

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

Webinar 2

Evidence-Based Strategies to Control and Prevent Violence in Health Care

West Virginia Hospital Association

March 26, 2026

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

- 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)
- 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)

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Webinar 2 - Objectives



1. Identify evidence-based interventions and best practices to manage and prevent WPV
2. Define an approach to preventing violence through patient assessment for risk of violence and effective communication strategies
3. Identify elements of effective workplace violence training programs for nurses and other caregivers

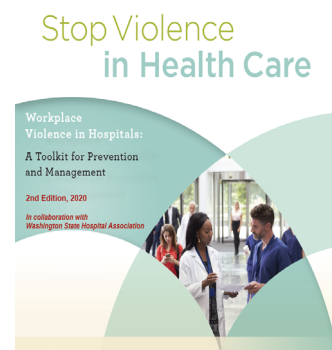
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Materials Provided

- Index for the Workplace Violence in Healthcare – A Toolkit for Prevention and Management 2.0, 2020. <https://oregonhospitals.org/safety/>
- Sections referred to in this session:
 - Section 5 & related tools
 - Section 3 Gap Analysis Tool 3a
- WPV Toolkit Supplemental References and Resources updated July 2025
- PowerPoint Slides with Resources
- WPV Prevention Tips for Nurses & Other Caregivers



Workplace Violence

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



Components of Effective, Sustainable WPV Programs in Health Care



Prevent



Respond



Care & Support



Learn

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Components of Effective & Sustainable WPV Programs in Health Care (*We Think!*)

A. Program Foundation and Management

1. Management Commitment & Leadership
2. Employee Participation
3. Written Policies
4. Program Management
5. Communications/Social Marketing

B. Hazard Identification/Assessment

- Worker Injury/Incident Data Analysis
- Worker Surveys
- Gap Analysis
- Safety & Security Assessment of the Physical Work Environment



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Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

C. Hazard Prevention & Control

1. Engineering Controls e.g., building design & access; surveillance systems, etc.
2. Administrative and Work Practice Controls e.g.,
 - Identifying and Tracking Patients/Visitors at High Risk for Violence
 - Incident Response & Post Incident Procedures
 - Incident Reporting
 - Incident Investigation
3. Education & Training

D. Ongoing Program Evaluation (inc. Documentation & Reporting) & Proactive Hazard Prevention

E. Processes to improve the patient or client experience

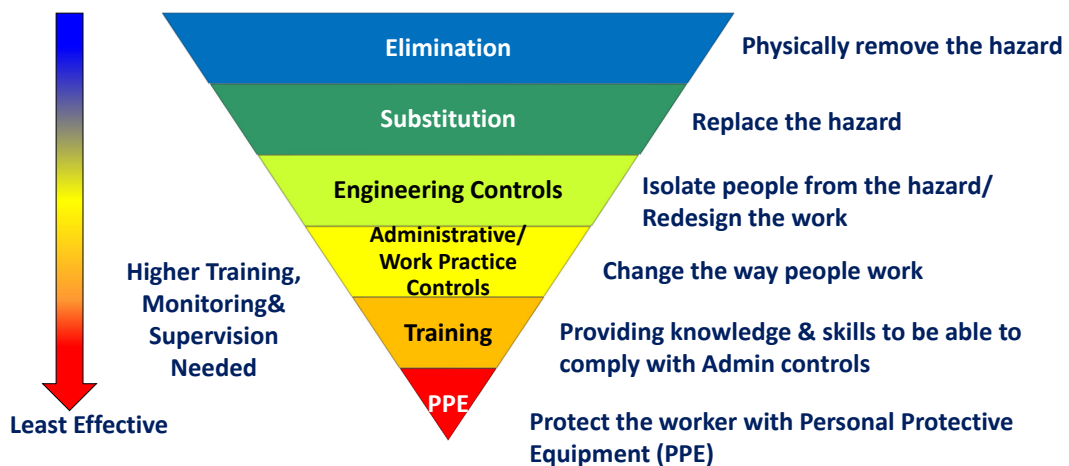


Multifaceted programs are more effective than any single intervention

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Hierarchy of Controls to Reduce Risk of WPV in Health Care

Most Effective & Sustainable



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Adapted from NIOSH, 2018 9



WPV Hazard Prevention & Control Engineering Controls - *Evidence-Based Interventions*

Engineering Controls

- Design of the Physical Environment
 1. Improving visibility e.g. the use of
 - Closed-circuit video surveillance systems
 - Adequate lighting (indoors and outdoors)
 - Treatment spaces and offices with windows
 2. Securing furniture or using weighted furniture to reduce risk of being used as a weapon



WPV Hazard Prevention & Control Engineering Controls - *Evidence-Based Interventions*

Engineering Controls

- Design of the Physical Environment
 3. Crisis Stabilization Centers
 4. Design of patient areas for de-escalation; comfort to reduce stress i.e., Safe Assessment Rooms (SARs)
 5. Body worn cameras (*some supporting evidence*)

Body-Worn Cameras in Healthcare Jan 2024

<https://iahssf.org/assets/Whitepaper-Body-Worn-Cameras-in-Healthcare.pdf>



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WPV Hazard Prevention & Control Engineering Controls (*other - not all inclusive*)

- Security/silenced alarm systems (e.g. panic buttons, paging systems, cell phones)
 - User friendly
 - Accessible
 - Location accuracy
 - Response
 - Maintenance
- Exit routes including safe rooms for emergencies
- Controlled building/work location access
- Weapon detection systems
- Barrier protection to work areas



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Noise barriers

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WPV Hazard Control And Prevention Engineering Controls – Design Resources

- Patient Safety Standards, Materials and Systems Guidelines. Recommended by the New York State Office of Mental Health. Guide to physical design and fixtures for behavioral health units (Jan 2026) (Large File) https://www.omh.ny.gov/omhweb/patient_safety_standards/guide.pdf
- Behavioral & Mental Health Toolbox Free Resources 2021 <https://www.healthdesign.org/behavioral-mental-health-toolbox>
- Facility Design Institute - Design of Behavioral Health Crisis Unit (June 2022) <https://fgiguidelines.org/resource/design-of-behavioral-health-crisis-units/>



Patient Safety Standards, Materials and Systems Guidelines

Recommended by the
New York State Office of Mental Health

With respect to NYS-OMH operated facilities, these Guidelines apply solely to new construction and major renovation projects. Existing facilities should use these Guidelines as a reference document whenever they make improvements.



35th Edition | January 31, 2026

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WPV Hazard Prevention & Control Work Practice & Administrative Controls *Evidence-Based Interventions*

- Identifying and tracking patients/visitors at risk for violence e.g., use of validated risk assessment tools to identify the risk of patient/visitor violence
- Flagging patient records for risk of violence & communication strategies
- Incident Response: Use of Behavioral Health Rapid Response teams (BHRRTs); De-escalation techniques
- Post-incident support



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WPV Hazard Prevention & Control Work Practice & Administrative Controls (*other - not all inclusive*)



• Incident Response Protocols - *Considerations*

- Clear roles for employees inc. response team
- Use of properly trained security officers/ response team members
- Interventions are based on level of threat & root cause of violence
- Written security procedures including law enforcement notification and involvement
- Plan for conducting drills of the violence response plan at least annually
- Ensure employees:
 - Know and are familiar with the operation of emergency devices
 - Know how to initiate the violence response plan
 - Are familiar with how and when to call for an emergency response team (if applicable)
- Ensure there are adequate number of qualified employees available to respond especially during high-risk times and to disarm and de-escalate patients if necessary

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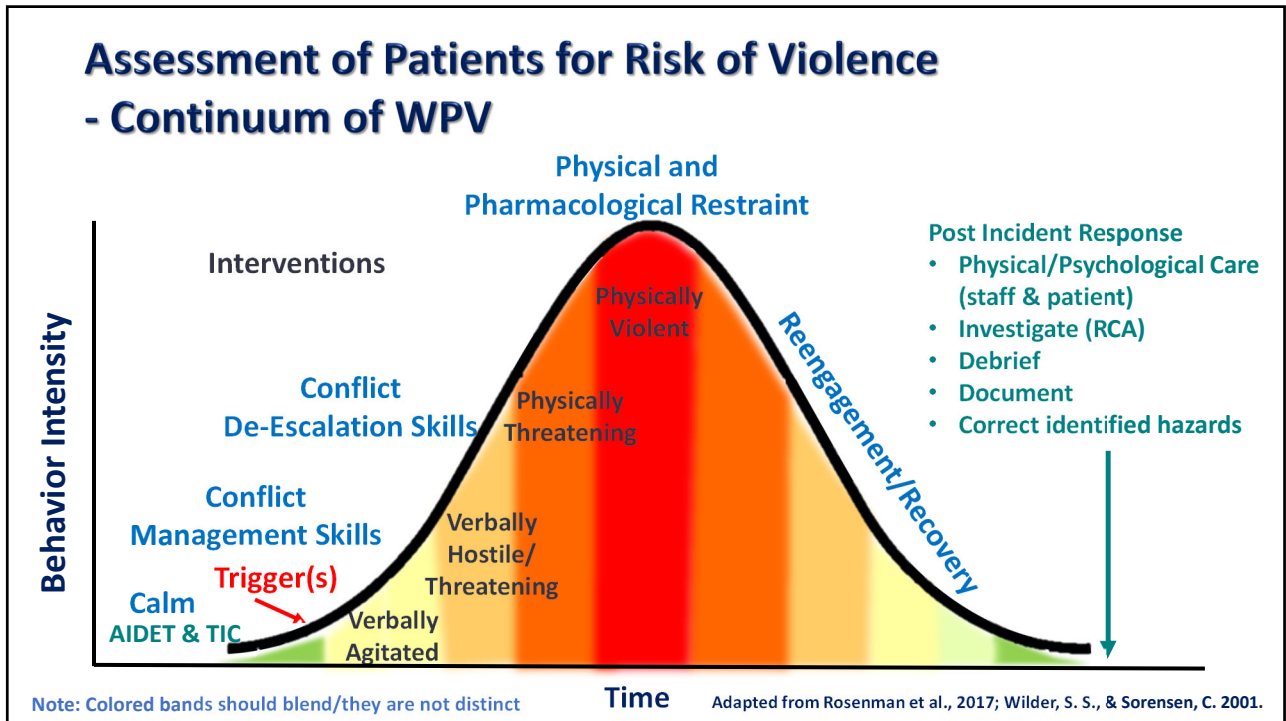
WPV Hazard Prevention & Control Work Practice & Administrative Controls (*other - not all inclusive*)

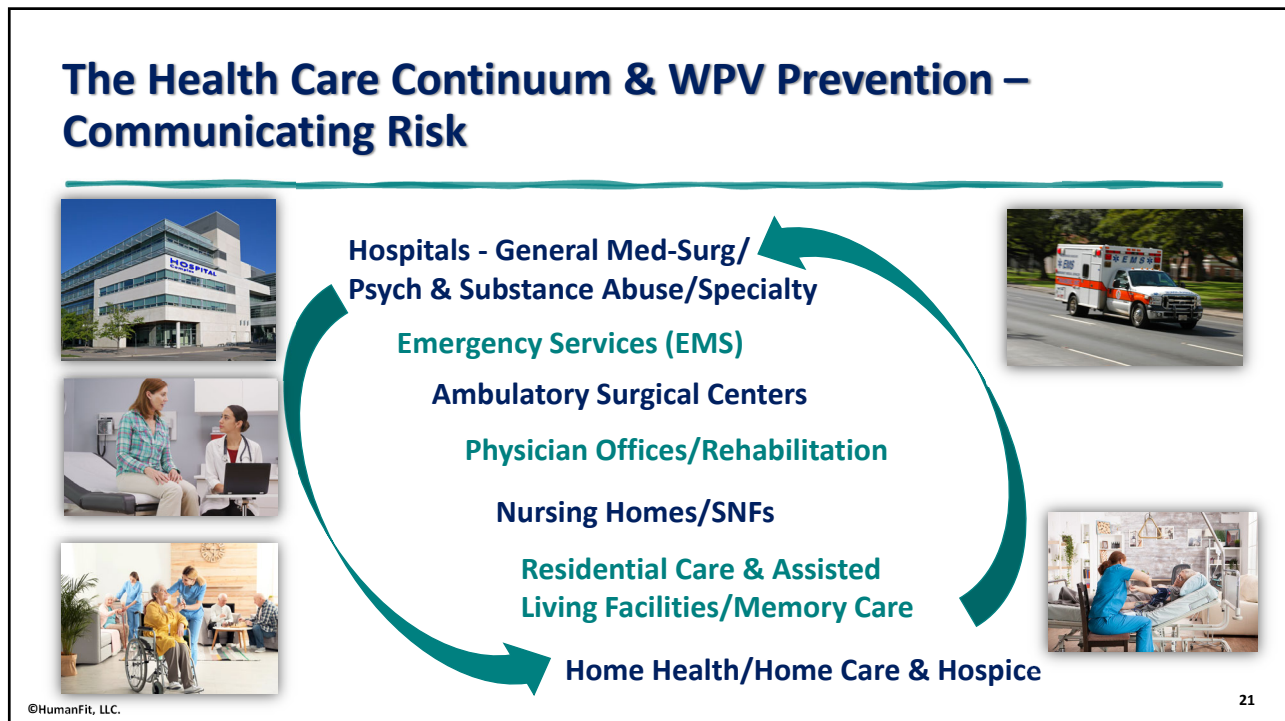
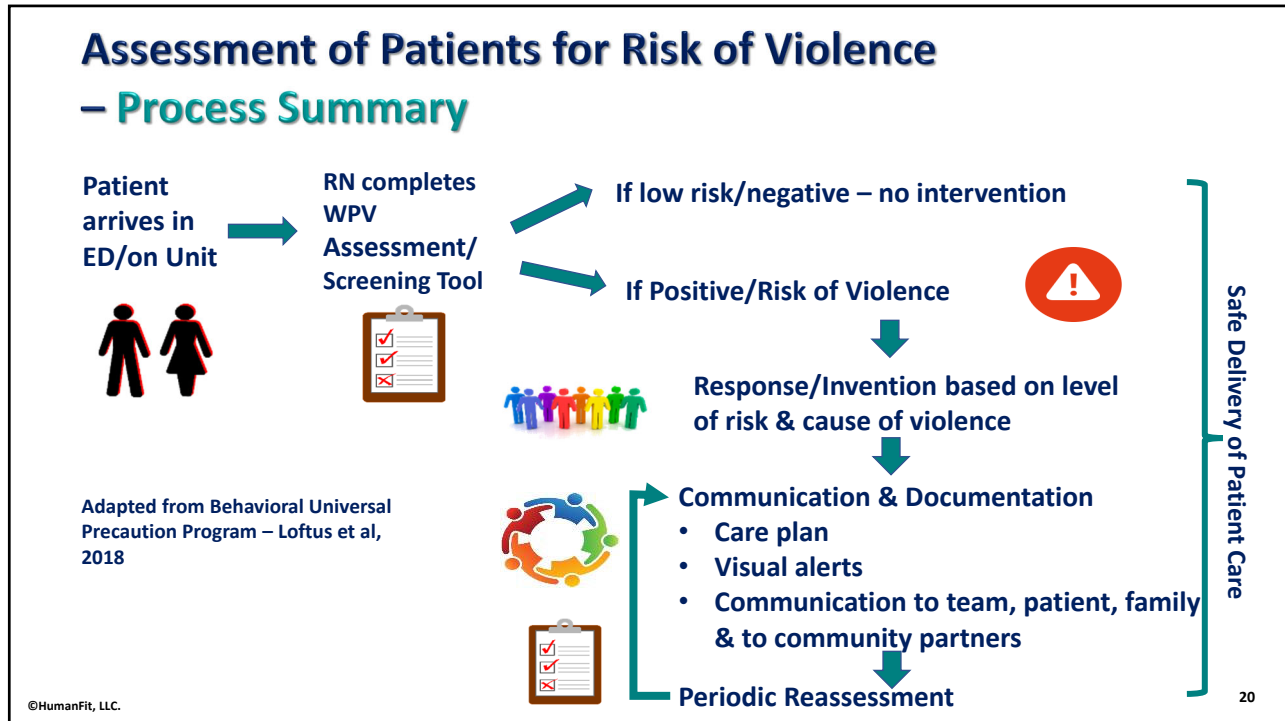


- Incident Reporting
 - User friendly
 - Accessible
 - Captures sufficient detail
 - Timely response
 - Centrally located
 - Data shared/lessons learned & shared with employees
 - Incident Investigation
- Safety protocols for Employees Working Alone or in Higher Risk Situations
- Work planning, staffing & scheduling
- Peer champion support programs
- Employee Dress code
- Entry Procedures
- Transportation Procedures
- Security Personnel & Rounding
- Mock drills e.g. Active Shooter
- Managing patient communications and expectations

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Assessment of Patients for Risk of Violence

a. A structured process is in place to identify (screen and rescreen) patients at risk for violence organization wide including:

- Emergency Department
- Behavioral health unit (if applicable)
- In-patient units
- Outpatient areas
- All other work areas and environments identified by the organization as higher risk areas for violent incidents



Source: OR WPV Toolkit Gap Analysis Tool: Section G.II.2

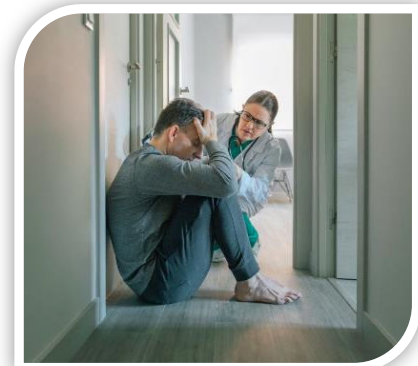
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Assessment of Patients for Risk of Violence: Assessment Tools

b. The screening process includes use of a **standard, reliable violence** risk screening tool e.g. Brøset Violence Checklist (BVC) tool

- Tools assess distinctive observational behaviors to identify the potential for violence
- Many tools developed in the Mental Health setting e.g. The Dynamic Appraisal of Situational Aggression (DASA); Aggressive Behaviour Risk Assessment Tool (ABRAT); STAMP
- No single tool broadly studied for acute care, but Brøset & DASA more commonly adapted
- A non-validated tool may do more harm than good



Note: Many assessment tools are copyrighted. Permission is needed to use/adapt tools

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Assessment of Patients for Risk of Violence: Assessment Tools



- Tools adapted for acute health may need to consider other contributing factors for WPV (e.g., pain or acquired brain injury) and history of violence (HOV).
- Some tools such as the full BVC take too much time to complete in the acute care setting.
- Ease of screening - tools need to be user friendly - easy to learn & quick to use

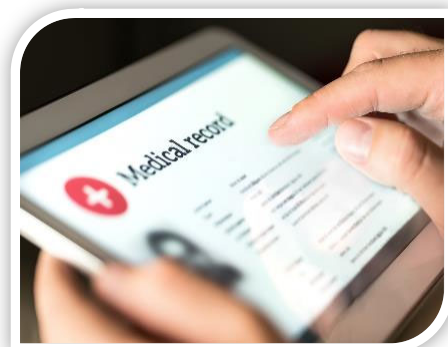
(Hvidhjelm, 2023; Anderson, K. K., & Jenson, C. E. (2019); Ghosh et al., 2019; Calow, et al., 2016)

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Assessment of Patients for Risk of Violence: Communication & Documentation

- c. Documentation of the patient at risk for violence in a designated place
- d. The frequency of rescreening of patients/visitors is clearly defined
- e. The screening process and tool used is periodically reviewed for usability, effectiveness and compliance for use by employees



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Assessment of Patients for Risk of Violence: Communication & Documentation

- f. There is a process in place to **facilitate communication** at the patient care level about patients/visitors at high-risk for violence and potential high-risk situations:
- i. On admission to a facility and unit
 - ii. During the shift communications and handoff and daily huddles
 - iii. Before a patient care task is performed
 - iv. Between different disciplines such as nursing and therapy, security etc.
 - v. Between units such as an ED, patient care unit, transportation and imaging e.g. Ticket to Ride
 - vi. From EMS, outpatient clinics, LTC facilities etc.



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Assessment of Patients for Risk of Violence: Communication & Documentation - *Flagging Patient Records*



- Research is mixed re effectiveness, but overall flagging may heighten health care workers' vigilance for potential of danger
→ proactively seek and implement preventive safety precautions
- Assessment tools and communication protocols only effective if part of a comprehensive WPV program
- Must be developed, piloted and implemented with patient care staff
- Education and training for caregivers, patients and visitors etc., needed to address fear of patient stigmatization and facilitate success of process

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Assessment of Patients for Risk of Violence: Communication & Documentation - *Flagging Patient Records*

Approach:

- Within the Behavioral Universal Precautions program, the information about a patient's risk of aggression is communicated:
 1. Without discrimination (no stigmatization & privacy ensured)
 - Many patients with mental health issues have a HOV
 - 'One-off' situations e.g., anesthesia-induced disorientation post-surgery
 2. In order to plan care to ensure aggression is de-escalated, and
 3. To assure the safety of healthcare personnel, patients, families and visitors



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(Loftus et al., 2018)

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Assessment of Patients for Risk of Violence: Communication & Documentation - *Flagging Patient Records*

Approach:



- Education and training for caregivers, patients and visitors etc., needed to address fear of patient stigmatization
- To reduce workload - integrate screening/assessment into existing work routines e.g., suicide screening in the ED
- Provide visual reminders for HOV e.g., color-coded wrist band, room signage
- Alerts/signage must be distinct (avoid competing alerts etc.)

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Assessment of Patients for Risk of Violence: Communication & Documentation - *Flagging Patient Records*

Approach:

- Ensure temporary staff; residents, know meaning and communication process etc.
- Clearly communicated post-positive screening intervention
- Medical team and family input into care plan
- Clear protocols about who authorizes flagging of patient chart and removal of a flag



(Hvidhjelm et al., 2023; Inuenwi et al., 2023; Ferron et al., 2021; Paterson, J et al., 2019; Burkoski et al., 2019; Loftus et al., 2018; Drummond et al., 1989)

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Assessment of Patients for Risk of Violence: Communication & Documentation - *Gap Tool Cont.*

- g. The organization has a process in place to focus interventions on specific risk factors rather than on general risk score.
- h. Policy is in place for use of chemical/mechanical, environmental or social restraints and meets appropriate regulations
- i. The organization has decision-support tools accessible (electronic or paper) that provides employees with the intervention options that should be considered based on risk score/risk factors.
- j. A process is in place for clearly defined roles regarding which employee(s) is responsible for choosing interventions.



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Assessment of Patients for Risk of Violence: Communication & Documentation - *Gap Tool Cont.*

- k. A process is in place for documentation of chosen interventions and/or revised plan of care.
- l. A process is in place for to complete an individualized treatment plan for applicable patients that responds to identified risk factors and review and revise that plan as needed.
- m. The organization has decision-support tools accessible (electronic or paper) that provide employees with response options that should be considered for non-patients/visitors that are identified at risk for violence.
- n. Communication about patient risk for violence is included in the patient discharge process



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Example: Hospital Violence/Aggression Assessment Checklist


Toolkit –Tool 5a. WPV Risk Assessment Tool

Type of Behavior	Yes/ No	Descriptions (any or all may be included)
History of Violence		History of being physically aggressive towards a caregiver.
Uncooperative		Easily annoyed or angered. Unable to tolerate the presence of others. Will not follow instructions.
Verbal Abuse		Verbal attacks, abuse, name calling, verbally comments uttered in a snarling, aggressive manner.
Hostile/ Attacking Objects		Overtly loud or noisy, i.e. slams doors, shouts out when talking, etc. An attack directed at an object, banging or smashing windows, kicking, banging, and head banging, smashing furniture.
Threats		A verbal outburst which is more than just a raised voice; and where there is definite intent to intimidate or threaten another person. A definite intent to physically threaten another person, i.e. raising of arm/leg, aggressive stance, making a fist, etc.
Assaultive/ Combative		An application of force or attack directed at an individual, i.e. kick, punch, spit, grabbing of clothing, use a weapon or weapon of opportunity, throwing items.

Example: Hospital Violence/Aggression Assessment Checklist

Type of Behavior exhibited by:	Patient Others	Document/describe behavior Specify Other (e.g. parent, spouse, etc.)
Known risk factors (i.e. wait times, pain level, fear)	List factors	
Behavior	Level of Risk	Intervention
No Observed Behavior	LOW	No intervention required
History of violence or Uncooperative or Verbal abuse	Moderate (Intervention Required)	List Intervention or refer to policies and procedures
If YES to any 1 of the behaviors in orange shaded area <u>or</u> if there are <u>2 or more</u> in the non-shaded area	HIGH (Preventative Measures Required)	List Measures or refer to policies and procedures

Example: Hospital Violence/Aggression Assessment Checklist

Risk of Violence – Example Protocol	
Moderate	High
Notify House Supervisor	Contact Security (nights & weekends) @*99 "Request presence"
Contact Security (nights and weekends) @*99 "Potential risk of Violence"	Call 911 if behavior escalates
Notify Admitting and receiving department RN's	Notify House Supervisor
Reassess behavior and document triggers	Triage to Seclusion room
Install WPV door magnet on patient's room to signal caution to other hospital staff	Provide frequent communication to patient Notify all treating staff
	Monitor behavior frequently and document triggers. Add alert to patient's chart
	Consider need for restraints as a last resort (physical and/or chemical)

<h2 style="text-align: center;">Example of Protocol – Response to Assessment Score</h2> <p style="text-align: center; font-size: small;">Malone, J. E., Campbell, T. P., & Curtis, A. M. (2023).</p>		
Low Risk	Moderate Risk	High Risk
<p>Continue standards of care and use “universal precautions”</p> <ul style="list-style-type: none"> • Assess the patient and review lab results • Ensure medication history is completed with medication reconciliation • Complete purposeful hourly rounding 	<p>Implement violence prevention precautions <i>Implement environmental safety precautions</i></p> <ul style="list-style-type: none"> • Notify provider of moderate risk to review treatment plan • Reduce stimulation (turn TV off, reduce ambient noise and light, etc.) • Re-orient the patient as needed • Provide distractions • Encourage family members/friends to visit or call to keep the patient reassured, calm, and engaged • If ordered, the sitter should be interactive with the patient • Place the patient close to the nursing station and window • If ordered, offer oral as needed (PRN) medications (agitation, anxiety, insomnia, pain, etc.) 	<p>Implement violence prevention interventions</p> <ul style="list-style-type: none"> • Implement enhanced “high risk” environmental safety precautions • Notify provider of high risk and if interventions have not decreased risk level • Place a gray magnet on the doorframe to alert staff of risk for violence • Utilize verbal de-escalation techniques • Activate a Crisis Response (when needed) • If safety is a concern and a sitter is needed, consider the use of video monitoring as indicated and when available • If ordered, administer PRN medications as indicated

Warning Signs of WPV – STAMP Tool

- **Staring:** prolonged glaring or no eye contact
- **Tone:** increased volume, sarcasm, caustic verbalization
- **Anxiety:** dilated pupils, grimacing, hyperventilation
- **Mumbling:** speaking under their breath; repetition
- **Pacing:** walking around; not focusing, flailing

• Luck, et al., 2007; Emergency Nurses Assc. 2015

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Example: Queensland Occupational Violence Patient Risk Assessment Tool (QOVPROA, pronounced kwov-pro)

- Validated tool developed to predict risk of *immediate* verbal or physical violence in 2017 for use in the ED in a hospital in Queensland, Australia
- Conduct within 30 mins of arrival in ED by attending clinician (e.g. triage nurse)
- Prompts review of 3 violence related risk factors:
 - a) Does the patient have a history of aggression?
 - b) Are you concerned about their behavior?
 - c) Are there concerns around the patient’s clinical presentation? (i.e., Are they intoxicated? Are they erratic? Do they listen to reason?)
- Violence risk then is categorized as: Low (0 risk factors), Moderate (1 risk factor), or High (2-3 risk factors).

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Queensland Occupational Violence Patient Risk Assessment Tool

Risk Domains	Qualifying Characteristics	Responses
Aggression history	<ul style="list-style-type: none"> • Known history of aggression • Alert for aggressive behavior 	Presence/Yes = 1 Absence/No = 0
Behavioral concerns	<ul style="list-style-type: none"> • Angry • Clenched fist • Demanding • Resisting care • Threatening language • Other concerning behaviors 	Presence/Yes = 1 Absence/No = 0
Clinical presentation of concern	<ul style="list-style-type: none"> • Alcohol intoxication • Drug intoxication • Erratic or irrational cognition 	Presence/Yes = 1 Absence/No = 0
	RISK RATINGS	NUMBER OF 'YES'
Scoring	Low Moderate High	Yes = 0 Yes = 1 Yes = 2-3

Example: Queensland Occupational Violence Patient Risk Assessment Tool

- Interventions
 - Verbal de-escalation techniques
 - Behavioral management teams (similar to BHRRTs)/ Response to Occupational Violence Emergency (ROVE) – nurse lead team
 - Safe de-escalation rooms, buddy systems, oral medications, restrictive intervention policies, allocative strategy, security presence or assistance, and fast-tracking of care
- If High Risk – flagged in EMR with visual icon and on ED E-Dashboard
- Results
 - Consistent quarterly reduction in the number of reported incidents in the emergency department
- Implementation – *refer to articles*
- Generalizability

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(Caliban et al., 2021; Caliban et al., 2023a; Caliban et al. 2023b)

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Violence Risk Screening Tools

Refer to the Toolkit Section 5 for more tools

- Public Services Health and Safety Association (PSHSA). Toronto, Ontario, Canada.
<https://www.pshsa.ca/workplace-violence/>
- Individual Client Risk Assessment Toolkit for Health Care Settings
<https://workplace-violence.ca/tools/individual-client-risk-assessment/>
- Communicating the Risk of Violence: Flagging
<https://workplace-violence.ca/tools/flagging/>
- Acute care; LTC; Community & EMA assessment tools
<https://workplace-violence.ca/prevention-resources-hospital-community-care-long-term-care/#long-term>

And many other tools

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Violence Risk Screening Tools

Refer to the Toolkit Section 5 for more tools

- A large Midwest healthcare system has implemented the PSHSA Violence Assessment Tool (VAT) assessment tools in various settings.

Refer to: Croland, J., Overton, S., Nimitz-Rusch, K., Emmerling, S., & Wiegand, L. (2023). Implementation of a violence risk assessment and interventions aimed at the prevention of patient-perpetrated violent events across care settings. *JONA: The Journal of Nursing Administration*, 53(3), 168-174.

- Emergency Nurses Association (ENA) – Workplace Violence toolkit – members only www.ena.org
- Risk-assessment (Broset) by Dr. Roger Almvik <https://www.risk-assessment.no/>
- The Dynamic Appraisal of Situational Aggression (DASA) the Centre for Forensic and Behavioural Science <https://www.swinburne.edu.au/research/centres-groups-clinics/centre-for-forensic-behavioural-science/our-publications-products/dasa/>

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Workplace Violence in Health Care

Education & Training



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WPV Education & Training

- WPV training is only effective as part of a multifaceted WPV program
- Have a plan to assess needs, develop, implement & evaluate WPV training (*sample in Oregon WPV Toolkit*)
- Periodic violence prevention training (assault/violence prevention and protection) is provided to *all* employees, providers and contract personnel



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WPV Education & Training

Of the few studies published, evidence indicates that the following are more effective approaches to WPV education and training:

- Tailored to staff groups/disciplines & stratified risk levels related to work roles and causes of violence within the organization
- Have clearly defined goals with measurable outcomes
- Training methods should where possible, be evidence based, cost-effective and reflective of local need & regulations (state OSHA, TJC)
- A hybrid training module i.e. use of computer-based learning with interactive class-based tabletop exercises
- Spaced training that allows for reinforcement and practice of skills learned e.g., de-escalation techniques

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WPV Education & Training



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More effective approaches *continued*

- Tabletop exercises or vignettes that provide information that are applicable to the staff's work environment & risk of violence
- Discussion and collaboration with interprofessional colleagues on how to best manage the incident of workplace violence depicted in case studies or vignette
- Both mindfulness and communication skills training may reduce the experience of aggression reported by health care support workers
- Note: Studies of evasive self-defense or break away training have found that participants were *unable* to apply the techniques learned during the training, when tested in a simulated setting. There was no evidence that self-defense training reduced the incidence of WPV in health care

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WPV Education & Training: A Stratified Approach

Employee and non-employee groups needing WPV Education and Training (Hospitals)

1. Staff who will respond to WPV events, such as Code Grey, and/or work in departments/units where risk of patient violence is higher
2. Staff who provide clinical, medical or nursing care to patients, including temporary /contract personnel
3. Support staff who work directly with patients/or the public and who may be at risk for violence
4. Staff who do not work directly with patients/or the public
5. Other Staff Groups e.g., Leadership/management, WPV committee & program coordinator, students, volunteers, patients and visitors, EMS, Labor reps, local law enforcement, community behavioral health treatment facilities/clinics (not operated by the hospital), & other community agencies.

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WPV Education & Training - Frequency



- When starting a WPV program
- At time of hire (TJC)
- On a regular and ongoing basis e.g. annually (TJC)
- Whenever changes occur regarding the workplace violence prevention program (TJC)
- As needed in areas of high risk
- When employees move to a new department/unit where the nature/frequency of violence is different than in prior work setting
- After WPV related injury and/or extended time away from work (for any reason) based on needs evaluation

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WPV Education & Training – Content (*not all inclusive*)

Customized for the needs of each employee/stakeholder group i.e. roles and responsibilities within the WPV prevention program & based on hazards/risk for WPV in their work area(s).

- What constitutes workplace violence e.g. definition, scope, costs, causes
- Applicable regulatory requirements
- The health care facility/setting workplace violence prevention plan
- The roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement.
- Factors that predict assaultive behaviors
- Escalation cycles for assaultive behaviors



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WPV Education & Training – Content *(not all inclusive)*

- Use of patient at risk of violence assessment tools and risk communication protocols
- Incident response & reporting process
- Post-incident counseling and follow-up support/Resources available to employees for coping with assaults
- Conflict resolution techniques
- De-escalation techniques to minimize violent behavior
- Physical intervention techniques, and response to emergency incidents.
- Proper application and use of restraints, both physical and chemical restraint
- Medical and psychological effect of violence on employees. Stress first aid/mental health wellbeing



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WPV Education & Training - Resources

- OR WPV toolkit:
 - Section 6 and Tool 6a. Education and Training plan
 - Tool 3a WPV Gap Analysis Tool: H. Education and Training
- 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
- 'Best Practices for the Development, Delivery, and Evaluation *(training for workers and employers)* of Susan Harwood Training' Grants' OSHA
<https://www.osha.gov/harwoodgrants/best-practices>
- Resource for Development and Delivery of Training to Workers. OSHA 3824-05R 2021.
<https://www.osha.gov/sites/default/files/publications/osha3824.pdf>

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Resources – WPV Training Related

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"> 1. Identify the agitated patient. 2. Use a standardized scale to assess agitation. 3. Assess a patient scene for safety. 	https://youtu.be/musgq94q8GQ
Basic elements of verbal de-escalation (10:59)	<ol style="list-style-type: none"> 1. Learn the basic elements of verbal de-escalation. 	https://youtu.be/8Gmf0LRJbR8
More practice with verbal de-escalation (6:59)	<ol style="list-style-type: none"> 1. Gain more experience with the elements of verbal de-escalation. 	https://youtu.be/xonVIjwpTRU
Advanced skills in de-escalation (8:41)	<ol style="list-style-type: none"> 1. Learn strategies for managing a team during de-escalation. 2. Learn the elements of a team de-briefing. 3. Hear techniques for managing your personal reactions to agitated patients. 	https://youtu.be/wl7yIF5KpfQ
Personal safety and escape skills (3:45)	<ol style="list-style-type: none"> 1. Learn personal safety skills for dangerous situations. 2. Feel safer when engaging agitated patients. 	https://youtu.be/6CEJfDSiUXw
Total running time for 5 chapters: 38:51		

Resources – WPV Training Related

- 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'
 - 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>
- De-escalation Strategies for Healthcare | WEBINAR Safe Care BC <https://www.youtube.com/watch?v=F3nN8yyWSWs>

References (Not included in other handout materials)

Cai J, Wu S, Wang H, Zhao X, Ying Y, Zhang Y, Tang Z. The effectiveness of a workplace violence prevention strategy based on situational prevention theory for nurses in managing violent situations: a quasi-experimental study. *BMC Health Serv Res.* 2023 Oct 26;23(1):1164. doi: 10.1186/s12913-023-10188-1.

Chung, Y. F., Chang, Y. C., Fetzter, S. J., Tessmer, L., Tsai, M. H., & Feng, J. Y. (2025). The Effectiveness of Workplace Violence Prevention Education Training Programs on Healthcare Professionals' Confidence: A Systematic Review and Meta-Analysis. *International Nursing Review*, 72(4), e70107.

Day, S. W., Sharp, J., & Jackson, G. L. (2022). Management of aggressive patient situations. *Am Nurse*, 17(4), 34-37. <https://www.myamericannurse.com/management-of-aggressive-patient-situations/>

Edwell A, Huang JX, Bongiovanni T, Pantell M. Inequities in the application of behavioral flags for hospitalized pediatric patients. *JAMA Network Open.* 2025;8(2):e2461079.

Morales Palomares, S., Gheri, F., & Ramacciati, N. (2025). Cultural Dimensions of Workplace Violence in Healthcare: A Narrative Review. *Journal of Nursing Management*, 2025(1), 8336854

Sahota P, Glickman C, Doremus C, et al. Therapeutic violence mitigation: innovation in hospital violence prevention. *J Hosp Med.* 2025;20(11):1251-1255

Vo CT, Brooks K, King E. Breaking the cycle: Preventing workplace violence against healthcare workers. *J Hosp Med.* 2026;21:93-95. doi:10.1002/jhm.70167

Weerahandi H, Burden M, Kopp Z, et al. Clinician perspectives on electronic health record behavioral alerts and hospital workplace violence prevention: a mixed methods study at 20 organizations. *J Hospital Medicine.* 2025;20:837-846.

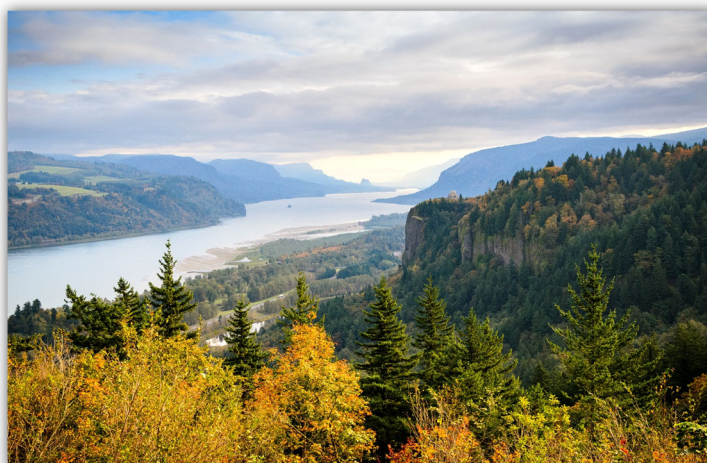
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Thank You

Questions?

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