

# ALIGNMENT



## Washington House Bill 1931 (Statute RCW 49.19) Alignment

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



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# Washington House Bill 1931 (Statute RCW 49.19) Alignment

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

For 40 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 requirements in Statute RCW 49.19, 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 space 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 crises 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 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 Washington comply with this piece of legislation. It may also assist you in identifying areas that may require a review and/or revision in your school organization's policies and procedures.

### General Information

- (1) The bill was adopted and passed into law on 5/21/19.
- (2) The bill becomes effective 1/1/2020.
- (3) This bill amends pre-existing statute that is current law (statute RCW 49.19).

### Terms

(1) "Health care setting" means:

(a) Hospitals;

- i. Means any institution, place, building, or agency which provides accommodations, facilities and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. This does not include clinics, or physician's offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, birthing centers, psychiatric hospitals, or any institutions specifically intended for use in the diagnosis and care of those suffering from mental illness, intellectual disability, convulsive disorders, or other abnormal mental conditions.

(b) Home health, hospice, and home care agencies;

- i. "Home health agency" means a person administering or providing two or more home health services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A person administering or providing nursing services only may elect to be designated a home health agency for purposes of licensure.

- ii. "Hospice agency" means a person administering or providing hospice services directly or through a contract arrangement to individuals in places of temporary or permanent residence under the direction of an interdisciplinary team composed of at least a nurse, social worker, physician, spiritual counselor, and a volunteer.
- iii. "Home care agency" means a person administering or providing home care services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A home care agency that provides delegated tasks of nursing is not considered a home health agency.

(c) Evaluation and treatment facilities;

- i. Means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility.

(d) Behavioral health programs; and

- i. Means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat chemical dependency and mental illness.

(e) Ambulatory surgical facilities.

- i. Means any distinct entity that operates for the primary purpose of providing specialty or multispecialty outpatient surgical services in which patients are admitted to and discharged from the facility within twenty-four hours and do not require inpatient hospitalization. An ambulatory surgical facility includes one or more surgical suites that are adjacent to and within the same building as, but not in, the office of a practitioner in an individual or group practice, if the primary purpose of the one or more surgical suites is to provide specialty or multispecialty outpatient surgical services. An ambulatory surgical facility that is adjacent to and within the same building as the office of a practitioner in an individual or group practice may include a surgical suite that shares a reception area, restroom, waiting room, or wall with the office of the practitioner in an individual or group practice.

(2) Workplace Violence.

(a) Means any physical assault or verbal threat of physical assault against an employee of a health care setting on the property of the health care setting. "Workplace violence," "violence," or "violent act" includes any physical assault or verbal threat of physical assault involving the use of a weapon, including a firearm, or a common object used as a weapon, regardless of whether the use of a weapon resulted in an injury.

Workplace Violence Plan-Security and Safety Assessment	Correlation With <i>Nonviolent Crisis Intervention</i> <sup>®</sup> Training
<p>(1) Every three years, each health care setting shall develop and implement a plan to prevent and protect employees from violence at the setting.</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><sup>®</sup> program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.</p> <p>CPI's train-the-trainer model ensures that the</p>

training and the 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 learning. In addition, our eLearning offerings are designed to be highly interactive and engaging and incorporate numerous learning strategies effective with adult learners. Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering makes it easy to rollout training to a large number of staff.

(2) The plan shall outline strategies aimed at addressing security considerations and factors that may contribute to or prevent the risk of violence, including but not limited to the following:

- (a) First aid and emergency procedures;
- (b) The reporting of violent acts;
- (c) Employee education and training requirements and implementation strategy;
- (d) Processes and expected interventions to provide assistance to an employee directly affected by a violent act.

The *Nonviolent Crisis Intervention*® Training program is designed to be easily customized making it simple for staff to incorporate organizational policy into each discussion area within the curriculum. It also aids in helping create individual personalized responses for case specific situations.

You'll find that CPI training is all about practice, roleplaying real-life scenarios, problem solving, and ongoing education to ensure the best solutions for your staff.

The *Nonviolent Crisis Intervention*® Training program focuses on prevention by recognizing the early warning signs of potential crisis situations and equipping staff with nonverbal and verbal de-escalation skills. The program teaches staff about the signs of aggression, how to handle them, and how to read a situation for indicators of violence.

(3) Each health care setting shall annually review the frequency of incidents of workplace violence including identification of the causes for and consequences of, violent acts at the setting and any emerging issues that contribute to workplace violence. The health care setting shall adjust the plan developed under subsection (1) of this section as necessary based on this annual review.

The *Nonviolent Crisis Intervention*® Training program provides a model for assessing and gathering incident data to aid staff in performing this important evaluation process.

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 CPI program teaches staff about the signs of aggression, how to handle them, and how to read a situation for indicators of violence

CPI teaches staff to constantly engage in risk

assessment during any perceived threat. This assessment is focused on evaluating the risks and likelihood of specific behaviors and assessing the appropriate response to a situation to ensure the greatest level of safety for all involved.

### Training Requirements

### Correlation With *Nonviolent Crisis Intervention*® Training

(1) By July 1, 2020, and on a regular basis thereafter each health care setting shall provide violence prevention training to all applicable employees, volunteers, and contracted security personnel, as determined by the plan.

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 *Nonviolent Crisis Intervention*® program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.

(2) The training shall occur within ninety days of the employee's initial hiring date unless he or she is a temporary employee.

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 physical violence in the workplace and much more—can help you refresh and expand staff confidence in dealing with challenging situations.

(3) The method and frequency of training may vary according to the information and strategies identified in the plan but are not limited to, classes that provide an opportunity for interactive questions and answers, hands on training, video training, brochures, verbal training, or other verbal or written training that is determined to be appropriate under the plan. Trainings must address the following topics, as appropriate to the particular setting and to the duties and responsibilities of the particular employee being trained, based upon the hazards identified in the plan:

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, roleplaying 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. Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering makes it easy to rollout training to a large number of staff.

The *Nonviolent Crisis Intervention*® Training program is designed to be interactive and allows continual opportunity for questions and answers. Whether delivered in-person or via our blended delivery option our corporate wide approach ensures that knowledgeable staff are always available to assist staff with questions our concerns they may have. In addition, CPI leads the training industry with online learning options.

- (a) The health care setting's workplace violence prevention plan;
- (b) General safety procedures;
- (c) Violence predicting behaviors and factors;
- (d) The violence escalation cycle;

From in-person classrooms training to our 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.

The *Nonviolent Crisis Intervention*® Training program is designed to be easily customized making it simple for staff to incorporate organizational policy into each discussion area within the curriculum. It also aids in helping create individual personalized responses for case specific situations.

The CPI program teaches staff about the signs of aggression, how to handle them, and how to read a situation for indicators of violence.

CPI teaches staff to constantly engage in risk assessment during any perceived threat. This assessment is focused on evaluating the risks and likelihood of specific behaviors and assessing the appropriate response to a situation to ensure the greatest level of safety for all involved.

In CPI training, the *Crisis Development Model*™ 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.

- (e) De-escalation techniques to minimize violent behavior;

It is the core belief of the *Nonviolent Crisis Intervention*® Training program that every effort should be made to prevent the need for the use of physical restraint. At CPI, 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.

The *Nonviolent Crisis Intervention*® Training program focuses on prevention by recognizing the early warning signs of potential crisis situations and equipping staff with nonverbal and verbal de-escalation skills. The program teaches staff about the signs of aggression, how to handle them, and how to read a situation for indicators of violence.

- (f) Strategies to prevent physical harm with hands-on practice or role play;
- (g) Response team processes;

You'll find that CPI training is all about practice, roleplaying real-life scenarios, problem solving, and ongoing education to ensure the best solutions for your staff.

(h) Proper application and use of restraints, both physical and chemical restraints;

CPI training involves personal disengagements skills to keep staff physically safe from strikes, grabs, and other injuries and assaults—without hurting others.

CPI's trauma-informed, person-centered training will help you with what to look for and how to assess the crisis situation.

CPI does not endorse or train the use of chemical restraints.

(i) Documentation and reporting incidents;

CPI training teaches staff to consider the potential psychological, physiological and social-emotional effects that physical restraint or physical violence can have on an individual. In the training program, staff learn ways to minimize or eliminate these effects whenever possible throughout their prevention, intervention and post-intervention efforts.

(j) The debrief process for affected employees following violent acts; and

(k) Resources available to employees for coping with the effects of violence.

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.

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.

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.