Employee Education in Health Care Workplace Violence Prevention

WVPP Overview

The WVPP promotes a culture of safety and the use of evidence-based, data-driven processes for assessing, mitigating, and managing human behaviors that compromise the safety and effectiveness of VHA health care workplaces.

Promoting patient and employee safety involves reporting events using the Disruptive Behavior Reporting System and using processes for behavioral threat multidisciplinary team review.

WVPP Consultation

VHA Workplace Violence Prevention Program Consultation Team
WVPPConsultation@va.gov

U.S. Health Care Workplace Violence

**Health care workers
face significant risks of job-related violence**

While under 20% of all workplace injuries happen to health care workers …

Health care workers suffer 50% of all assaults.

Source: Bureau of Labor Statistics

https://www.osha.gov/Publications/osha3148.pdf

Relevant Legislation, Regulatory Requirements, and Standards

- Public Law 112-154, section 106, "Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012"
- 38 Code of Federal Regulation, section 17.107, "VA Response to Disruptive Behavior of Patients"
- Occupational Safety and Health Act, section 5(a)(1) (aka "General Duty Clause")
- The Joint Commission's Environment of Care and Leadership Standards

For More Information

https://dvagov.sharepoint.com/sites/VHAWVPP/SitePages/Home.aspx
https://dvagov.sharepoint.com/sites/VHAPMDB/default.aspx

Customer Experience is Central Concept

Regardless of the specific training curriculum selected, content should be assessed to ensure it is appropriate for use in health care venues and focuses on creating a respectful, safe and outstanding customer experience, including:

- Improve customer experience to reduce likelihood of disruptive behavior
- Early warning signs of behavioral escalation
- Appropriate intervention aligns with level of behavioral escalation
- Active learning opportunities to practice verbal de-escalation skills with coaching and feedback
- Self-protection skills and physical holding techniques that
  o do not use pain or tissue damage and
  o have been evaluated for safety and effectiveness
- Disruptive behavior and violent incident reporting procedures

Program Implementation

Once training content is identified, deploying employee education effectively requires addressing program infrastructure needs, including:

- Trainer certification standards for curriculum fidelity
- Employee skills reassessments for skills retention
- Type/Amount of training assigned based upon the highest assessed level of behavioral risk exposure
- Co-instructed by certified trainer teams
- Safe and manageable trainer to student ratios
- Adequate resourcing for viable program operation
- Retention of training completion data for reporting and accountability

Behavioral Hazard Exposure Data: Aligning Employee Training Requirements

Health care workplaces have different levels of workplace violence risk. Using the facility's own behavioral hazard exposure data to align employee education assignments promotes the relevance of training and maximizes resource allocation based upon need.

RISK LEVEL	DEFINITION	TRAINING NEEDED
HIGH	Exposure to physical disruptive behavior requiring personnel to use hands-on techniques to ensure safety	Customer Service/Verbal De-escalation Skills, Personal Physical Safety Skills, and Clinical Therapeutic Containment Techniques
MODERATE	Exposure to both physical and verbal disruptive behavior	Customer Service/Verbal De-escalation Skills and Personal Physical Safety Skills
LOW	Exposure to only verbal disruptive behavior	Customer Service and Verbal De-escalation Skills
MINIMAL	No exposure to any type of disruptive behavior	Online introduction to workplace violence prevention concepts

Workplace Violence Prevention Program

*VA is a place for healing.
Everyone's Safety is Everyone's Responsibility.*

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