

ALIGNMENT



Nevada Assembly Bill No. 348

Alignment to Crisis Prevention Institute, Inc. (CPI)
Nonviolent Crisis Intervention® Training Program



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19-CPI-LEG-0709 07/19

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

For 40 years, CPI has supported hospitals and medical facilities 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 Nevada Assembly Bill No. 348, CPI's train-the-trainer program and its family of advanced programs also offers a comprehensive array of curriculums 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 behavior become dangerous and most importantly it won't damage the professional bond that healthcare 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 hospitals and other medical facilities in the state of Nevada comply with the training and documentation requirements within this law. It may also assist you in identifying areas that may require a review and/or revision in your facility's policies and procedures.

Definitions

"Medical facility" means:

1. A hospital, as defined in NRS 449.012; or
2. A psychiatric hospital, as defined in NRS 449.0165

"Workplace practice control" means a procedure or rule that is used to reduce the risk of workplace violence, including:

1. Assigning and placing staff in a manner that reduces patient specific factors;
2. Employing or contracting with security guard when applicable; and
3. Providing training on methods to prevent workplace violence and respond to incidents of workplace violence

"Workplace violence" means any act of violence or threat of violence that occurs at a medical facility, except for a lawful act of self-defense or defense of another person. The term includes, without limitation:

1. The use or threatened use of physical force against an employee or other provider of care, regardless of whether the employee or other provider of care is physically or psychologically injured; and
2. An incident involving the use or threatened use of a firearm or other dangerous weapon, regardless of whether an employee or other provider of care is physically or psychologically injured

"Patient-specific risk factor" means a factor specific to a patient that may increase the likelihood or severity of an incident of workplace violence. The term includes one or more of the following:

1. The mental health of the patient;

2. The statute of a patient's treatment and medication;
3. A history of violent acts by the patient;
4. The use of drugs or alcohol by the patient; or
5. Any other condition that may cause a patient to experience confusion or disorientation, fail to respond to instruction or behave unpredictably

“Threat of violence” means a statement or conduct that:

1. Results in a reasonable person fearing for his or her safety because of the likelihood of physical injury; and
2. Has no legitimate purpose

Intent of Legislation Section 14: Development of Prevention Plan	Correlation With <i>Nonviolent Crisis Intervention</i> ® Training
<p>1. A medical facility shall:</p> <p>(a) Establish a committee on workplace safety, which must consist of:</p> <p>(1) If a staffing committee has been established for the medical facility pursuant to NRS 449.242 or an applicable collective bargaining agreement:</p> <p style="padding-left: 40px;">(I) The members of the staffing committee; and</p> <p style="padding-left: 40px;">(II) Employees of the medical facility who work in areas of the medical facility other than those represented on the staffing committee, appointed by the operator of the medical facility.</p> <p>(2) If a staffing committee has not been established for the medical facility pursuant to NRS 449.242 or an applicable collective bargaining agreement, employees of the medical facility appointed by the operator of the medical facility. Such employees must include, without limitation, employees who work in all major areas of the medical facility.</p> <p>(b) Develop and maintain a plan for the prevention of and response to workplace violence. The plan must:</p> <p>(1) Be in writing;</p> <p>(2) Be in effect at all times;</p> <p>(3) Be available to be viewed by each employee of the</p>	<p>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 organizations policies and procedures are an integral part of CPI's Ongoing Training Process and are discussed as part of all Instructor Certification</p>

medical facility or other provider of care at the medical facility at all times;

(4) Be specific for each unit, area and location maintained by the medical facility; and

(5) Be developed in collaboration with the committee on workplace safety established pursuant to paragraph (a).

Programs. Once policies are implemented, staff should be educated regularly on the policies and procedures. These policies and procedures should be updated as needed.

Section 14: Workplace Violence Prevention Plan

Correlation With *Nonviolent Crisis Intervention*® Training

3. The plan developed pursuant to paragraph (b) of subsection 1 must include, without limitation:

(a) A requirement that all employees of the medical facility and other providers of care at the medical facility receive the training described in section 15 of this act concerning the prevention of workplace violence:

(1) Upon the adoption of a new plan for the prevention of workplace violence;

(2) Upon commencing employment and annually thereafter;

(3) Upon commencing new job duties in a new location of the medical facility or a new assignment in a new location of the medical facility; and

(4) When a previously unrecognized hazard is identified or there is a material change in the facility requiring a change to the plan.

(b) Procedures that meet the requirements of section 16 of this act for responding to and investigating incidents of workplace violence.

(c) Procedures that meet the requirements of the regulations adopted pursuant to section 18.5 of this act for assessing and responding to situations that create the potential for workplace violence.

(d) Procedures for correcting hazards that increase the risk of workplace violence, including, without limitation, using engineering controls that are feasible and applicable applicable to the medical facility and work practice controls to eliminate or minimize exposure of employees and other providers of care to such hazards.

In addition, CPI leads the training industry with classroom style and online learning options customized to meet each organization specific needs. Many are also integrated with topics deeply relevant to the health care industry, such as Trauma-Informed Care.

CPI offers a variety of programs to encourage refresher training on a regular basis - making it easy to provide policy updates to staff in a timely manner.

CPI recognizes the challenges that arise when commencing new employment which is why we offer several training options including advanced physical training, *Nonviolent Crisis Intervention*® program training, verbal intervention training, prevention first online training. Each program is able to meet the ongoing needs of each facility to develop competencies during different levels of risk that one may face during the course of a workday.

CPI recommends documenting all incidences 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 *Nonviolent Crisis Intervention*® training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.

The *Nonviolent Crisis Intervention*® training

(e) Procedures for obtaining assistance from security guards or public safety agencies when appropriate.

program provides a model for assessing and gathering incident data to aid staff if 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 trained in CPI courses.

The flexibility provided in the *Nonviolent Crisis Intervention*® program makes it easy to incorporate the organization’s law enforcement policy with the curriculum CPI recognizes that some situations may require an organization to alert law enforcement.

(f) Procedures for responding to incidents involving an active shooter and other threats of mass casualties through the use of plans for evacuation and sheltering that are feasible and appropriate for the medical facility.

CPI does not provide training for incidents involving active shooter or other threats of mass casualties. For proper training on these acts of violence, consult with proper authority.

(g) Procedures for annually assessing, in collaboration with the committee on workplace safety established pursuant to paragraph (a) of subsection 1, the effectiveness of the plan.

CPI recommends documenting all incidences 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 *Nonviolent Crisis Intervention*® training.

Section 15: Training Requirements

**Correlation With
Nonviolent Crisis Intervention® Training**

1. The training provided under the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act must address the risks of workplace violence that an employee or other provider of care may be reasonably anticipated to encounter on his or her job and must include, without limitation, instruction concerning:
 - a. An explanation of the plan, the manner in which the medical facility plans to address incidents of workplace violence, the manner in which an employee may participate in reviewing and revising the plan and any information necessary for employees and other providers of care to perform

CPI’s train-the-trainer model ensures that the training and related materials are easily customizable to meet the needs of the staff engage in the training and to provide practice, role playing real-life scenarios, and problem-solving activities that ensure staff remain fully engaged. In addition, our eLearning offerings are designed to be highly interactive, engaging, and incorporate numerous learning strategies.

the duties that may be required of each employee or other provider of care under the plan;

- b. Recognizing situations that may result in workplace violence;

The Nonviolent Crisis Intervention[®] course offers risk assessment criteria to be used by staff during any perceived threat as a means of assessing a potentially dangerous situation and how to appropriately respond to the situation to ensure the greatest level of safety for everyone involved.

- c. When and how to respond to and seek assistance in preventing or responding to workplace violence;

CPI's trauma-informed, person-centered training will help you with what to look for and how to assess workplace violence. Further, CPI's training will provide prevention techniques on verbal de-escalation and physical disengagement skills to defuse any incidents that staff cannot successfully prevent.

- d. Reporting incidents of workplace violence to the medical facility and public safety agencies when appropriate;

CPI recommends documenting all incidences 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.

- e. Resources available to employees and other providers of care in coping with incidents of workplace violence, including, without limitation, debriefing processes established by the medical facility for use after an incident of workplace violence and available programs to assist employees and other providers of care in recovering from incidents of workplace violence; and

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 *Nonviolent Crisis Intervention*[®] training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.

- f. For each employee or other provider of care who has contact with patients, training concerning verbal intervention and de-escalation techniques that:

CPI's train-the-trainer model ensures that the training and related materials are easily customizable to meet the needs of the staff engaged in the training and provides practice, roleplaying real-life scenarios and problem-solving activities to ensure that staff remain engaged in the learning. In addition, our eLearning program offers a highly interactive and engaging platform to incorporate numerous learning strategies for adult learners.

- (1) Allows the employee or other provider of care to practice those techniques with other employees and other providers of care with whom he or she works; and

- (2) Includes a meeting to debrief each practice session conducted pursuant to subparagraph (1).

- 2. A medical facility shall collaborate with the committee on workplace safety established pursuant to paragraph (a)

CPI offers a variety of programs to encourage refresher training on a regular basis - making it

of subsection 1 of section 14 of this act in developing, reviewing and revising the training provided under the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act and any curricula or materials used in that training.

easy to provide policy updates to staff in a timely manner.

CPI encourages ongoing practice of all techniques taught. Renewal process and recommendations for training. In addition, this allows staff to debrief on previous incidents of workplace violence and how to continually improve for the future.

CPI, through its Yammer Platform, offers an interactive, collaborative community for Certified Instructors and staff to discuss questions and offer role-specific solutions for real life situations. This platform allows for continual support from other organizations on how to manage workplace violence and discuss ways to support those utilizing CPI's training.

Section 16: Responding and Investigating Incidents of Workplace Violence

Correlation With *Nonviolent Crisis Intervention*® Training

The procedures for responding to and investigating incidents of workplace violence included in the plan adopted pursuant to paragraph (b) of subsection 1 of section 14 of this act must include, without limitation, procedures to:

After an 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 *Nonviolent Crisis Intervention*® training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.

2. Ensure an effective response to each incident of workplace violence, including, without limitation, by ensuring that members of the staff of the medical facility are trained to address such incidents and designated to be available to immediately assist in the response to such an incident without interrupting patient care;

The Nonviolent Crisis Intervention® training program provides a model for assessing and gather incident data to aid staff if performing this important portion of the evaluation process.

4. Identify each employee or other provider of care involved in an incident of workplace violence;

CPI recommends documenting all incidences of violence with all relevant information as part of a workplace violence prevention plan. The *Nonviolent Crisis Intervention*® training program provides a model for assessing and gathering incident data to aid staff if 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 trained in CPI courses.

5. Offer counseling to each employee and other provider of care affected by an incident of workplace violence;

CPI training teaches staff to consider the potential psychological, physiological, and social-emotional

<p>6. Offer the opportunity for each employee and other provider of care, including, without limitation, supervisors and security guards, involved in an incident of workplace violence to debrief as soon as possible after the incident at a time and place that is convenient for the employee or other provider of care;</p> <p>7. Review any patient-specific risk factors and any measures specified to reduce those factors;</p> <p>8. Review the implementation and effectiveness of corrective measures taken under the plan; and</p> <p>9. Solicit the feedback of each employee or other provider of care involved in an incident of workplace violence concerning the precipitating factors of the incident and any measures that may have assisted in preventing the incident.</p>	<p>effects that physical restraint or physical violence can have on an individual and on staff. In the training program, staff learn ways to minimize or eliminate these effects whenever possible through their prevention, intervention, and postvention efforts.</p>
	<p>CPI training emphasizes the importance of postvention strategies after an incident of workplace violence. This includes debriefing with anyone involved with a focus on orienting the staff to the basic factors of the incident and how to properly report.</p>
	<p>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.</p>
	<p>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.</p>
Section 17: Requirements for Developing and Reporting Incidents of Workplace Violence	Correlation With <i>Nonviolent Crisis Intervention</i> [®] Training
<p>1. A medical facility shall:</p> <p>a. Ensure that the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act is effectively implemented at all times and in all units, areas and locations of the medical facility.</p> <p>b. Coordinate risk assessment and development and implementation of the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this</p>	<p>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 the use of physical intervention. Further, the CPI program teaches staff about signs of aggression, how to handle it, and how to read a situation for indicators of violence.</p>

act with employees who provide care in the medical facility.

- c. Implement engineering controls, work practice controls and other appropriate measures, as applicable, to prevent and mitigate the risk of workplace violence in all units, areas and locations of the facility. Such controls must meet the requirements prescribed in the regulations adopted pursuant to section 18.5 of this act.

2. A medical facility shall:

- a. Encourage employees and other providers of care to report incidents of workplace violence and concerns about workplace violence and seek the assistance of a public safety agency in accordance with the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act to respond to an incident of workplace violence; and
- b. Report to the Division any incident of workplace violence that:
 - (1) Involves the use of physical force against an employee or other provider of care by a patient or a person accompanying a patient;
 - (2) Involves the use of a firearm or other dangerous weapon; or
 - (3) Presents a realistic possibility of death or serious physical harm to an employee or other provider of care.

CPI's *Nonviolent Crisis Intervention*® program makes it easy for organizations to incorporate law enforcement policy with the curriculum. CPI recognizes that some situations may require an organization to alert law enforcement.

CPI recommends that each incident of violence be documented as part of the Postvention process. Staff should evaluate each incident through the lens of the *Nonviolent Crisis Intervention*® training program to look for opportunities to adjust their intervention strategies and to evolve their workplace violence prevention plan for future incidents.

- 10. A medical facility shall not prohibit an employee or other provider of care from reporting incidents of workplace violence or concerns about workplace violence or seeking the assistance of a public safety agency to respond to an incident of workplace violence in accordance with the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act.

Prohibiting reporting of workplace violence does not allow for staff to debrief and come to a consensus on handling similar situation moving forward. CPI focuses on de-escalation and prevention by reporting and documenting all incidents of workplace violence. This process ensures that staff debrief and can adapt to future incidents of workplace violence.

Section 18-18.5: Recording Requirements

**Correlation With
Nonviolent Crisis Intervention® Training**

- 1. A medical facility shall maintain and make available to the Division upon request records related to incidents of workplace violence and actions taken in compliance with sections 14 to 18.5, inclusive, of this act and the regulations adopted pursuant thereto. Such records must

CPI recommends documentation of all incidences of violence with all relevant information as part of the workplace violence prevention plan. It is recommended that staff document the actions that occurred before, during, and after the incident.

include, without limitation:

- (a) Records of the identification, evaluation and correction of hazards that increase the risk of workplace violence.
- (b) A record of workplace violence which meets the requirements prescribed by the regulations adopted pursuant to section 18.5 of this act.
- (c) A record of each training session provided under the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act.
- (d) A record of each report to the Division pursuant to paragraph (b) of subsection 2 of section 17 of this act.
- (e) Any additional information required by regulation of the Division.

2. Records maintained pursuant to sections 14 to 18.5, inclusive, of this act and the regulations adopted pursuant thereto must not include the personally identifiable information of any patient, employee of the medical facility or other provider of care at the medical facility. Such records must not be maintained or disclosed in a manner that violates NRS 449A.112 or the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any regulations adopted pursuant thereto.

Sec. 18.5. 1. The Division shall, in consultation with the Division of Public and Behavioral Health of the Department of Health and Human Services, define by regulation the term "unit" for the purposes of sections 2 to 19, inclusive, of this act.

Section 18.5

2. In addition to the regulations adopted pursuant to subsection 1, the Division shall adopt regulations that:
- (a) Prescribe minimum requirements for the procedures for assessing and responding to situations that create the potential for workplace violence included in the plan adopted pursuant to paragraph (b) of subsection 1 of section 14 of this act.
 - (b) Prescribe minimum requirements for the engineering controls, work practice controls and other appropriate measures to prevent and mitigate

Further, staff should document their own responses to the observed behaviors including responses that occurred before, during, or after the incident.

The *Nonviolent Crisis Intervention*[®] 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 - including hours trained and certification.

CPI's *Nonviolent Crisis Intervention*[®] training equips staff with general and personal safety techniques. Further, with customizable training, we can help you meet the specific needs of your organization for preventing workplace violence.

the risk of workplace violence carried out pursuant to section 17 of this act.

- (c) Prescribe the required contents of a record of workplace violence maintained pursuant to section 18 of this act.

Effective Date	Correlation With <i>Nonviolent Crisis Intervention</i>® Training
<p>To comply with Nevada Assembly Bill No. 348, all hospitals and psychiatric hospitals must implement the above requirements by July 1, 2020.</p> <p>All other medical facilities, including certain large agencies to provide nursing in the home, independent centers for emergency medical care, facilities for intermediate care, facilities for skilled nursing, facilities for modified medical detoxification and community triage centers, must comply with the above requirements by July 1, 2021.</p>	<p>CPI's programs, resources, and services can be instrumental in ensuring the timely implementation of training, policies, and procedures to meet strict deadlines or requirements.</p>