TOOLBOX TALK AWARENESS PACKAGES

HAZ-AGC · Responding to Aggression in Care Settings Awareness

# Product Overview

Audience: Workers in aged care, disability, health and community services · Duration: 20–30 minutes

Version 1.0 · 15 November 2026

**For workers in aged care, disability, health and community services: understanding behaviours of concern, reducing triggers, de-escalating, keeping a safe exit, and reporting and debriefing every incident.**

Care workers are hit, kicked, scratched, bitten, grabbed and verbally abused by the people they care for, often by someone living with dementia, a cognitive disability, pain, fear or distress who does not mean to hurt anyone. The cause may be understandable, but the harm to the worker is real. Aggression in care settings is a hazard that WHS or OHS laws require the business to manage like any other risk. It is not part of the job.

This talk covers behaviours of concern and what often lies behind them, knowing the person and their plan, reducing triggers, warning signs and de-escalation, keeping a safe exit and getting help, and reporting and debriefing every incident. It complements the general Workplace Violence and Aggression Awareness talk, with a focus on care work.

## Learning outcomes

By the end of the session participants will be able to:

- Describe behaviours of concern in care settings, and explain that understanding the cause does not make the harm to workers acceptable
- Recognise common triggers, including pain, unmet needs, fear, noise, being rushed and the changes that come with dementia
- Use the person's care or behaviour support plan, and report when it no longer works
- Recognise warning signs and use basic de-escalation, without restraint
- Keep a safe exit, know how to call for help, and leave when it is not safe to stay
- Report every incident, take part in a debrief, and know where to get support

## What it covers

| Module | Covers |
|---|---|
| **Understanding the behaviour** | Behaviours of concern; Dementia, distress and other triggers; A hazard to be managed, not tolerated |
| **Controls in the work** | Knowing the person and their plan; Staffing, environment and routines; Alarms and calling for help |
| **In the moment** | Warning signs; De-escalation without restraint; Safe exits and leaving |
| **Afterwards** | Reporting every incident; Debriefing; Support |


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## Activities

- What is behind it: workers identify possible triggers in three short care scenarios, and how to reduce them
- After the incident: workers set out what to report, what a debrief covers and what should change

## What is in the package

| Item | File |
|---|---|
| Editable PowerPoint presentation with speaker notes, plus PDF | 02_TRAINING_PRESENTATION/Training Presentation.pptx and .pdf |
| Facilitator guide with a running sheet, discussion prompts and model answers | 03_FACILITATOR_GUIDE/Facilitator Guide.docx and .pdf |
| Participant handout with the key points to take away | 04_PARTICIPANT_HANDOUT/Participant Handout.docx and .pdf |
| Attendance record form, to capture who attended, when, and who facilitated | 06_RECORDS/Attendance Record.docx and .pdf |
| Excel attendance register | 06_RECORDS/Attendance Register.xlsx |
| Multiple-choice theory assessment, to record understanding if your business wants to | 05_ASSESSMENT/Theory Assessment.docx and .pdf |
| Answer key for the assessment | 05_ASSESSMENT/Assessment Answer Key.docx and .pdf |
| Certificate template | 06_RECORDS/Certificate Template.docx |
| Start here: Read Me First, Product Overview, Permitted Use Terms, Version Information | 01_START_HERE/ (four PDFs) |

## What you need to deliver it

- A facilitator such as a supervisor, leading hand or WHS adviser who has read the facilitator guide and knows your site's arrangements for the topic
- A screen or projector, or printed slides or handouts: it works in a crib room, site office or on a video call
- Your own site procedures for the topic, to point to during the session

## Questions

**Does this teach restraint or physical intervention?** No. It covers understanding behaviour, reducing triggers, de-escalation and getting to safety. Restrictive practices, including physical restraint, are regulated in aged care and disability services, and are only used as the law and the person's plan allow, by people trained to do so.

**Can we add our own site procedures and photos?** Yes. The slides, handout and guide are editable, and the facilitator guide marks the places to add your own procedures, contacts and photos of your workplace.

**Do we have to use the assessment?** No. It is there if your business wants a record that each worker understood the key points. The attendance record on its own shows who attended and when.

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TOOLBOX TALK

# Responding to Aggression in Care Settings Awareness

Understand the behaviour, keep a safe exit, and report every incident

20–30 minutes · Workers in aged care, disability, health and community services

**[Company name] · [Date] · [Facilitator name]**


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# What this talk is, and is not

## This talk covers

- ✓ Behaviours of concern, and what is behind them
- ✓ The controls in the work
- ✓ Warning signs, de-escalation and safe exits
- ✓ Reporting, debriefing and support

## This talk is not

- ✕ Restraint or breakaway training
- ✕ Writing a behaviour support plan
- ✕ A clinical assessment
- ✕ Our procedure: **[Our behaviours of concern procedure]**

**Awareness only. Restrictive practices are regulated, and physical intervention needs specialist training.**


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# What is behind the behaviour

Behaviours of concern include hitting, kicking, biting, scratching, grabbing, spitting, throwing things, threats and verbal abuse.

- Pain, illness, infection or the effects of medication
- Unmet needs: hunger, thirst, the toilet, being too hot or cold, tiredness
- Fear and confusion: dementia, a new place, an unfamiliar worker
- Noise, crowding, being rushed, approached from behind or touched without warning
- Losing control: being told what to do, or care the person does not want

## A composite example

- A woman with dementia lashes out most mornings during her shower. Staff call it 'her bad mornings' and nobody reports it.
- A new worker, rushed, starts the shower without explaining. She is struck in the face.

**Understand the cause. The harm to you is still real, and still reported.**


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# Duties under WHS or OHS laws

## The business must

- Manage aggression from the people you care for, like any other risk
- Share what workers need to know about each person, before they need it
- Provide staffing, plans, alarms, training and support
- Consult workers, and act on incident reports

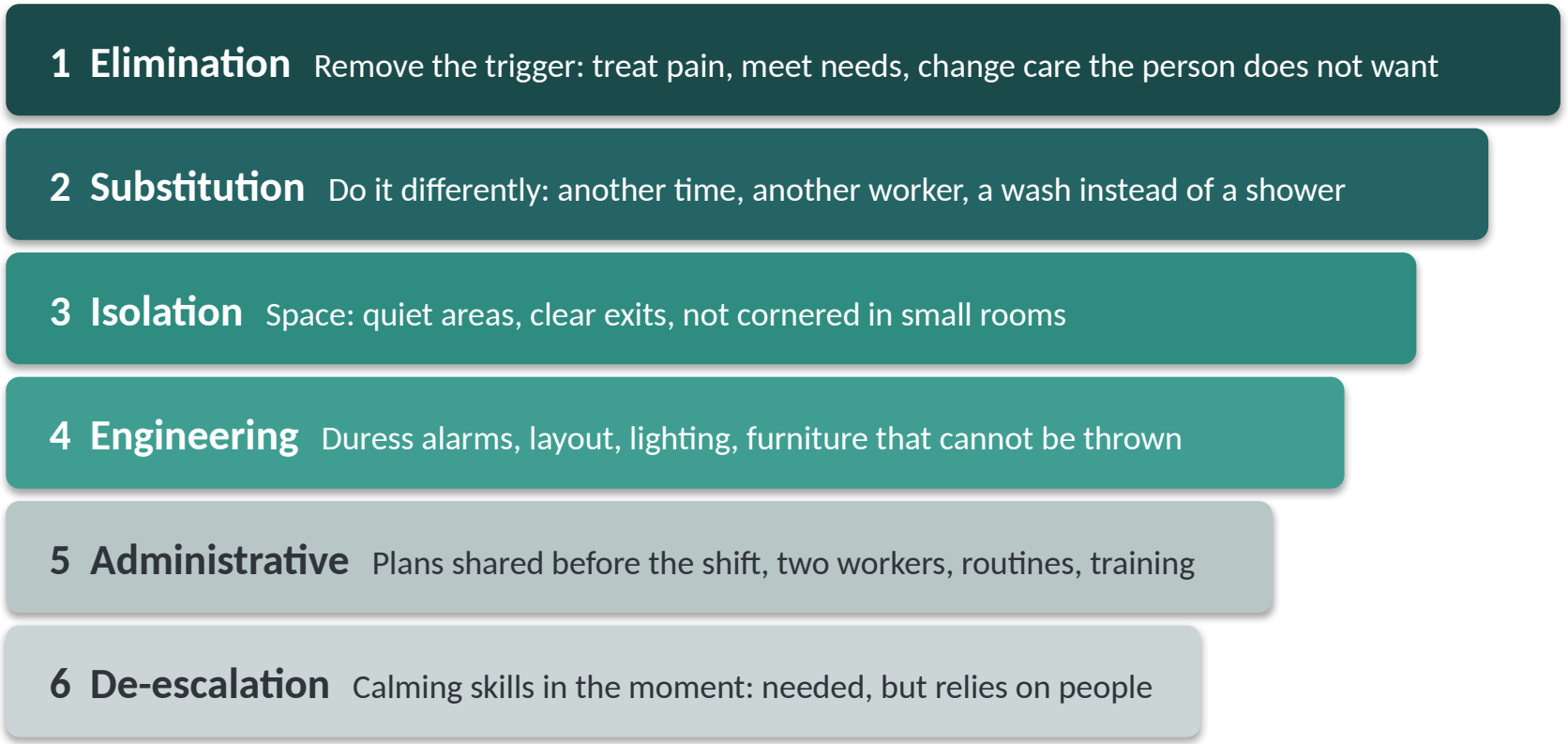
## You must

- Read the person's plan and follow it
- Use the controls provided, such as alarms and two-worker care
- Get to safety, and do not put yourself or others at risk
- Report every incident, even when nobody was hurt

Aggression at work is a psychosocial hazard: WHS and OHS laws require it to be managed. Some incidents must be notified.


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# The order of controls for aggression in care




**HIGHER ORDER**

Change the care and the place, whoever is on shift.

**LOWER ORDER**

Rely on people doing the right thing, every time, under pressure.

*Behaviours are not on the hierarchy, but behaviours and culture decide whether every control on it actually works.*

**Start at the top. De-escalation is the last line, not the first.**


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# Responding to Aggression in Care Settings Awareness

Participant handout · keep this

Aggression from the people we care for, such as hitting, grabbing, scratching, biting and abuse, often comes from dementia, disability, pain, fear or distress. The cause may be understandable. The harm to you is real, and it is a hazard the business must manage. Keep this page.

## Common triggers

- Pain, illness, infection, medication
- Hunger, thirst, the toilet, too hot or cold, tired
- Fear and confusion; unfamiliar people or places
- Noise, crowds, being rushed, approached from behind
- Care the person does not want

## Reduce the triggers

- Read the plan and the handover first
- Approach from the front; say who you are and what you will do
- One step at a time; give time; stop if they say no

## The order of controls

1. Remove the trigger: treat pain, meet needs
2. Do it differently: time, worker, method
3. Space and clear exits
4. Alarms, layout, lighting
5. Plans, two workers, routines, training
6. De-escalation: the last line, not the first

## In the moment

- Stop the task. It can wait
- Calm, slow, quiet, simple words
- Out of reach; door behind you; do not block theirs
- Call for help early: **[How to call for help here]**
- Never hold or restrain without training and a plan

## Leave when

- De-escalation is not working, or you feel unsafe
- You are cornered or alone
- Come back with help and a plan, not alone

## Report and debrief every incident

- **[Who to report to here]**
- **[How to report an incident here]**
- Even if nobody was hurt and they did not mean it
- Plans: **[Where care plans are kept]**

## Support

- Employee assistance program: **[Your EAP or support contact]**
- Lifeline: 13 11 14, 24 hours
- Danger now: Triple Zero (000)

## Understand the behaviour. Keep your way out. Report every incident.

*This is awareness training. It is not a licence, a ticket, a permit or a competency. It is not restraint, physical intervention or breakaway training.*


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