# Training Matrix

## Background

This tool was originally developed for hospitals as part of the Workplace Violence Prevention in Health Care Leadership Table. It has been adapted for long-term care homes to address the needs of the sector.

Long-term care homes are an environment where residents often feel vulnerable and anxious. This can include, for example, aging residents and their caregivers/care partners, individuals experiencing a physical or mental health crisis, those needing addiction support, and residents who have unmet needs they are unable to express. According to the Canadian Institute of Health Information (CIHI) (2015-16), fifty percent of residents with dementia in long-term care exhibit responsive behaviours. Some examples of responsive behaviours include: verbal or physical aggression (striking, self-harm), exit seeking, resistance to personal care, refusal to eat/take medication, etc. These behaviours may be due to a number of factors including an unmet need (e.g. pain, environment (hot/cold), feeling hemmed in, influences of other residents/staff and social history). Despite the fact that an aggressive action stemming from a responsive behaviour may due to dementia or an unmet need, if it leads to an aggressive action against a worker in a workplace and meets the definition of workplace violence under the *Occupational Health and Safety Act*, (OHSA), it is considered workplace violence (herein referred to as workplace violence). Workplace violence in long-term care homes can originate from a number of sources, including from residents and their families and friends or other external people and/or from any employee associated or formerly associated with the workplace.

In order to prevent workplace violence, employers must implement workplace violence policies, measures, procedures and programs, conduct risk assessments and re-assessments for the risks of workplace violence, establish measures and procedures for: summoning immediate assistance when violence occurs or is likely to occur, reporting violent incidents and investigating incidents and complaints of violence, and providing information, education and training to workers so they may recognize and be protected from workplace violence. Employers, typically represented by senior management, hold the greatest responsibility with respect to worker health and safety within health care workplaces such as long term care homes.



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# Training Matrix

The training matrix is intended to be used to assess risk of exposure to workplace violence and the associated training and education required for Long Term Care Home unit, floor or home areas based on their own needs environment, resident 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 or Health and Safety Representative (HSR) in workplaces with 6-19 workers. Occupational Health and Safety (OHS) professionals, senior management and others. Once completed, the matrix must be sent to the JHSC or HSR. The JHSC or HSR 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, as well as, training recommendations specific to doctors, CEOs/Administrators, Directors, VPs and Board of Directors (BODs) on their roles and responsibilities under the *Occupational Health and Safety Act (OSHA)* and its regulations.

**Unit, Floor or Home Area Assessed:** ______________________________

**Assessment Performed By:** ______________________________


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## Guidelines: How to Use this Matrix

This tool is intended to be used to assess risk of workplace violence and the associated training for each unit, floor or home area based on their setting, environment, and resident population and established training. It is recommended that this tool be filled out by a multi-stakeholder assessment team.

Each factor is to be ranked 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 JHSC or HSR.

All registered workers should receive training that encompasses their needs based on where they work, not based on a single unit's needs because most workers work in multiple home areas.

### 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, floor or home area. 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 (Personal Support Worker) | Board of Directors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Working Alone | | | | | | | | | | | | | |
| Delirium (e.g. post-op, geriatric, infectious diseases) | | | | | | | | | | | | | |



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Forensic Resident | | | | | | | | | | | | | |
| Dementia Care | | | | | | | | | | | | | |
| Infectious Diseases | | | | | | | | | | | | | |
| Hazardous drugs (e.g. chemotherapeutics) | | | | | | | | | | | | | |
| Access to weapons | | | | | | | | | | | | | |
| Substance Use/Misuse | | | | | | | | | | | | | |
| Psychiatric Disorders | | | | | | | | | | | | | |
| Visitors/family members | | | | | | | | | | | | | |
| High Risk Resident Population (e.g. domestic abuse, etc.) | | | | | | | | | | | | | |
| Colleague | | | | | | | | | | | | | |
| Community Work | | | | | | | | | | | | | |


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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Complex Diagnosis (e.g., Autism, Developmental Disabilities, Acquired Brain Injuries) | | | | | | | | | | | | | |
| Organizational Risk | | | | | | | | | | | | | |
| Isolated Setting (e.g. rural, difficult to get to etc.) | | | | | | | | | | | | | |
| High Risk Setting (e.g., Specialized Units, including Behaviour Units and Secure Units) | | | | | | | | | | | | | |
| At-Risk Settings (resident population, resident acuity etc.) | | | | | | | | | | | | | |
| Handling / dispensing narcotics | | | | | | | | | | | | | |
| Handling / dispensing money or valuables | | | | | | | | | | | | | |


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## Guideline to Help Employers Protect Workers and Comply with Legislation and the Health Care Regulation:

- 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 long-term care home.
- 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 identify and communicate the hazards, and to respond to any concerns raised including recognizing and dealing with a work refusal and training that is required in the unit, floor, or home areas they oversee.
- Training should incorporate case study analysis where appropriate to be able to work through the skills developed.


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## Table 2

Use the same rating scale as above for the following Table.

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, floor or home area. 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 (Personal Support Worker) | Board of Directors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Awareness of Workplace violence program, reporting incidents, training and education on all measures and procedures relevant to the workers' work | | | | | | | | | | | | | |
| Generic Workplace violence prevention | | | | | | | | | | | | | |
| De-escalation | | | | | | | | | | | | | |
| Working alone | | | | | | | | | | | | | |
| Physical interventions | | | | | | | | | | | | | |
| Advanced physical interventions | | | | | | | | | | | | | |


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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Self-defense | | | | | | | | | | | | | |
| Mechanical restraints (e.g. seat/lap belt, bed rails) | | | | | | | | | | | | | |
| Dementia | | | | | | | | | | | | | |
| Community Work | | | | | | | | | | | | | |
| Chemical Restraints | | | | | | | | | | | | | |
| Resident-Risk Assessment | | | | | | | | | | | | | |
| Organizational Risk Assessment | | | | | | | | | | | | | |
| Personal Security Response Devices (e.g. fixed or portable panic alarms) | | | | | | | | | | | | | |
| Debriefing | | | | | | | | | | | | | |
| Peer Support Network (Post-trauma, compassion fatigue, Employee Assistance Program, etc.) | | | | | | | | | | | | | |
| Conflict Resolution | | | | | | | | | | | | | |


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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mediator Conflict Resolution | | | | | | | | | | | | | |
| Contacting Outside Security | | | | | | | | | | | | | |
| Contacting Emergency Services | | | | | | | | | | | | | |
| Responsive Behaviours | | | | | | | | | | | | | |
| Relationship management (residents, coworkers) | | | | | | | | | | | | | |
| Workplace violence Documentation and Reporting | | | | | | | | | | | | | |
| Specialized Training (specific to unit, floor, home area, resident population etc.) | | | | | | | | | | | | | |
| Work Refusal | | | | | | | | | | | | | |
| Code of Conduct (E.g. Behavioural Expectations) | | | | | | | | | | | | | |
| Root Cause Investigations | | | | | | | | | | | | | |


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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Workplace violence Hazard Identification | | | | | | | | | | | | | |
| Performance Analysis | | | | | | | | | | | | | |
| Domestic Violence | | | | | | | | | | | | | |
| Emergency Code Procedures | | | | | | | | | | | | | |

## Table 3: Emergency Code Procedures

Use the same rating scale as used in Tables 1 & 2.

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, floor or home area that may be responding to different codes.



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| White (violent incident) | | | | | | | | | | | | | |
| Purple (hostage situation) | | | | | | | | | | | | | |
| Silver (weapon) | | | | | | | | | | | | | |
| Yellow (missing resident) | | | | | | | | | | | | | |
| Red (fire) | | | | | | | | | | | | | |
| Blue (cardiac arrest) | | | | | | | | | | | | | |
| Brown (Hazardous Materials Spill) | | | | | | | | | | | | | |
| Black (bomb) | | | | | | | | | | | | | |
| Green (evacuation) | | | | | | | | | | | | | |
| Grey (structural failure) | | | | | | | | | | | | | |
| Orange (Disaster) | | | | | | | | | | | | | |


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## Acknowledgements

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