

## Preventing Violence in Health Care: Essential Strategies for Nurses and Other Frontline Caregivers

### Webinar 3

## Empowering Nurses and Other Caregivers to Facilitate Implementation of Effective Workplace Violence Programs While Promoting Personal Safety and Self-Care Practices

West Virginia Hospital Association

April 23, 2026

Presented by:

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## Preventing Violence in Health Care: Essential Strategies for Nurses and Other Frontline Caregivers

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- Session 1: Workplace violence (WPV) in healthcare: Understanding scope, impact, and effective prevention programs (Feb 26, 2026) – Recording available at: <https://wvha.org/services/quality/workplace-violence-prevention/wpv-education-and-events/wpv-series-for-nurses-and-other-caregivers/>
- Session 2: Evidence-based strategies to control and prevent violence in Health Care (March 26, 2026) – Recording available at: <https://wvha.org/services/quality/workplace-violence-prevention/wpv-education-and-events/3-26-26-wpv/>
- Session 3: Empowering nurses and other caregivers to facilitate implementation of effective WPV programs while promoting personal safety and self-care practices (April 23, 2026)

## Webinar 3 - Objectives

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1. Identify best practices that promote personal safety and assist to prevent and manage WPV when providing patient care
2. Define what nurses and other caregivers can do to support and facilitate an effective WPV program and a culture of worker and patient safety
3. Identify resources that nurses and other caregivers can access to enhance or develop a WPV program and that assist with self-care when exposed to occupational violence

Please practice self-care if you find content of this session is disturbing or triggering

## Workplace Violence

- *It's NOT "normal"*
- *It's NOT "part of the job"*
- *It's NOT "OK"*



## 2026 State of Nursing Survey (Nurse.org) Key Takeaways

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- 27% of nurses were physically assaulted at work in the past 12 months — hit, kicked, pushed, bitten, or grabbed — and 52% experienced verbal threats or aggressive language.
- Of nurses who had a workplace incident, only 54% formally reported it. The most common reason for not reporting: they didn't believe anything would change.
- Among nurses who did report, the most common outcome was no action taken. Fewer than 1 in 10 said they felt supported by leadership afterward.

<https://nurse.org/articles/nurses-workplace-violence-2026/>  
<https://nurse.org/articles/state-of-nursing-survey-2026/>

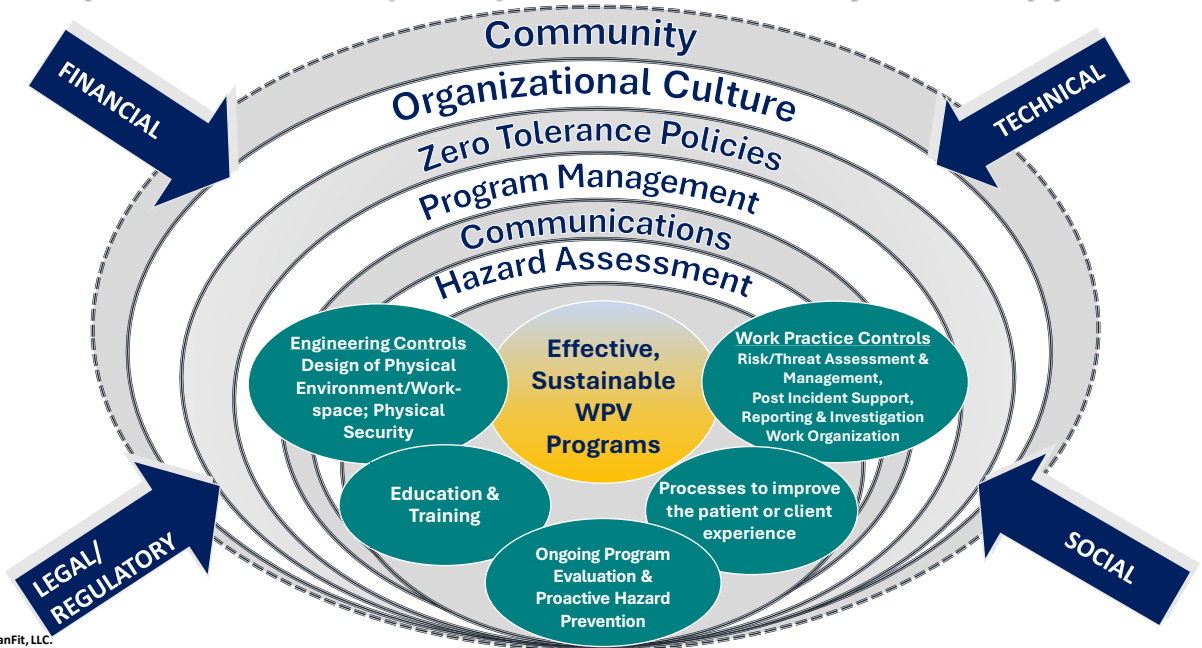
## The Worst Nursing Specialties for Burnout and Stress (Nurse.org)

1. Progressive Care (PCU)
2. Geriatric
3. Emergency Room (ER)

Key variables between best (Nurse Educator, Neonatal ICU, Hospice) and worst nursing specialties:

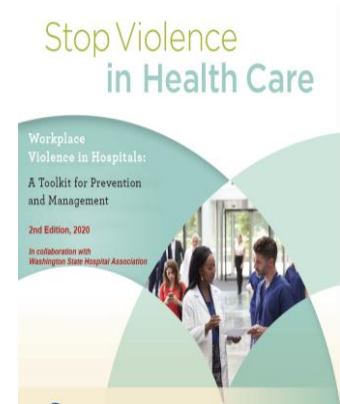
- Exposure to Violence
- Staffing Stability
- Professional Control

## Workplace Violence (WPV) Prevention – A Systems Approach



## Materials Provided

- Index for the Workplace Violence in Healthcare – A Toolkit for Prevention and Management 2.0, 2020. <https://oregonhospitals.org/safety/>
  - Section 5 and related tools
- WPV Toolkit Supplemental References and Resources updated July 2025
- Resources provided throughout Session 3 slides
- WPV Prevention Tips for Nurses & Other Caregivers



## What Can Nurses & Other Caregivers Do to Prevent WPV?

- Manage the Risk of Patient Violence
- Assist in Creating Effective Sustainable WPV Programs
- Practice Self-Care



Prevent



Respond



Care & Support



Learn

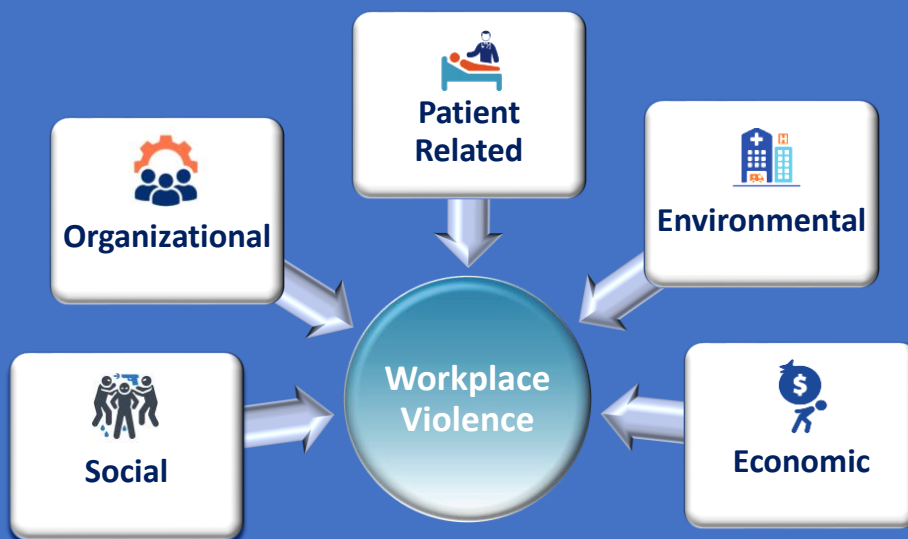
## What Can Nurses & Other Caregivers Do to Prevent WPV?

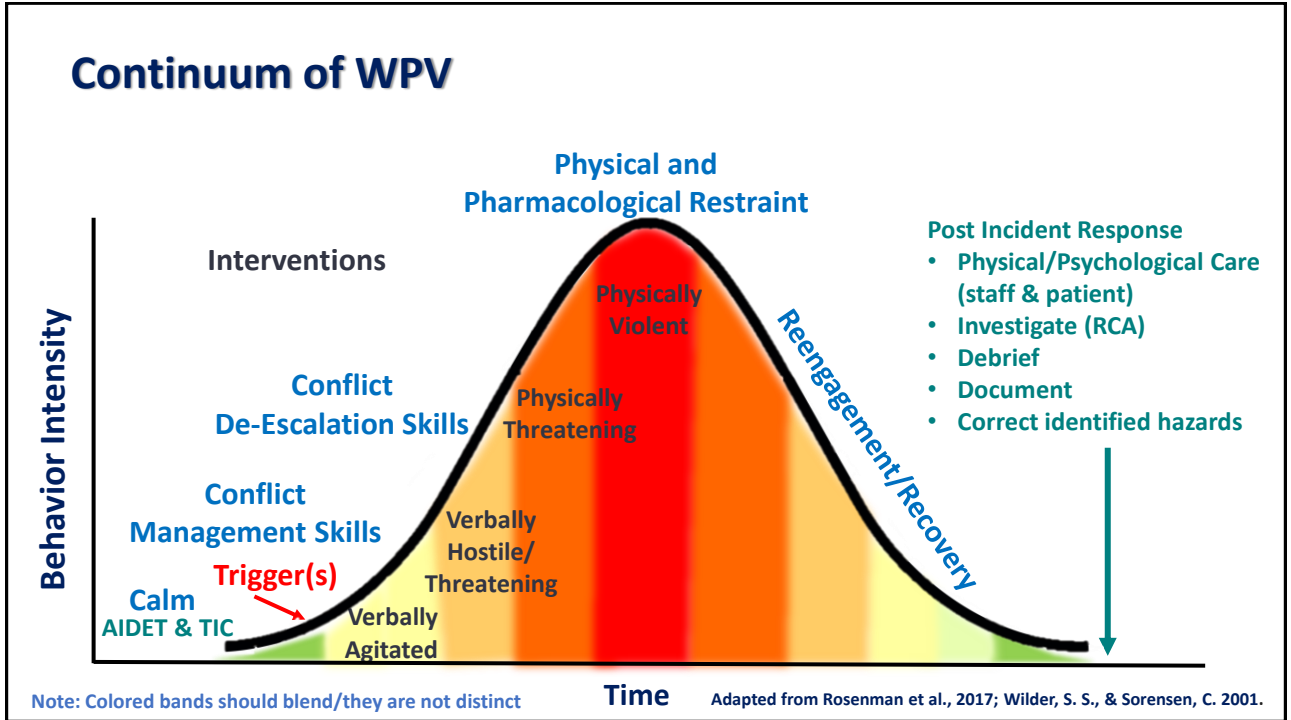
- Manage the Risk of Patient Violence



## Risk Factors for WPV in Health Care

Source: Tool 1a - Risk Factors for WPV. Oregon WPV Toolkit  
[www.oahhs.org/safety](http://www.oahhs.org/safety)





## Trauma Informed Care

When understanding triggers for agitation and escalating violence, it's also important to consider the patient's personal experiences of abuse or violence victimization.

Maintaining a trauma-informed perspective and awareness can further help you understand the rationale for how the patient is expressing their fears and collaboratively address the patient's needs in that moment and in future care planning /or delivery of care.

### 4 R's of Trauma Informed Care.

- **Realize** the impacts of trauma and the need for a trauma informed care
- **Recognize** the signs and symptoms of trauma
- **Respond** by incorporating trauma informed practices throughout the system
- **Resist** re-traumatization

*SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, 2014.*

<https://www.traumainformedcare.chcs.org/resource/samhsas-concept-of-trauma-and-guidance-for-a-trauma-informed-approach/>

<https://www.samhsa.gov/>

## AIDET<sup>®</sup>

- AIDET is a communication framework used by healthcare professionals to interact with patients and their families. It is an acronym for five key communication behaviors:
- **Acknowledge:** Greet the patient by name, make eye contact, and smile.
- **Introduce:** Introduce yourself.
- **Duration:** Give the patient an idea of how long a procedure or process will take.
- **Explanation:** Provide a clear description of what is going on and why.
- **Thank You:** Thank the patient.



More about AIDET developed by the Studer Group  
<https://www.huronconsultinggroup.com/insights/aidet-communication-framework>

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## De-escalation Approaches to Prevent and Manage Workplace Violence Source: Oregon WPV Toolkit. Tool 5h

- De-escalation comprises of a combination of verbal and non-verbal communication, self-regulation, assessment, and actions, aimed at reducing or eliminating agitation and violence whilst maintaining the safety of staff and patients and visitors.
- Includes use of:
  - Verbal and physical expressions of empathy
  - Negotiation
  - Non-confrontational limit setting and
  - Conflict resolution



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## De-escalation Approaches to Prevent and Manage Workplace Violence

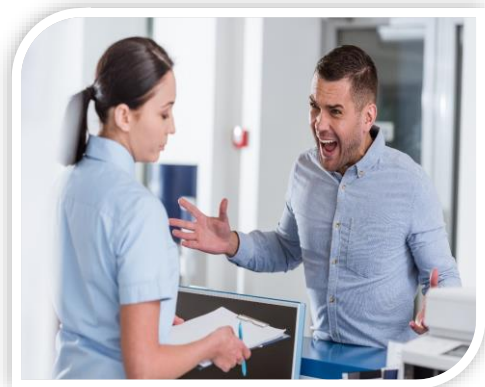
- Verbal de-escalation involves validating a patient's experience, establishing a collaborative relationship to help the patient to regain control of their emotions and behavior and finding solutions to ensure the patient's needs are met.
- De-escalation process must be chosen in the context of all other interventions used to manage agitated and violent patients and be part of comprehensive approach to preventing WPV.



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## De-escalation Approaches to Prevent and Manage Workplace Violence

- Several theoretical de-escalation models
- Lack of robust evidence-base for the efficacy of de-escalation models
- Lack of standardization in ways de-escalation techniques are utilized (variability in techniques and training)
- Organizational & unit culture influences the use of de-escalation techniques



## De-escalation Approaches to Prevent and Manage Workplace Violence

- Currently, there is **no clear evidence** that de-escalation training reduces the number of actual incidents of violence and aggression, or reduces staff injuries, however, there is some evidence that de-escalation training improves staff confidence in dealing with and managing escalating violence and in self-reporting of workplace violence incidents.



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## De-escalation Approaches to Prevent and Manage Workplace Violence

- Although approaches to de-escalation vary and there is little consensus on what is the best method or model to use experts agree that verbal de-escalation and environmental modification techniques are a **preferred intervention** for imminent violence and that physical restraint and seclusion is used as a last resort strategy in managing escalating behaviors.



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## De-escalation Approaches to Prevent and Manage Workplace Violence

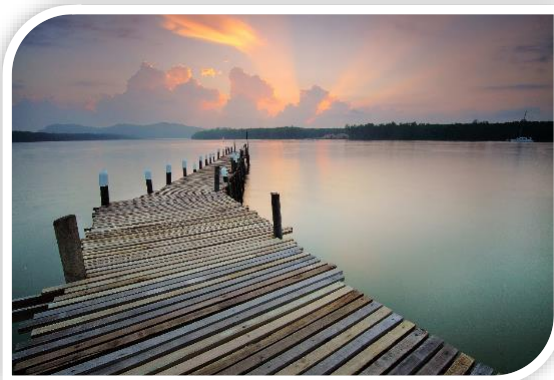
- For de-escalation to be successful staff must be well trained and practiced in de-escalation techniques to identify which components are needed in different situations, assess which interventions are effective in the moment, while at the same time, maintaining the safety of patients and staff who are present.
- Overall, healthcare facilities should adopt a method of de-escalation that works best for them and their patient population and within the context of a comprehensive WPV program.



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## De-escalation Approaches to Prevent and Manage Workplace Violence



- Refer to Tool 5h for a review of the Key Elements of the verbal De-escalation Process

These are based on the American Association for Emergency Psychiatry and other related resources, where the overall goal is to calm the patient and allow them to regain control vs. trying to solve the problem that caused the agitation.

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## De-escalation Approaches – General Guidelines



*It is critical that you know:*

- How to quickly assess when a patient is not responding well to verbal de-escalation
- When and how to get help if the situation escalates
- When and how to safely remove yourself from the situation/vicinity to protect your physical safety

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## De-escalation Approaches – General Guidelines

- Limit stimulation and distractors, and the number of people in the immediate area of care but do assess if you need at least one other staff person with you if there is a concern for your personal safety
- Consider what to do if a staff member is escalating a patient's agitation - have standardized protocols to alert a staff member when they should excuse themselves e.g. 'Dr. Armstrong needs to see you immediately'
- Use your observations skills as a nurse/caregiver and trust your gut



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## De-escalation Approaches – General Guidelines Plan and Prepare

- Know your role and responsibilities within the organization's WPV policy and processes to manage and prevent violence
- Find out as much as possible about the patients' background and potential risk factors and/or triggers for agitation and violence such as, history of trauma or abuse, clinical diagnosis, and prior history in facility
- Ask about indicators for verbal/physical aggression at shift change/handoff of patient care

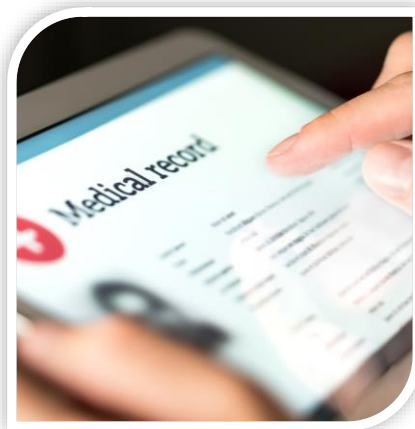


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## De-escalation Approaches – General Guidelines Plan and Prepare



- Check for violence alert notifications, such as flag alert for history of violence in patient's chart, chart notes, signage outside patient room, etc.
- Conduct a risk assessment using a validated, reliable violence assessment tool to determine the risk for violence and follow established safety interventions to respond to the level of threat for violence assessed
- Document and communicate a patient's risk and specific triggers for violence, changes in patient behaviors, etc.

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## De-escalation Approaches – General Guidelines

### Assess:

- **The Environment**

- Take a second to assess the patient care area before entering/engaging with the patient/family
- If noisy and/or crowded care should be provided in a quieter area
- Have an exit plan e.g., a clear path of exit from a patient's room
- Be aware of and remove (as feasible) equipment, furniture, or items of clothing that could be used as a weapon e.g., stethoscopes, walkers



- **The Patient/Family Members**

- Verbal and physical demeanor

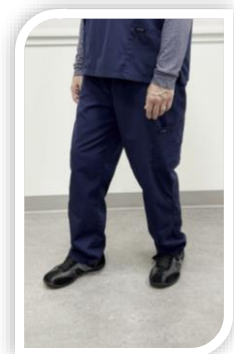
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## De-escalation Approaches – General Guidelines

- **Your Body Position**

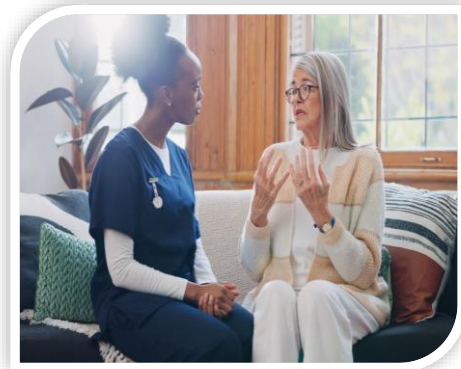
- Do not turn your back on the patient and don't try to detain a patient if they are trying to leave or exit the care area
- Position yourself at an angle to the person rather than directly in front and maintain a 6-foot or 2 arms lengths distance from the patient
- Adopt a non-defensive/threatening posture - arms & hands in front of body open and relaxed; maintain appropriate eye contact
- Sit or stand at the patient's eye level
- Avoid sudden or abrupt movements



Stable base of support -  
Feet hip-width apart  
with staggered stance.  
Knees slightly bent.  
Dominant foot forward

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## Key Elements For Verbal De-escalation



Be respectful, empathetic and non-judgmental or controlling. Remain calm, rational and professional. Remember, the situation is *not personal*. How you respond can have a direct effect on whether the situation escalates or diffuses.

Don't argue, be condescending or criticizing, or command the patient. Avoid interrupting the patient. Don't instruct the patient to 'calm down' or falsely threatening e.g. calling security or the police, as this can escalate the situation.

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## Key Elements For Verbal De-escalation

- Do not be provocative or respond in anger, be in control and measured
- Respect personal space
- Establish verbal contact calmly with the patient
- Use concise, simple language and short sentences
- Listen closely to what the patient is saying, use active listening
- Identify the individual's feelings and desires



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## Key Elements For Verbal De-escalation

- Agree or agree to disagree with the persons concerns while avoiding negative statements.
- Set clear limits with expected outcomes, but do not make demands or order specific behavior
- Offer choices and optimism – Patients feel empowered if they have some choice in matters
- Afterwards, review the event and look for areas of improvement



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## What to Do if Violence Occurs



- You can attempt to de-escalate the situation
- If the situation escalates safely remove yourself from the situation and get help by following your employer's response protocols (BHRRT, Security, Police)
- If injured, seek first aid or medical care (if required) and notify your supervisor as soon as possible
- Immediately report any violent, threatening or harassing behavior regardless of injury or severity

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## What to Do if Violence Occurs

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- Create detailed report of the incident that includes names of those involved, date & time of occurrence(s), frequency, witnesses, and events leading up to the event. Take photos of any injuries to you
- Keep a copy of the report for your personal records
- Use employer provided resources for support following an WPV incident e.g., employee assistance program (EAP); employee health services; trauma counselors
- If physically injured and/or psychologically harmed file a workers compensation report



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## What to Do if Violence Occurs

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- Participate in post-incident investigation/meetings and debriefing
- Depending on the nature of the violence e.g., criminal assault, seek help (HR, Union, EAP, etc.) to determine if you want to press charges against other employees or patients as the situation warrants (laws vary from state to state)
- Assist with referral of others to grief counseling or other health services when appropriate
- Express sympathy and support for all involved following an incident of WPV
- If you feel your employer is complicit in the incident or has been negligent with your safety, you can contact Federal OSHA (<https://www.osha.gov/workers/file-complaint>) (or OSHA in states with an OSHA plan) and seek further legal counsel outside of your place of employment

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## What if De-escalation Doesn't Work?



- Just as clinical interventions work sometimes and not others, de-escalation may not always work
- Violence is never the fault of the victim
- Don't second guess yourself – could have, should have etc.
- It's OK to ask for help

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## Duty to Care vs. a Nurse's Personal Safety

- Use the buddy system when personal safety may be jeopardized
- Ask for support, such as having a security guard present in the room
- WPV policy and procedures must address maintaining a safe environment including reassignment protocols, having a 2<sup>nd</sup> staff person present, use of BHRRTs for early intervention and support, etc.



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## Resources

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- **ANA Position Statement**

- **Patient Safety: Rights of Registered Nurses When Considering a Patient Assignment**

- ANA upholds that registered nurses – based on their professional and ethical responsibilities – have the professional right to accept, reject or object in writing to any patient assignment that puts patients or themselves at serious risk for harm. Registered nurses have the professional obligation to raise concerns regarding any patient assignment that puts patients or themselves at risk for harm.

- <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/patient-safety-rights-of-registered-nurses-when-considering-a-patient-assignment/>

- **American Nurses Association. 2025. Code of ethics for nurses with interpretive statements.** <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/>

## Resources

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- You can call OSHA for workplace safety and health complaints  
<https://www.osha.gov/workers/file-complaint>
- 22 states have an OSHA approved state plan (*Enforcement & Consultation*)  
<https://www.osha.gov/stateplans/faqs>
- OSHA whistleblower protection  
<https://www.osha.gov/sites/default/files/publications/OSHA3638.pdf>
- OSHA Workers' Right to Refuse Dangerous Work  
<https://www.osha.gov/workers/right-to-refuse>
- Know your state's felony laws and reporting rights related to workplace assault
- Know your state's laws related to WPV programs
- State Workers' Compensation Ombudsman

## WPV Prevention & Control – General Safety Tips

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- Maintain situational awareness to anticipate, prevent and respond in crisis situations
- Know where panic and duress alarms, emergency telephones, and other communications are located
- If you are provided with a personal alarm – wear it and check it is working
- If working alone with a patient communicate your location to co-workers
- Avoid threatening situations and use extra care in elevators, stairwells, parking areas and unfamiliar residences



## WPV Prevention & Control – General Safety Tips

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- Inform your supervisor and manager of any situation where there is potential for violence as a result of domestic abuse, custodial disputes, order for protections or restraining orders, and other threats posed
- Remember to keep the information about a patient's risk and management for violence up to date to help keep other care providers informed including rehabilitation, imaging, transportation, dietary, environmental service and laboratory staff
- Check that your coworkers know your *facility's WPV policy and prevention, control, response & reporting procedures* too especially if working with traveling nurses and other contract/temporary providers, students and volunteers

## WPV Prevention & Control – General Safety Tips

- Know your triggers e.g. past trauma
- Apply the principles of Trauma Informed Care in your practice
- Engage in self-reflective practice and examine how your behavior impacts others and how the behavior of others impacts you
- Practice teamwork with mutual respect and trust, avoiding violence, gossip, bullying, harassment, social exclusion, physical aggression, or any other actions that may be regarded as hostile or aggressive



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## Resources –WPV Training Related (Freely Available): De-escalation Techniques

Simpson, S. A., Sakai, J., & Rylander, M. (2020). A Free Online Video Series Teaching Verbal De-escalation for Agitated Patients *Academic Psychiatry, 44, 208-211*

Chapter (running time, mm:ss)	Chapter objectives	Web address
Identification and assessment of agitation (8:27)	<ol style="list-style-type: none"> <li>1. Identify the agitated patient.</li> <li>2. Use a standardized scale to assess agitation.</li> <li>3. Assess a patient scene for safety.</li> </ol>	<a href="https://youtu.be/musgg94q8GQ">https://youtu.be/musgg94q8GQ</a>
Basic elements of verbal de-escalation (10:59)	<ol style="list-style-type: none"> <li>1. Learn the basic elements of verbal de-escalation.</li> </ol>	<a href="https://youtu.be/8Gmf0LRJbR8">https://youtu.be/8Gmf0LRJbR8</a>
More practice with verbal de-escalation (6:59)	<ol style="list-style-type: none"> <li>1. Gain more experience with the elements of verbal de-escalation.</li> </ol>	<a href="https://youtu.be/xonVljwpTRU">https://youtu.be/xonVljwpTRU</a>
Advanced skills in de-escalation (8:41)	<ol style="list-style-type: none"> <li>1. Learn strategies for managing a team during de-escalation.</li> <li>2. Learn the elements of a team de-briefing.</li> <li>3. Hear techniques for managing your personal reactions to agitated patients.</li> </ol>	<a href="https://youtu.be/wl7yIF5KpfQ">https://youtu.be/wl7yIF5KpfQ</a>
Personal safety and escape skills (3:45)	<ol style="list-style-type: none"> <li>1. Learn personal safety skills for dangerous situations.</li> <li>2. Feel safer when engaging agitated patients.</li> </ol>	<a href="https://youtu.be/6CEJfDSiUXw">https://youtu.be/6CEJfDSiUXw</a>
Total running time for 5 chapters: 38:51		

## Resources –WPV Training Related (Freely Available): De-escalation Techniques

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- Nevada Hospital Association. Nurse Safety: Preventing Workplace Violence in Hospitals – Your Safety Matters Everyday. Review of De-escalation and Safety Tips for Caregivers  
<https://youtu.be/F8AlwV3zX0w>
- Texas Medical Liability Trust – Ambulatory Care Setting
  - De-escalation video 1: How to identify and prepare to meet with a disruptive patient  
[https://www.youtube.com/watch?v=HJi\\_AAvb3uA'](https://www.youtube.com/watch?v=HJi_AAvb3uA')
  - De-escalation video 2: How to de-escalate disruptive patients  
<https://www.youtube.com/watch?v=nemXm6-OFhY>
  - De-escalation video 3: Actions to avoid...and actions to take  
<https://www.youtube.com/watch?v=cbQUrfYxNtg>

## Resources –WPV Training Related (Freely Available): General

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- Free Online Training - Workplace Violence Prevention for Nurses (and any HC Worker) CDC/NIOSH. CDC Course No. WB1865 - NIOSH Pub. No. 2013-155  
[http://www.cdc.gov/niosh/topics/violence/training\\_nurses.html](http://www.cdc.gov/niosh/topics/violence/training_nurses.html)
- FBI Active Shooter Safety Resources  
<https://www.fbi.gov/how-we-can-help-you/active-shooter-safety-resources>
  - Run Hide Fight Video <https://www.fbi.gov/video-repository/run-hide-fight-092120.mp4/view>
- Institute for Healthcare Improvement (IHI). Preventing and Mitigating Workplace Violence in Health Care: Strategies for Leaders 6 sessions  
<https://www.ihl.org/learn/courses/preventing-and-mitigating-workplace-violence-health-care-strategies-leaders>

## Resources – Dementia Related *(In addition to those provided)*

- Alzheimer’s Association - Health Systems and Medical Professionals  
<https://www.alz.org/professionals/health-systems-medical-professionals>
- Guiding an Improved Dementia Experience (GUIDE) Model  
<https://www.cms.gov/priorities/innovation/innovation-models/guide>
- National Council of Certified Dementia Practitioners (NCCDP).  
<https://www.nccdp.org/what-to-do-with-a-violent-dementia-patient/>
- Resources for Health Care Providers: Alzheimer’s and Related Dementias  
<https://www.alzheimers.gov/professionals/health-care-providers>
- The Bureau of Health Workforce (BHW) Train Health Care Workers About Dementia  
<https://bhw.hrsa.gov/alzheimers-dementia-training>
- UC SF Weill Institute for Neurosciences Memory and Aging Center. Tips for Hospitalization  
<https://memory.ucsf.edu/treatments-stays/surgery-hospitalization/tips-hospitalization>
- Working with Dementia: Safe Work Practices for Caregivers – video training  
<https://www.worksafefbc.com/en/health-safety/industries/health-care-social-services/topics/working-with-people-with-dementia>

## Resources – Dementia Related

- Teepa Snow <https://teepasnow.com/>
- Handley, M., Bunn, F., & Goodman, C. (2019). Supporting general hospital staff to provide dementia sensitive care: A realist evaluation. *International journal of nursing studies*, 96, 61-71.  
<https://www.sciencedirect.com/science/article/pii/S0020748918302499>
- Karrer, M., Schnell, A., Zeller, A., & Mayer, H. (2021). A systematic review of interventions to improve acute hospital care for people with dementia. *Geriatric Nursing*, 42(3), 657-673.  
<https://www.sciencedirect.com/science/article/pii/S0197457221000859>
- Røsvik, J., & Rokstad, A. M. M. (2020). What are the needs of people with dementia in acute hospital settings, and what interventions are made to meet these needs? A systematic integrative review of the literature. *BMC Health Services Research*, 20, 1-20.  
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05618-3>
- Ye, H. M. Y., Xiao, L. D., Ullah, S., & Chang, R. H. C. (2024). Hospital nurses perceived challenges and opportunities in the care of people with dementia: A mixed-methods systematic review. *Journal of Clinical Nursing*. <https://onlinelibrary.wiley.com/doi/10.1111/jocn.17144>

## Resources – Home Care

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- Home care safety (2020) <https://www.myamericannurse.com/home-care-safety/>
- OSHA Home Healthcare <https://www.osha.gov/home-healthcare>
- Home Healthcare Workers: A Growing and Diverse Workforce at High Risk for Workplace Violence (2021) <https://www.cdc.gov/niosh/bulletin/2021/hhc-violence.html>
- Best Practices for Preventing Violence in Home Health (2016) IAHS. <https://iahssf.org/assets/2016bestpracticesforpreventingviolenceinhomehealth.pdf>
- 6. Services – Staff 02. Home Health Provider (Community Provider Services) IAHS [https://cdn.ymaws.com/www.iahss.org/resource/resmgr/guidelines/guidelines\\_2024/06.02\\_home\\_health\\_provider.pdf](https://cdn.ymaws.com/www.iahss.org/resource/resmgr/guidelines/guidelines_2024/06.02_home_health_provider.pdf)



## What Can Nurses & Other Caregivers Do to Prevent WPV?

- Assist in Creating Effective Sustainable WPV Programs



## Get Involved In your Facility's WPV Prevention Program



### If you don't have a program:

- Use and share resources provided
- Conduct a unit level WPV Gap Analysis
- Determine risk for violence; effectiveness of current responses; barriers to reporting and effective communication
- Connect with facility employee safety/WPV committee about WPV program and policy needs
- Learn how to manage conflict and de-escalation skills – ask for training and drills if not provided
- Leverage nursing practice councils (if present)

## Get Involved In your Facility's WPV Prevention Program by:

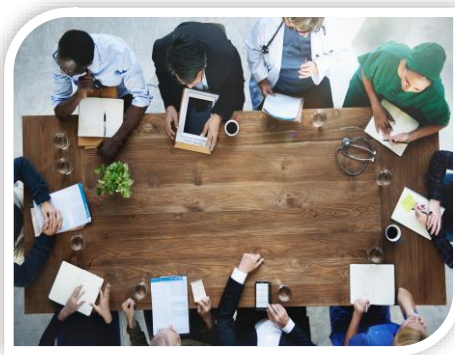
- Reporting all occupational injuries, incidents, hazards, or concerns, including near misses
- Knowing and following your facility's WPV policy and prevention, control, response & reporting procedures
- Providing feedback to improve usability of reporting systems and follow-up support if necessary
- Providing feedback to your supervisor and WPV coordinator/committee regarding weaknesses in WPV prevention and control policy and procedures including education and training



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## Get Involved In your Facility's WPV Prevention Program by:



- Identifying and sharing ideas for solutions to address WPV inc. staffing and security needs
- Participating in WPV program activities e.g., committee, safety audits & walkthroughs, surveys etc.
- Attending and actively participating in WPV education & training
- Encouraging & participating in 'Safety' huddles and 'After Action' reviews
- Encouraging and allowing co-workers to put their safety first

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## Using Safe Patient Handling & Mobility (SPHM) to Reduce the Risk of WPV, Protect HCWs and Improve Patient Outcomes

Research shows decreased combative behaviors with use of SPHM lifting equipment (greater control if patient becomes aggressive)

### Considerations

- Integrate patient at risk for WPV with SPHM mobility risk assessment/screening, and in all communication processes between caregivers
- SPHM protocols for mobilizing patients at risk of violence (*to ensure safe early and progressive mobilization/rehab*)
- Caution when placing slings and friction reducing devices
- Response and communication protocols
- Incorporating WPV prevention into SPHM training for caregivers and healthcare students



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## Using SPHM to Reduce the Risk of WPV

### Considerations

SPHM protocols to address:

- Escalation of physical aggression during patient care tasks e.g.,
  - Holding a patient during peri or wound care
  - Repositioning a patient in restraints e.g. related to ICU delirium
  - Fall recovery
  - Patient transfers in lift equipment e.g., floor lifts, sit to stand devices
- When SPHM technology should not be used to lift/mobilize a violent patient who cannot mobilize themselves
- Use of SPHM technology in Behavioral Health units or designated rooms on med – surg units and in the ED



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## Change Management & Successful WPV Program Implementation

- Change is challenging & People do resist change
- Change is a process & People do need to understand why
- Change is individual & People do need change leadership  
(Prosci, 2020)



Moving from current to future state  
*and* making it stick  
Nurses/Caregivers Can Make This Happen!

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Key – must have the core elements of a WPV program in place  
(as reviewed in this webinar series)

## WPV Program Improvement & Sustainability

Having a clear plan of activities to sustain a WPV program is critical. Ongoing evaluation of interventions, program processes and using lessons learning is vital to success.

Examples:

- Security and safety related to WPV is incorporated into concept phases of new build and remodeling
- Executive rounding and other existing rounding practices that engage employees and include a focus on worker and patient safety
- Department based, and organization wide safety huddles
- Appropriate staffing in high-risk areas
- WPV risk assessment, response, communication and victim support protocols



## WPV Program Improvement & Sustainability

### Examples *continued*

- Unit based safety coaching conducted by members of the WPV Committee and/or unit-based safety/wellness champions or coaches
- Ongoing staff training including training for new hires, periodic refresher training, and training when there is a change in practice or procedure, post incident etc.
- Processes to develop and implement recommendations/actions post incident and proactively
- Ongoing marketing and communications efforts



## Where to Find Information about WPV in Your Facility

### Where to find information about WPV in your facility

- Your Manager/Supervisor
- WPV Coordinator and WPV Committee
- Employee Health and Safety Staff
- Employee Safety & Health Committee
- Patient Safety Manager/Quality & Risk Depts.
- Human Resources
- Security Manager/Coordinator
- Labor Representative
- Behavioral Health dept.



## WPV Program Resources

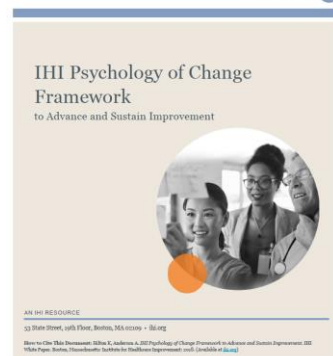
- Hospital Association of Oregon. Workplace Violence in Healthcare – A Toolkit for Prevention and Management 2.0, 2020. <https://oregonhospitals.org/safety/>
- OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers <https://www.osha.gov/Publications/osa3148.pdf>
- OSHA: Worker Safety in Hospitals <https://www.osha.gov/hospitals>
- The Joint Commission
  - Workplace Violence Prevention Resources. <https://www.jointcommission.org/our-priorities/workforce-safety-and-well-being/resource-center/workplace-violence-prevention/>

## WPV Program Resources

- Leading Change Toolkit™ 4<sup>th</sup> edition 2024  
Registered Nurses' Association of Ontario and Healthcare Excellence Canada  
<https://rno.ca/bpg/implementation-resources>  
and <https://rno.ca/leading-change-toolkit>
- Psychology of Change Framework, IHI, 2018  
<https://www.ihl.org/library/white-papers/ihl-psychology-change-framework>
- AHRQ - TeamSTEPS 3.0  
<https://www.ahrq.gov/teamsteps-program/index.html>



WHITE PAPER



## WPV Program Resources

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- Harvard School of Public Health - Change Management: Why It's So Important, and So Challenging, in Health Care Environments  
<https://www.hsph.harvard.edu/ecpe/change-management-why-its-so-important-and-so-challenging-in-health-care-environments/>
- Institute for Healthcare Improvement IHI/NPSF: Leading a Culture of Safety: A Blueprint for Success  
<http://www.ihl.org/resources/Pages/Publications/Leading-a-Culture-of-Safety-A-Blueprint-for-Success.aspx>
- The Schwartz Center. Schwartz Rounds [www.theschwartzcenter.org](http://www.theschwartzcenter.org)

## What Can Nurses & Other Caregivers Do to Prevent WPV?

- Practice Self-Care



## Tips for Self-Care

### Practice Self Care

- Exercise regularly, eat a balanced diet and stay hydrated
- Don't forget to relax and prioritize sleep
- It's OK to access mental health support
- Exercise self-compassion – almost everyone impacted by an emergency will experience psychological distress
- Don't be afraid to say 'no' to taking on additional responsibilities



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## Tips for Self-Care

- Apply ergonomics principles to the computer workstation set up/work areas to prevent and minimize risk of WMSDs e.g. raise bed so work height is between knuckles and waist; don't reach past midline of a patient when providing care – use 'tip and tuck' technique
- Use SPHM equipment if provided and you have been trained to use it e.g. powered lifts, air assist mats & friction reducing sheets
- If working in static postures – take microbreaks and stretch
- Wear well fitted supportive footwear
- Report safety related problems & ideas to your manager
- Report any work-related injuries/discomfort early = quicker recovery
- Apply injury prevention principles to your off the job activities



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## Resources – WPV & Caregiver Wellbeing



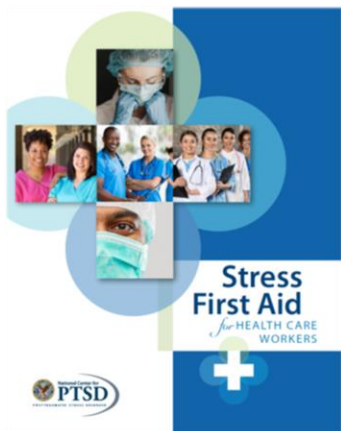
Chat online at:  
**online.rainn.org**

- **The National Suicide Prevention Lifeline**
  - Call 1-800-273-TALK (1-800-273-8255)
  - Use the online Lifeline Crisis Chat <https://suicidepreventionlifeline.org/chat/>
  - Text HOME to 741741 to reach a trained 24/7 crisis counselor or call 9-1-1.
- **RAINN (Rape, Abuse & Incest National Network)**
  - National Sexual Assault Hotline: Confidential 24/7 Support Call 1- 800-656-4673
- **Other Hotlines/Helplines**
  - For the Frontlines: Text FRONTLINE to 741741
  - Nurse2Nurse Peer Support Helpline: 1-844-687-7301
  - Mental Health Hotline.org: 1-866-903-3787
  - National Alliance on Mental Illness 1-800-950-6264

## Resources – WPV & Caregiver Wellbeing

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)
  - SAMHSA National Helpline: 1-800-662-HELP (4357)
  - SAMHSA Disaster Distress Helpline: 1-800-985-5990
- **US Office for Victims of Crime**
  - To find local resources <https://ovc.ncjrs.gov/findvictimservices/default.html>
  - The Vicarious Trauma Kit <https://ovc.ojp.gov/program/vtt/introduction>
- **Advent Health University**
  - Vicarious Trauma: Information, Prevention, and Resources <https://www.ahu.edu/blog/what-is-vicarious-trauma>

## Resources – WPV & Caregiver Wellbeing



- Resource Toolkit for the Clinician Well-Being Knowledge Hub (2022)  
<https://nam.edu/resource-toolkit-clinician-well-being-knowledge-hub/>
- Talking About Burnout, Moral Injury, and Mental Health at Work: Tips for Healthcare Workers(2024)  
<https://www.cdc.gov/niosh/healthcare/impactwellbeing/talking.html>
- Mental Health Resources for Nurses. Oregon State Board of Nursing. (*Extensive list of resources*)  
<https://www.oregon.gov/osbn/Pages/Nurse-Wellness.aspx>
- Stress First Aid for Health Care Workers (2020). Watson, P., & Westphal, R.J. National Center for PTSD  
[www.ptsd.va.gov](http://www.ptsd.va.gov)

## Resources – WPV & Caregiver Wellbeing

- Center for Health Design. Staff wellbeing toolbox.  
<https://www.healthdesign.org/staff-wellbeing-toolbox>
- Impact Wellbeing™ National Institute for Occupational Safety and Health (NIOSH. Tools for Healthcare Employers and Employees  
<https://www.cdc.gov/niosh/healthcare/impactwellbeing/index.html>
- The Joint Commission
  - Quick Safety 24: Bullying has no place in health care (Updated June 2021) Update June 2021  
<https://digitalassets.jointcommission.org/api/public/content/21ce061ab4fe4191ba32341a179e0489?v=68777701>
  - The Joint Commission. Workforce Safety and Well-Being Resource Center  
<https://www.jointcommission.org/our-priorities/workforce-safety-and-well-being/resource-center/>

## Resources – WPV & Caregiver Wellbeing

### Your Psychological PPE

to Promote Mental Health and Well-Being

#### Individual

-  → Take a day off and create space between work and home life
-  → Avoid publicity and media coverage about COVID-19
-  → Receive mental health support during and after the crisis
-  → Facilitate opportunities to show gratitude
-  → Reframe negative experiences as positive and reclaim agency

#### Team Leader

-  → Limit staff time on site/shift
-  → Design clear roles and leadership
-  → Train managers to be aware of key risk factors and monitor for any signs of distress
-  → Make peer support services available to staff
-  → Pair workers together to serve as peer support in a "buddy system"

Nova Scotia Health Post Incident Debriefing. Overview, tools and videos

<https://library.nshealth.ca/InjuryPrevention/Managers>

“Psychological PPE”: Promote Health Care Workforce Mental Health and Well-Being

<https://www.ihi.org/library/tools/psychological-ppe-promote-health-care-workforce-mental-health-and-well-being>

Resiliency Toolkit. A Comprehensive Guide for Health Centers & Their Staff (2022) National Health Care for the Homeless Council (NHCHC) and STAR<sup>2</sup> Center are HRSA-funded National Training and Technical Assistance Partners (NTTAPs)

<https://nhchc.org/wp-content/uploads/2023/01/Organizational-Leadership-and-Resiliency-Toolkit-2022-New.pdf>

SafeCare BC. Series of videos related to self-care for health care workers.

[https://www.youtube.com/channel/UCoBtG\\_p7VryPSXYavGXxHA/videos](https://www.youtube.com/channel/UCoBtG_p7VryPSXYavGXxHA/videos)

## Resources from Various Nurses Associations

- American Nurses Association. Workplace Violence - Protect Yourself, Protect Your Patients. *2025 WPV Position Statement and more.*  
*Note: Revised Incivility & Bullying Position Statement to be published in 2026.*  
<https://www.nursingworld.org/practice-policy/work-environment/wpv/>
- American Nurses Foundation' Well-Being Initiative
  - Combating Stress <https://www.nursingworld.org/practice-policy/work-environment/health-safety/combating-stress/>
  - Nurse Well-Being: Building Peer and Leadership Support <https://www.nursingworld.org/foundation/programs/nurse-wellbeing/>
- American Association of Critical-Care Nurses (AACN).
  - Prioritizing Your Well-Being <https://www.aacn.org/clinical-resources/well-being>
  - Position Statement: Preventing Violence Against Healthcare Workers <https://www.aacn.org/policy-and-advocacy/aacn-position-statement-preventing-violence>

## Resources from Various Nurses Associations

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- American Association of Colleges of Nursing (AACN). Developing Nurse Wellbeing and Leadership <https://www.aacnnursing.org/our-initiatives/well-being-resilience>
- American Academy of Ambulatory Care Nursing (AAACN). Workplace Safety <https://www.aaacn.org/practice-resources/ambulatory-care-nursing/workplace-safety>
- American Psychiatric Nurses Association (APNA).
  - Managing Stress & Self-Care <https://www.apna.org/managing-stress-self-care-during-covid-19/>
  - Self-Care Tip Sheet for Nurses <https://www.apna.org/wp-content/uploads/2021/03/APNASelfCareTipSheet.pdf>
- Emergency Nurses Association (ENA). Workplace Violence Prevention <https://www.ena.org/quality-and-safety/workplace-violence>

## Resources (Selected) – SPHM/Health Care Ergonomics

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- OSHA
  - Safe Patient Handling Resources <https://www.osha.gov/healthcare/safe-patient-handling>
  - Guidelines for Nursing Homes Ergonomics for the Prevention of Musculoskeletal Disorders 3182-3R 2009. [https://www.osha.gov/sites/default/files/publications/final\\_nh\\_guidelines.pdf](https://www.osha.gov/sites/default/files/publications/final_nh_guidelines.pdf)
  - OSHA and Worker Safety Handling with Care Practicing Safe Patient Handling. EC NEWS. August 2017. [https://lhatrustfunds.com/assets/uploads/documents/11-Pages\\_from\\_ECN\\_20\\_2017\\_08-2.pdf](https://lhatrustfunds.com/assets/uploads/documents/11-Pages_from_ECN_20_2017_08-2.pdf)
  - Worker Safety in Hospitals webpage. <https://www.osha.gov/hospitals>
- American Nurses Association (ANA)
  - Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum. 2<sup>nd</sup> edition. Silver Spring, MD, 2021. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/safe-patient-handling/>

## Resources (Selected) – SPHM/Health Care Ergonomics

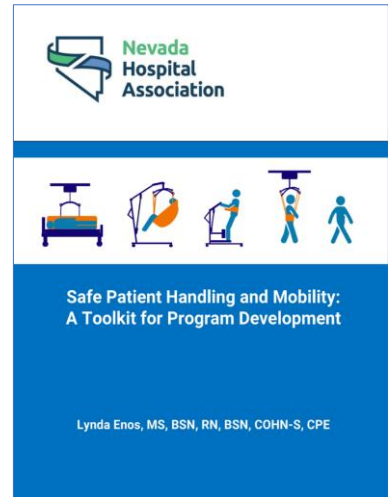
The Nevada Hospital Association Safe Patient Handling and Mobility in Health Care: A Toolkit for Program Development (2025)

The toolkit offers a suggested framework and strategies to facilitate the development, implementation, evaluation, and sustainability of safe patient handling and mobility (SPHM) programs.

Includes a comprehensive collection of references and resources and downloadable support tools for SPHM programs

Freely available for non-commercial use

<https://www.nvha.net/safe-patient-handling-mobility/>



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## Resources (Selected) – SPHM/Health Care Ergonomics

- The Association of Safe Patient Handling Professionals (ASPHP) <https://asphp.org/>
  - ASPHP [2023]. Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum. A White Paper 2023. <https://asphp.org/wp-content/uploads/2023/03/SPHM-Curriculum-White-Paper-March-2023.pdf>
- American Industrial Hygiene Association (AIHA) & Partner Associations
  - Home Health Care Aides: Occupational Health and Safety Challenges and Opportunities: A White Paper (2021). AIHA in collaboration with HFES. <https://www.hfes.org/Portals/0/Home-Health-Care-Aides-Occupational-Health-and-Safety-Challenges-and-Opportunities-White-Paper.pdf>
  - Safe Patient Handling and Mobility (SPHM) A Process to Protect Health Care Workers and Recipients A White Paper by the American Industrial Hygiene Association (AIHA, ASPHP and ANA 2024). [https://asphp.org/wp-content/uploads/2024/12/Safe\\_Patient\\_Handling\\_and\\_Mobility\\_WhitePaper-Final.pdf](https://asphp.org/wp-content/uploads/2024/12/Safe_Patient_Handling_and_Mobility_WhitePaper-Final.pdf)
- The Facility Guidelines Institute (FGI)
  - Patient Handling and Mobility Assessments: A White Paper (2nd ed. 2019) (PHAMA) <https://www.fgiguidelines.org/resource/patient-handling-and-mobility-assessments-2nd-ed/>

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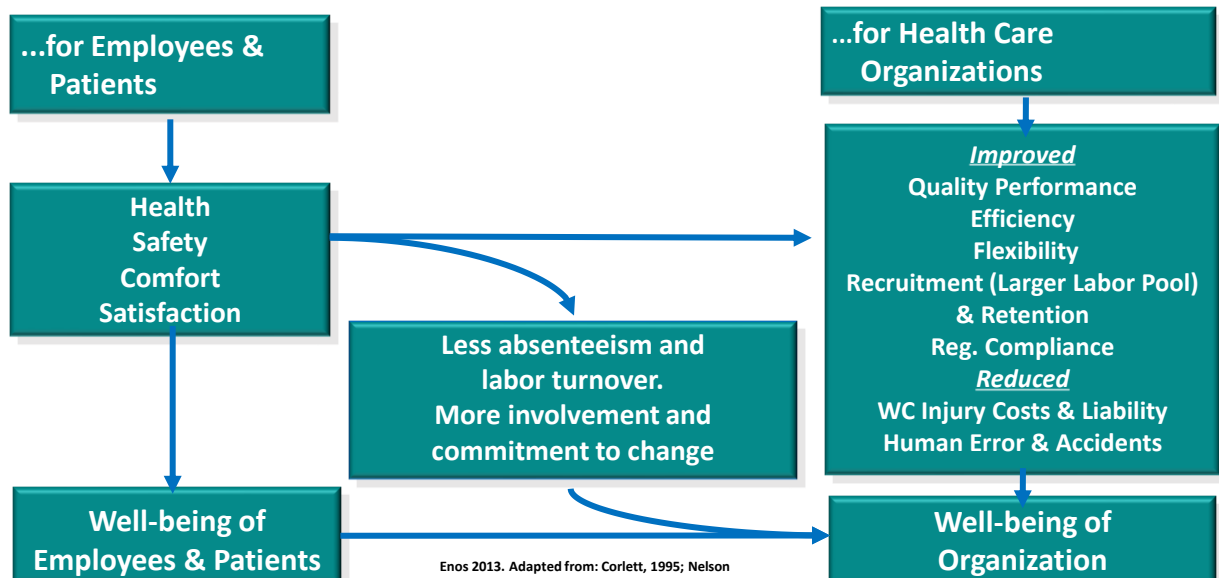
## References for SPHM & Reducing the Risk of WPV

- A multi-component patient-handling intervention improves attitudes and behaviors for safe patient handling and reduces aggression experienced by nursing staff: A controlled before-after study. Risør, B. W., Casper, S. D., Andersen, L. L., & Sørensen, J. (2017). *Applied ergonomics*, 60, 74-82.
- Consistent use of assistive devices for patient transfer is associated with less patient-initiated violence: cross-sectional study among health care workers at general hospitals. Pihl-Thingvad, J., Brandt, L. P., & Andersen, L. L. (2018). *Workplace health & safety*, 66(9), 453-461.
- Safe lifting and movement of nursing home residents. Collins JW, Nelson A, [2006]. DHHS (NIOSH) Publication No. 2006-117. Cincinnati, OH: National Institute for Occupational Safety and Health. <https://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf?id=10.26616/NIOSH PUB2006117>
- The Role of Safe Handling and Mobilization in Reducing Type II Workplace Violence in Healthcare Settings. Kurowski A & El Ghaziri, M. CPH News and Views Issue #62. UMass Lowell, 2019. <https://www.uml.edu/Research/CPH-NEW/News/emerging-topics/News-views-62.aspx>

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## Benefits of Worker Safety Programs in Health Care



## Remember

### Workplace Violence

- *It's NOT "normal"*
- *It's NOT "part of the job"*
- *It's NOT "OK"*



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Thank You

Questions?



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