



## Workplace Violence Prevention – Training

### Tip Sheet

Your employer must provide information and supervision to protect your health and safety, including written instructions on the measures and procedures that mitigate the risk of workplace violence (WPV). In healthcare facilities, the employer must consult with the Joint Health and Safety Committee (JHSC) to develop, establish, and provide training and education to workers on the policy, measures, and procedures in your employer's WPV prevention program.

### Components of Workplace Violence Training

Members are encouraged to use the Internal Responsibility System (IRS) by reporting all WPV incidents and associated skills gaps. JHSCs should review all WPV incident reports and determine if the employer conducted an appropriate investigation in identifying the root and contributing causes. If your employer's steps to prevent recurrence state, "retrain worker", this is a sign of an insufficient investigation and should be reviewed. The WPV training may not have provided the worker with all the skills needed as outlined below, and therefore retraining them on the same program will not be sufficient to protect them when they are at risk of violence in the future. When performing a needs assessment to identify gaps in WPV training, consider the following to be included:

- Code White emergency response and post-incident debriefing, including mock Code White scenarios, roles and responsibilities for each Crisis Intervention Team Member and communication strategies during a Code White
- Code Silver (weapons) and Code White
- Pinel Restraint (Mechanical) Program – care, use, limitations, locations and contents of the kits, laundering, magnet expiration, how to apply restraints to a bed, learning how to secure restraints to be effective and safe, compassionate skills for talking to a patient when being restrained and application on the patient
- Search any contraband upon admission and transfer of care Personal Safety Devices to summon immediate assistance– e.g., Personal Panic Alarms linked to security with GPS/locating and any interim measures
- Individual Risk Assessment<sup>1</sup>, identifying and communicating the risk of violent behaviour (flagging) and behaviour care planning. This includes tracking triggers, behaviours, specialized care strategies and staff safety measures
- Reporting and investigation procedures for incidents of WPV
- Types of crises and risks
- Safety and care planning to eliminate or minimize risks for patient interactions
- Factors contributing to patient aggression (triggers), how behaviours are exhibited, stages of escalation, and indicators of aggression
- Trauma-informed care, which teaches the importance of understanding trauma history and

<sup>1</sup> Synonymous terms include "Point-Of-Care Risk Assessment" and "Individual Client Risk Assessment"

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- the negative psychological and physical impact of all staff interventions, including restraints
- Verbal de-escalation principles and strategies (e.g. Gentle Persuasive Approach, Non-Violent Crisis Intervention)
  - Self-protection and physical intervention techniques
  - Training on particular populations and environments, e.g., working alone, working in a high-risk environment such as emergency rooms, mental health units, forensics, secured units, medicine units and with diagnoses such as delirium, dementia, addictions, mental health and other complex conditions

It is important to note that our members should refrain from performing the role of security. Many healthcare employers either need more security or rely on contracted security with no ability for hands-on interaction if required. As a buffer in these situations, you should be trained to the level of security with the use of force, sharp-edged weapons, defence, etc.

Further, when acting in the capacity of a supervisor (e.g., charge nurse, clinical lead), your employer must provide you with training on basic occupational health and safety awareness under Ontario Regulation 297/13, such as the Supervisor Health and Safety Awareness in 5 Steps e-learning module which is available on the Ministry of Labour, Immigration, Training, and Skills Development (MLITSD) website. Training required by the employer must also make you “competent” under the Occupational Health and Safety Act (OHSA) as a supervisor. To be considered competent, the employer must ensure you are qualified – you must have a) the knowledge, skills, training and experience to organize the work and its performance; b) are familiar with the OHSA and the regulations that apply to the work; and c) have knowledge of any potential or actual danger to health or safety in the workplace.

## **Utilizing the IRS**

At the JHSC, make written recommendations on training specific to those mentioned in this document above. Start with securing consensus with worker representatives in a worker caucus and table the recommendation with the full JHSC making a good faith attempt for consensus support of the recommendation. If the full JHSC fails to support the recommendation, the Worker Co-Chair can unilaterally submit the written recommendation to the employer. If your employer refuses to address the recommendation appropriately and provide adequate training, call the MLITSD. In your complaint, identify that the employer is not training workers on the relevant techniques needed when they are at risk of WPV. Having workers prepared for the MLITSD inspection often makes the difference between getting orders or not. Therefore, it will be essential to organize workers so they inform the inspector of the skills and techniques they are not trained on, such as the above. Suggest the MLITSD inspector attend specific areas where you have organized workers who will tell the inspector about the gaps in the employer’s training.

JHSCs should request presentations from training providers on their training program's type, content, philosophy, methodology and evaluation methods to determine if it meets the needs outlined in this document. The JHSC should request training records and evaluations and review worker feedback to support recommendations on improvements to education and training. Ensure JHSC worker representatives are part of any sub-group on the curriculum development and suggest pilot training with worker representatives before roll-out. The JHSC should also ensure the employer has measures and procedures on training as part of their WPV prevention program, which outlines training types, training frequency, training methods, training evaluation, and training timelines.

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