

Memorandum

PREPARED FOR: Joint Task Force on Improving the Safety of Behavioral Health Workers
DATE: August 30, 2024
BY: LPRO Staff
RE: Safety Plan Samples and Training Requirements



The August 30th, 2024 meeting of the Task Force includes a focus on safety plans and protocols for behavioral health settings. This document includes **supplemental information** that members may find helpful to review.

Safety Plans

The table below contains resources related to workplace violence safety plans, including recommended plan elements and sample policies.

Item	Link
The Joint Commission: Workplace Violence Prevention in Behavioral Health Care and Human Services (R3 Report: Requirement, Rationale, Reference). (2023)	link
Oregon OSHA voluntary cooperative relationships with Oregon trade groups	link (see examples on web page)
Hospital Association of Oregon – Workplace Violence Toolkit (revised 2020)	link
Oregon State Hospital	
- Workplace Violence Prevention Program (2023)	Program – link
- Workplace Violence Prevention Policy (8.033)	Policy – link
- Procedures – Type 1 violence (criminal intent)	Type 1 procedure – link
- Procedures – Type 2 violence (patient response)	Type 2 procedure – link
- Procedures – Type 3 violence (staff-on-staff)	Type 3 procedure – link
- Procedures – Type 4 violence (personal relation)	Type 4 procedure - link
Clackamas County Behavioral Health Division: Field Safety Policy (12/2/2020)	link
Association of Oregon Community Mental Health Programs: Worker Safety Core Elements Recommendations (2012) <i>**AOCMHP noted the recommendations are outdated regard technology</i>	link

Safety Training

Oregon Health Authority and Oregon Department of Human Services provided the below information on employer requirements for violence prevention trainings. These trainings are outlined in agency rule and are in addition to federal or state OSHA requirements.

Facility Type and Rules	Requirement
Regional acute care psychiatric services (OAR 309-032-0870)	Standards for approval of regional acute care psychiatric service: (6) The regional acute care psychiatric service shall: (j) Maintain a personnel file for each patient care staff that includes a written job description; the minimum level of education or training required for the position; copies of applicable licenses, certifications, or degrees granted; annual performance appraisals; a biennial, individualized staff development plan signed by the staff; documentation of CPR training; documentation of annual training and certification in managing aggressive behavior , including seclusion and restraint; and other staff development and skill training received;
Secure Transport (OAR 309-033-0437)	Mechanical restraint by a secure transport provider: (3) A Secure transport provider shall have adequately trained employees who are transporting a person in custody or on diversion; (a) The employee shall participate in four hours of training annually, in supportive interaction, redirection, de-escalation and the management of aggressive behavior , and the proper application of mechanical restraint and standards for the proper use of mechanical restraint;
Hospitals and nonhospital facilities including: 5-day Hold Hospital Emergency Department Hold Rooms Inpatient Psychiatric Units Transport custody hospitals (OAR 309-033-0530)	Approval of hospitals and nonhospital facilities to provide services to persons under civil commitment and to person in custody and on diversion: (3) Requirements for approval. In undertaking review of the hospital or nonhospital facility for approval, the Division shall be satisfied that the hospital or nonhospital facility meets one of the following requirements: (b) Requirements for facilities not approved to provide seclusion and restraint. The Division shall approve a nonhospital facility to serve persons under civil commitment and persons in custody and on diversion if the nonhospital facility is certified as a secure residential facility under Division rules and the nonhospital facility has the following: (C) A staff training curriculum which is approved by the LIP and includes: (iv) Management of aggressive behavior and de-escalation techniques.
Child and Adolescent Intensive Treatment Services (OAR 309-022-0130)	Documentation, Training, and Supervision: (a) A review of individual crisis prevention and response procedures; <i>[Agency Note: ODHS regulations require a specific number of hours per year for this training. It must be conducted IN PERSON. CMS Regulations stipulate that the Crisis Prevention and Response procedures including restraint and seclusion training must be conducted semi-annually with the requirement the person demonstrates their knowledge, usually via a test.]</i>
Psychiatric emergency services (OAR 309-023-0170)	(2) A staff training curriculum shall include, but is not limited to: (b) Recognition of indicators of violence to self or others, or assault and criteria for the transfer of the individual to or from the facility;



(d) Management of aggressive behavior and de-escalation techniques;

(3) Requirements for approval. In undertaking review of the hospital or nonhospital facility for approval, the Division shall be satisfied that the hospital or nonhospital facility meets one of the following requirements:

(b) Requirements for facilities not approved to provide seclusion and restraint. The Division shall approve a nonhospital facility to serve persons under civil commitment and persons in custody and on diversion if the nonhospital facility is certified as a secure residential facility under Division rules and the nonhospital facility has the following:

(A) Written policies and procedures in place which assure that:

(v) A staff person shall participate in the training approved by the LIP quarterly.

(C) A staff training curriculum which is approved by the LIP and includes:

(ii) Recognition of indicators of violence or assault and criteria for the transfer of person to a more secure facility;

(iv) Management of aggressive behavior and de-escalation techniques.

Residential Substance
Use Disorder and Problem
Gambling Treatment and
Recovery Services
(OAR 309-018-0130)

Documentation, Training and Supervision:

(2) Program Orientation: Providers shall ensure that each program staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The provider shall document that the following orientation was completed for each program staff providing or supervising the provision of services or supports within 30 days of the hire date, unless otherwise specified. At a minimum, program orientation training for all program staff shall include but not be limited to:

(a) A review of crisis prevention and response procedures;

(3) Milieu Staff Program Orientation: Providers shall ensure that each Milieu staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The provider shall document that at a minimum, the following orientation training was completed for each staff or person providing or supporting the provision of services or supports within 30 days of the hire date. At a minimum, program orientation training for all program staff shall include but not be limited to:

(a) A review of crisis prevention and response procedures;

(h) For Milieu Staff, the personnel record shall contain verification of the completion of the following trainings within the first 6 months of employment:

(A) De-escalation;

(D) Suicide risk and prevention.

Adult foster homes (OAR
309-040-0335)

Training requirements for providers, resident managers, and substitute caregivers:

(1) All providers, resident managers, and substitute caregivers shall satisfactorily meet all educational requirements established by the Division. Providers and staff may not provide care to any individual prior to acquiring education or supervised training designed to impart the basic knowledge and skills necessary to maintain the health, safety, and welfare of the individual. Required course work and necessary skills may include, but are not limited to, physical caregiving; screening for care and service needs; appropriate behavior towards individuals with physical, cognitive, and emotional disabilities; emergency procedures; medication management; personal care products; food preparation; home environment and safety procedures; residents' rights; issues related to architectural accessibility; and mandatory abuse reporting.

Community-based
structured housing
(OAR 309-060-0150)

Program staff requirements

(3) Providers, facility managers if applicable, and program staff may not provide any services and supports to any resident prior to acquiring documented education, experience, or receiving supervised training designed to impart the



basic knowledge and skills necessary to maintain the health, safety, and welfare of residents with mental health or substance use disorders. Necessary skills or topics must include but may not be limited to:

(c) **Appropriate behavior towards residents with physical, cognitive, and emotional disabilities;**

Residential treatment facilities and residential treatment homes

Staffing:

(3) The program administrator shall provide or arrange a minimum of 16 hours pre-service orientation and eight hours in-service training annually for each program staff including:

AND

(b) In-service training shall be provided on topics relevant to improving the care and treatment of individuals in the program and meeting the requirements in these administrative rules. In-service training topics include, but are not limited to, implementing the residential service plan, behavior management, daily living skills development, nutrition, first aid opioid overdose kits and administration of an FDA-approved short-acting, non-injectable, opioid antagonist medication; **understanding mental illness**, sanitary food handling, individual rights, identifying health care needs, and psychotropic medications.

Secure residential treatment facilities (class 1 and class 2)
(OAR 309-035-0135)

Personnel Records:

(2) Providers must ensure each program staff receives training applicable to the specific population for whom services are planned, delivered, or supervised. The program must document orientation training for each program staff or individual providing services within 30 days of the hire date. At minimum, orientation training for all program staff must include, but not be limited to:

Alcohol Detoxification Centers
(OAR 415-050-0125)

(a) A review of crisis prevention and response procedures;

(j) Training in de-escalation; and

(3) Providers must ensure that withdrawal management technician staff receive the following trainings. The program must document orientation training for each withdrawal management staff within 30 days of the hire date. At minimum, orientation training for all program staff must include but not be limited to:

(a) A review of crisis prevention and response procedures;

(h) Training in de-escalation;

Outpatient behavioral health services
(OAR 309-019-0130)

Personnel documentation, training, and supervision:

(2) Program Orientation: Providers shall ensure that program staff **receive training applicable to the specific population for whom services are planned, delivered, or supervised**. The Provider shall document that the following orientation was completed for each program staff providing or supervising services or supports within 30 days of the hire date, unless otherwise specified. At a minimum, program orientation and training for all program staff shall include but not be limited to:

(a) A review of crisis prevention and response procedures;

Individual Placement and Support (IPS)
(OAR 309-019-0315)

Supported Employment Training Requirements:

(2) Staff training curriculum shall include best practices for the following:

(e) De-escalation methods;

Child Caring Agencies
(ORS 418.519)

Training Standards and Certification, Instructor Qualifications, Continuing Education, Rules:

(1)(a) The Department of Human Services shall adopt by rule training standards and certification requirements regarding the placement of a child in care in a restraint or involuntary seclusion, consistent with this section.



(b) The department shall designate two or three nationally recognized providers** of crisis intervention training that meet the department's training standards and whose certifications issued upon completion of the training programs the department will recognize as satisfying the department's certification requirements.

(2) The department's rules under this section must:

- (a) Ensure consistency of training and professional development across all programs;
- (b) Require the teaching of techniques for nonviolent crisis intervention that do not require restraint;
- (c) Focus on **de-escalation** and trauma-informed behavioral support as the core of a training program;
- (d) Offer options for certification in skills that do not include the use of restraint to improve agency-wide safety, culture and trauma-informed practices;
- (e) Prioritize the reduction or elimination of the use of restraint and involuntary seclusion;
- (f) Ensure that any physical intervention skills taught are trauma-informed, age-appropriate and developmentally appropriate for children in care, reduce the risk of physical or emotional harm and are consistent with all state and federal laws;
- (g) Include **training to identify the physical, psychological and emotional risks for children and program staff related to the use of restraint and involuntary seclusion;**
- (h) Ensure fidelity of training through the publication of consistent training materials and resources for certified instructors and certified program staff;
- (i) Include requirements for instructor training and certification; and
- (j) Require regular, ongoing support to certified instructors, including quality control, monitoring of outcomes and provision of information regarding networks for professional collaboration and support.

(3) The department's rules must require that training instructors:

- (a) Be certified to conduct the type of training the instructor is providing;
- (b) Complete a minimum of 26 hours of initial education with a focus on de-escalation, nonviolent intervention and methods consistent with the department's rules for the use of physical intervention;
- (c) Complete a minimum of 12 hours of continuing education every two years;
- (d) Be recertified at least once every two years; and
- (e) Demonstrate written and physical competency before receiving certification or recertification.

(4) The department's rules must provide that an individual who places a child in care in a program in a restraint must be certified in the use of the specific type of restraint used. The department's rules must describe the minimum certification requirements, including:

- (a) Completion of a minimum of 12 hours of initial training in person from an instructor certified as provided in subsection (3) of this section, including at least six hours of training in positive behavior support, nonviolent crisis intervention and other methods of nonphysical intervention to support children in care in crisis;
- (b) Annual continuing education with a certified instructor; and
- (c) Demonstration of a mastery of the training program material both in writing and by physical competency before receiving certification.

(5) A certification issued under this section:

- (a) Must be personal to the individual certified by the training provider;
- (b) May be valid for no more than two years without recertification;
- (c) Must require annual continuing education to maintain;



- (d) Must require additional training to renew the certification;
- (e) Must be portable between employers; and
- (f) Must include:
 - (A) The dates during which the certification is current;
 - (B) The types of restraint in which the individual is certified, if any;
 - (C) The types of training the individual is certified to conduct, if any;
 - (D) Any special endorsements earned by the individual;
 - (E) The level of training; and
 - (F) The name of the certified instructor who conducted the training and administered the assessment of proficiency.
- (6) An individual whose certification is consistent with the department's rules under this section shall maintain the documentation of the certification and make that documentation available to the department upon request. [2021 c.672 §9; 2021 c.672 §10]

[Agency Note: ODHS requires use of one of the following systems:

[The Mandt System](#)

[Crisis Prevention Institute](#)

[Oregon Intervention System \(Alternative Services of Oregon\)](#)

[Collaborative Problem Solving \(Think:Kids\)\]](#)

Personnel Documentation, Training, and Supervision:

- (1) Written policies and procedures must:
- (2) When providing in-person services to an individual or family in crisis, program staff who have not completed all the required trainings in 309-072-0120 (3) must be:
 - (a) Accompanied by a trained staff who has completed all the trainings listed in OAR 309-072-0120 (3); and
 - (b) Working under the supervision of a Qualified Mental Health Professional (QMHP).
- (3) The personnel record for each program staff must contain documented evidence of attaining each of the following skills, certifications, and trainings within the timelines specified in this rule:
 - (a) Program staff who have documented evidence of completing any number of the required trainings prior to hire and within the past three years, except trainings on policy and procedure, may apply such training towards the requirements in this rule when the documentation demonstrating completion is contained in the personnel record;
 - (b) Transcripts, continuing education units, certificates of completion, and other formal documentation may be acceptable;
 - (c) Within the first 90 days of hire program staff must complete the following trainings:
 - (A) De-escalation strategies;
 - (E) Evidence-based clinical engagement strategies;
 - (H) A review of provider policies and procedures regarding staff safety when responding to crises.
 - (d) Within the first six months of hire program staff must complete the following trainings:
 - (A) First aid and CPR;
 - (B) Harm reduction strategies including overdose intervention;

Mobile Crisis Intervention
and Stabilization Services
(OAR 309-072-0120)



- (C) Administration of naloxone and overdose reversal;
- (D) Mental Health First Aid (optional for QMHP and QMHA); and
- (e) Certificates for required trainings must remain current. Each program staff must complete each required training at least every three years from date of hire;

