

Section 4 – DRAFT OV Training Education and Training Framework

All CHS staff must be provided with appropriate competency-based training to understand, assess, and manage Occupational Violence (OV) risks relevant to their role, interaction with patients, services they provide, and work environment.

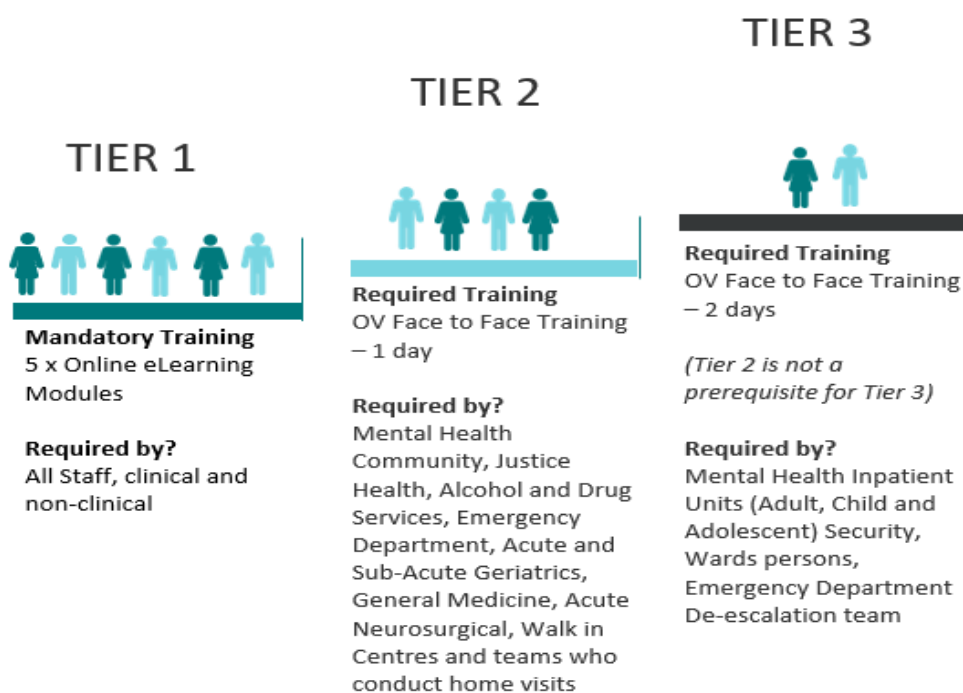
All staff are required to complete 5 mandatory eLearning OV modules on commencement.

Face to face training is a tiered approach which varies in format and includes some or all the following OV training modules for specific teams:

- Module 1 – Awareness
- Module 2 – De-escalation
- Module 3 – Protect with or without restraint

CHS recognises that not all staff are required to complete all face-to-face learning modules. To ensure staff are appropriately trained, work area managers should refer to the training requirements and guide listed in Table 1 and 2. Face to face training allocation (Tier 2 and 3) is based on the likelihood of OV risk and roles that require frequent patient interactions in settings where vulnerable population groups are presenting and cared for. This will be allocated to applicable teams via HRIMS.

Table 1 – OV Training Tiers



Attachment A

Table 2 – CHS **staff** OV training requirements

MANDATORY TRAINING

Level	Course Details	Who	Frequency/Refresher
Tier 1 OV eLearning on-line Training (5 modules) via HRIMS	Module 1 – Risks, Rights & Responsibilities Module 2 – Understanding Human Behaviour Module 3 – Positive Interactions & Choices Module 4 – Dynamic Risk Assessment & Decision Making Module 5 – Skills Preventing Escalation	Mandatory for all Staff clinical and non-clinical	Once upon commencement Refresh as needed Optional to complete Module 6 – Personal Safety and Post-Incident

REQUIRED TRAINING - FOR SPECIFIC ROLES ONLY

Tier 2 CHS OV face to face 1 Day training without restraint	Module 1 – Awareness Module 2 – De-escalation Module 3 – Protect excluding restraint	Required for all Nurses/midwives, Doctors, Allied Health, and non-clinical staff with direct patient contact * MHJHADS Community– Justice Health, Alcohol and Drug Services, Emergency Department, Acute/sub-acute Geriatric, General Medicine, Acute Neurosurgical, Walk in Centres and teams who conduct home visits	Once Team- based OV Trainers lead practice sessions using role play/drills/simulation techniques relevant to OV risks for unit Recommended quarterly
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OR

Tier 3 CHS OV face to face 2 Day Training with Restraint <i>Note – Tier 2 is not required as a pre-requisite for Tier 3</i>	Module 1 – Awareness Module 2 – De-escalation Module 3 – Protect including restraint	Required for direct clinical staff – Nurses/midwives, Doctors, Allied Health, Wardpersons and Security Officers who are likely to be required to assist in physical restraint techniques. * Mental Health Inpatient Units (Adult and Child and Adolescent), Security and Wards persons, Emergency Department De-escalation team	1 day every 2 years plus Team based OV Trainers lead practice sessions using role play/drills/simulation techniques relevant to OV risks for unit Recommended quarterly
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**Contact the WHS team for further information if unsure of training Tier requirements:*

CHS.workhealthsafety@act.gov.au

Attachment A

Context-specific consideration for including restraint training

While verbal de-escalation should be the primary response to escalating behaviours, it also needs to be acknowledged that it may not always be successful in diffusing crisis or conflict. Therefore, when deciding whether to train staff in physical restraint, considerations must be made in relation to:

- circumstances that warrant restraints, i.e., prevent one from harming themselves or others, providing treatment under treatment orders
- environment where physical restraints are applied
- availability of appropriately trained staff to perform restraints, i.e., wardspersons, security officers
- characteristics and vulnerabilities of patients as recipients of physical restraints, particularly involuntary patients.

Patient-specific consideration for specialised behavioural management training

In addition to core training described in Table 2, staff may require specialty training to engage with vulnerable populations, such as people with adverse childhood experiences, dementia, delirium, and brain injury. This is the responsibility of the work area to determine and provide specialised training. Example of specialised training could be (but not limited to):

- Trauma-informed care
- Strengths-based approach in managing conflict and challenging behaviours
- Safewards™
- Non-pharmacological behavioural management of patients with dementia, delirium, or brain injury

Workforce Capability OV Training Team and OV Train the Trainer

The OV Training team provide face to face training, support to team-based OV Trainers who have completed the Train the Trainer Program and specialised OV training developed in collaboration with the clinical and Work Health and Safety teams.

The Train the Trainer (TTT) program is in place to ensure the OV Training team is supported by team-based OV Trainers who have current clinical experience with the specific patient cohorts. Team-based OV Trainers are provided ongoing support, certification, OV training resources and a Community of Practice (CoP) by the OV training team.

Recognition of Prior Learning (RPL) will be considered please contact the OV training team at CHS.OVandMHtraining@act.gov.au.

Evaluation

Evaluation and benchmarking are essential to monitor effectiveness of training provided. OV training face to face modules are evaluated via electronic evaluation at 3 points during and post training. This is inclusive of 3 months post completion of the course to measure participant confidence and application to practice. Evaluation reports are completed yearly and with a clear reporting pathway for these measures.