# Workplace Violence Toolkit – Section 6

**Contents**

## WPV Education and Training

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

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).

- A hybrid training module that is, use of computer based or on-line learning coupled with interactive classroom-based tabletop 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).

- Tabletop 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.

- Both mindfulness and communication skills training may reduce the experience of aggression reported by health care support workers (Baby et al., 2019).

Currently, there is no clear evidence that de-escalation training reduces the number of actual incidents of violence and aggression, or reduces staff injuries, however, there is some evidence that de-escalation training improves staff confidence in dealing with and managing escalating violence and in self-reporting of workplace violence incidents. (Leach, 2019).

Overall, health care facilities should adopt a method of de-escalation that works best for them and their patient population and within the context of a comprehensive WPV program as described in this toolkit. Refer to **Tool 5h** for more information on de-escalation techniques.

In contrast, Morphet et al., found that studies of evasive self-defense or break away training have found that participants were *unable* to apply the techniques learned during the training, when tested in a simulated setting In addition, there was no evidence that self-defense training reduced the incidence of WPV in health care.

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).

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).

**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-

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 owed 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.

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.

## Requirements for WPV Education and Training programs in Washington State [New 2020]

Training must be conducted:

1. **By July 1, 2020,** and on a regular basis, thereafter, as set forth in the WPV plan for all applicable employees, volunteers, and contracted security personnel, as determined by the plan. The frequency of training may vary according to the information and strategies identified in the WPV plan.

2. New employees - within 90 days of the employee's initial hiring date unless he or she is a temporary employee.

RCW 49.19.030 requires that the following topics are addressed:

3. Trainings must address the following topics, as appropriate to the particular setting and to the duties and responsibilities of the particular employee being trained, based upon the hazards identified in the plan:

    (a) The health care setting's workplace violence prevention plan.

    (b) General safety procedures.

    (c) Violence predicting behaviors and factors.

(d) The violence escalation cycle.

(e) De-escalation techniques to minimize violent behavior.

(f) Strategies to prevent physical harm with hands-on practice or role play.

(g) Response team processes.

(h) Proper application and use of restraints, both physical and chemical restraints.

(i) Documentation and reporting incidents.

(j) The debrief process for affected employees following violent acts; and

(k) Resources available to employees for coping with the effects of violence.

The method of training may vary according to the information and strategies identified in the plan.

Trainings may include, but are not limited to, classes that provide an opportunity for interactive questions and answers, hands on training, video training, brochures, verbal training, or other verbal or written training that is determined to be appropriate under the plan.

## 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.**

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.

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 descalation 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 descalation techniques that could be offered during staff meetings in addition to completing computer based training.

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

> **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!

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 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.

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).

    *Note:* there is no specific requirement in Oregon or Washington State to maintain WPV training records.

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.*

**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 or Washington WPV laws.

**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

  o 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.

  o 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

## 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.

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

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

**A communication skills intervention to minimize patient perpetrated aggression for healthcare support workers in New Zealand: A cluster randomized** controlled trial (2019). Baby, M., Gale, C., & Swain, N. Health & social care in the community, 27(1), 170-181. **New 2020**

**Reviewing the Evidence Base for De-escalation Training (2019).** Leach, B., Gloinson, E., Sutherland, A., & Whitmore, M. RAND Corporation, Santa Monica, Calif., and Cambridge, UK **New 2020**

**Prevention and management of occupational violence and aggression in healthcare: A scoping review (2018).** Morphet, J., Griffiths, D., Beattie, J., Reyes, D. V., & Innes, K. Collegian, 25(6), 621-632. **New 2020**

**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

**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.

**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

## Resources Related to this Section – Articles

**Active shooter training in the emergency department: A safety initiative (2018).** Journal of Emergency Nursing, 44(6), 598-604. Sanchez, L., Young, V. B., & Baker, M. **New 2020**

**A live threat violence simulation exercise for psychiatric outpatient departments: a valuable aid to training in violence prevention. (2018).** Academic psychiatry, 42(5), 598-604. Feinstein, R. E., & Yager, J. **New 2020**

**Assessing the effectiveness of clinical education to reduce the frequency and recurrence of workplace violence. (2017).** Adams, J., Knowles, A., Irons, G., Roddy, A., & Ashworth, J. Australian Journal of Advanced Nursing, The, 34(3), 6 **New 2020**

**Call for implementing workplace violence simulation training (2018).** Taylor, A. Journal of psychosocial nursing and mental health services, 56(6), 6-7**. New 2020**

**Communication skills training in the management of patient aggression and violence in healthcare**. (2018). Aggression and violent behavior, 39, 67-82. Baby, M., Gale, C., & Swain, N **New 2020**

**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

**Implementing an Active Shooter Policy and Training Program (2019).** Clark, K. R**.** Radiol Technol. 90(4):407-409.**New 2020**

**Impact of behavior management training on nurses' confidence in managing patient aggression (2019).** de la Fuente, M., Schoenfisch, A., Wadsworth, B., & Foresman-Capuzzi, J.JONA: The Journal of Nursing Administration, 49(2), 73-78. **New 2020**

**Implementing a workplace violence simulation for undergraduate nursing students: A pilot study(2017).** Journal of psychosocial nursing and mental health services, 55(10), 39-44. Martinez, A. J. S. **New 2020**

**Management of Aggressive Patients: Results of an Educational Program for Nurses in Non-Psychiatric Settings (2019).** Casey, C. Medsurg Nursing, 28(1), 9-21. **New 2020**

**Mayo workers train for workplace violence (Aug 16, 2017).** Brian Arola. Mankato freepress. http://www.mankatofreepress.com/news/mayo-workers-train-for-workplace-violence/article_eacb6c6c-82c8-11e7-8eba-efb395b73f56.html\

**Mitigating Workplace Violence via De-Escalation Training (2020).** Shulman A. The International Association for Healthcare Security and Safety Foundation. IAHSS-F RS-20-01. Feb 2020. **New 2020**
https://iahssf.org/research/mitigating-workplace-violence-via-de-escalation-training/

**Nurses' Attitudes Toward Management of Clinical Aggression: A Mixed Methods Study Using Actor-Based Simulation (2019).** Thompson, R., Thomson, H., Gaskin, C. J., & Plummer, V. Medsurg Nursing, 28(4). **New 2020**

**Nursing student evaluation of NIOSH workplace violence prevention for nurses online course (2017).** Brann, M., & Hartley, D. Journal of safety research, 60, 85-91. **New 2020**

**Reviewing the Evidence Base for De-escalation Training: A Rapid Evidence Assessment (2019).** Leach, B et. Al. NHS Improvement, 2019.
https://www.rand.org/pubs/research_reports/RR3148.html

**Staff perception of interprofessional simulation for verbal de-escalation and restraint application to mitigate violent patient behaviors in the emergency department (2019).** Krull, W., Gusenius, T. M., Germain, D., & Schnepper, L. Journal of emergency nursing, 45(1), 24-30. **New 2020**

**The effect of a workplace violence training program for generalist nurses in the acute hospital setting: A quasi-experimental study.** (2018). Nurse education today, 68, 45-52. Lamont, S., & Brunero, S. **New 2020**

**Using Simulation Training to Promote Nurses' Effective Handling of Workplace Violence: A Quasi-Experimental Study (2019).** Ming, J. L., Huang, H. M., Hung, S. P., Chang, C. I., Hsu, Y. S., Tzeng, Y. M., ... & Hsu, T. F. International journal of environmental research and public health, 16(19), 3648. **New 2020**

**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.

**Workplace violence training using simulation. (2018).** Brown, R. G., Anderson, S., Brunt, B., Enos, T., Blough, K., & Kropp, D. The American Journal of Nursing, 118(10), 56-68. **New 2020**

## 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.

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

**American Organization of Nurse Executives (AONE)** <span style="color:red">**New 2020**</span>

**Hospitals Against Violence: Reducing Health Care Violence by Innovative Training and Valuable Partnerships (June 2017)**. *Webinar*
[http://www.aone.org/resources/Reducing-Health-care-Violence-by-Innovative-Training-and-Valuable-Partnerships](http://www.aone.org/resources/Reducing-Health-care-Violence-by-Innovative-Training-and-Valuable-Partnerships)

**California Hospital Association**

**Workplace Violence Prevention Resources -  Workplace Violence Prevention Toolkit**
[http://www.calhospital.org/resource/workplace-violence-prevention-resources](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#online](https://www.ena.org/education#online)

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

**Violence Prevention Training Modules**
[http://www.heabc.bc.ca/Page4272.aspx#.VhqnkXl4emQ](http://www.heabc.bc.ca/Page4272.aspx#.VhqnkXl4emQ)

**Institute for Healthcare Improvement / National Patient Safety Foundation.** <span style="color:red">**New 2020**</span>

**Workplace Violence in Health Care Can't Be the Norm (August 10, 2017).** *Webinar*
[http://www.ihi.org/resources/Pages/AudioandVideo/WIHI-Workplace-Violence-in-Health-Care-Can't-Be-the-Norm.aspx](http://www.ihi.org/resources/Pages/AudioandVideo/WIHI-Workplace-Violence-in-Health-Care-Can't-Be-the-Norm.aspx)

**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

**Minnesota Department of Health**

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

https://www.health.state.mn.us/facilities/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**

https://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-improvement-topics/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

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

**Public Services Health and Safety Association (PSHSA), Ontario, Canada** <sup>New 2020</sup>

- **Workplace Violence in Healthcare Violence in the workplace cannot be tolerated. Webinars and more** https://www.pshsa.ca/emerging-issues/issues/workplace-violence-in-healthcare

  - A Security Toolkit for Community and Healthcare Organizations
  - Recognizing Hazards and Planning for Prevention
  - Assessing and Communicating the Risk of Workplace Violence

**The Joint Commission - Workplace Violence Resources - from the Field** <sup>New 2020</sup>

https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/from-the-field/

- Willis Towers Watson Active shooter/armed intruder response
  https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/willis-towers-watson/

- Video: Workplace Violence Prevention Implementing Strategies for Safer Healthcare Organizations webinar for Sentinel Event Alert 59: Physical and verbal violence against health care workers.
  https://www.jointcommission.org/en/resources/patient-safety-topics/workplace-violence-prevention/workplace-violence-prevention-implementing-strategies-for-safer-healthcare-organizations/

**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 health care 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/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

**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.

- **AVADE® Healthcare Workplace Violence Prevention Training. New 2020** www.avadetraining.com

- **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 (IAHHS) –** 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**
  https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html

- **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

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

    https://www.cdc.gov/niosh/docs/2015-102/default.html

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

    **Violence prevention training modules**
    http://www.heabc.bc.ca/Page4272.aspx#.VhqnkXl4emQ

    **Module 3: Interventions in Community Care**
    https://www.interiorhealth.ca/sites/Partners/WHSresources/Documents/Module_3_Community_Scorm_1.2_Final_V2/course/course26144.html

**Other**

*Videos developed to educate the Public that violence in health care is not OK.* New 2020

- **Help Us Help You – Violence and aggression are unacceptable.** Royal Melbourne Hospital, Australia https://www.youtube.com/watch?v=2nCQzC4KKWk

- **It's Never OK: Occupational violence and aggression against nurses**. WorkSafe Victoria https://www.youtube.com/watch?v=yQUkOx-PUMM

*Videos that discuss the scope and show the reality of WPV in Health care* New 2020

- **A&E: When Patients Attack. Jan 2018** https://www.youtube.com/watch?v=_nEgeUl7iZg

- **Shocking Videos: Hospital violence captured on camera- compilation #2. Mar 2017** https://www.youtube.com/watch?v=7hLczQkHyvg

- **Buried Trauma: PTSD Awareness Spot** Manitoba Nurses Union, Canada
  https://www.youtube.com/watch?v=_zyqPZwdhrw

- **Canadian Federation of Nurses Unions** Workplace Violence – Various nurses' stories
  https://nursesunions.ca/workplace-violence-our-stories/

- **ER Nurse Recounts Being 'Slapped, Pinched, Spat On' By Combative Patients. Nov 2015**
  https://www.youtube.com/watch?v=eEh64gjRw2U

- **News report from MA Hospital Workers Increasingly Targets of Patient Violence. July 2014**
  https://www.youtube.com/watch?v=N0TWMOcW0Vo

- **Risk eTips: Workplace Violence in Healthcare. Sept 2017** Cooperative of American Physicians, Inc. https://www.youtube.com/watch?v=w3bEt2Ogq0g