

ALIGNMENT



California Occupational Health and Safety Administration - Title 8 §3342 Workplace Violence Prevention in Health Care

Alignment to Crisis Prevention Institute, Inc. (CPI) *Nonviolent
Crisis Intervention*® training program



10850 W. Park Place, Suite 600, Milwaukee, WI 53224 USA
800.558.8976 • 888.758.6048 TTY (Deaf, hard of hearing, or speech impaired)
info@crisisprevention.com • crisisprevention.com

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For more than 30 years, CPI has supported health care organizations that strive to provide the safest environment for staff, patients, and visitors. Not only will the *Nonviolent Crisis Intervention*® training program meet the expectations outlined in CA OSHA §3342, CPI’s train-the-trainer program and its family of advanced programs also offer a comprehensive array of curricula that can meet all the needs an organization has for supporting a violence-free workplace with an emphasis on crisis intervention and de-escalation techniques to better assist staff with achieving this goal.

Additionally, by participating in the *Nonviolent Crisis Intervention*® program, staff will gain the skills and confidence necessary to handle crisis with minimal anxiety and maximum security. The training will help staff intervene more safely when behaviors become dangerous, and most importantly, it won’t damage the professional bond health care staff have worked so hard to establish with their patients.

The following chart is designed to assist you in identifying some of the ways in which CPI’s *Nonviolent Crisis Intervention*® training program can help health care organizations in the state of California comply with the above Workplace Violence Prevention in Health Care rule. It may also assist you in identifying areas that may require a review and/or revision in your health care organization’s policies and procedures.

Title 8 §3342 (b): Definitions

Acute psychiatric hospital (APH): A hospital, licensed by the California Department of Public Health as such meeting the definition provided in Health and Safety Code Section 1250(b) or California Code of Regulations, Title 22, Section 71005; and all services within the hospital’s license.

Alarm: A mechanical, electrical or electronic device that does not rely upon an employee’s vocalization in order to alert others.

Chief: The Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations, or his or her designated representative.

Dangerous weapon: An instrument capable of inflicting death or serious bodily injury.

Division: The Division of Occupational Safety and Health of the Department of Industrial Relations.

Emergency: Unanticipated circumstances that can be life-threatening or pose a risk of significant injuries to the patient, staff or public, requiring immediate action.

Emergency medical services: Medical care provided pursuant to Title 22, Division 9, by employees who are certified EMT-1, certified EMT-II, or licensed paramedic personnel to the sick and injured at the scene of an emergency, during transport, or during inter-facility transfer.

Engineering controls: An aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the worker and the hazard. For purposes of reducing workplace violence hazards, engineering controls include, as applicable, but are not limited to: electronic access controls to employee occupied areas; weapon detectors (installed or handheld); enclosed workstations with shatter-resistant glass; deep service counters; separate rooms or areas for high risk patients; locks on doors; furniture affixed to the floor; opaque glass in patient rooms (protects privacy, but allows the health care provider to see where the patient is before entering the room); closed-circuit television monitoring and video recording; sight-aids; and personal alarm devices.

Title 8 §3342 (b): Definitions

Environmental risk factors: Factors in the facility or area in which health care services or operations are conducted that may contribute to the likelihood or severity of a workplace violence incident. Environmental risk factors include risk factors associated with the specific task being performed, such as the collection of money.

General acute care hospital (GACH): A hospital, licensed by the California Department of Public Health as such meeting the definition provided in Health and Safety Code Section 1250(a) or California Code of Regulations, Title 22, Section 70005, and all services within the hospital's license.

Health facility: Any facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, or treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer. (Ref: Health and Safety Code Section 1250). For the purposes of this section, a health facility includes hospital based outpatient clinics (HBOCs) and other operations located at a health facility, and all off-site operations included within the license of the health facility. The term "health facility" includes facilities with the following bed classifications, as established by the California Department of Public Health:

1. General acute care hospital
2. Acute psychiatric hospital
3. Skilled nursing facility
4. Intermediate care facility
5. Intermediate care facility/developmentally disabled habilitative
6. Special hospital
7. Intermediate care facility/developmentally disabled
8. Intermediate care facility/developmentally disabled - nursing
9. Congregate living health facility
10. Correctional treatment center
11. Nursing facility
12. Intermediate care facility/developmentally disabled - continuous nursing (ICF/DD-CN)
13. Hospice facility

Patient classification system: A method for establishing staffing requirements by unit, patient, and shift based on the assessment of individual patients by the registered nurse as specified in Title 22, Sections 70053.2 and 70217, for General Acute Care Hospitals.

Patient contact: Providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient.

Patient specific risk factors: Factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, such as use of drugs or alcohol, psychiatric condition or diagnosis associated with increased risk of violence, any condition or disease process that would cause confusion and/or disorientation, or history of violence.

Threat of violence: A statement or conduct that causes a person to fear for his or her safety because there is a reasonable possibility the person might be physically injured, and that serves no legitimate purpose.

Work practice controls: Procedures, rules and staffing which are used to effectively reduce workplace violence hazards. Work practice controls include, as applicable, but are not limited to: appropriate staffing levels; provision of dedicated safety personnel (i.e. security guards); employee training on workplace violence prevention methods; and employee training on procedures to follow in the event of a workplace violence incident.

Title 8 §3342 (b): Definitions

Workplace violence: Any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:

- A. The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;
- B. An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury;
- C. Four workplace violence types:
 - 1. **Type 1 violence:** Workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
 - 2. **Type 2 violence:** Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.
 - 3. **Type 3 violence:** Workplace violence against an employee by a present or former employee, supervisor, or manager.
 - 4. **Type 4 violence:** Workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

Title 8 §3342 (c) Workplace Violence Prevention Plan	Correlation With <i>Nonviolent Crisis Intervention</i>® Training
(c) Workplace Violence Prevention Plan. As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, the employer shall establish, implement and maintain an effective workplace violence prevention plan (Plan) that is in effect at all times in every unit, service, and operation. The Plan shall be in writing, shall be specific to the hazards and corrective measures for the unit, service, or operation, and shall be available to employees at all times. The written Plan may be incorporated into the written IIPP or maintained as a separate document, and shall include all of the following elements:	(c) As part of a comprehensive violence prevention initiative, CPI recommends that organizations adopt policies and procedures that reflect the philosophy and strategies taught in the <i>Nonviolent Crisis Intervention</i> ® program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures. CPI provides support to organizations looking to review existing policies and has the expertise to provide support and consultation around the effective implementation of any workplace violence prevention plan. Continual review of your organization’s policies and procedures is an integral part of CPI’s ongoing Training Process and is discussed as part of all Instructor Certification Programs. Once policies are implemented, staff should be educated regularly on the policies and procedures, and these policies and procedures should be updated as needed.
(8) Procedures to develop and provide the training required in subsection (f). Employees and their representatives shall be allowed to participate in developing the training.	(8) CPI offers a variety of resources and tools that can be used to implement a flexible and effective ongoing Training Process in any facility.
Title 8 §3342 (c) Workplace Violence Prevention Plan	Correlation With <i>Nonviolent Crisis Intervention</i>® Training
(10) Procedures to identify and evaluate patient-specific risk factors and assess visitors or other persons who are not employees. Assessment tools, decision trees, algorithms, or other effective means shall be used to identify situations in which patient-specific Type 2 violence is more likely	(10) CPI training includes a Decision-Making Matrix tool to objectively assess risk behaviors and determine responses. This tool can be used to plan for specific risk behaviors of individuals. It can also be used to help prevent a crisis and make decisions that will reduce the likelihood of more severe

Title 8 §3342 (c) Workplace Violence Prevention Plan	Correlation With <i>Nonviolent Crisis Intervention®</i> Training
<p>to occur and to assess visitors or other persons who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence. This includes, as applicable, procedures for paramedic and other emergency medical services to communicate with receiving facilities, and for receiving facilities to communicate with law enforcement and paramedic and other emergency medical services, to identify risk factors associated with patients who are being transported to the receiving facility. Patient-specific factors shall include, as applicable, but not necessarily be limited to, the following:</p> <ul style="list-style-type: none"> A. A patient’s mental status and conditions that may cause the patient to be non-responsive to instruction or to behave unpredictably, disruptively, uncooperatively, or aggressively; B. A patient’s treatment and medication status, type, and dosage, as is known to the health facility and employees; C. A patient’s history of violence, as is known to the health facility and employees D. Any disruptive or threatening behavior displayed by a patient. 	<p>outcomes when a crisis occurs.</p> <p>The debriefing model in CPI training enables patients and others involved in the crisis to express their views on the situation and create a plan for preventing the escalating behavior in the future by identifying the Precipitating Factors of the event and by planning alternative strategies for managing similar situations in the future.</p>
<p>(11) Procedures to correct workplace violence hazards in a timely manner in accordance with Section 3203(a)(6). Engineering and work practice controls shall be used to eliminate or minimize employee exposure to the identified hazards to the extent feasible. The employer shall take measures to protect employees from imminent hazards immediately, and shall take measures to protect employees from identified serious hazards within seven days of the discovery of the hazard, where there is a realistic possibility that death or serious physical harm could result from the hazard. When an identified corrective measure cannot be implemented within this timeframe, the employer shall take interim measures to abate the imminent or serious nature of the hazard while completing the permanent control measures. Corrective measures shall include, as applicable, but shall not be limited to:</p> <ul style="list-style-type: none"> A. Ensuring that sufficient numbers of staff are trained and available to prevent and immediately respond to workplace violence incidents during each shift. A staff person is not considered to be available if assignments prevent the person from immediately responding to an alarm or other notification of a violent incident. 	<ul style="list-style-type: none"> A. Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering, makes it easy to roll out training to a large number of staff.

Title 8 §3342 (c) Workplace Violence Prevention Plan	Correlation With <i>Nonviolent Crisis Intervention</i> ® Training
<p>(12) Procedures for post-incident response and investigation, including:</p> <ul style="list-style-type: none"> D. Conducting a post-incident debriefing as soon as possible after the incident with all employees, supervisors, and security involved in the incident; E. Reviewing any patient-specific risk factors and any risk reduction measures that were specified for that patient; 	<ul style="list-style-type: none"> D. In <i>Nonviolent Crisis Intervention</i>® training, CPI offers a model for debriefing that can be utilized with patients, the staff members that were involved, or with any bystanders or witnesses to the event. This Postvention process creates a learning opportunity for everyone. E. Staff can use the debriefing model to analyze each incident to assess their intervention strategies, identifying what worked well and what might be adapted to prevent future occurrences of the escalating behavior. Additionally, staff can watch for trends or patterns of Precipitating Factors that may be related to staff approaches or the environment. Once patterns are identified, staff can use their analysis to inform policy development, make environmental changes when appropriate, and improve professional development practices for staff.
Title 8 §3342 (d) Violent Incident Log	Correlation With <i>Nonviolent Crisis Intervention</i> ® Training
<p>(d) Violent Incident Log. The employer shall record information in a violent incident log (Log) about every incident, post-incident response, and workplace violence injury investigation performed in accordance with subsection (c)(12). Information about each incident shall be based on information solicited from the employees who experienced the workplace violence.</p>	<p>(d) CPI recommends documenting all incidents of violence with all relevant information as part of a workplace violence prevention plan. It is recommended that staff document the patient's actions that occurred before, during, and after the incident and that staff document their own responses to the observed behavior including responses that occurred before, during, and after the incident. CPI recommends that each incident of violence also be documented as part of the Postvention process. Staff should evaluate each incident through the lens of the <i>Nonviolent Crisis Intervention</i>® training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.</p> <p>The <i>Nonviolent Crisis Intervention</i>® training program provides a model for assessing and gathering incident data to aid staff in performing this important evaluation process.</p>

<p align="center">Title 8 §3342 (e) Review of the Workplace Violence Prevention Plan</p>	<p align="center">Correlation With <i>Nonviolent Crisis Intervention</i>® Training</p>
<p>(e) Review of the Workplace Violence Prevention Plan. The employer shall establish and implement a system to review the effectiveness of the Plan for the overall facility or operation at least annually, in conjunction with employees and their representatives regarding the employees' respective work areas, services, and operations. Problems found during the review shall be corrected in accordance with subsection (c)(11).</p>	<p>(e) As part of a comprehensive violence prevention initiative, CPI recommends that organizations adopt policies and procedures that reflect the philosophy and strategies taught in the <i>Nonviolent Crisis Intervention</i>® program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.</p> <p>CPI provides support to organizations looking to review existing policies and has the expertise to provide support and consultation around the effective implementation of any workplace violence prevention plan. Continual review of your organization's policies and procedures is an integral part of CPI's ongoing Training Process and is discussed as part of all Instructor Certification Programs. Once policies are implemented, staff should be educated regularly on the policies and procedures. These policies and procedures should be updated as needed.</p>
<p align="center">Title 8 §3342 (f) Training</p>	<p align="center">Correlation With <i>Nonviolent Crisis Intervention</i>® Training</p>
<p>(f) Training. The employer shall provide effective training to employees, as specified in subsections (f)(1) through (f)(3), that addresses the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs. The employer shall have an effective procedure for obtaining the active involvement of employees and their representatives in developing training curricula and training materials, participating in training sessions, and reviewing and revising the training program. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.</p>	<p>(f) The <i>Nonviolent Crisis Intervention</i>® curriculum focuses on prevention by recognizing the early warning signs of potential crisis situations and equipping staff with nonverbal and verbal de-escalation skills. It is the core belief of the <i>Nonviolent Crisis Intervention</i>® training program that every effort should be made to prevent the need for physical intervention.</p> <p>CPI teaches staff to constantly engage in a risk assessment throughout the crisis. This assessment is focused on evaluating the risks and likelihood of specific behaviors and weighing them against the potential risks of intervention.</p> <p>CPI's train-the-trainer model ensures that the training and the related materials are easily customizable to meet the needs of the staff engaged in the training and provides practice, role-playing real-life scenarios, and problem-solving activities to ensure that staff remain engaged in learning. In addition, our eLearning offerings are designed to be highly interactive and engaging and incorporate numerous learning strategies effective with adult learners.</p>

Title 8 §3342 (f) Training	Correlation With <i>Nonviolent Crisis Intervention®</i> Training
<p>(1) All employees working in the facility, unit, service, or operation shall be provided initial training as described in subsection (f)(1)(A) when the Plan is first established and when an employee is newly hired or newly assigned to perform duties for which the training required in this subsection was not previously provided, and shall also be provided additional training as described in subsection (f)(1)(B).</p> <p>(A) Initial training shall address the workplace violence hazards identified in the facility, unit, service, or operation, and the corrective measures the employer has implemented and shall include:</p> <ol style="list-style-type: none"> 1. An explanation of the employer’s workplace violence prevention plan, including the employer’s hazard identification and evaluation procedures, general and personal safety measures the employer has implemented, how the employee may communicate concerns about workplace violence without fear of reprisal, how the employer will address workplace violence incidents, and how the employee can participate in reviewing and revising the Plan; 2. How to recognize the potential for violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence; 3. Strategies to avoid physical harm; 4. How to recognize alerts, alarms, or other warnings about emergency conditions such as mass casualty threats and how to use identified escape routes or locations for sheltering, as applicable: 	<p>(1) Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering, makes it easy to roll out training to a large number of staff.</p> <ol style="list-style-type: none"> 1. The <i>Nonviolent Crisis Intervention®</i> training program is designed to be easily customized, making it simple for staff to incorporate organizational policy into each discussion area within the curriculum. 2. The <i>Nonviolent Crisis Intervention®</i> curriculum focuses on prevention by recognizing the early warning signs of potential crisis situations and equipping staff with nonverbal and verbal de-escalation skills. It is the core belief of the <i>Nonviolent Crisis Intervention®</i> training program that every effort should be made to prevent the need for physical restraint. 3. The <i>Nonviolent Crisis Intervention®</i> curriculum provides disengagement strategies for staff that find themselves in a situation where they are confronted with physical violence. In addition, the <i>Nonviolent Crisis Intervention®</i> training program emphasizes that physical interventions should be used only as a last resort when the danger presented by the person’s behavior outweighs the risks of physical restraint use. 4. The <i>Nonviolent Crisis Intervention®</i> course offers risk assessment criteria to be used by staff during any perceived threat as a means of assessing the potential danger presented by the situation and appropriate responses to the situation to ensure the greatest level of safety.

Title 8 §3342 (f) Training	Correlation With <i>Nonviolent Crisis Intervention</i> ® Training
<p>5. The role of private security personnel, if any;</p> <p>6. How to report violent incidents to law enforcement;</p> <p>7. Any resources available to employees for coping with incidents of violence, including, but not limited to, critical incident stress debriefing or employee assistance programs;</p> <p>8. An opportunity for interactive questions and answers with a person knowledgeable about the employer’s workplace violence prevention plan.</p> <p>(B) Additional training shall be provided when new equipment or work practices are introduced or when a new or previously unrecognized workplace violence hazard has been identified. The additional training may be limited to addressing the new equipment or work practice or new workplace hazard.</p> <p>(C) Training not given in person shall fulfill all the subject matter requirements of subsection (f)(1) and shall provide for interactive questions to be answered within one business day by a person knowledgeable about the employer’s workplace violence prevention plan.</p> <p>(2) Employees performing patient contact activities and those employees’ supervisors shall be provided refresher training at least annually, applicable to those employees, to review the topics included in the initial training and the results of the review(s) required in subsection (e). Refresher training shall include an opportunity for interactive questions and answers with a person knowledgeable about the employer’s workplace violence prevention plan. Training not given in person shall fulfill all the subject matter requirements of subsection (f)(2) and shall provide for interactive questions to be answered within one business day by a person knowledgeable about the employer’s workplace violence prevention plan.</p>	<p>5. CPI encourages organizations utilizing private security personnel to attend training and to share with staff the expectations for the use of these personnel in crisis moments.</p> <p>6. The flexibility provided in the <i>Nonviolent Crisis Intervention</i>® program makes it easy to incorporate the organization’s law enforcement policy with the curriculum.</p> <p>7. CPI’s debriefing model includes a step about giving support and encouragement to the staff members involved in the crisis situation.</p> <p>8. The <i>Nonviolent Crisis Intervention</i>® training program is designed to be interactive and allows continual opportunity for questions and answers.</p> <p>(B) CPI encourages refresher training on a regular basis, making it easy to provide policy updates to staff in a timely manner.</p> <p>(C) Whether delivered in-person or via our Flex blended delivery option, our corporate-wide approach ensures that knowledgeable staff are always available to assist staff with questions or concerns they may have.</p> <p>(2) CPI advocates for refresher training to take place at least annually. To help you with this, CPI has the largest selection of refresher courses to not only refresh your staff in existing content, but to give them new skills as well. Topics ranging from advancing verbal skills to dealing with weapons in the workplace—and much more—can help you refresh and expand staff confidence and competence.</p> <p>In addition, CPI leads the training industry with online learning options. From the CPI App to our Flex blended delivery model to Video-on-Demand and DVD programs, you have numerous options to choose from. Many are also integrated with topics that are deeply relevant to health care, such as Trauma-Informed Care.</p>

Title 8 §3342 (f) Training	Correlation With <i>Nonviolent Crisis Intervention</i> ® Training
<p>(3) Employees assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior shall be provided training on the following topics prior to initial assignment and at least annually thereafter. This is in addition to the training required in subsection (f)(1). This additional training shall include:</p> <p>(A) General and personal safety measures;</p> <p>(B) Aggression and violence predicting factors;</p> <p>(C) The assault cycle;</p> <p>(D) Characteristics of aggressive and violent patients and victims;</p> <p>(E) Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior;</p> <p>(F) Strategies to prevent physical harm;</p> <p>(G) Appropriate and inappropriate use of restraining techniques in accordance with Title 22;</p> <p>(H) Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22;</p> <p>(I) An opportunity to practice the maneuvers and techniques included in the training with other employees they will work with, including a meeting to debrief the practice session. Problems found shall be corrected.</p>	<p>(A) The <i>Nonviolent Crisis Intervention</i>® program’s core content equips staff with general and personal safety techniques.</p> <p>(B) The same content teaches staff about the signs of aggression, how to handle them, and how to read a situation for indicators of violence.</p> <p>(C) In CPI training, the <i>Crisis Development Model</i>™ describes recognizable behavior levels that an escalating person might go through during a crisis. It also describes corresponding staff attitudes and approaches to de-escalate challenging behaviors.</p> <p>(D) CPI’s trauma-informed, person-centered training will help you with what to look for and how to assess.</p> <p>(E) Prevention is what CPI training is all about. It’s our middle name. We also teach verbal de-escalation and physical disengagement skills to defuse any incidents that staff can’t successfully prevent.</p> <p>(F) CPI training involves personal disengagement skills to keep staff physically safe from strikes, grabs, and other injuries and assaults—without hurting others.</p> <p>(G) At the Crisis Prevention Institute, we teach that physical restraint should only be used as a very last resort when all nonphysical options have been exhausted. For last-resort circumstances, we teach safer, nonharmful restraint techniques that are the most adaptable in the industry.</p> <p>(H) With customized training, we can help you develop supportive, person-centered approaches to use in the event that chemical restraints need to be used.</p> <p>(I) You’ll find that CPI training is all about practice, role-playing real-life scenarios, problem solving, and ongoing education to ensure the best solutions for your staff.</p>

Title 8 §3342 (g) Reporting Requirements for General Acute Care Hospitals, Acute Psychiatric Hospitals, and Special Hospitals	Correlation With <i>Nonviolent Crisis Intervention</i>® Training
<p>(g) Reporting Requirements for General Acute Care Hospitals, Acute Psychiatric Hospitals, and Special Hospitals.</p> <p>(1) Every general acute care hospital, acute psychiatric hospital, and special hospital shall report to the Division any incident involving either of the following:</p> <p>(A) The use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;</p> <p>NOTE: "Injury," as used in subsection (g)(1)(A), means an injury meeting the criteria in Section 14300.7(b)(1).</p> <p>(B) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.</p>	<p>(g) CPI recommends documenting all incidents of violence with all relevant information as part of a workplace violence prevention plan. It is recommended that staff document the patient's actions that occurred before, during, and after the incident and that staff document their own responses to the observed behavior including responses that occurred before, during, and after the incident. CPI recommends that each incident of violence also be documented as part of the Postvention process. Staff should evaluate each incident through the lens of the <i>Nonviolent Crisis Intervention</i>® training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.</p> <p>The <i>Nonviolent Crisis Intervention</i>® training program provides a model for assessing and gathering incident data to aid staff in performing the important evaluation process.</p>
Title 8 §3342 (h) Recordkeeping	Correlation With <i>Nonviolent Crisis Intervention</i>® Training
<p>(h) Recordkeeping.</p> <p>(1) Records of workplace violence hazard identification, evaluation, and correction shall be created and maintained in accordance with Section 3203(b)(1), except that the Exception to Section 3203(b)(1) does not apply.</p> <p>(2) Training records shall be created and maintained for a minimum of one year and include training dates, contents or a summary of the training sessions, names and qualifications of persons conducting the training, and names and job titles of all persons attending the training sessions. Section 3203(b)(2) EXCEPTION NO. 1 does not apply to these training records.</p> <p>(3) Records of violent incidents, including but not limited to, violent incident logs required by subsection (d), reports required by subsection (g), and workplace violence injury investigations conducted pursuant to subsection (c)(12), shall be maintained for a minimum of five years. These records shall not contain "medical information" as defined by Civil Code Section 56.05(j).</p> <p>(4) All records required by this subsection shall be made available to the Chief on request, for examination and copying.</p> <p>(5) All records required by this subsection shall be made available to employees and their representatives, on request, for examination and copying in accordance with Section 3204(e)(1) of these orders.</p>	<p>(h) CPI recommends documenting all incidents of violence with all relevant information as part of a workplace violence prevention plan. It is recommended that staff document the patient's actions that occurred before, during, and after the incident and that staff document their own responses to the observed behavior including responses that occurred before, during, and after the incident. CPI recommends that each incident of violence also be documented as part of the Postvention process. Staff should evaluate each incident through the lens of the <i>Nonviolent Crisis Intervention</i>® training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.</p> <p>The <i>Nonviolent Crisis Intervention</i>® training program provides a model for assessing and gathering incident data to aid staff in performing the important evaluation process. In addition, CPI offers a comprehensive means of documenting and recording staff training and provides verifiable certification records for each staff member trained in CPI courses.</p>

Title 8 §3342 (h) Recordkeeping	Correlation With <i>Nonviolent Crisis Intervention®</i> Training
<p>(6) Records required by Division 1, Chapter 7, Subchapter 1, Occupational Injury or Illness Reports and Records, of these orders shall be created and maintained in accordance with those orders.</p>	