

TRAINING MATRIX

The training matrix is intended to be used to assess risk and the associated training and education required for each unit based on their own unique setting, environment, patient population and established training. 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 and others. Once completed, the matrix must be sent to the JHSC. The JHSC should make recommendations on the development and measurement of the training program, focusing on the transfer of knowledge and practical skills.

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 BODs on their roles and responsibilities under the *Occupational Health and Safety Act (OSHA)* and its regulations.

Workplace Violence Prevention in Health Care Leadership Table

UNIT ASSESSED: _____

ASSESSMENT PERFORMED BY: _____

GUIDELINES: HOW TO USE THIS MATRIX

This tool is intended to be used to assess risk and the associated training for each unit based on their own unique setting, environment, patient population and established training. It is recommended that this tool be filled out by a multi-stakeholder assessment team.

Each factor is to be filled out on a scale of 0-3 (0: risk does not exist, 1: seldom 2: often, 3: frequently)

Once filled out, a copy of the assessment must be sent to the Joint Health and Safety Committee (JHSC).

Workplace Violence Prevention in Health Care Leadership Table

TABLE 1

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. 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												
Delirium (eg. post-op, geriatric, infectious diseases)												
Forensic Patient												
Dementia Care												
Infectious Diseases												
Hazardous drugs (eg. chemotherapeutics)												
Access to weapons												
Substance Use/Misuse												
Psychiatric Disorders												

Workplace Violence Prevention in Health Care Leadership Table

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)
Visitors/family members												
High Risk Patient Population (eg. domestic abuse, human trafficking etc.)												
Colleague												
Community Work												
Complex Diagnosis (eg, Autism, Developmental Disabilities)												
Pediatrics												
Organizational Risk												
Isolated Setting (eg. rural, difficult to get to etc)												
High Risk Setting (eg, ER, ICU, in-patient mental health)												
At-Risk Settings (patient population, patient acuity etc)												

Workplace Violence Prevention in Health Care Leadership Table

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 they oversee.
- Incorporating case study analysis where appropriate to be able to work through the skills developed.

TABLE 2

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 exposure to the risk within a unit.

(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													

Workplace Violence Prevention in Health Care Leadership Table

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
procedures relevant to the workers' work													
Generic WV Prevention													
De-escalation													
Working alone													
Physical interventions													
Advanced physical interventions													
Self-defense													
Mechanical restraints													
Dementia													
Community Work													
Chemical Restraints													
Client Risk Assessment													

Workplace Violence Prevention in Health Care Leadership Table

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													
Personal Security Devices													
Debriefing													
Peer Support Network (Post-trauma, compassion fatigue etc)													
Conflict Resolution													
Mediator Conflict Resolution													
Contacting Outside Security													
Contacting Emergency Services													
Responsive Behaviours													
Relationship management (patients, coworkers)													
WP Documentation and Reporting													

Workplace Violence Prevention in Health Care Leadership Table

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
Specialized Training (specific to unit, patient population etc)													
Pediatric													
Work Refusal													
Code of Conduct (Eg. Behavioural Expectations)													
Root Cause Investigations													
WPV Hazard Identification													
Performance Analysis													

Workplace Violence Prevention in Health Care Leadership Table

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 that may be responding to different codes.

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)													
Purple (hostage situation)													
Silver (weapon)													
Yellow (missing patient)													
Pink (medical emergency child-infant)													
Red (fire)													
Blue (cardiac arrest)													
Brown (Hazardous Materials Spill)													
Black (bomb)													

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Green (evacuation)													
Amber (missing child)													
Grey (structural failure)													
Orange (Disaster)													