regularly analyses customer aggression report data and this is reported to the National Health and Safety Committee. This analysis is a standing agenda item at relevant corporate governance committees.

A risk assessment identified the requirement for the development of a strategy to minimise customer aggression and further reduce this potential hazard. The elements of the strategy are summarised below.

Elements
Increasing the number of static security guards at Customer Service Centres (CSCs) as part of a trial program. Additional security guards were engaged, under a new security guard policy, for a three-month period. The trial was evaluated and reported to the National Health and Safety Committee. The outcome of the trial was a significant increase in the total number of CSCs with security guards, based on the site security assessment, employee and manager feedback. The requirement for a CSC to have a static security guard will be reviewed regularly.
Ongoing threat and risk analyses are applied to identify risks and locations where there might be a higher exposure to more serious incidents of customer aggression. Expert advice is engaged, as required, to support the internal safety and security resources.
Engaging additional security advisors to assist workplaces implement a timely response to all serious security incidents. This provides national security coverage and an improved ability to respond immediately to incidents. Centrelink security advisors undertake a program of security audits to assist workplaces to improve their security outcomes.
Undertaking a review of the design of CSCs to ensure that the CSC applies crime prevention through environmental design principles. The review also ensures that the workplace is safe and secure. Centrelink property managers work closely with workplace security advisors in the design of the layout of every CSC before fit out work is approved.
Establishing customer aggression training standards for customer service employees and **improving local response guidelines**. New training and information products were trialled and implemented, including Customer Service Advisor and Team Leader training programs focused on managing customer aggression incidents.
Identifying customer service approaches that are effective in communicating with customers and minimising aggression. Centrelink is undertaking work to ensure that higher risk customer service transactions are effectively managed. For example, customers can now request some payments by telephone. Ongoing work will target customer transactions associated with the risk of customer aggression.
Improving processes and streamlining service delivery in customer service centres, including appointing Customer Liaison Officers to improve queue management and customer engagement.
Installing comprehensive closed circuit television (CCTV) systems to monitor activities within CSCs.

This strategy is part of the overall approach to health, safety, security and customer service delivery at Centrelink. Preventing and managing customer aggression is an ongoing activity, where strategies need to evolve to reflect changes in the hazard, community or work environment. The long-term trend in customer aggression shows a gradual reduction in the average number of customer aggression reports. Centrelink will continue to actively manage this risk as one of four key risk areas.

Holistic approach to prevention and management of customer aggression

The table below outlines a model demonstrating a holistic approach to prevention and management of customer aggression. This table includes examples to illustrate the practical application of this approach.

Primary interventions: workplace culture and prevention

		Customer aggression prevention example
HSE Management Standards	***Demands*** – Includes workload, work patterns and the work environment	The employer conducts regular risk assessments for all roles where employees may interact with customers (in person, verbally, in writing or electronically). The risk assessments address the employees concerns about their work environment, for example, taking into account exposure to customer aggression. The risk assessments result in recommendations for improving the work environment, how work is conducted and the amount of work delegated, to ensure due consideration is given to eliminating or minimising, where appropriate, the level of risk associated with customer aggression. Some examples of simple preventative strategies include: • visitors must identify themselves and sign in and out of the workplace • visitors must be escorted when they are in non-public areas • Code of Conduct for visitors is hung in a visible location • metal detectors located in high risk workplaces A risk assessment is conducted prior to the development or acceptance of any new workplaces, taking into account location and design.
	Control – How much say the person has in the way they do their work	Regular structured review and consultation occurs between employees and their supervisors. This consultation welcomes feedback and input from the employee in regard to the context and the content of their role and suggestions for improvements. The employee may have specific ideas about how customer aggression may be eliminated or minimised.
	Support – Includes encouragement, sponsorship and resources provided by the organisation, line management and colleagues	Systems are in place to support and assist employees exposed to customer aggression. The systems include, but also extend beyond the provision of an Employee Assistance Program. A system of contact and support is in place, where those exposed to customer aggression receive early and regular supportive communication from their supervisor and colleagues. Reporting systems are in place where customers with a previous history of aggression or violence are recognised. This can assist staff in their preparation for engagement where the risk management process is used and effective controls put in place (e.g. a buddy system, use of a well designed interview room where other staff have a view of the room, reinforcement of effective communication skills to reduce the likelihood of customer aggression, senior staff members manage the engagement or escalation process when the engagement is no longer effective).

	Relationships – Promote a positive workplace culture and behaviours to avoid conflict and effectively deal with unacceptable aggressive behaviour from customers	Policies and procedures are in place and communicated across the organisation via the intranet or internal newsletters to enable and encourage reporting of customer aggression or warning signs of exposure to customer aggression in others as soon as they occur.
	Change – Manage and communicate small and large organisational change in the workplace	Employees are involved in the consultation process with managers on changes to work practices where there is a possible hazard of customer aggression. This can occur either face-to-face or via a staff survey.
	Role – Employees clearly understand their role and responsibilities and are able to raise concerns if they are unclear or have a conflicting opinion	Employees are assisted to understand that it's the role and responsibility of security guards or police to intervene if customer aggression occurs and escalates to a serious level. They should call for assistance as per organisational response procedures and wait for the appropriate people to respond. Employees are assisted to understand their role in creating an environment that minimises the likelihood of customer aggression.
OHS management systems		The risk assessment process regarding customer aggression is applied to all roles involving customer interaction. Findings and recommendations are incorporated into the continuous improvement cycle to achieve enhanced safety outcomes. A system of training is established that integrates the security, safety, health and wellbeing of employees. The focus is on prevention and includes topics such as how to deliver effective customer service, how to achieve a positive resolution in a conflict situation and ways to reduce customer aggression through design and modification of the work setting.
Rehabilitation management systems		A process and budget exists to enable managers to obtain early intervention funds to engage support services and rehabilitation services immediately when the need arises. This can include cases of employees being affected by customer aggression.

Secondary and tertiary interventions: injury management

		Customer aggression injury management example
Recognition	Early warning signs	Employees trained to recognise behaviours and signs that may indicate a colleague is distressed or not coping and to know how to respond to ensure the colleague has assistance and knows support is to them. Employees also informed regularly on the resources available to support and assist them and their colleagues, and how to access the resources. Employees are trained and have the necessary knowledge and skills to be aware of specific perpetrator attributes and to listen for raised voices or other unusual behaviour from customers when they are engaging with staff. Employees may be encouraged to complete Mental Health First Aid courses to equip them with these initial coping and recognition skills. Employees are encouraged to be aware of their own behaviours and reactions and how these may affect customer engagement. For example, raising their voice or talking in a condescending manner is likely to lead to customer frustration and possibly aggression. Training for employees should include the following topics: • rights and responsibilities of all parties • scope of customer aggression • risk factors and warning signs • prevention policy • procedures for managing customer aggression • how to respond • reporting and documentation • follow up services and support. For more specific information on how to respond when dealing with a potentially aggressive person, see *Violence in the Workplace Prevention Guide* (3rd Ed), Canadian Centre for Occupational Health and Safety.
Response	Provide early support	Managers are provided with regular professional development in leadership and staff support including a focus on providing support to team members by listening with empathy, understanding concerns from others' perspectives, collaborating to develop an action plan and assisting the employee to access available resources (which may include engaging a Rehabilitation Case Manager or Human Resources, arranging modified or flexible working arrangements, accessing the Employee Assistance Program or using community based resources). Managers may guide the employee to use existing Employee Assistance Program services.
Assessment and planning	Develop and agree on a plan	The employer engages an Approved Rehabilitation Provider, the employee's treating medical practitioner and medical assessors who are familiar with customer aggression issues and who understand the inherent hazards of the specific jobs and/or workplace, as well as the employer's efforts to manage the risk and minimise harm to employees. The focus is to assist the employee to return to work. This may include modifications to the physical workplace or changes to duties as part of a graduated return to work program.

Recovery and Resolution	Keep employee safe and productive at work	The manager arranges regular meetings with the employee returning to work after experiencing customer aggression in which they felt threatened. The meeting should focus on providing ongoing support and monitoring the employee's success and experiences in the return to work program to ensure all appropriate efforts are made to facilitate a successful return to health and return to work. Reasonable adjustments are made to the physical environment at the workplace such as: • wider desks to increase the distance between customers and staff • task rotation to include tasks with no customer exposure • graded return to work in non-customer area during recovery (links in with flexible working arrangements as highlighted under Response). Review and consider the suitability of emergency procedures in light of a customer aggression event. Review service arrangements for the customer. Provide support and where appropriate, information to employees in respect to any criminal proceedings, or changes in service arrangements for the customer. Allow for attendance to treating practitioners, such as a GP or psychologist appointments, during work hours if appropriate.

Summary

Customer aggression is a real issue facing many organisations. It may only represent a small number of accepted workers' compensation claims, but the impact on the individual and the organisation can be significant.

Effective organisational approaches to the risk management of customer aggression require a combination of primary, secondary and tertiary level interventions. These interventions need to be integrated into the systems of the organisations, such as the Health and Safety Management Arrangements, rehabilitation management systems, management standards, induction and security protocols.

Successful and sustainable health and safety systems require a holistic risk management approach where the following six key principles are addressed.

1. Senior management leadership and commitment
2. Active involvement of each individual in the workplace
3. Effective communication through consultation with all relevant parties (including managers, supervisors, HSRs and employees)
4. Provision of appropriate information, education and training
5. Hazard identification, risk assessment and risk control at the workplace level
6. Development and implementation of an appropriate OHS management information system.

Most importantly, the environment is always changing. Therefore continuous improvement is only achieved by an ongoing review and improvement process, focusing on understanding and addressing the identified hazards.

Glossary

Better practice

A comprehensive, integrated and cooperative approach to the continuous improvement of all facets of an organisation's operations.

Comcare

Comcare is an Australian Government agency that works in partnership with employees and employers to reduce the human and financial costs of workplace injuries and disease in the Commonwealth jurisdiction.

Comcare is the administrator of the *Safety, Rehabilitation and Compensation Act 1988*, the *Occupational Health and Safety Act 1991*, and the *Asbestos-related Claims (Management of Commonwealth Liabilities) Act 2005*.

Customer aggression

Unacceptable hostile behaviour by a current or former customer of an organisation towards an employee, that creates an intimidating, frightening or offensive situation.

Hazard identification

The systematic identification of all hazards in the workplace that have the potential to cause workplace injury.

Hierarchy of controls

A systematic approach to risk control by designing out or removing hazards at the source and controlling residual risks.

Occupational violence

The attempted or actual exercise by a person of any force so as to cause injury to an employee, including any threatening statement or behaviour which gives an employee reasonable cause to believe he or she is at risk.

Organisational health

An organisation's structure, function, climate, management systems and culture. Broadly speaking, a healthy organisation is one with a climate, culture, values and practices that facilitates good employee health and wellbeing and improved organisational productivity and performance[30].

30 Office of Public Service Merit and Equity, State of Queensland, 2006.

Primary intervention

Primary interventions represent the preventive approach to managing a hazard in the workplace. This level of employer intervention focuses on the source of the hazard. The hazard is identified and efforts are made to minimize it or prevent it from occurring.

Risk assessment

The process of evaluating the probability and consequences of injury or illness arising from exposure to an identified hazard or hazards.

Risk control

The process of managing the elimination or minimisation of a risk.

Risk management

The coordinated and integrated approach of hazard identification, risk assessment and risk control.

Safety, Rehabilitation and Compensation Commission

The Safety, Rehabilitation and Compensation Commission (SRCC) is a statutory body with regulatory functions in relation to workers' compensation and OHS.

The SRCC is established under the *Safety, Rehabilitation and Compensation Act 1988*. It also has regulatory functions under the *Occupational Health and Safety Act 1991*.

Secondary intervention

Secondary intervention represents the actions that are taken as a 'safety net' approach to workplace health and safety. It recognises that employees can and may be exposed to a particular hazard. The intervention aims to reduce the severity of consequences of exposure to hazard and harm. Examples may include responding to early indicators such as near misses, incident reports, development of symptoms or absenteeism. It can also be known as early intervention.

Tertiary intervention

Tertiary intervention deals with the consequence of injury. An example is implementing effective rehabilitation strategies focused on return to health and return to work.

Workplace culture

Workplace culture is the environment that an organisation creates with and for its employees. It includes the way employees interact with one another, go about their work, and the practices undertaken.

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Disclaimer

This publication is intended to provide only a summary and general overview of matters of interest. It is not intended to be comprehensive and is not a substitute for independent professional advice.

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Appendix 1

Interview questions for managers and health and safety representatives

Office: _____

Manager: _____

Health and safety representative: _____

Date: _____

1. The workplace	Yes	No
What in your view constitutes customer aggression?		
How would you rate the incidence of customer aggression in this workplace?		
What sort of things do you think tend to lead to customer aggression? (For example, service error, customer waiting time, work practices, office layout, staff's lack of awareness of existing policies)		
How severe is the effect of alcohol or other drugs on customer behaviour and subsequent incidents of customer aggression?		
Do staff have specific strategies for dealing with intoxicated/drug-affected customers?	☐	☐
Do customers with psychological illnesses present particular problems in relation to customer aggression?	☐	☐
Do you think managers/team leaders are aware of the specific responsibilities under the Health and Safety Management Arrangements?	☐	☐
2. Employees		
How would you describe the culture in this workplace? (For example, cohesive, fragmented, supportive)		
Have you identified any staff behaviour that is likely to exacerbate/compound potential or actual incidents of customer aggression?	☐	☐

What approaches/strategies have been considered to help/develop these particular staff's skills?		
Do staff work alone on trips away from the office? (For example, Mobile Review Teams or Customer Service Units)	☐	☐
Are there safe work procedures for such trips?	☐	☐
How experienced are staff before they interact with customers? (For example, what training have they attended?)		
How would you rate staff-staff and staff-management support in relation to customer aggression?		
How would you rate morale in this workplace?		
Are staff aware of the support available to them? For example, the Employee Assistance Program?	☐	☐
Are these used?	☐	☐
Are you aware of specific strategies that can be taken to protect employees who have been in a threatening situation? (For example, silent telephone numbers, silent electoral role, taxis home)	☐	☐
Have you used these?	☐	☐
3. Identify, assess and control		
Are you aware of the OHS resources produced by your organisation? (For example, hazard-specific policies, HR area and national offices)	☐	☐
What is your assessment of the level of reporting?		
Are workplace reports of customer aggression analysed?	☐	☐
Are employee's views on the risk of aggression sought/aired?	☐	☐
Are potentially aggressive people identified?	☐	☐
Are causes of potential aggression identified?	☐	☐
Have risks of injury or harm been assessed?	☐	☐
Are you familiar with any other workplaces that have developed strategies for managing customer aggression?	☐	☐
Are there guidelines for managing/averting aggression?	☐	☐

4. Local response guidelines		
Does your workplace have local response guidelines?	☐	☐
Were the guidelines drawn up in consultation with employees?	☐	☐
Do the guidelines take a risk management approach to customer aggression? (i.e. identification, assessment and control of all actual and potential situations/events?)	☐	☐
Do they cover induction and training?	☐	☐
Do they set safe procedures for hazardous tasks?	☐	☐
Is there an action plan for violent situations?	☐	☐
Does it include first aid and medical support?	☐	☐
Does it include backup from police/emergency?	☐	☐
Does it include an option for prompt de-briefing and counselling?	☐	☐
Is the plan reviewed after each violent situation?	☐	☐
Who is responsible for reviewing the plan?		
Are they evaluated regularly?	☐	☐
Are there safe procedures for high risk situations?	☐	☐
Are all staff familiar with the intent and application of these guidelines?	☐	☐
How do you evaluate staff's knowledge of the guidelines?		
How are the guidelines made available to staff?		
Is there a procedure for ensuring the reporting of incidents of customer aggression?	☐	☐
Are there types of incidents (For example, verbal abuse) which staff typically do not report?	☐	☐
5. Consultation and cooperation		
Is the OHS committee active?	☐	☐
Is customer aggression an issue they have dealt with?	☐	☐
Does the HSR carry out their duties as outlined under your organisation's OHS Agreement or Health and Safety Management Arrangement? (For example, six-monthly inspections)	☐	☐
Are there procedures by which action is taken to continuously improve work systems and workplaces with regard to health and safety of staff and clients?	☐	☐
Are there mechanisms in place for workers to meet regularly with their manager and other workers?	☐	☐
6. Training		
Are Independent Learning Plans (Personal Development Plans) developed for staff?	☐	☐
How are skills/attitudes/knowledge gaps identified?		
Have staff been trained to recognise and avoid potential customer aggression and defuse violence and aggression?	☐	☐
Are staff educated/trained to report incidents of customer aggression?	☐	☐

Questions for focus group participants

Office:

Date:

Personal introductions

Brief outline of why we are here
1. What, in your view, constitutes customer aggression?
2. What has been your experience with customer aggression, either personal or observed? PROMPTS: Do you feel at risk?
3. Do you always fill out a report form after such an incident? PROMPTS: If not, what kind of incidents do you report?
4. What could have been done to prevent such incidents, or to minimise the impact from them? PROMPTS: More information about the customer: updated client files, effective behaviour management strategies
5. What sort of things do you think tend to lead to aggressive behaviour? PROMPTS: • Service error • Customer waiting time • Work practices • Environment, e.g. office layout • Lack of awareness/application of existing policies
6. What do you believe are the issues facing customers that might pre-dispose them to aggressive behaviour?
7. Are you aware of any procedures in place to deal with incidents of customer aggression? PROMPTS: What is done to make sure staff are familiar with these? Are they updated/displayed/rehearsed as required?

8. Are you aware of any actions taken in your office to deal with customer aggression?
9. Do you feel that you receive support from management and your colleagues regarding the issues you face in customer interaction?
10. How would you describe the culture in this office? PROMPTS: Team-based? Supportive? Cohesive or fragmented?

Additional notes

Appendix 2

Tool for inspection of physical environment

Office: _____

Date: _____

Security equipment and facilities				
	Ground floor		First floor	
Do the premises have the following?	Yes	No	Yes	No
Duress alarms	☐	☐	☐	☐
Security and fire alarms	☐	☐	☐	☐
Sprinkler system	☐	☐	☐	☐
Fire fighting equipment that complies with the Building Code	☐	☐	☐	☐
Security screens for windows and doors	☐	☐	☐	☐
Master key locking system	☐	☐	☐	☐
Outdoor security lights triggered to operate after dark	☐	☐	☐	☐
Closed circuit television	☐	☐	☐	☐
Security guards on-site	☐	☐	☐	☐
Security service on-call (including after hours)	☐	☐	☐	☐
Alarm linked to the police station	☐	☐	☐	☐
Alarm linked to a security service	☐	☐	☐	☐
Regularly maintained equipment	☐	☐	☐	☐
Do employees have access to the following?				
• Personal duress alarms for interviews or outcalls	☐	☐	☐	☐
• Mobile phones for outcalls	☐	☐	☐	☐
• EPERBS or satellite telephones for areas where mobile phones do not operate	☐	☐	☐	☐
Are staff required to wear identification badges?	☐	☐	☐	☐
Are visitors signed in and signed out?	☐	☐	☐	☐
Are visitors badged/labelled before entering the office space?	☐	☐	☐	☐
Does this badging identify the staff officer responsible for the visitor?	☐	☐	☐	☐
Are there any alarm systems linked to staff/visitor identification?	☐	☐	☐	☐

Environment				
	Ground floor		First floor	
Are there the following in the premises?	Yes	No	Yes	No
• Diffuse, glare-free lighting	☐	☐	☐	☐
• Adequate space for staff and clients	☐	☐	☐	☐
• Noise levels within a reasonable limit	☐	☐	☐	☐
• Clear lines of sight for staff in public areas	☐	☐	☐	☐
• Escape routes from each customer service point	☐	☐	☐	☐
• Clear access to escape routes such as passageways and doors	☐	☐	☐	☐
Do the premises have the following?				
• separate toilets for staff	☐	☐	☐	☐
• a lunch room away from clients	☐	☐	☐	☐
• separate interview rooms	☐	☐	☐	☐
• a phone clients may use	☐	☐	☐	☐
• phones which clients cannot access	☐	☐	☐	☐
• areas which are off-limits to clients	☐	☐	☐	☐
Are interview rooms/areas:	☐	☐	☐	☐
• used only for that purpose	☐	☐	☐	☐
• provided with suitable furniture (hard chairs, table, no low sofas or coffee tables)	☐	☐	☐	☐
• cleared of potential weapons (sticky tape holders, spikes, staplers)	☐	☐	☐	☐
• quiet	☐	☐	☐	☐
Where rooms are used, are they provided with the following?				
• two doors	☐	☐	☐	☐
• door(s) which swing out	☐	☐	☐	☐
• observation panel, either in the door on in one-way mirror	☐	☐	☐	☐
• closed circuit television	☐	☐	☐	☐
• duress alarms	☐	☐	☐	☐
Are there clear lines of sight from the main door to the counter?	☐	☐	☐	☐
Are there clear lines of sight from the office area to the counter?	☐	☐	☐	☐
Are there clear lines of sight from the office area or counter to the interview areas?	☐	☐	☐	☐
Are there parking facilities which are close by, well lit and with minimal shrubbery?	☐	☐	☐	☐
Are staff parking facilities separate from client parking?	☐	☐	☐	☐
Can staff get to their cars without encountering clients?	☐	☐	☐	☐
Are Departmental cars unmarked?	☐	☐	☐	☐

Communication/alert systems				
	Ground floor		First floor	
	Yes	No	Yes	No
Are local response guidelines and evacuation procedures displayed?	☐	☐	☐	☐
Are mobile phones, intercoms, duress alarms and beepers available for rapid contact with staff and emergency services?	☐	☐	☐	☐
Are telephone numbers of all emergency services displayed prominently above all telephones and/or on automatic dial?	☐	☐	☐	☐
Are office staff familiar with support emergency procedures?	☐	☐	☐	☐

Additional notes

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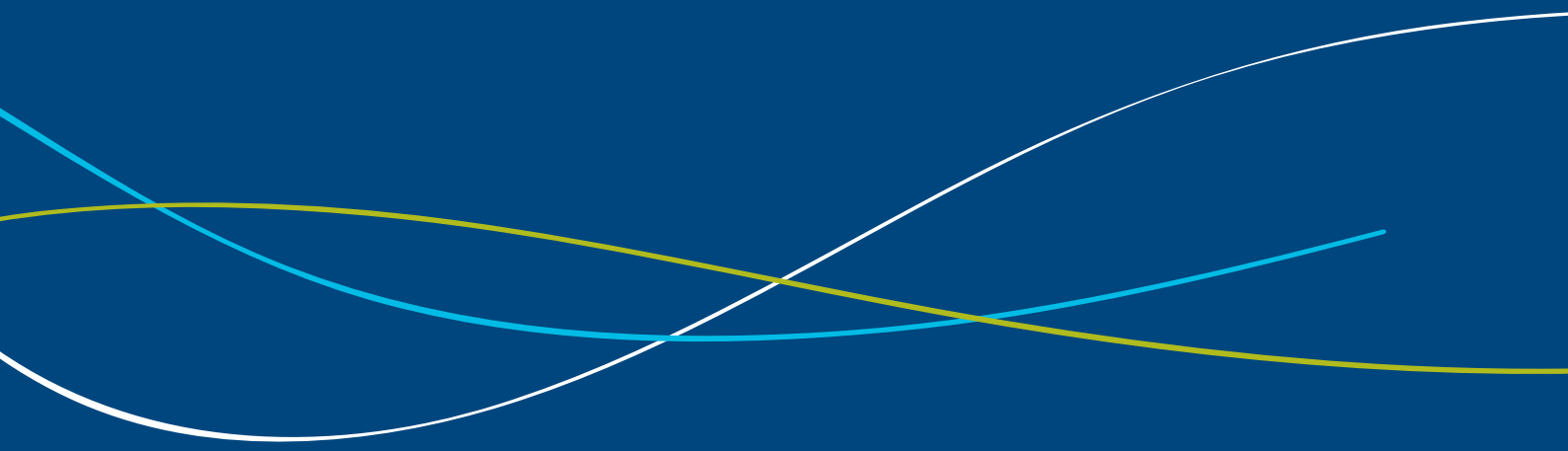

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