Training Matrix User Guide

This guide was developed to assist hospitals in using the Training Matrix tool. The training matrix tool associated with this user guide should be modified to reflect each unique hospital's needs.

What is the Training Matrix?

This user guide has been developed to ensure the Training Matrix tool is completed effectively. The Training Matrix is intended to be used to assess risk and the associated training and education required for each unit or work area based on their own unique setting, environment, patient population and established training. This user guide is divided into three parts outlining procedures to be followed to fill out the three tables within the Training Matrix. The training matrix can be found here under Hazard Prevention and Control products: https://www.pshsa.ca/workplace-violence-leadership-table-3/

Table 1: Workplace Violence Risks

This table considers the risks in the context of an event of workplace violence that a worker may encounter during the course of their work. It is intended to be filled out on the basis of a worker's exposure to the risk within a unit or work area.

Table 2: Workplace Violence Prevention Training

This table considers the level of training for workplace violence prevention that a worker would require. It is intended to be filled out on the basis of a worker's risk of exposure within a unit or work area.

Table 3: Emergency Code Procedures

Emergency colour code responses can be situations where workplace violence can occur. This table is intended to assess the risks to those staff from the assessed unit or work area that may be responding to different codes.

Who Should Complete the Training Matrix?

It is recommended that this tool be filled out by a multi-stakeholder assessment team. This team may include, but not limited to:

- Joint Health and Safety Committee (JHSC) members
- Occupational Health and Safety (OHS) professionals
- Senior management
- Others

Please note that further and more specific training recommendations for supervisors to ensure supervisor competency are required - including any training recommendations specific to doctors, CEOs, Directors, VPs and Board of Directors on their roles and responsibilities under the *Occupational Health and Safety Act* (OHSA) and its regulations.

How to Complete the Training Matrix:

The Training Matrix is divided into Table 1, Table 2 and Table 3.

The level of risk related to workplace violence in a unit or work area is to be completed for each risk factor for Table 1 on a scale of 0-3 (0: risk does not exist, 1: seldom, 2: often, 3: frequently).

For table 2 and table 3, training for the position listed needs to be filled out to represent the level of workplace violence prevention training a worker would require based on their risk within the unit or work area (e.g. 'X' = training required; and 'N/A' = not applicable at this time).

As an example, the following tables are completed for the position of RN/RPN working in the emergency department of a large community hospital for illustrative purposes. This in no way represents the level of risk or training required in all hospitals as each hospital must perform their own assessment of risk.

Table 1: Workplace Violence Risks

This table considers the risks in the context of an event of workplace violence that a worker may encounter during the course of his/her work. It is intended to be filled out on the basis of a worker's exposure to the risk within a unit or work area on a scale of 0-3 (0: risk does not exist, 1: seldom, 2: often, 3: frequently).

Note: *the word weapon is not restricted to conventional weapons but includes any item or thing that a person could use to inflict harm.*

Risk	Clerk	RN/RPN	Nurse Practitioner	Security	Housekeeping, Dietary, Maintenance	Specialised Staff (OT, etc.)	Front Line Supervisor	Management	Volunteers	Visitors	Physicians	Non-regulated HC Staff (PSW and Orderly)
Working Alone		2										
Delirium (e.g. post-op, geriatric, infectious diseases)		3										

Risk	Clerk	RN/RPN	Nurse Practitioner	Security	Housekeeping, Dietary, Maintenance	Specialised Staff (OT, etc.)	Front Line Supervisor	Management	Volunteers	Visitors	Physicians	Non-regulated HC Staff (PSW and Orderly)
Forensic Patient		3										
Dementia Care		3										
Infectious Diseases		3										
Hazardous drugs (e.g. chemotherapeutics)		2										
Access to weapons		3										
Substance Use/Misuse		3										
Psychiatric Disorders		3										
Visitors/family members		3										
High Risk Patient Population (e.g. domestic abuse, human trafficking etc.)		3										
Colleague		3										
Community Work		0										
Complex Diagnosis (e.g., Autism, Developmental Disabilities)		3										
Pediatrics		2										
Organizational Risk		3										

Table 1: Workplace Violence Risks

Risk	Clerk	RN/RPN	Nurse Practitioner	Security	Housekeeping, Dietary, Maintenance	Specialised Staff (OT, etc.)	Front Line Supervisor	Management	Volunteers	Visitors	Physicians	Non-regulated HC Staff (PSW and Orderly)
Isolated Setting (e.g. rural, difficult to get to etc.)		1										
High Risk Setting (e.g., ER, ICU, in-patient mental health)		3										
At-Risk Settings (patient population, patient acuity etc.)		3										

This table is filled out for illustrative purposes only.

Guideline:

- Awareness of the institutional training program would be recommended for the visitors.
- Awareness, generic workplace violence prevention training would be required for all staff within the institution.
- A staff population with a risk of workplace violence beyond a low risk would require a higher level of training than awareness and would include physical intervention.
- In order for a supervisor to be deemed competent with respect to workplace violence, the expectation would be that they have demonstrable skills and training (not just awareness training) to reflect the hazards, response to any concerns raised including recognizing and dealing with a work refusal and training that are required and present in the units or work area they oversee.
- Incorporating case study analysis where appropriate to be able to work through the skills developed.

Table 1: Workplace Violence Risks

Table 2: Workplace Violence Prevention Training

This table considers the level of training for workplace violence prevention that a worker would require. It is intended to be filled out on the basis of a worker's risk of exposure within a unit or work area. 'X' = training required and 'N/A' = not applicable at this time.

NOTE: the word weapon is not restricted to conventional weapons but includes any item or thing that a person could use to inflict harm.

Training/Staff	Clerk	RN/RPN	Nurse Practitioner	Security	Housekeeping, Dietary, Maintenance	Specialised Staff (OT, etc.)	Front Line Supervisor	Management	Volunteers	Visitors	Physicians	Non-regulated HC Staff (PSW and Orderly)	Board of Directors
Awareness of WPV program, training and education on all measures and procedures relevant to the workers' work		X											
Generic WV Prevention		X											
De-escalation		X											
Working alone		X											
Physical interventions		X											
Advanced physical interventions		X											
Self-defense		X											
Mechanical Restraints		X											
Dementia		X											
Community Work		N/A											
Chemical Restraints		X											
Client Risk Assessment		X											

Table 2: Workplace Violence Prevention Training

Training/Staff	Clerk	RN/RPN	Nurse Practitioner	Security	Housekeeping, Dietary, Maintenance	Specialised Staff (OT, etc.)	Front Line Supervisor	Management	Volunteers	Visitors	Physicians	Non-regulated HC Staff (PSW and Orderly)	Board of Directors
Organizational Risk Assessment		X											
Personal Security Devices		X											
Debriefing		X											
Peer Support Network (Post-trauma, compassion fatigue etc.)		X											
Conflict Resolution		X											
Mediator Conflict Resolution		N/A											
Contacting Outside Security		X											
Contacting Emergency Services		X											
Responsive Behaviours		X											
Relationship management (patients, coworkers)		X											
WP Documentation and Reporting		X											
Specialized Training (specific to unit, patient population etc.)		X											
Pediatric		X											
Work Refusal		X											

Table 2: Workplace Violence Prevention Training

Training/Staff	Clerk	RN/RPN	Nurse Practitioner	Security	Housekeeping, Dietary, Maintenance	Specialised Staff (OT, etc.)	Front Line Supervisor	Management	Volunteers	Visitors	Physicians	Non-regulated HC Staff (PSW and Orderly)	Board of Directors
Code of Conduct (E.g. Behavioural Expectations)		X											
Root Cause Investigations		X											
WPV Hazard Identification		X											
Performance Analysis		N/A											

This table is filled out for illustrative purposes only.

Table 3: Emergency Code Procedures

Emergency colour code responses can be situations where workplace violence can occur. This table is intended to assess the risks to those staff from the assessed unit or work area that may be responding to different codes. 'X' = training required and 'N/A' = not applicable at this time.

Training/ Staff	Clerk	RN/RPN	Nurse Practitioner	Security	Housekeeping, Dietary, Maintenance	Specialised Staff (OT, etc.)	Front Line Supervisor	Management	Volunteers	Visitors	Physicians	Non-regulated HC Staff (PSW and Orderly)	Board of Directors
White (violent incident)		X											
Purple (hostage situation)		X											

Table 3: Emergency Code Procedures

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Silver (weapon)		X											
Yellow (missing patient)		X											
Pink (medical emergency child-infant)		X											
Red (fire)		X											
Blue (cardiac arrest)		X											
Brown (Hazardous Materials Spill)		X											
Black (bomb)		X											
Green (evacuation)		X											
Amber (missing child)		X											
Grey (structural failure)		X											
Orange (Disaster)		X											

This table is filled out for illustrative purposes only.

Once completed, the Training Matrix must be sent to the JHSC[1]. The JHSC should make recommendations on the development and measurement of the training program, focusing on the transfer of knowledge and practical skills. The training matrix can be used in annual reviews of the training program.

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[1] Under the *Health Care and Residential Facilities Regulation (HCRFR) 67/93* Section 9(4), the employer in consultation with and in consideration of the recommendation of the Joint Health and Safety Committee or Health and Safety Representative, if any, shall develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the workers' work.

Table 3: Emergency Code Procedures

Acknowledgements

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