

## Workplace Violence Toolkit – Section 6

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### WPV Education and Training

As discussed briefly in **Section 4**, education and training are critical elements of a successful WPV program.

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**Tool that support content in this Section**

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#### 6a. Education and Training plan

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The goal of WPV **education** is to provide employees with information about the topic of WPV in health care, the organization’s WPV program, and the rationale for policy and procedures that exist or are to be implemented, that prevent and control WPV. WPV **training** should provide employees with a specific set of skills for example, how to report incidence of WPV and how to use de-escalation techniques to manage a violent patient or visitor.

Developing a WPV education and training plan allows you to identify the stakeholder groups that should receive training, training content, and the resources, that will be needed to implement an ongoing WPV training program, and to determine other training related logistics.

### Elements of effective WPV Education and Training programs

Information and evidence base related to what training content should be included in WPV education and training programs, how content should be delivered, and overall effectiveness of these programs is scarce.

**Of the few studies published**, evidence indicates that the following are more effective at increasing staff situational and environmental awareness as well as increased confidence and improved technical skills for preventing and managing violence or aggression (Heckemann et. al., 2016).

- Training programs should be tailored to staff groups/disciplines.
- Training programs should be tailored to stratified risk levels related to work roles within the organization.
- Training programs should have clearly defined goals with measurable outcomes.
- Training methods for the prevention of clinical aggression should, where possible, be evidence based, cost-effective and reflective of local need.
- Promotes a culture of continuous quality improvement underlies prevention of clinical aggression training and responses (Knott, J., et. al., 2014).

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- A hybrid training module that is, use of computer based or on-line learning coupled with interactive class based table top exercises. This design provides essential initial learning and foundation in the topic (on-line) and the interactive class based activities support application and synthesis of the topic (Martindell, 2012; Gillespie et al., 2014; & Parker, 2016).
- Table top exercises or vignettes provide information that is directly applicable to the staff's work environment e.g. the emergency room, in-patient care unit, clinic etc.
- Discussion and collaboration with interprofessional colleagues on how to best manage the incident of workplace violence depicted in case studies or vignette.
- On-line training that staff can complete over a period of time (e.g., 2 months), and is flexible to allow staff to take modules over several sessions and start where they left off.

Evidence also indicates that content of WPV training programs is highly variable. However, topics that are ***commonly lacking*** in programs include a facility's policies, protocols, and environment; 'costs' associated with aggression; pharmacological management of aggression; issues around the use of restraint; seclusion; management of non- intentional violence e.g. dementia; and managing the emotional impact of WPV (Peek-Asa, C. et. al., 2007; Hartley, D. et. al., 2015; Arbury et. al., 2017).

### **Chapter 4 'Select and Tailor Implement Interventions and Strategies' of The Implementation of best practice guidelines (2nd ed.). (2012).** *Toolkit: by the ON:*

Registered Nurses' Association of Ontario (RNAO), provides further discussion about evidence based education and training strategies that work in health care

<http://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines->

In addition, 'packaged' training programs are frequently used by health care organizations. These typically ***do not*** include information about the hospital's specific policies, procedures, and potential risk factors. In addition, some *employee* groups (e.g., physicians and contract personnel), are often excluded from training, and training length is insufficient to cover necessary material (Arbury et. al., 2017).

No published evidence is found related to ***how often*** WPV training should occur so that staff can retain and refine skills etc. Nor is there any reported analysis of costs and benefits of online versus face to face training (Knott, J., et. al., 2014).

### Requirements for WPV Education and Training programs in Oregon

1. **ORS 654.412 to 654.423 Safety of Health Care Employees** requires that employers (that is, hospitals and home health services if owned by a hospital, and ambulatory surgical centers), must conduct assault prevention and protection training for employees where existing or potential hazards for assaults exists. ‘Assault’ is defined as actions that intentionally, knowingly, or recklessly causing physical injury to an employee:

Training must be conducted:

1. On a regular and ongoing basis, e.g. annually. *ORS 654.414 (1) c*
2. Within 90 days of the employee’s initial hiring date. *ORS 654.414 (4) b*

**ORS 654.414 4(A) Assault prevention and protection training**, requires that the following topics are addressed:

- a. General safety and personal safety procedures; e.g. all hazard control and preventions strategies and procedures that have been implemented nature and extent of risks associated with specific jobs/location;
- b. Escalation cycles for assaultive behaviors; (including identify non-patients/visitors at risk or exhibiting at risk behaviors for violence;
- c. Factors that predict assaultive behaviors;
- d. Techniques for obtaining medical history from a patient with assaultive behavior;
- e. Verbal and physical techniques to de-escalate and minimize assaultive behaviors;
- f. Strategies for avoiding physical harm and minimizing use of restraints;
- g. Restraint techniques consistent with regulatory requirements;
- h. Self-defense, including:
  - i. The amount of physical force that is reasonably necessary to protect the employee or a third person from assault; and
  - ii. 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;
- i. Procedures for documenting and reporting incidents involving assaultive behaviors;

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- j. Programs for post-incident counseling and follow-up;
- k. Resources available to employees for coping with assaults; and
- l. The health care employer's workplace assault prevention and protection program.

Additional topics to consider:

- Possible medical and psychological effect of violence aggression on employees;
- Addressing management of patients who do not intend to assault employees e.g., confused elderly, patients recovering from anesthesia.

A health care employer may use classes, video recordings, brochures, verbal or written training, or other training that the employer determines to be appropriate, based on an employee's job duties, under the assault prevention and protection program developed by the employer per *ORS 654.414 (4c)*.

2. If an employer i.e., a health care organization employs or utilizes at least one individual (including contract security services) whose primary responsibilities include providing private security services, then the employer must comply with **Oregon Administrative Rules Division 60 (OAR 259-060:0005-0600) 'Private security Services Providers Rules'**.

These rules state that the employer:

- Must designate an individual to perform the duties of an executive manager at all times as described in Division 60 Rules. An employer may obtain licensure for more than one executive manager; and
- The executive manager has met and maintains the *training and certification* requirements required in OAR Division 60 Rules and the Department of Public Safety Standards and Training (DPSST).

In addition, any security personnel have met and maintain the training and certification requirements required in OAR Division 60 Rules and the Department of Public Safety Standards and Training (DPSST).

It is important to note that goal of the training required above, is to ensure the executive manager and security personnel have knowledge of the Oregon law related to use of force when managing WPV incidents. These personnel should also receive WPV training that is specific to a health care organization's WPV policy and procedures etc.

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### Developing the WPV Education and Training Plan

**Tool 6a**, the sample **WPV Education and Training Plan** can be used as a template when developing your plan. Your **WPV Communications Plan (Tool 4a)**, can also be used to assist you build your Education and Training Plan as some of the content is related to training needs.

Determine the following:

- 1. The employee and non-employee groups who should receive WPV education and training.** Use your WPV Communications plan (**refer to Section 4**) to assist you to identify groups of stakeholders who should receive training.
- 2. The overall objectives of WPV education and training activities.** For example, *what are the results you want to achieve* such as, all employees are aware of WPV program and program goals. They know how identify risk for WPV in their work area, and how to address and report incidents of violence etc.
- 3. Specific education and training objectives and content for each group (Refer to Tool 6a).** Make sure content is customized to your facility and meets regulatory requirements.
- 4. How training objectives will be measured** e.g., at the end of a training session and periodically after training is conducted, to evaluate if training was effective i.e., the 'transfer of training'.
- 5. The best method(s) to deliver training to each group** e.g., computer based training, classroom with lecture, simulations and drills.

Determine how training is conducted within your facility currently and if there are methods of delivering training content that are more effective than others?

- 6. When training needs to be conducted for each group, and how often** e.g., at program implementation, and then periodically, for new hires, when violence prevention processes/procedures are changed, or new processes implemented, and when employees are transferred to a new unit that have different training requirements.
- 7. If a train-the trainer model could be used to reduce costs and expedite employee training etc.**

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- 8. Who will develop the education and training and/or there are existing resources available.** (Refer to **Tool 6a** and **Resources** at the end of this Section for a list of freely available WPV related training tools).

Consider how training materials and delivery will be developed to meet the recipient's educational, language, and cultural needs etc.

If you developed a 'brand' for your WPV program and communications make sure to incorporate that into your training materials and related advertising.

- 9. Who will conduct the training?** Consider how you will ensure that trainers have appropriate knowledge base and skills to conduct training. Will you need assistance from the Clinical Education department if not already involved in program planning, etc.
- 10. If training will be mandatory for each group identified.** Identify a process to address employee non-compliance with mandatory training policy.
- 11. The length of training classes/sessions and capacity for each session that will facilitate maximum learning.**
- 12. The budgetary cost and resources required to implement and evaluate the WPV education and training program.**
- 13. The barriers to implementing the WPV education and training plan and approaches to address them.** For example, the cost of using external training

Some hospitals in the WSI project conducted employee meetings to discuss WPV in health care, introduce the WPV program, and to solicit employee feedback about program activities.

When asked how long should basic WPV training should be for employees:

- Nurses and other direct care staff said 2 hours is preferred. They thought that a computer based module that could be completed over a period, followed by classroom based training with a focus on deescalation to address 'real' world WPV related scenarios would be most effective.
- More in-depth competency based training with simulation should be conducted for Threat Response Teams etc.
- Support service staff such as, EVS employees requested that they also receive training on deescalation techniques that could be offered during staff meetings in addition to completing computer based training.

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programs and providers, and/or the time for employees to attend training including cost to provide extra staffing coverage.

You should have identified some of these barriers during the Gap Analysis assessment.

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**Quick Tip:** Offering continuing credit education to nurses and other licensed professionals can help facilitate attendance to training classes. Having a variety of candy available helps too!

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### 14. General logistics of implementing an education and training plan. For example,

- How will you communicate the WPV education and training requirements and advertise classes to employees?
- How and who will employees register for classes and how will attendance be tracked?

- What training space and materials including audiovisual equipment, handout materials etc., will be needed, and who will address these needs?
- Where and how will training records be kept, and for how long? (It is recommended that training records should include the subject matter, time, date, duration of training, instructor's name and affiliation, and competency verification).

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**Quick Tip:** If you do not have the in-house resources with expertise to train employees on every aspect of your WPV program, then the following outside sources may be able to assist you:

- Local Police
  - The Sheriff's department
  - Community based behavioral health groups, clinics and mental health department
  - Oregon OSHA consultation
  - Your worker's compensation insurance carrier (they may also know of other resources)
  - Private training companies Note: Private companies often have strict requirements for class length and frequency for attendees and for hospital based trainers. Make sure classes offered can be customized to incorporate an organization's WPV policy and procedure and the Oregon WPV law.
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**Note:** there is no specific requirement in Oregon to maintain WPV training records.

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Periodically review and update your WPV Education and Training plan based on feedback from attendees and measurement of objectives.

Implementation of the WPV Education and Training Plan will be discussed in **Section 7**.

### Employee and non-employee groups who should receive WPV Education and Training

Hospitals in the WSI project identified the following employee and non-employee groups as needing some degree of WPV Education and Training.

- Hospital in-patient care
  - Staff who will respond to WPV events, such as Code Grey, and/or work in departments/units where risk of patient violence is higher. For example, Emergency and Behavioral Health departments, Intensive care and Medical-Surgical units, Security, Threat Assessment team members, Emergency Management Director.
  - Staff who provide clinical, medical or nursing care to patients, including temporary /contract personnel., e.g., nurses, aides, therapists, medical assistants, social/case workers, diagnostic technicians, medical providers, and religious/spiritual counselors.
- Support staff who work directly with patients/or the public and who may be at risk for violence. For example, patient admissions, discharge coordinators, unit clerks, volunteers, students, pharmacists, transporters, and laboratory technicians.
- Support staff who do not work directly with patients/or the public. For example, Environmental services, Dietary, Linen services, Facilities, Biomed, and information technology.
- Other Staff Groups. For example, senior leadership, directors, managers and supervisors, the WPV committee and program coordinator, patients and visitors, Emergency Medical Services, Union/Labor representatives, local law enforcement and community behavioral health treatment facilities or clinics (not operated by this hospital), and other community agencies.
- Outpatient clinics (if applicable) – all employees
- Home Health (if applicable) – all employees

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### References

**The participant’s perspective: learning from an aggression management training course for nurses. Insights from a qualitative interview study (2016).** Heckemann, B., Breimaier, H. E., Halfens, R. J., Schols, J. M., & Hahn, S. *Scand J Caring Sci*; 2016; 30; 574–585.

**A workplace violence educational program: A repeated measures study (2014).** Gillespie, G. L., Farra, S. L., & Gates, D. M. *Nurse Education in Practice* 14 (2014) 468-472.

**Workplace violence and safety response (2016).** Parker, T. *Nursing Management*; May 2016 31-34.

**Violence prevention training for ED staff (2012).** Martindell, D. *American Journal of Nursing*; September 2012, Vol. 112.

**Violence prevention and management. Standards for development of training and organisational responses in Victorian health services (2014).** Knott, J. Gerdtz, M, Daniel, K, & Dearie, V, & Holsheimer. The Department of Health and Human Services Victoria. Retrieved from [https://www2.health.vic.gov.au/getfile/?sc\\_itemid=%7b16868f1f-cf28-46ca-99ec-9db8ab8786e2%7d&title=Violence%20prevention%20and%20management%3A%20standards%20for%20development%20of%20training%20and%20organisational%20responses%20in%20Victorian%20Health%20Services](https://www2.health.vic.gov.au/getfile/?sc_itemid=%7b16868f1f-cf28-46ca-99ec-9db8ab8786e2%7d&title=Violence%20prevention%20and%20management%3A%20standards%20for%20development%20of%20training%20and%20organisational%20responses%20in%20Victorian%20Health%20Services)

**Nurses under threat: A comparison of content of 28 aggression management programs (2005).** Farrell, G & Cubit, K. *International Journal of Mental Health Nursing* (2005) 14, 44-53

**Workplace violence prevention programs in hospital emergency departments. (2007).** Peek-Asa, C., Casteel, C., Allareddy, V., Nocera, M., Goldmacher, S., OHagan, E., Blando, J., Valiante, D., Gillen, M. and Harrison, R., *Journal of occupational and environmental medicine*, 49(7), 756-763.

**Workplace violence prevention for nurses on-line course: Program development (2015).** Hartley, D., Ridenour, M., Craine, J., & Morrill, A *Work*. 2015 June 9; 51(1): 79–89.

**Workplace violence training programs for health care workers: an analysis of program elements (2017).** Arbury, S., Hodgson, M., Zankowski, D., & Lipscomb, J. *Workplace Health & Safety*, 65(6), 266-272.

**Ensuring staff safety when treating potentially violent patients (2016).** Roca, R. P., Charen, B., & Boronow, J. *Jama*, 316(24), 2669-2670.

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ORS 654.412 to 654.423, 'Safety of Health Care Employees' Retrieved from

<https://www.oregonlaws.org/ors/654.412>

OAR Division 60 259-060-0005:0600 'Private security Services Providers Rules'. Retrieved from

[http://arcweb.sos.state.or.us/pages/rules/oars\\_200/oar\\_259/259\\_060.html](http://arcweb.sos.state.or.us/pages/rules/oars_200/oar_259/259_060.html)

### Resources Related to this Section – Articles

**Evaluation of an education and training program to prevent and manage patients' violence in a mental health setting: A pretest-posttest intervention study (2016).** Guay, S., Goncalves, J., & Boyer, R. Healthcare (Vol. 4, No. 3, p. 49). Multidisciplinary Digital Publishing Institute

**Mayo workers train for workplace violence (Aug 16, 2017).** Brian Arola. Mankatofreepress.

[http://www.mankatofreepress.com/news/mayo-workers-train-for-workplace-violence/article\\_eacb6c6c-82c8-11e7-8eba-efb395b73f56.html](http://www.mankatofreepress.com/news/mayo-workers-train-for-workplace-violence/article_eacb6c6c-82c8-11e7-8eba-efb395b73f56.html)

**Workplace violence in the health care sector: A review of staff training and integration of training evaluation models (2005).** Beech, B., and Leather, P. Aggression and Violent Behavior 11(1): 27-43.

### Resources Related to this Section – Other

**The following training resources and tools are free of charge**

**Section 7. Tools and Resources 4C: Assessing Staff Education and Training. Pressure Ulcer Toolkit (2011).** Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/putool7b.html>

**2015 ASHRM Annual Conference & Exhibition.**

**Preventing workplace violence in health care organizations.**

<http://www.businessinsurance.com/article/20151020/VIDEO/151029966>

**Alabama Department of Public Health**

**Safety in the Workplace**

Broadcast Date: July 17, 2013 Garrett, T.

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This webinar is geared toward healthcare professionals. The speaker discusses how to identify potential risk factors in the work setting and develop a response plan in the event of a violent situation. <http://www.adph.org/ALPHTN/index.asp?id=6289>

### **California Hospital Association**

#### **Workplace Violence Prevention Resources - Workplace Violence Prevention Toolkit**

<http://www.calhospital.org/resource/workplace-violence-prevention-resources>

- [Documentation of Workplace Violence Prevention Training](#)

### **Centers for Disease Control - NIOSH**

**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](http://www.cdc.gov/niosh/topics/violence/training_nurses.html)

### **Emergency Nurses Association**

**Workplace Violence Prevention online course.** For Emergency Room staff - Online CE course <https://www.ena.org/education/onlinelearning/wvp/Pages/default.aspx>

### **Health Employers Association of British Columbia (HEABC)**

#### **Violence Prevention Training Modules**

<http://www.heabc.bc.ca/Page4272.aspx#.VhqnkXI4emQ>

### **International Labour Organization, International Council of Nurses, World Health Organization, & Public Services International**

#### **Framework Guidelines for Addressing Workplace Violence in the Health Sector: The Training Manual**

[http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/instructionalmaterial/wcms\\_108542.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/instructionalmaterial/wcms_108542.pdf)

### **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>

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### Minnesota Department of Health

- **Online Module: Workplace Violence Training Level 1**
- **HealthEast Violence Prevention Staff Education (PDF)**
- **MN Hospital Association - Resiliency Training PowerPoint (PDF)**

<http://www.health.state.mn.us/patientsafety/preventionofviolence/>

### Minnesota Department of Labor and Industry

#### **Violence against health care workers online training module video**

This training video was created by the Minnesota Department of Health and Minnesota OSHA Workplace Safety Consultation to help workers learn how to identify, prevent and de-escalate violence as required under Minnesota's Violence Against Health Care Workers law (Minnesota Statutes § 144.566). (created January 2016).

<http://www.doli.state.mn.us/wsc/Wvp.asp>

### Minnesota Hospital Association

- **Systems Change in Action/No Two Snowflakes are Alike**
- **Motivational Interviewing/Negotiating Skills**
- **Managing Aggressive & Violent Patients: Legal Considerations**

<http://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/workplace-violence-prevention#/videos/list>

### Occupational Safety and Health Administration (OSHA)

- **Recommended Practices for Safety and Health Programs: Education and Training**  
<https://www.osha.gov/shpguidelines/education-training.html>
- **Best Practices for the Development, Delivery, and Evaluation of Susan Harwood Training Grants.** OSHA 3686-09 2010. Provides a review of how to develop content for safety and health training programs. <https://www.osha.gov/dte/sharwood/best-practices-booklet.pdf>

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- **OSHA Workplace Violence Prevention - Health Care and Social Service Workers – Power Point**  
<https://www.osha.gov/dte/library/wp-violence/healthcare/>

### U.S. Department of Health & Human Services International Committee of the Red Cross.

#### **Health Care in Danger: It's a Matter of Life and Death.**

This e-learning training is broken into ten chapters (with links to videos and other resources) and designed to help healthcare personnel understand: the effects of violence on health care, their own rights and responsibilities, and ethical dilemmas they may face in emergencies (2014).

<https://asprtracie.hhs.gov/technical-resources/resource/1920/health-care-in-danger-its-a-matter-of-life-and-death>

### Washington Department of Labor & Industries

- Workplace Violence Prevention: Module 1
- Workplace Violence Prevention: Module 2
- Critical Incident Stress Debriefing (CISD) Overview - (online training covering traumatic workplace events, including workplace violence incidents).

<http://www.lni.wa.gov/Safety/Topics/AtoZ/WPV/training.asp>

### Worksafe Victoria

- **Public Education Campaign: Up to 95% of our healthcare workers have experienced verbal or physical assault: It's never OK.** <https://www.worksafe.vic.gov.au/campaigns/itsneverok>
- [Guide for Violence and Aggression Training in Victorian Health Services](#)
- [Violence Prevention and Management: Standards for Development of Training and Organisational Responses in Victorian Health Services](#)
- [Minimum Training Standards: Preventing and Managing Clinical Aggression including the use of Physical Restraint](#)

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**Private training companies** most commonly hired in Oregon with WPV training programs for health care (list not all inclusive).

Note: 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. Classes may not be customized to incorporate an organization’s WPV policy and procedure and the Oregon WPV law.

- **Crisis Prevention Institute (CPI)** <https://www.crisisprevention.com/>
- **Non-Abusive Psychological Physical Intervention (NAPPI)** <http://www.nappi-training.com/>
- **ALICE (Alert, Lockdown, Inform, Counter, Evacuate)**. Active Shooter training for organizations <https://www.alicetraining.com/>

### Training for Security Personnel

- **Lock-Up** <http://www.policecombat.com/#>
- **The International Association for Healthcare Security and Safety (IAHSS)** – Online courses <http://www.iahss.org/>
- **ASIS International** <https://www.asisonline.org/Pages/default.aspx>
- **Security trainers approved by the Oregon DPSST**  
<http://www.oregon.gov/dpsst/ps/Pages/index.aspx>

### Active Shooter

- **Federal Bureau of Investigation**  
  
**Video: Run. Hide. Fight. Surviving an Active Shooter Event**  
<https://www.fbi.gov/about/partnerships/office-of-partner-engagement/active-shooter-resources>
- **Minnesota Department of Health**  
  
**HealthEast Care System Active Shooter Staff Education**  
<http://www.health.state.mn.us/patientsafety/preventionofviolence/healtheastactiveshooter.pdf>

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- **Minnesota Hospital Association**

**Hospital Active Shooter: Response & Recovery**

<http://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/workplace-violence-prevention#/videos/list>

- **MESH Coalition**

**Responding to an Active Shooter in a Healthcare Setting**

This video provides information on preparing for and responding to an active shooter event in a healthcare setting. Training video based on guidelines established by the Department of Homeland Security (2014). <https://vimeo.com/112455575>

### **For Home Care Workers**

- **Worksafe BC**

***Leave When It's Unsafe*** - Video for home care workers

<https://www.worksafebc.com/en/resources/health-safety/videos/leave-when-its-unsafe?lang=en>

- **Centers for Disease Control - NIOSH**

**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](http://www.cdc.gov/niosh/topics/violence/training_nurses.html)

**Training Curriculum for Homecare Workers - Caring for Yourself While Caring for Others**

<https://www.cdc.gov/niosh/docs/2015-102/default.htm>

- **HEABC - Health Employers Association of BC Modules**

**Violence prevention training modules**

<http://www.heabc.bc.ca/Page4272.aspx#.VhqnkXI4emQ>

**Module 3: Interventions in Community Care**

[http://www.heabc.bc.ca/ViolencePrevention/Modules/Module\\_3\\_Community\\_Scorn\\_1.2\\_Final\\_V2/Launch.html](http://www.heabc.bc.ca/ViolencePrevention/Modules/Module_3_Community_Scorn_1.2_Final_V2/Launch.html)