**Work Place Violence Prevention Education and Training Plan**

Content suggested in the following guide is based on a review of current literature and consensus reports related to the contents of WPV training programs and the requirements of the Oregon Violence Prevention law.

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**Refer to Section 6 for more information about developing a WPV Education and Training plan and for additional resources**

*Where information is not complete or provided in the following table, the organization’s WPV committee will discuss best approach*

Note: Training content below focuses on patient and visitor violence towards employees. Consider integrating training for staff on Lateral Violence or Bullying (coworker to coworker)

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| Staff who will respond to Code Grey events; and/or work in departments/units where risk of patient violence is higher  |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource/Cost** |
| * WPV program - Trainers
* Security
* Behavioral health
* Emergency dept.
* Violence or Code Gray response team and lead e.g. house supervisor; leadership representative
* Executive manager per OAR 60 (if present)
* Other - *identify*
 | * Initial program roll out.
* New hire or

transfer to ED/BH unit or* New member Violence/Code Grey response team and has not received this category of training
 | Depends on program being used e.g. CPI, NAPPI etc.Maybe several daysTraining at intervals advised  | Per training provider recommendationEst. 15 -20 staff | *Prerequisite* class for this group would be completion of WPV training for *Staff who provide clinical, medical or nursing care to patients –* see below* Additional emphasis on identification, response to and management of violence; communication skills etc.
* Specific protocols and management of patients in behavioral health units

*Delivery** Online/computer based training
* Classroom – table top exercises and return demonstration for physical descalation techniques
* Drills for Code Gray Response

Security personnel – There may be additional requirements for training content per state requirements<http://www.oregon.gov/dpsst/ps/Pages/index.aspx> | **Private companies** most commonly hired in Oregon with programs for health care(list not all inclusive)**Crisis Prevention Institute** **(CPI)–** <https://www.crisisprevention.com/>**Non-Abusive Psychological Physical Intervention (NAPPI)** <http://www.nappi-training.com/>**ALICE** [**(Alert, Lockdown, Inform, Counter, Evacuat**](https://www.alicetraining.com/our-program/alice-training/)**e).** Active Shooter training for organizations<https://www.alicetraining.com/>***For Security Personnel*****Lock-Up**[http://www.policecombat.com/#](http://www.policecombat.com/)**The** International Association for Healthcare Security and Safety **(IAHHS) –** Online courses<http://www.iahss.org/>**Security trainers approved by the Oregon DPSST** <http://www.oregon.gov/dpsst/ps/Pages/index.aspx>Private companies often have strict requirements for class length and frequency for attendees and for trainers re if they can teach beyond a specific organization.*Cost* – can be high; often $ per attendee  |
| * Annual refresher training
 |  |  |  |
| * When program; processes; building design and/or; patient population changes
 |  |  | * Specific to program/processes changes identified etc.
 |

|  |  |
| --- | --- |
| Staff who provide clinical, medical or nursing care to patients |  |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| Hospital in-patient care |  |
| * Nursing staff
* CNAs
* Rehab - PTs; OTs
* MAs
* Social/Case workers;
* Respiratory techs
* Diagnostic technicians e.g. lab; imaging
* Physicians; PAs; NPs etc.
* Others who provide direct care or diagnostic/treatment services etc. – ***list*** (including travelers or agency employees) e.g., wound care; infection control; religious/spiritual counselors; Clinical educators – in preparation for new hire training
 | * Initial program roll
* New hire *(within 90 days of the employee’s initial hiring date. ORS 654.414 (4))*
* Transfer to unit and has not received this category of training
* When program; processes; building design and/or; patient population changes
 | *Online –* Depends on sourcee.g. the CDC/NIOSH course - Time to complete the course varies by each user. There are 13 modules in the training, and each module takes approximately 15 minutes to complete.Training at intervals is advised e.g. self-paced over a 1-4 week*classroom with table top exercises* 2-hour min. recommended |  | 1. **Overview to WPV in Health Care**
* The scope of the issue; types of violence and medical and psychological effect of violence aggression on employees and the organization etc.
1. **The organization’s WPV prevention and protection program**
* Management role and responsibility within the VP program
* Nature and extent of risks associated with specific jobs/location at the hospitals/facility
* Overview of hazard control and prevention and procedures that have been implemented e.g. physical monitoring and alert systems; security programs; patient assessment tools; safe work practices etc., and how the program/processes are managed and evaluated on an ongoing basis
* Code Grey vs. Code Silver; response to Active Shooter (may refer to additional training/resources) etc.
* Procedures for documenting and reporting incidents involving assaultive/violence related behaviors
* Resources available to employees for coping with assaults; Programs for post-incident counseling and follow-up e.g. how to access the EAP program etc.
* Employees role and responsibility within the VP program
* Where to get more information
 | ***All of the following are free of charge*****Workplace Violence Prevention for Nurses CDC/NIOSH** **CDC Course No. WB1865 - NIOSH Pub. No. 2013-155**<http://www.cdc.gov/niosh/topics/violence/training_nurses.html>**Workplace Violence Prevention online course from Emergency Nurses Assc.** For Emergency Room staff - Online CE course<https://www.ena.org/education/onlinelearning/wvp/Pages/default.aspx>**MN Hospital Association/MN State Dept. of Health/ Dept. L&I - Videos**Systems Change in Action: Integrating Violence Risk Assessment into Nursing PracticeMotivational interviewing/negotiating skills to prevent aggressive behavior<http://www.mnhospitals.org/patient-safety/current-safety-quality-initiatives/workplace-violence-prevention>**HEBC -** [**Health Employers Association of BC**](http://www.heabc.bc.ca/) **Modules** Violence prevention training modules<http://www.heabc.bc.ca/Page4272.aspx#.VhqnkXl4emQ> |
| **Staff who provide clinical, medical or nursing care to patients continued** |  |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| **Hospital in-patient care continued** |  |
| * Nursing staff
* CNAs
* Rehab - PTs; OTs
* MAs
* Social/Case workers;
* Respiratory techs
* Diagnostic technicians e.g. lab; imaging
* Physicians; PAs; NPs etc.
* Others who provide direct care or diagnostic/treatment services etc. – ***list*** (including travelers or agency employees) e.g., wound care; infection control; religious/spiritual counselors; Clinical educators – in preparation for new hire training
 |  |  |  | 1. **Recognizing risk factors**
* Factors that predict aggressive and violent/assaultive behaviors including communication basics (e.g. non-verbal; body language – employee and patient)
* Characteristics of aggressive and violent patients (including identify non-patients/visitors at risk or exhibiting at risk behaviors for violence; escalation cycles for assaultive behaviors
* Patient assessment tools for identifying patients and visitors at risk for violence (organization specific) and communication/documentation requirements
* Specific needs
1. **Responding to Risk**
* Overall process related to descalation; consideration for how to address the source of the aggressive/violent behavior (e.g. drugs and alcohol; dementia; post anesthesia); and when and how to get assistance e.g. Code Grey response etc.
* Verbal techniques to de-escalate and minimize aggressive or assaultive/violent behaviors;
* Techniques for obtaining medical history from a patient with assaultive/violent behavior;
* Physical techniques to de-escalate and minimize aggressive or assaultive behaviors;
 | ***Dementia*****Worksafe BC Guide to working with people with dementia**[https://www.worksafebc.com/en/search#q=Dementia&sort=relevancy&f:language-facet=[English]](https://www.worksafebc.com/en/search%23q%3DDementia%26sort%3Drelevancy%26f%3Alanguage-facet%3D%5BEnglish%5D)***Active Shooter*****Video: Run. Hide. Fight. Surviving an Active Shooter Event – FBI** <https://www.fbi.gov/about/partnerships/office-of-partner-engagement/active-shooter-resources>HealthEast Care System Active Shooter Staff Education<http://www.health.state.mn.us/patientsafety/preventionofviolence/healtheastactiveshooter.pdf>***Job Stress*****UMass Lowell**Job Stress: A Continuing Education Program for Today's Nurse <https://www.uml.edu/Research/CPH-NEW/nurse-education/modules.aspx> |
| **Staff who provide clinical, medical or nursing care to patients continued** |  |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| **Hospital in-patient care continued** |  |
| * Nursing staff
* CNAs
* Rehab - PTs; OTs
* MAs
* Social/Case workers;
* Respiratory techs
* Diagnostic technicians e.g. lab; imaging
* Physicians; PAs; NPs etc.
* Others who provide direct care or diagnostic

/treatment services etc. – ***list*** (including travelers or agency employees) e.g., wound care; infection control; religious/spiritual counselors; Clinical educators – in preparation for new hire training |  |  |  | 1. **Responding to Risk cont.**
* Strategies for avoiding physical harm and minimizing use of restraints; (physical, pharmaceutical etc.); Restraint techniques consistent with regulatory requirements;
* Self-defense if preventive action doesn’t work including (per ORSs *654.414* 4(a)H i-ii)

The amount of physical force that is reasonably necessary to protect the* + employee or a third person from assault; and
	+ The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, and any other methods of response approved by the health care employer; (CUSTOMIZE TO ORGANIZATION POLICY)

*Delivery** On line for foundational information and overall policies and procedures
* Class table top exercises customize to specific scenarios e.g. ED, ICU/Med Surg etc. and to reinforce organization procedures e.g. use of patient assessment tools; descalation techniques etc.
* Interdisciplinary problem solving
* Return demonstration if physical restraints techniques to be taught
 |  |
|  | Periodic refresher training |  |  |  |  |
|  | When program; processes and/or; patient population changes |  |  | * Specific to program/processes changes identified etc.
 |  |
| **Staff who provide clinical, medical or nursing care to patients continued** |  |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| Outpatient clinics |  |
| * Nursing staff
* CNAs
* Rehab - PTs; OTs
* MAs
* Social/Case workers
* Diagnostic technicians e.g., lab; imaging
* Physicians; PAs; NPs etc.
* Others who provide direct care or diagnostic/treatment services etc. – ***list*** (including travelers or agency employees)
 | * Initial program roll
* New hire *(within 90 days of the employee’s initial hiring date. ORS 654.414 (4))*
* Transfer to unit and has not received this category of training
 | As above for In-Patient |  | * As above for In-Patient – customize content re procedures for the clinic environment e.g. process for getting help; shelter in place and egress from buildings; documentation in patient’s chart & communicating a patient’s history of violence to the hospitals and others etc.

*Delivery -* As above for In-Patient* Class table top exercises should be *customized* for patient population and likely scenarios etc.
 | As above for In-Patient  |
| Periodic refresher training |  |  |  |  |
| When program; processes and/or; patient population changes |  |  |  |  |
| Home Health |  |
| * Nursing staff
* CNAs
* Rehab - PTs; OTs
* Social/Case workers
* Diagnostic technicians e.g., lab; imaging
* Physicians; PAs; NPs etc.
* Others who provide direct care or diagnostic/treatment services etc. – ***list*** (including travelers or agency employees)
 | * Initial program roll
* New hire *(within 90 days of the employee’s initial hiring date. ORS 654.414 (4))*
* Transfer to home health and has not received this category of training
 | As above for In-Patient |  | As above for In-Patientbut customize content re procedures for the home health setting e.g. working alone; getting assistance; patient assessment, and documentation etc. and must also include information about **ORS654.421** **Refusal to treat certain patients by home health care employee.** (1) An employee who provides home health care services may refuse to treat a patient unless accompanied by a second employee if, based on the patient’s past behavior or physical or mental condition, the employee believes that the patient may assault the employee.      (2) An employee who provides home health care services may refuse to treat a patient unless the employee is equipped with a communication device that allows the employee to transmit one-way or two-way messages indicating that the employee is being assaulted. [2007 c.397 §6] **ORS 654.423 Use of physical force by home health care employee in self-defense against assault.** (1) A health care employer may not impose sanctions against an employee who used physical force in self-defense against an assault if the health care employer finds that the employee:      (a) Was acting in self-defense in response to the use or imminent use of physical force;      (b) Used an amount of physical force that was reasonably necessary to protect the employee or a third person from assault; and      (c) Used the least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer(2) As used in this section, “self-defense” means the use of physical force upon another person in self-defense or to defend a third person. [2007 c.397 §7]*Delivery -* As above for In-PatientClass table top exercises should be *customized* for patient population and likely scenarios etc. | As above for In-Patient **The Workplace Violence Prevention for Nurses CDC/NIOSH contains a Home Health Case Study***Additional resources* **Worksafe BC** *Home Care Workers Resources****Leave When It's Unsafe -*** Video of home care workers <https://www.worksafebc.com/en/resources/health-safety/videos/leave-when-its-unsafe?lang=en>HEABC - [Health Employers Association of BC](http://www.heabc.bc.ca/) Modules**Violence prevention training modules**<http://www.heabc.bc.ca/Page4272.aspx#.VhqnkXl4emQ>**Module 3: Interventions in Community Care**<http://www.heabc.bc.ca/ViolencePrevention/Modules/Module_3_Community_Scorm_1.2_Final_V2/Launch.html> |
| Periodic refresher training |  |  |  |  |
| When program; processes and/or; patient population changes |  |  |  |  |

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| Support staff who work directly with patients/or public and who may be at risk for violence  |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| * Patient admissions; discharge coordinators; clinic receptionists; admin staff who *work on front desks* etc.
* Volunteers
* Students
* Pharmacist
* Transporters
 | * Initial program roll
* New hire *(within 90 days of the employee’s initial hiring date. ORS 654.414 (4))*
* Transfer to unit and has not received this category of training
 |  |  | As for In-Patient for sections 1. **Overview to WPV in Health Care** and
2. **The organization’s WPV prevention and protection program**

**Customize**1. **Recognizing risk factors -** patient assessment and communication/

documentation requirements1. **Responding to Risk -** focus on verbal descalation techniques and then customize re response e.g. getting help and out of harm’s way etc.

*Delivery:*Online training and possible review at staff meetings/also refer to Communications Plan | Some modules of the CDC/NIOSH course and others listed in In-Patient section can be used for foundation information but a customized module for these staff and their specific work environments is likely needed |
| Periodic refresher training |  |  |  |  |
| When program; processes and/or; patient population changes |  |  |  |  |
| Support staff who do not work directly with patients/or public  |  |
| * EVS
* Dietary
* Linen services, Facilities,
* Biomed,
* Information technology etc.
 | * Initial program roll
* New hire *(possibly within 90 days of the employee’s initial hiring date. ORS 654.414 (4) – depending on job function and risk assessment)*
* Transfer to unit and has not received this category of training
 |  |  | As for above - *Support staff who work directly with patients/or public*but customize sections 3 & 4 | Some modules of the CDC/NIOSH course and others listed in In-Patient section can be used for foundation information but a customized module for these staff and their specific work environments is likely needed |
| Periodic refresher training |  |  |  |  |
| When program; processes and/or; patient population changes |  |  |  |  |
| Other Staff Groups***Refer to facility WPV Program Communications Plan for more information about Content of Education and Training*** |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| CEO and Administration/ Executive management team | * Presenting initial program plan
* Ongoing/periodic updates
* New hire
 | 1 hour | N/A | PowerPoint with discussion and executive summary of WPV plan, Oregon law, and overview of the issue of WPV in health care and the scope of the issue at their facility * How will the program be meaningful to them?
* What’s the plan? (Business case and threat)
* Periodic updates program outcomes
* Budget requests (initial and ongoing)
* Recommended program policy/procedures

*Delivery –* Classroom with PPT/video | **Need for customize PPT for program introduction etc.***The following provide an introduction to the issues of WPV in health care and leadership related topics***MN Hospital Association/MN State Dept. of Health/ Dept. L&I**<http://www.mnhospitals.org/patient-safety/current-safety-quality-initiatives/workplace-violence-prevention>Hospital active shooter - response and recoveryManaging the aggressive and violent patient: legal considerations**Journal of the American Medical Association***Ensuring Staff Safety When Treating Potentially Violent Patients-*Article and podcast<http://jamanetwork.com/journals/jama/fullarticle/2594721><http://jamanetwork.com/learning/audio-player/13911304>**2015 ASHRM Annual Conference & Exhibition.***Preventing workplace violence in health care organizations*[http://www.businessinsurance.com/article/20151020/VIDEO/151029966](http://www.businessinsurance.com/article/20151020/VIDEO/151029966%20)  |
| Directors, managers and supervisors | * Initial program roll
* Ongoing/periodic updates
* New hire *(possibly within 90 days of the employee’s initial hiring date. ORS 654.414 (4) – depending on job function and risk assessment)*
* Transfer to dept. and has not received this category of training
* When program; processes and/or; patient population changes
 |  |  | * Depending on job role may have to attend In-Patient training e.g. managers of patient care units who will work as direct care staff as needed

*Additional focus for managers and supervisors:** Support for staff and F/U
* WVP policy and procedures as related to their job function including those for special patient populations such as behavioral health; staff role and responsibilities; injury/incident reporting; response, follow up, support for staff etc.
* Program progress and outcomes including injury/incident data; staff surveys; safety audit; patient safety and survey data
* Corrective action following injuries, incidents and near miss reports
* Training and education schedules; participation needed in surveys, audits etc.

*Delivery –* Classroom with PPT/Online/Staff meetings etc. | * See above and In-Patient
 |
| Other Staff Groups***Refer to facility WPV Program Communications Plan for more information about Content of Education and Training*** |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| WPV Program committee and Program Facilitator and any committees they report to e.g. Workplace Safety Committee & EOC | * On formation
* New members
* When program; processes and/or; patient population changes
* PRN
 |  |  | * Review how much of the In-Patient training committee members should attend

New research and trends etc. related to WPV prevention | Refer to above sections |
| Patient population and families (community) | * On admission or access to facility (visitors)
 |  |  | * What to expect related to VP policy and processes used by the facility; what is expected of them;
* Requirements of ORS law Inc. that related to home health services
 | To be developed |
| Emergency Medical Services |  |  |  | * VP policy and procedures as related to their role and interface with the facility including ORS law
 |  |

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| Other Staff Groups continued***Refer to facility WPV Program Communications Plan for more information about Content of Education and Training*** |
| **Group** | **When** | **Length** | **# staff/****class**  | **Content/Delivery** | **Potential Training Resource** |
| Union/Labor representatives - ONA |  |  |  | * Refer to WPV program communications plan
 |  |
| Law Enforcement |  |  |  | * Refer to WPV program communications plan
* VP policy and procedures as related to their role and interface with the facility including ORS law
 |  |
| External behavioral health treatment facilities or clinics (not operated by this hospital) in the community; other community agencies |  |  |  | * Refer to WPV program communications plan
* How will information about patients with a history of violence at the hospital be communicated to them
 |  |