



# Code Black & Blue: Preventing and De-Escalating Violence

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# Workplace Violence: A Growing Concern

## Workplace Violence

- A violent act (or acts) including physical assaults or *threats* of assaults directed towards a person at work or while on duty

CDC/NIOSH, 2002

## Patient Safety Events

- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a patient, staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital

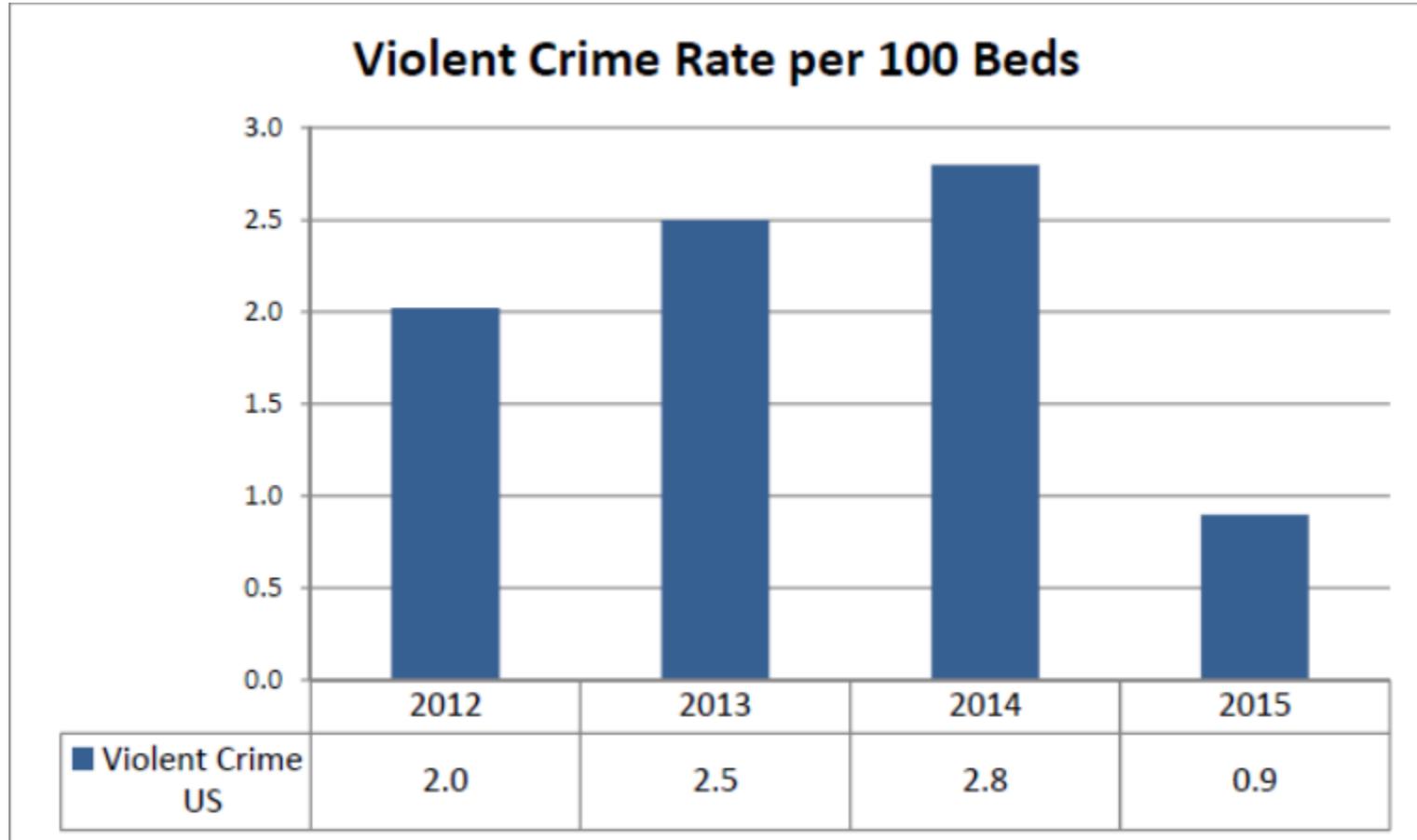
CAMH, 2017

# Workplace Violence Against Health Care Workers in the US

## Types of Workplace Violence

Type	Description	Example
I	Perpetrator has no association with the workplace or employees	Person with criminal intent commits armed robbery
II	Perpetrator is a customer or patient of the workplace or employees	Intoxicated patient punches nursing assistant
III	Perpetrator is a current or former employee of the workplace	Recently fired employee assaults former supervisor
IV	Perpetrator has a personal relationship with employees, none with the organization	Ex-husband assaults ex-wife at her place of work

# Survey: Rate of Violent Crime Increasing in U.S. Hospitals

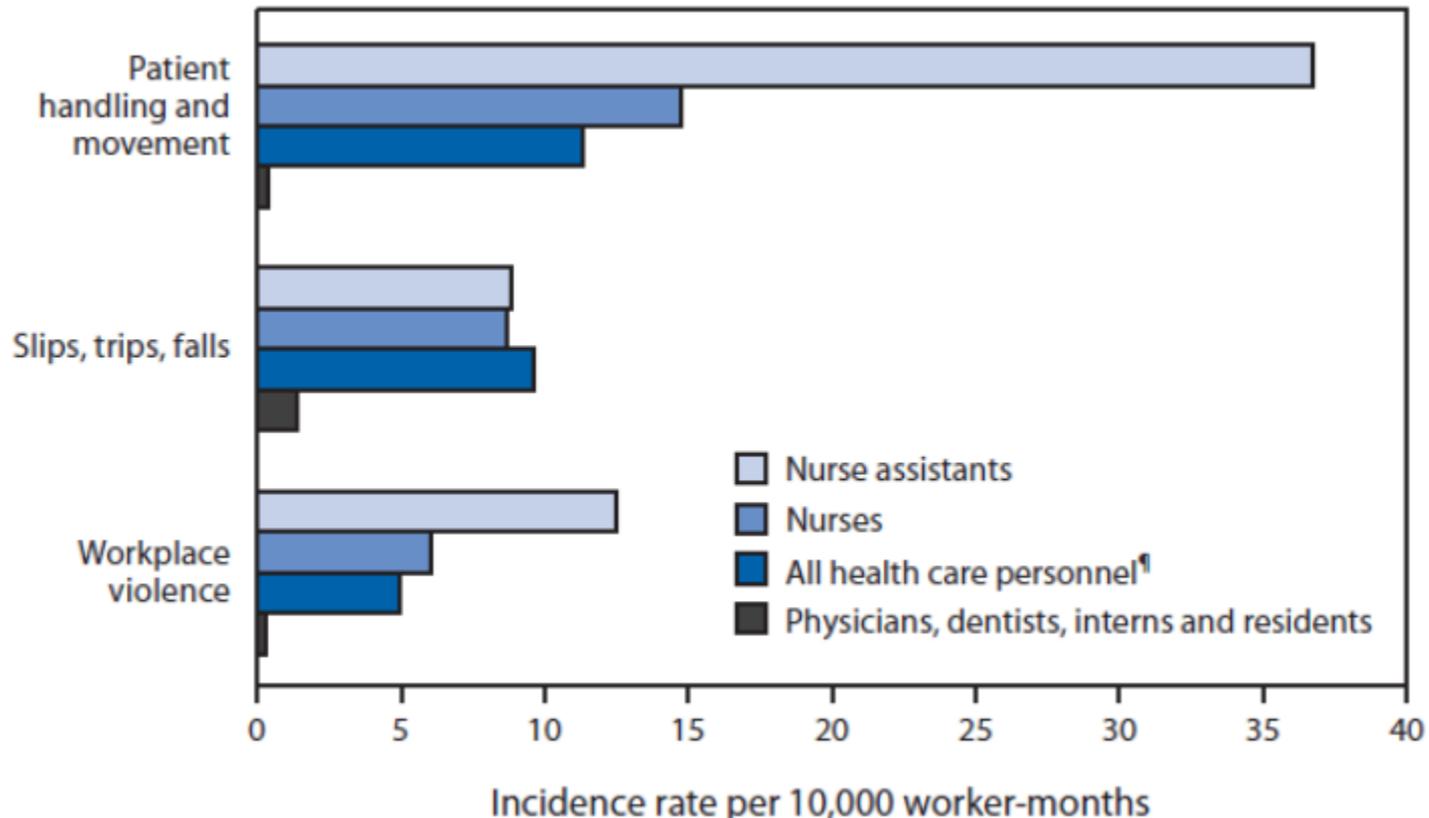


2016 Healthcare Crime Survey produced by the International Healthcare Security and Safety Foundation (IHSSF) and reflects health care crime trends for 2012, 2013, 2014, and 2015.

# Occupational Traumatic Injuries Among Workers in Health Care Facilities

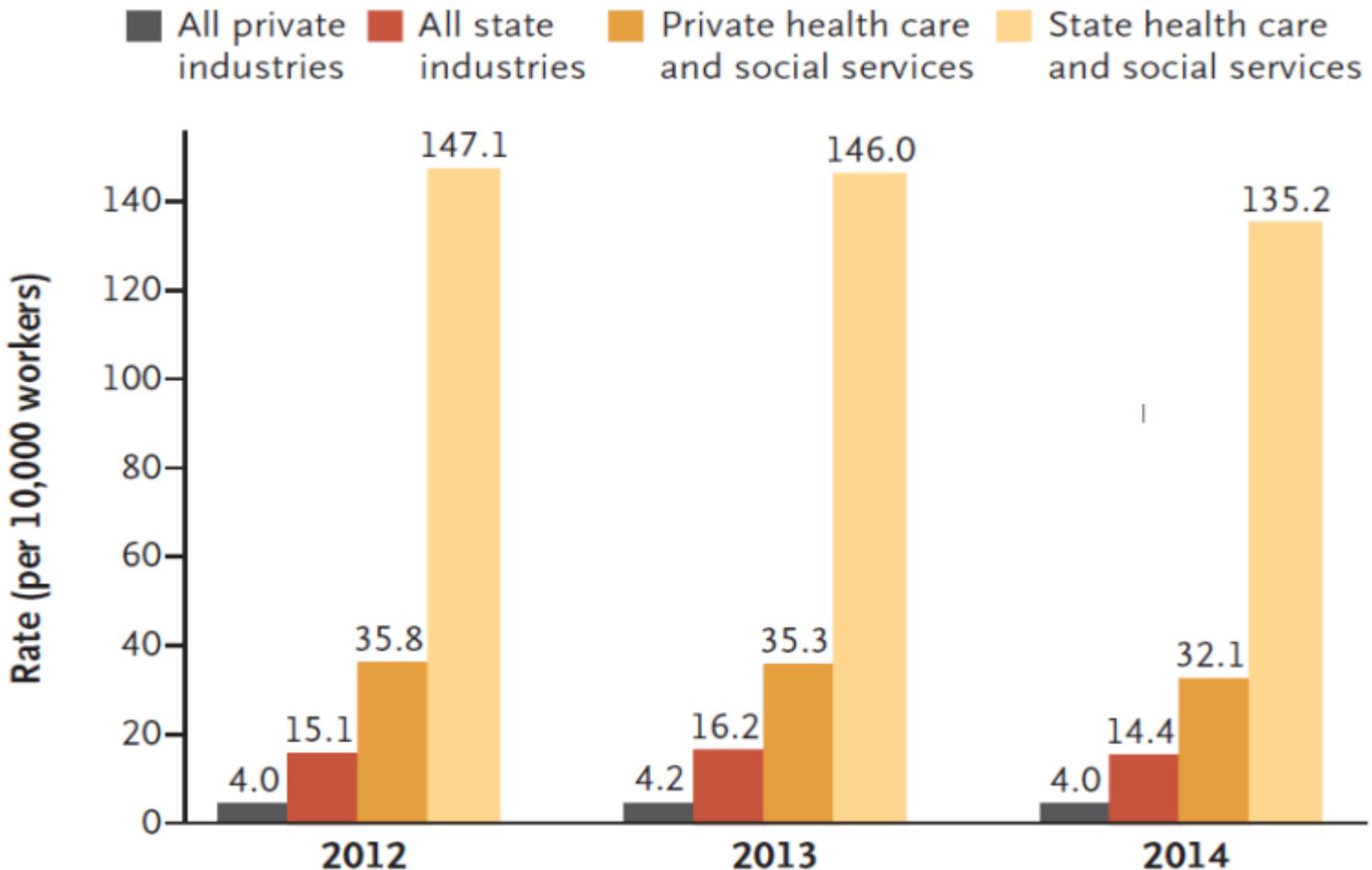
## United States, 2012-2014

Comparison of OSHA-recordable injury incidence rates per 10,000 worker-months by occupation groups among 112 U.S. health care facilities. Jan. 1, 2012 – Sept. 30, 2014



# Workplace Violence Against Health Care Workers in the US

## Rates of Workplace Violence with Injury Requiring Missed Workdays



Source: Phillips JP. Workplace Violence against Health Care Workers in the United States. *N Engl J Med* 2016;374:1661-9.

# “Iceberg” of Workplace Violence Reporting



# Disruptive and Violent Behavior Incident Reporting

## Challenge

### 20% Reporting Rate

- ▶ Similar rate internationally, across health care systems
- ▶ Multiple probable causes:
  - Competing demands—reporting takes time
  - Not want to “label” patients
  - Concern for own reputation
  - Beliefs as to whether reporting will do any good

## Solution

### Successful Reporting Systems:

- ▶ Accessible
- ▶ Short and Simple
- ▶ Trusted and Secure
- ▶ Optional Anonymity
- ▶ Result in Identifiable Outcomes
- ▶ Labor *and* Management Support

# Workplace Violence Statistics and Nurses

- 5,910 incidents occurred in hospitals (**15.6 per 10,000**)
- 8,990 incidents in nursing or residential care facilities (**37.1 per 10,000**)
- 1,790 incidents (**3.7 per 10,000**) in ambulatory care centers and offices
- In 2012, a total of **2,160** episodes of workplace violence were reported against registered nurses
- **780** episodes against licensed practical/vocational nurses were reported

# Workplace Violence Statistics and Nurses (continued)

- **80%** of nurses do not feel safe in their workplace (Peek-Asa, et al, 2009)
- **82%** of ED nurses had been physically assaulted at work in one year (May and Grubbs, 2002)
- **25%** of psychiatric nurses experienced disabling injuries from patient assaults (Quanbeck, 2006)
- Between **35-80%** of hospital staff have been physically assaulted at least once during their careers (Clements, et al, 2005)

# Abstract

## Introduction

Workplace violence against nurses is a serious problem. Nurses from a US urban/community hospital system employing more than 5,000 nurses researched the incidence of workplace violence against nurses perpetrated by patients or visitors in their hospital system.

## Methods

Survey research and retrospective database review methods were used. Nurse participants (all system-employed nurse types) completed a 34-item validated survey in electronic format. Retrospective database review provided annual nurse workplace violence injury treatment and indemnity charges. Institutional review board approval was received.

## Results

Survey research participants (N = 762) were primarily white female registered nurses, aged 26 to 64 years, with more than 10 years of experience. Over the past year, 76.0% experienced violence (verbal abuse by patients, 54.2%; physical abuse by patients, 29.9%; verbal abuse by visitors, 32.9%; and physical by visitors, 3.5%), such as shouting or yelling (60.0% by patients and 35.8% by visitors), swearing or cursing (53.5% by patients and 24.9% by visitors), grabbing (37.8% by patients and 1.1% by visitors), and scratching or kicking (27.4% by patients and 0.8% by visitors). Emergency nurses (12.1%) experienced a significantly greater number of incidents ( $P < .001$ ). Nurses noted more than 50 verbal (24.3%) and physical (7.3%) patient/visitor violence incidents over their careers. Most serious career violence incidents (n = 595, 78.1%) were physical (63.7%) (60.8% by patients and 2.9% by visitors), verbal (25.4%) (18.3% by patients and 7.1% by visitors), and threatened physical assault (10.9%) (6.9% by patients and 4.0% by visitors). Perpetrators were primarily white male patients, aged 26 to 35 years, who were confused or influenced by alcohol or drugs. Per database review, **annual workplace violence charges for the 2.1% of nurses reporting injuries were \$94,156 (\$78,924 for treatment and \$15,232 for indemnity).**

# Violence-Related Sentinel Events Reported to The Joint Commission, 2010 to 2016

## Homicides – 62

- 27 patients victimized by other patient
- 24 patients victimized by relative or significant other
- 11 patients victimized by staff member or other

## Assault – 74

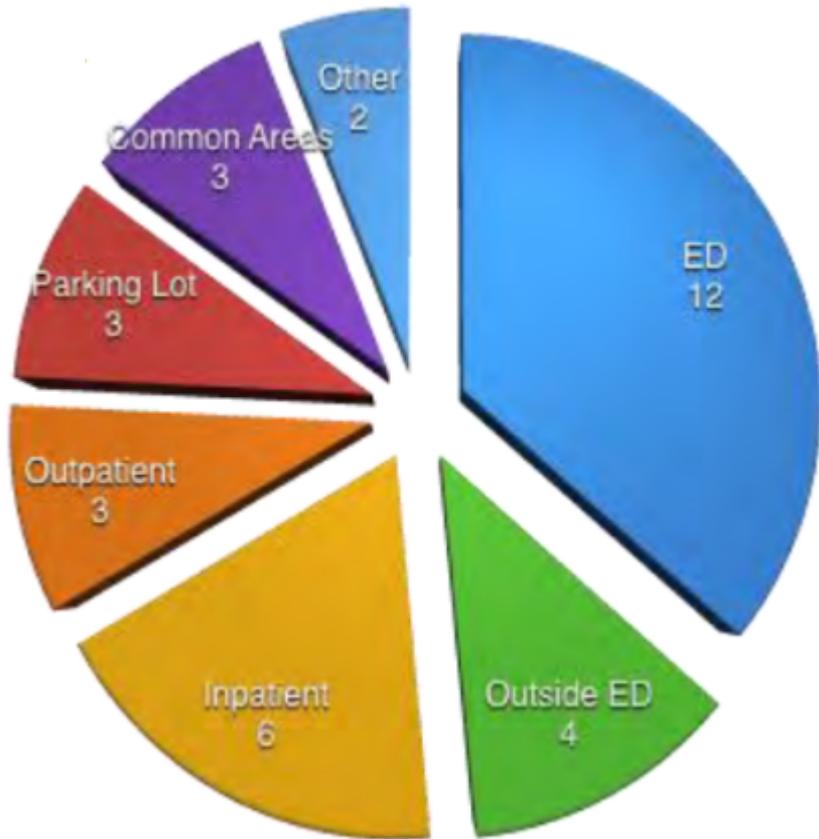
- 49 patients victimized by other patient
- 25 patients victimized by staff member or other

## Rape – 156

- 102 patients victimized by other patient
- 54 patients victimized by relative, significant other, staff member, or other

## Other – 6

- < 5 patients victimized by other patient
- < 5 patients victimized by relative or significant other



## Location of Incidents at the Hospital/Healthcare Facility:

The locations of incidents at the hospital varied, but the majority of incidents occurred in the Emergency Department treatment area, waiting areas, or immediately outside the ED, followed by inpatient areas.

Source unknown.

# Workplace Violence Against Health Care Workers in the US

## States with Enhanced Penalties for Violence against Health Care Workers



Source: Phillips JP. Workplace Violence against Health Care Workers in the United States. *N Engl J Med* 2016;374:1661-9.

# Violence Against Health Care Workers

The 2015 Minnesota Legislature mandated that hospitals must design and implement preparedness and incident response plans for acts of violence that occur on their premises, and provide training to their staff.

# Violence Against Health Care Workers

All hospitals in Minnesota must:

- Designate a committee of healthcare workers to develop preparedness and incident response action plans to acts of violence
- Review action plans at least annually
- Make action plans available to local law enforcement and, as appropriate, to collective bargaining units

# Violence Against Health Care Workers

(continued)

## All hospitals in Minnesota must:

□ Provide training to all healthcare workers employed or contracted with the hospital on safety during acts of violence (annually and upon hire). Training must include, at a minimum:

- Safety guidelines for response to and de-escalation of an act of violence;
- Ways to identify potentially violent or abusive situations; and
- The hospital's incident response reaction plan and violence prevention plan

□ As a part of its annual review, the hospital must review with the designated committee:

- The effectiveness of its action plans
- The most recent gap analysis
- The number of acts of violence that occurred in the hospital during the previous year, as well as injuries that occurred

# Preventing Violence in Healthcare

## Organizational Commitment

The organization has committed to making workplace violence prevention a top priority in their organization by agreeing to take the following actions and to support making the following standard practice in Minnesota:

- Declare violence prevention a priority for your organization;
- Commit to complete the “Prevention of Violence In Healthcare” (add link) gap analysis within 30 days;
- Support the development (or continued work) of a violence prevention committee in your organization;
- Participate in educational webinars on this topic over the next 6-9 months, supported by the coalition; and,
- Complete a survey in 6-9 months sharing progress and continued needs to shape next steps for the coalition and the campaign.

# Medical Center Shooting

- The Medical Center campus covers a large tract of land
- The hospital-owned Ambulatory Center (AC) sits across the street from the medical center and is connected by a pedestrian bridge



# Medical Center Shooting

(continued)

- The AC consists of three stories with the third floor leased to private physician practices
- On the day of the shooting, a patient, accompanied by his case worker, went to the third floor of the AC for an appointment



# Medical Center Shooting

(continued)

- During the visit with the psychiatrist, the patient became loud and argumentative
- The patient fatally shot the case worker and injured the psychiatrist
- The psychiatrist returned fire and injured the patient

# Pertinent Questions

- Was a thorough facilities risk assessment, including ambulatory center, performed?
- Were there prior incidents of violence by this patient?
- What was security's response to the shooting?
- Was the psychiatrist permitted to carry a gun on medical center premises?
- Could anything have been done differently to anticipate and prevent the tragedy?

# Science of Violent Behavior

Recent discoveries have been made about the invisible workings of the brain in the fields of social psychology, neurology, and epidemiology that have shed some light on how violent behaviors are formed.



# What does science tell us about the causes of violent behavior?

1. Most behaviors – including violent behavior – are actually acquired or learned.
2. Most of this learning is not intentional or classroom-based; rather, they are learned. Behaviors come from modeling, observing, imitating or copying. (This is sometimes called “social learning.”)
3. Most of this social learning is unconscious – meaning behaviors are picked up without our awareness of it.

# What does science tell us about the causes of violent behavior?

4. Exposure to violence increases one's risk of becoming violent, transmitting from one person to another in the same manner as a contagious disease.
5. Neurological events mediate this contagion; there are additional physiological effects from both witnessing and experiencing trauma that accelerate the contagion.
6. Social norms, scripts, and perceived social expectations further exacerbate this contagion by encouraging violent behavior to spread.

# Risk Factors for Violence in Health Care

- The prevalence of handguns and other weapons among patients, their families, or friends
- The increasing use of hospitals by police and the criminal justice system for criminal “holds” and the care of acutely disturbed, violent individuals
- The increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care

Source: OSHA's Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers, 2004

# Risk Factors for Violence in Health Care (continued)

- The availability of drugs or money at hospitals, retail clinics, and pharmacies, making them likely robbery targets
- Factors such as the unrestricted movement of the public in clinics and hospitals and long waits in emergency or clinic areas
- The increasing presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members

# Risk Factors for Violence in Health Care (continued)

- Low staffing levels during off shifts, weekends, holiday, and times of increased activity such as mealtimes, visiting times, and when staff are transporting patients
- Isolated work with patients during examinations or treatment
- Solo work, often in remote locations with no backup or way to get assistance, such as communication devices or alarm systems

Source: OSHA's Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers, 2004

# Risk Factors for Violence in Health Care (continued)

- Lack of staff training in recognizing and managing escalating hostile and assaultive behavior
- Poorly lit parking areas

# Relationship to Joint Commission Standards

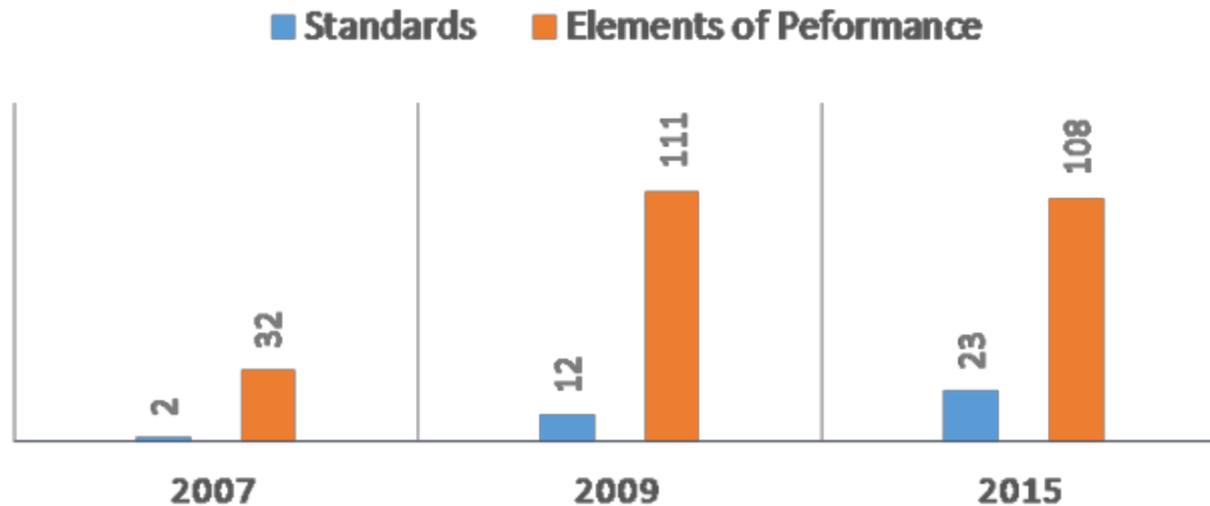
- Standards related to security and violence prevention are reflected in chapters:
  - Environment of Care
  - Emergency Management
  - Leadership
  - Patient Rights

# Relationship to Joint Commission Standards

(continued)

- Standards that support a safe environment and culture are reflected in chapters:
  - Human Resources
  - Leadership
  - Provision of Care
  - Performance Improvement

# STANDARDS RELATED TO SECURITY AND VIOLENCE PREVENTION



Includes all accreditation programs

# Restraining Violent Patients

- Standard PC.01.02.13 applies to patients receiving treatment for emotional and behavioral disorders states that the patient receives an assessment that would include “maladaptive or other behaviors that create a risk to patients or others.”
- PC.03.05.03 states: For hospitals that use Joint Commission accreditation for deemed status purposes: The use of restraint and seclusion is in accordance with a written modification to the patient’s plan of care.

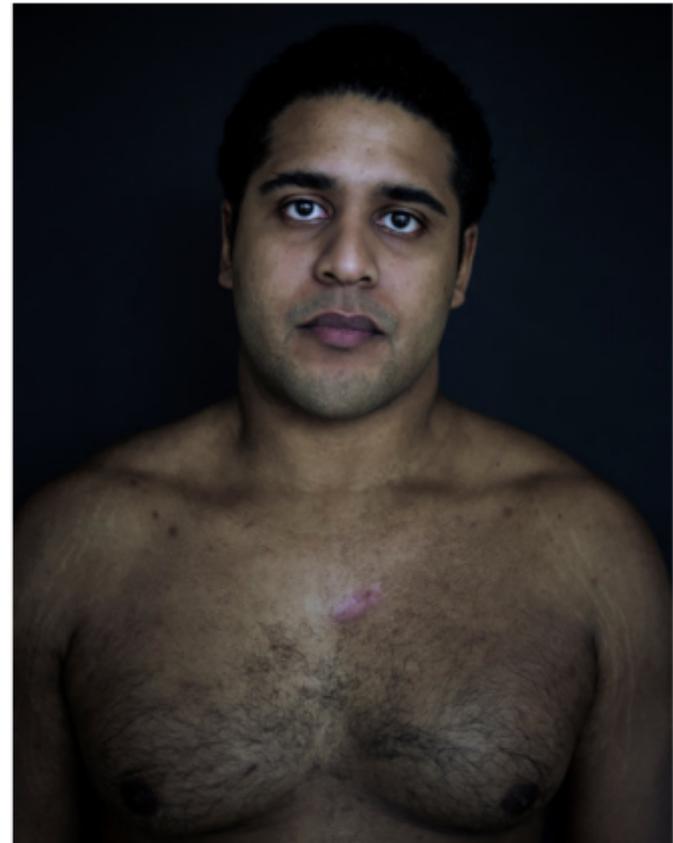
# CMS Position On Weapons

- There is no standard regarding tazers. CMS CoP 482.13 (e) states: CMS does not consider the use of weapons in the application of restraint or seclusion as a safe, appropriate health care intervention. For the purposes of this regulation, the term “weapon” includes, but is not limited to, pepper spray, mace, nightsticks, tazers, cattle prods, stun guns, and pistols. Security staff may carry weapons as allowed by hospital policy, and State and Federal law. However, the use of weapons by security staff is considered a law enforcement action, not a health care intervention. CMS does not support the use of weapons by any hospital staff as a means of subduing a patient in order to place that patient in restraint or seclusion.

# When the Hospital Fires the Bullet

More and more hospital guards across the country carry weapons. For Alan Pean, seeking help for mental distress, that resulted in a gunshot to the chest.

By ELISABETH ROSENTHAL FEB. 12, 2016



In the center of Alan Pean's chest is the scar left by a hospital security officer's bullet last August.  
Chad Batka for The New York Times

# Managing the Media: Prepare in Advance

# Recognizing Potential Workplace Violence

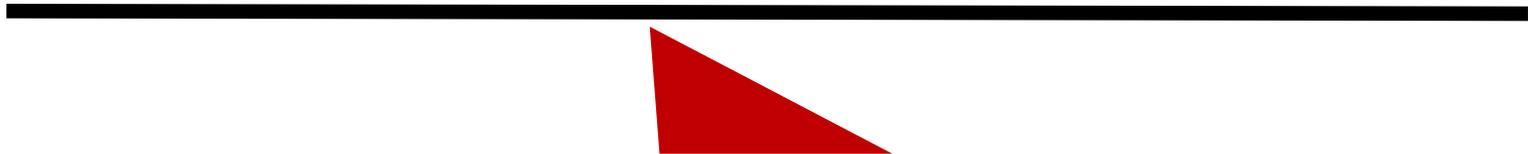
## Indicators of Potential Violence by an Employee

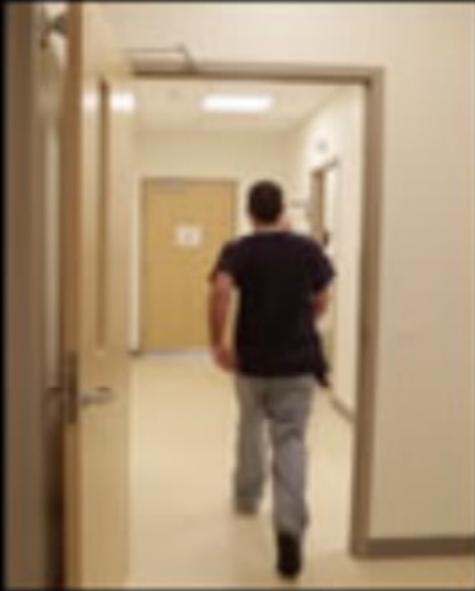
- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism; vague physical complaints
- Noticeable decrease in attention to appearance and hygiene
- Depression/withdrawal
- Resistant and overreaction to changes in policy and procedures
- Repeated violations of company policies
- Increased severe mood swings
- Noticeably unstable, emotional responses
- Explosive outbursts of anger or rage without provocation
- Suicidal; comments about “putting things in order”
- Behavior which is suspect of paranoia (“everybody is against me”)
- Increasingly talks of problems at home
- Escalation of domestic problems into the workplace; severe financial problems
- Talk of previous incidents of violence
- Empathy with individuals committing violence
- Increase in unsolicited comments about firearms, other dangerous weapons, and violent crimes

# Balancing Staff Safety and Patient Rights

Patient Rights & Restraint-Free Environment

Staff (and other) Safety





Run



Hide



Fight



Source: <http://www.brighamandwomens.org/publicaffairs/images/bulletin2013/activeshooterscreengrab.jpg>

# Ethical Challenges

- Allocate resources fairly with special consideration given to the most vulnerable locations
- Limit harm to the extent possible. With limited resources, healthcare professionals may not be able to meet the needs of all involved.
- Treat all patients with respect and dignity, regardless of the level of care that can continue to be provided to them.
- Prepare to decide to discontinue care to those who may not be able to be brought to safety in consideration of those who can
- Realize some individuals who are able to avoid the incident will choose to remain in dangerous areas. Consider how to react to those situations.
- To the extent possible, think about the needs of others as well as yourself. Consider the greater good as well as your own needs.

## Workplace Violence in Health Care Settings



### Web Resources

- Presentations
- Newsletters
- Emergency Management portal
- Research
- Blog posts
- Podcasts



### OSHA, The Joint Commission, JCR Alliance



OSHA, The Joint Commission and Joint Commission Resources work together to specifically address reducing and preventing exposure to biological and airborne hazards in health care, and addressing emergency preparedness, ergonomics, workplace violence and other health care worker safety issues.

[Read More](#)

Pause

◀ Back

1 2 3

Next ▶

Welcome to The Joint Commission's **Workplace Violence in the Health Care Settings** portal. We are launching this portal to provide a valuable source of information from The Joint Commission enterprise and other healthcare organizations related to the topic of Workplace Violence. Our goal is to broaden the awareness of workplace violence by bringing relevant and timely information and resources to our multifaceted customer base. We hope you find the information helpful.

### External Resources

#### Federal

[U. S. Government Accountability Office \(GAO\)](#)

[Occupational Safety and Health Administration \(OSHA\)](#)

[CDC National Institute of Occupational Safety and Health \(NIOSH\)](#)

[U.S. Department of Veterans Affairs](#)

[U. S. Department of Justice - Federal Bureau of Investigation \(FBI\)](#)

#### States

[Massachusetts Department of Mental Health](#)

## Topic Details

Monday 2:25 CST, May 16, 2016

Sign up for  
News and Alerts

Sign up here



### Topic Library Item

## Sentinel Event Alert 56: Detecting and treating suicide ideation in all settings

February 24, 2016

[Download This File](#)

The rate of suicide is increasing in America. Now the 10th leading cause of death, suicide claims more lives than traffic accidents and more than twice as many as homicides. At the point of care, providers often do not detect the suicidal thoughts (also known as suicide ideation) of individuals (including children and adolescents) who eventually die by suicide, even though most of them receive health care services in the year prior to death, usually for reasons unrelated to suicide or mental health.

#### Additional Resources:

- [Infographic](#)
- [Joint Commission requirements relevant to suicide](#)

# Application of Lessons Learned

## Quick Safety - Issue Four, July 2014

July 28, 2014

Preparing for active shooter situations



## Quick Safety - Issue Five, August 2014

August 28, 2014

Preventing violent and criminal events

## Sentinel Event Alert, Issue 45: Preventing violence in the health care setting

June 3, 2010

Download This File

Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide. As criminal activity spills over from the streets onto the campuses and through the doors, providing for the safety and security of all patients, visitors and staff within the walls of a health care institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers.



# Safety

fety & quality issues

# Joint Commission Suggested Actions to Prevent Assault, Rape, and Homicide in Health Care Settings

- Work with the security department to audit the risk of violence
- Identify strengths and weaknesses and make improvements to the facility's violence-prevention program
- Take extra security precautions (points of access)

# Joint Commission Suggested Actions to Prevent Assault, Rape, and Homicide in Health Care Settings (continued)

- Work with the HR department to make sure it thoroughly prescreens job applicants and establishes and follows procedures for conducting background checks of prospective employees and staff
  - For clinical staff, the HR department also verifies the clinician's record with appropriate boards of registration and practitioner data banks

Source: *Sentinel Event Alert*, June 3, 2010

# Joint Commission Suggested Actions to Prevent Assault, Rape, and Homicide in Health Care Settings (continued)

- Confirm that the HR department ensures that procedures for disciplining and firing employees minimize the chance of provoking a violent reaction
- Require appropriate staff members to undergo training in responding to patients' family members who are agitated and potentially violent

# Joint Commission Suggested Actions to Prevent Assault, Rape, and Homicide in Health Care Settings (continued)

- Ensure that procedures for responding to incidents of workplace violence (e.g., notifying department managers or security, activating codes) are in place that employees received instruction on these procedures
- Encourage employees and other staff to report any incident of violent activity and any perceived threats of violence

# Joint Commission Suggested Actions to Prevent Assault, Rape, and Homicide in Health Care Settings (continued)

- Educate supervisors that all reports of suspicious behavior or threats by another employee must be treated seriously and thoroughly investigated
  - Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues

# Joint Commission Suggested Actions to Prevent Assault, Rape, and Homicide in Health Care Settings (continued)

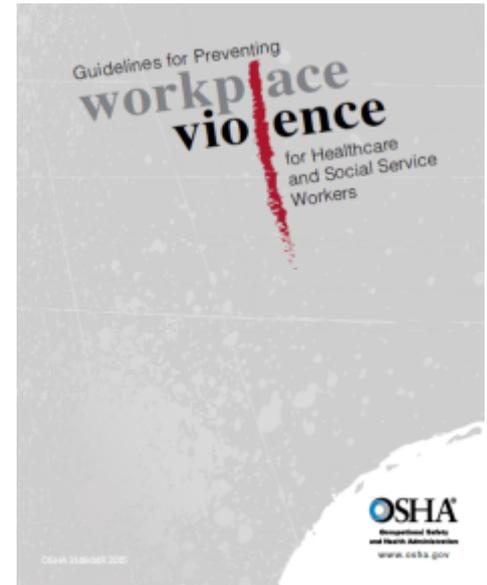
- Ensure that counseling programs for employees who become victims of workplace crime or violence are in place
- Report the crime to appropriate law enforcement officers
- Recommend counseling and other support to patients and visitors who may be affected by the violent act
- Review the event and make changes to prevent future occurrences

Source: *Sentinel Event Alert*, June 3, 2010

# OSHA

□ OSHA requires employers to mitigate or prevent “recognizable hazards” which include workplace violence by:

- Insuring employees are involved and educated on process
- Evaluating worksites to ensure safety requirements are met
- Hazard prevention through the use of “panic alarms” or metal detectors
- Safety and Health Training is provided
- Compliance with the program must be documented
- OSHA fined a hospital \$78,000 for ‘dozens’ of incidents involving patients and staff; one nurse sustained severe brain injuries



# AONE-ENA Mitigating Violence in the Workplace

## □ Guiding Principles

1. Recognition that violence can and does happen anywhere
2. Healthy work environments promote positive patient outcomes
3. All aspects of violence (patient, family and lateral) must be addressed
4. A multidisciplinary team, including patients and families, is required to address workplace violence

# AONE-ENA Mitigating Violence in the Workplace (continued)

5. Everyone in the organization is accountable for upholding foundational behavior standards, regardless of position or discipline
6. When members of the health care team identify an issue that contributes to violence in the workplace, they have an obligation to address it
7. Intention, commitment and collaboration of nurses with other health care professionals at all levels are needed to create a culture shift
8. Addressing workplace violence may increase the effectiveness of nursing practice and patient care

# AONE-ENA Mitigating Violence in the Workplace (continued)

## □ Five Priority Focus Areas

- Foundational behaviors to make this framework work:
  1. Respectful communication, including active listening
  2. Mutual respect demonstrated by all (i.e., members of the multidisciplinary team, patients, visitors and administrators)
  3. Honesty, trust and beneficence

# AONE-ENA Mitigating Violence in the Workplace (continued)

## □ Five Priority Focus Areas

- Essential elements of a zero-tolerance framework:
  2. Top-down approach supported and observed by an organization's board and C-Suite
  3. Enacted policy defining what actions will not be tolerated, as well as specific consequences for infractions to the policy
  4. Policy is clearly understood and equally observed by every person in the organization (i.e., leadership, multidisciplinary team, staff, patients and families)
  5. Lateral violence is prohibited, regardless of role or position of authority (i.e., the standard of behavior is the same for doctors, nurses, staff and administration)

# AONE-ENA Mitigating Violence in the Workplace (continued)

## □ Five Priority Focus Areas

- Essential elements to ensuring ownership and accountability:
  3. Personal accountability, meaning everyone in the organization is responsible for reporting and responding to incidences of violence
  4. Zero-tolerance policy is developed with input from staff at every level in the organization, thus ensuring staff co-own the process and expectations
  5. Universal standards of behavior are clearly defined and every person in the organization (including patients and families) is held equally accountable
  6. Incidents of violence are reported immediately to persons of authority, through the chain of command, to ensure immediate enforcement of the zero-tolerance policy

# AONE-ENA Mitigating Violence in the Workplace (continued)

## □ Five Priority Focus Areas

- Essential elements of training and education on workplace violence
  4. Organizational and personal readiness to learn
  5. Readily available, evidence-based and organizationally-supported tools and interventions
  6. Skilled/experience facilitators who understand the audience and specific issues
  7. Training on early recognition and de-escalation of potential violence in both individuals and environments
  8. Health care specific case studies with simulations to demonstrate actions in situations of violence

# AONE-ENA Mitigating Violence in the Workplace (continued)

## □ Five Priority Focus Areas

- Outcome metrics of the program's success
  5. Top ranked staff and patient safety scores
  6. Incidence of harm from violent behavior decreases
  7. Entire organization (staff) reports feeling "very safe" on the staff engagement survey
  8. Patients and families report feeling safe in the health care setting
  9. Staff feels comfortable reporting incidents and involving persons of authority
  10. The organization reflects the following culture change indicators: employers are engaged, employees are satisfied, and HCAHPS scores increase

# De-Escalating Violence

# Tips for Creating a Safe and Caring Hospital

- Encourage and promote courteous interactions
- Pay attention to behavioral warning signs
- Consider objects that could be used as weapons
- Practice and promote a team approach
- Assess your environment
- Trust your instincts
- Educate staff about relevant response protocol

Source: Crisis Prevention Institute, Inc.

# CPI's Top 10 De-Escalation Tips

## 1. Be Empathic and Nonjudgmental

When someone says or does something you perceive as weird or irrational, *try not to judge or discount their feelings*. Whether or not you think those feelings are justified, *they're real to the other person*. Pay attention to them.

Keep in mind that whatever the person is going through, it may be the most important thing in their life at the moment.

# CPI's Top 10 De-Escalation Tips

## 2. Respect Personal Space

If possible, *stand 1.5 to three feet away* from a person who's escalating. Allowing person space tends to *decrease a person's anxiety* and can help you *prevent acting-out behavior*.

If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

# When Interacting With An Agitated Person . . .

- If possible, before interacting with the agitated person, call for help so that help is on the way
- Place yourself (always keep yourself) between the person and the exit

# CPI's Top 10 De-Escalation Tips

## 3. Use Nonthreatening Nonverbals

The more a person loses control, *the less they hear your words* – and the more they react to your nonverbal communication. Be mindful of *your gestures, facial expressions, movements, and tone of voice*.

Keeping your tone and body language neutral will go a long way toward defusing a situation.

# CPI's Top 10 De-Escalation Tips

## 4. Avoid Overreacting

Remain *calm, rational, and professional*. While you can't control the person's behavior, *how you respond to their behavior* will have a direct effect on whether the situation escalates or defuses.

Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

# CPI's Top 10 De-Escalation Tips

## 5. Focus On Feelings

Facts are important, but *how a person feels is the heart of the matter*. Yet some people have trouble identifying how they feel about what's happening to them.

Watch and listen carefully for the person's real message.

Try saying something like, "That must be scary." Supportive words like these will let the person know that you understand what's happening – and you may get a positive response.

# CPI's Top 10 De-Escalation Tips

## 6. Ignore Challenging Questions

Answering challenging questions often results in a power struggle. When a person challenges your authority, *redirect their attention to the issue at hand.*

Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

# CPI's Top 10 De-Escalation Tips

## 7. Set Limits

If a person's behavior is belligerent, defensive, or disruptive, give them *clear, simple, and enforceable limits*. Offer concise and respectful choices and consequences.

A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

# CPI's Top 10 De-Escalation Tips

## 8. Choose Wisely What You Insist Upon

It's important to be thoughtful in deciding *which rules are negotiable and which are not*. For example, if a person doesn't want to shower in the morning, can you *allow them to choose* the time of day that feels best for them?

If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

# CPI's Top 10 De-Escalation Tips

## 9. Allow Silence For Reflection

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can *give a person a chance to reflect on what's happening*, and how he or she needs to proceed.

Believe it or not, silence can be a powerful communication tool.

# CPI's Top 10 De-Escalation Tips

## 10. Allow Time For Decisions

When a person is upset, they may not be able to think clearly. Give them a few moments to *think through what you've said*.

A person's stress rises when they feel rushed. Allowing time bring calm.

# Summary:

## Systems Improvements and Follow-Up Actions

- Use website resources (Joint Commission, AHA, OSHA)
- Develop an Organizational Safety Policy
- Improve staff reporting of potential safety risks
- Complete a Safety Risk Assessment
- Enhance Video Surveillance
- Implement Mental Health First Aid Training
- Implement Crisis Emergency Response Team Training Program
- Implement CDC/NIOSH Violence Prevention and Colleague Safety Program

# Selected Resources

# Safety and Health Management System: Summary

Safety and Health Management System	Overview	Work Place Violence Prevention Element
<b>Management and Leadership</b>	Communicate commitment to safety and health, document performance, make WPVP a top priority, establish goals and objectives, provide resources and support and set a good example.	Management commitment and worker participation
<b>Employee Participation</b>	Employees are involved in all aspects of the program, feel free to communicate and report safety concerns to management.	Management commitment and worker participation
<b>Hazard Identification and Assessment</b>	Policies and procedures are in place to continuously evaluate risks. There are initial and ongoing assessment of hazards and controls.	Work site analysis and hazard identification
<b>Hazard Prevention and Control</b>	Processes, procedures and programs are implemented to eliminate or control work place violence. Progress is tracked.	Hazard prevention and control
<b>Education and Training</b>	All employees have education and training on hazard identification and controls and their responsibilities under the program.	Safety and health training
<b>System Evaluation and Improvement</b>	Processes are established to monitor the systems performance, verify implementation, identify deficiencies and opportunities for improvement and take actions to improve overall safety and health performance.	Record keeping and program evaluation

Source: OSHA "Work Place Violence and Related Goals: The Big Picture" 2016

# Violence Prevention and Response Training Options

*\*Please note this list is not exhaustive\**

Training Option	Focus	Website
MN Crisis Intervention Team: CIT	Focus on law enforcement and how to intervene	<a href="http://mncit.org/">http://mncit.org/</a>
Verbal Judo	Verbal De-escalation	<a href="http://verbaljudo.com/">http://verbaljudo.com/</a>
Crisis Prevention Institute (CPI)	Nonviolent crisis intervention	<a href="http://www.crisisprevention.com/">http://www.crisisprevention.com/</a>
MN OSHA Training on WPV	Overall WPV & verbal de-escalation	<a href="http://www.dli.mn.gov/Wsc.asp">http://www.dli.mn.gov/Wsc.asp</a>
Crisis & Trauma Resource Institute Inc. (CTRI)	De-escalation	<a href="http://www.ctrinstitute.com">http://www.ctrinstitute.com</a>
Management of Aggressive Behavior (MOAB)	Recognizing, reducing, and managing violent and aggressive behavior	<a href="https://www.moabtraining.com/main.php">https://www.moabtraining.com/main.php</a>
ALICE	Active Shooter	<a href="http://www.alicetraining.com/">http://www.alicetraining.com/</a>
Lock-Up	Hands on physical restraints/law enforcement focus	<a href="http://www.policecombat.com/">http://www.policecombat.com/</a>

## Workplace Violence Resources for Healthcare

(12/22/15) Sources organized by developer; related to The Joint Commission. List does not include journal articles.

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
Accreditation Requirements Related to Violence Prevention (All Accreditation Programs)  (Standards)	Joint Commission standards related to workplace violence across all accreditation programs.	The Joint Commission	December 2014	Author/Owner	(only available internally)	Yes	No (only to accredited organizations)
Quick Safety: Preventing violent and criminal events (Issue Five)  (Advisory notification)	Anyone in a health care facility can become a victim of violence. Since January 2010, The Joint Commission has received 201 reports from its accredited organizations of violent criminal events.	The Joint Commission	August 2014	Author/Owner	<a href="http://www.jointcommission.org/issues/article.aspx?Article=kPXQxso3RvF%2by4zxRH0Tbsma%2bstHA5lm8nrsN3mnm8%3d">http://www.jointcommission.org/issues/article.aspx?Article=kPXQxso3RvF%2by4zxRH0Tbsma%2bstHA5lm8nrsN3mnm8%3d</a>	No	Yes
Quick Safety: Preparing for active shooter situations (Issue Four)  (Advisory notification)	It is an unfortunate fact that violence occurs in health care facilities. The Joint Commission has received reports from its accredited organizations of violent criminal events including assault, rape, homicide and suicide. Since January 2010, The Joint Commission has received reports of 16 shootings that resulted in 27 deaths.	The Joint Commission	July 2014	Author/Owner	<a href="http://www.jointcommission.org/issues/article.aspx?Article=h1wY0qOAJXIKMD9Np15aXCoh8JDFMiaFxb%2F%2FKINWE%3d">http://www.jointcommission.org/issues/article.aspx?Article=h1wY0qOAJXIKMD9Np15aXCoh8JDFMiaFxb%2F%2FKINWE%3d</a>	No	Yes
Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation (Chapter 3.4: Violence in the health care setting)  (Monograph)	This monograph is intended to stimulate greater awareness of the potential synergies between patient and worker health and safety activities. Using actual case studies, it describes a range of topic areas and settings in which opportunities exist to improve patient safety and worker health and safety activities. This monograph is designed to bridge safety-related concepts and topics that are often siloed within the specific disciplines of patient safety/quality improvement and occupational health and safety.	The Joint Commission	November 2012	Author	<a href="http://www.jointcommission.org/improving-patient-worker-safety/">http://www.jointcommission.org/improving-patient-worker-safety/</a>	Standards mentioned	Yes
Sentinel Event Alert, Issue 45: Preventing violence in the health care setting  (Advisory notification)	Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide. As criminal activity spills over from the streets onto the campuses and through the doors, providing for the safety and security of all patients, visitors and staff within the walls of a health care institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers.	The Joint Commission	June 3, 2010	Author/Owner	<a href="http://www.jointcommission.org/sentinel-event-alert-issue-45-preventing-violence-in-the-health-care-setting/">http://www.jointcommission.org/sentinel-event-alert-issue-45-preventing-violence-in-the-health-care-setting/</a>	Standards mentioned	Yes

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
<p>The Joint Commission, Joint Commission Resources, and OSHA alliance webpage</p> <p>(Website)</p>	<p>The Joint Commission and Joint Commission Resources alliance with OSHA provides health care workers and others in the health care industry with information, guidance and access to training resources to help them protect employees' health and safety.</p> <p>The organizations work together to specifically address reducing and preventing exposure to biological and airborne hazards in health care, and addressing emergency preparedness, ergonomics, workplace violence and other health care worker safety issues.</p> <p>The goals of the alliance are: raising awareness of OSHA's rulemaking and enforcement initiatives, as well as outreach and communication.</p>	Joint Commission Resources	1996	Alliance partner	<a href="http://www.jcrinc.com/about-jcr/osha-alliance/">http://www.jcrinc.com/about-jcr/osha-alliance/</a>	No	Yes
<p>Code Black and Blue: Why patients turn violent and how to recognize it before it happens. Environment of Care News, Volume 18, Number 1, January 2015, pp. 1,3,4(3)</p> <p>(Newsletter article)</p>	<p>Violent behavior toward nurses, physicians, and hospital staff is an occupational hazard that every health care organization will encounter. Staff, particularly frontline staff, need to be aware of the risk and know how to deal with it. This includes preventing incidents, knowing what to do when a patient becomes violent, and following procedures for reporting an incident. This article discusses strategies for preventing and addressing violence in health care organizations.</p>	Joint Commission Resources	January 2015	Editor	(not sure)	No	No
<p>OSHA &amp; Worker Safety: Engineering Solutions to Workplace Violence: Prevent workplace violence via safety-enhancing design and equipment.</p> <p>Environment of Care News, Volume 17, Number 3, March 2014, pp. 1,3,4,11(4)</p> <p>(Newsletter article)</p>	<p>With workplace violence on the rise, health care workers have learned tactics to help protect themselves, such as recognizing and de-escalating potential violence. But what about using the facility architecture itself and other engineering tools to shield workers, patients, and visitors from harm? This article explores some of these tools, and offers examples of how they've worked in actual situations.</p>	Joint Commission Resources	March 2014	Editor	<a href="http://www.jcrinc.com/assets/1/7/ECNews-Mar-2014.pdf">http://www.jcrinc.com/assets/1/7/ECNews-Mar-2014.pdf</a>	No	Yes
<p>Violence Code Reload: Ft. Lauderdale hospital launches successful new violence prevention program.</p> <p>Environment of Care News, Volume 16, Number 11, November 2013, pp. 6-8(3)</p> <p>(Newsletter article)</p>	<p>Health care workers are particularly vulnerable to harm from aggressive outbursts by patients. In fact, studies indicate that anywhere from 35% to 80% of hospital staff have been physically assaulted at least once during their careers. This article describes how key stakeholders at Holy Cross Hospital in Ft. Lauderdale, Florida, worked as a team to create a new code call system and implement enhanced hands-on training as part of a violence prevention program.</p>	Joint Commission Resources	November 2013	Editor	(not sure)	No	No

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
<p>On Course to Curb Workplace Violence: Free new NIOSH online class offers valuable tips and CE credits.</p> <p>Environment of Care News, Volume 16, Number 11, November 2013, pp. 9-11(3)</p> <p>(Newsletter article)</p>	<p>Given the prevalence of health care workplace violence, NIOSH recently developed a new online course to help HCWs identify and avoid hostility on the job. Titled "Workplace Violence Prevention for Nurses," the online class is free of charge and offers CE credits to those who qualify. Its creation involved leading violence prevention experts, academic researchers, specialists in instructional design, and representatives from stakeholder groups. The course includes lesson text, videos portraying workplace violence events, testimonials from practicing HCWs, eye-catching graphics, brief quizzes after each unit, and a comprehensive exam at the course conclusion. This article gives more detail about the course content and operation.</p>	<p>Joint Commission Resources</p>	<p>November 2013</p>	<p>Editor</p>	<p>(not sure)</p>	<p>No</p>	<p>No</p>
<p>Security Surety: Employee training lowers violence risks at hospitals.</p> <p>Environment of Care News, Volume 15, Number 3, March 2012, pp. 1-5(5)</p> <p>(Newsletter article)</p>	<p>People commonly think of hospitals as safe havens from the threats posed by the outside world, but in fact, violence in and around health care facilities may be escalating. To safeguard its employees and patients, King's Daughters Medical Center, Ashland, Kentucky, relies on nonviolent crisis intervention training. This article describes the program and how it lowers the risk of violence by teaching employees to recognize danger signs, use empathic listening and communication, and practice physical escape maneuvers and self-defense techniques.</p>	<p>Joint Commission Resources</p>	<p>March 2012</p>	<p>Editor</p>	<p>(not sure)</p>	<p>No</p>	<p>No</p>
<p>OSHA &amp; Worker Safety: OSHA Issues Directive on Workplace Violence: Health care organizations may be inspected after incidents or complaints occur.</p> <p>Environment of Care News, Volume 15, Number 1, January 2012, pp. 8-11(4)</p> <p>(Newsletter article)</p>	<p>For the first time, OSHA has issued a directive intended to establish uniform procedures for OSHA field staff conducting inspections in industries considered vulnerable to workplace violence, including health care. Injury and illness statistics have shown that health care workers are among those most susceptible to workplace violence. This article describes how the directive can help health care organizations identify and abate hazards that may allow violence to occur. The directive can thus assist organizations in meeting Joint Commission Standard EC.02.01.01.</p>	<p>Joint Commission Resources</p>	<p>January 2012</p>	<p>Editor</p>	<p><a href="http://www.iorinc.com/assets/17/ECNews-Jan-2012.pdf">http://www.iorinc.com/assets/17/ECNews-Jan-2012.pdf</a></p>	<p>Yes</p>	<p>Yes</p>
<p>When Home Is Where the Health Care Is: Protecting home health care and hospice workers.</p> <p>Environment of Care News, Volume 13, Number 5, May 2010, pp. 8-10(5)</p> <p>(Newsletter article)</p>	<p>Working in patients' homes can involve myriad dangers for home health care and hospice workers, from snarling dogs to broken stairs to neighborhood violence. This article offers tips from two home care agencies and a Joint Commission expert on how home health care and hospice organizations can help alert health care workers and train them to protect themselves from on-the-job hazards.</p>	<p>Joint Commission Resources</p>	<p>May 2010</p>	<p>Editor</p>	<p>(not sure)</p>	<p>No</p>	<p>No</p>

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
<p>The Violence Tracer: A behavioral health care requirement that can also benefit other settings.</p> <p>Environment of Care News, Volume 13, Number 3, March 2010, pp. 8-9(2)</p> <p>(Newsletter article)</p>	<p>In today's world of increased violence, organizations are making a greater effort to implement workplace safety policies and adopt preventive measures, such as methods for early detection or training, to make sure their staff members are prepared to respond if an incident occurs. The violence tracer is a program specific tracer identified for behavioral health care, but all health care organizations can benefit from conducting their own violence tracers as a performance improvement strategy. This article looks at how an organization can design and implement processes to address violence and ensure the safety of others.</p>	<p>Joint Commission Resources</p>	<p>March 2010</p>	<p>Editor</p>	<p>(not sure)</p>	<p>Yes</p>	<p>No</p>
<p>Putting the Brakes on Health Care "Road Rage": Recognizing and opposing disruptive behavior to help maintain safety and security.</p> <p>Environment of Care News, Volume 13, Number 1, January 2010, pp.4-10(7)</p> <p>(Newsletter article)</p>	<p>Intimidating and disruptive behavior on the part of health care workers creates an unhealthy or even hostile work environment—one that is the furthest thing from a culture of safety. Such an environment is highly dysfunctional, and dysfunction can cut in different directions, because people who've been bullied may become violent. This article describes what constitutes this negative behavior, take steps to curb and prevent it, and comply with Joint Commission standards addressing safety, security, and disruptive and inappropriate behaviors.</p>	<p>Joint Commission Resources</p>	<p>January 2010</p>	<p>Editor</p>	<p><a href="http://www.jcinc.com/assets/1/7/ECNews-Jan-2010.pdf">http://www.jcinc.com/assets/1/7/ECNews-Jan-2010.pdf</a></p>	<p>No</p>	<p>Yes</p>
<p>Preventing Violence in the Emergency Department: Ensuring staff safety.</p> <p>Environment of Care News, Volume 12, Number 10, October 2009, pp. 1-11(11)</p> <p>(Newsletter article)</p>	<p>Emergency room violence is on the rise—and it's not just in urban areas. Common causative factors, such as alcohol abuse, stress, staffing shortages, and inadequate violence prevention training are universally present. This article shows organizations how to develop a security approach to reduce the threat of violence and appropriately respond to violence when it does occur. It also explains how environmental controls, policies and practices that support violence prevention, security training, and planned response can help prevent and manage violence.</p>	<p>Joint Commission Resources</p>	<p>October 2009</p>	<p>Editor</p>	<p>(not sure)</p>	<p>No</p>	<p>No</p>
<p>Preventing Workplace Violence: Tips for safety in emergency department and psychiatric hospitals.</p> <p>Environment of Care News, Volume 11, Number 6, June 2008, pp. 4-5(2)</p> <p>(Newsletter article)</p>	<p>Although violence may occur anywhere in the hospital, it is most prevalent in psychiatric hospitals and psychiatric wards, emergency departments (EDs), waiting rooms, and geriatric units. This article offers specific prevention tactics, including instituting a clear policy of zero tolerance for workplace violence; safety training ideas; and tips for recognizing and defusing anger and violence.</p>	<p>Joint Commission Resources</p>	<p>June 2008</p>	<p>Editor</p>	<p>(not sure)</p>	<p>No</p>	<p>No</p>

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
Preventing Workplace Violence in Healthcare  (Webpage)	Suite of resources to help healthcare facilities build and implement a comprehensive workplace violence program. Product 1: Workplace Violence in Healthcare: Understanding the Challenge Product 2: Preventing Workplace Violence: A Road Map for Healthcare Facilities Product 3: The Big Picture: Workplace Violence Prevention and Related Goals	OSHA	December 2015	Preliminary draft reviewed by several staff from the Joint Commission	<a href="https://www.osha.gov/dsg/hospitals/workplace_violence.html">https://www.osha.gov/dsg/hospitals/workplace_violence.html</a>	Standards mentioned	Yes
Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers  (Guidelines)	These revised guidelines - which update OSHA's 1998 and 2004 guidelines - incorporate research in the last decade into the causes of workplace violence on healthcare and social service settings, risk factors that accompany working with patients or clients who display violent behavior, and the appropriate preventive measures that can be taken, amid the variety of settings in which health care and social service employees work. The guidelines also stress the importance of developing a written workplace violence prevention program.	OSHA	April 2015	None	<a href="https://www.osha.gov/newsrelease/nat-20150403.html">https://www.osha.gov/newsrelease/nat-20150403.html</a>	No	Yes
Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents  (Advisory guidance)	This instruction establishes general policy guidance and procedures for field offices to apply when conducting inspections in response to incidents of workplace violence.	OSHA	September 8, 2011	None	<a href="https://www.osha.gov/OSHDirective.pdf/CPL_02-01-052.pdf">https://www.osha.gov/OSHDirective.pdf/CPL_02-01-052.pdf</a>	No	Yes
OSHA Safety and Health Topics: Workplace Violence  (Website)	This workplace violence website provides information on the extent of violence in the workplace, assessing the hazards in different settings and developing workplace violence prevention plans for individual worksites.	OSHA	(unknown)	None	<a href="https://www.osha.gov/SLTC/workplaceviolence/">https://www.osha.gov/SLTC/workplaceviolence/</a>	No	Yes
Violence in Healthcare  (Website)	In the healthcare setting, workplace violence may occur in many forms including: an active shooter, a disruptive patient, or as ongoing incivility from a colleague. The most commonly reported form of violence in healthcare is from the disruptive patient or patient's family member. In 2013, healthcare workers reported an estimated 9,200 workplace violence incidents requiring time away from work to recover, with the majority of these perpetrated by patients or their family members. This represents 67% of all nonfatal violence-related injuries from an industry that only represents 11.5% of all workers.	CDC NIOSH	March 27, 2015	None	<a href="http://blogs.cdc.gov/niosh-science-blog/2015/03/27/violence-in-healthcare/">http://blogs.cdc.gov/niosh-science-blog/2015/03/27/violence-in-healthcare/</a>	No	Yes

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
A Story of Impact: Online Training Helps Protect Nurses and Other Healthcare Workers from Workplace Violence  (Website)	Healthcare workers dedicate their lives to the treatment and care of patients. They sometimes put their own safety and health at risk to help a patient or visitor. The unique culture and unpredictability of hospitals increase the risk of both physical and non-physical violence among healthcare workers. In 2013, there were 9,200 non-fatal workplace violence injuries among healthcare workers, which was more than 47% of non-fatal violence-related injuries occurring in all industries. These figures underestimate the burden of workplace violence, because only assaults that resulted in time away from work, and not the psychological trauma or less severe physical injuries that healthcare workers experience from workplace violence, are reported.	CDC NIOSH	November 2014	None	<a href="http://www.cdc.gov/niosh/docs/2015-118/">http://www.cdc.gov/niosh/docs/2015-118/</a>	No	Yes
Workplace Violence Prevention for Nurses: CDC Course No. WB1885 - NIOSH Pub. No. 2013-155  (Online training course)	The purpose of this course is to help healthcare workers better understand the scope and nature of violence in the healthcare workplace. Participants will learn how to recognize the key elements of a comprehensive workplace violence prevention program, how organizational systems impact workplace violence, how to apply individual strategies, and develop skills for preventing and responding to workplace violence. Content is derived from content experts and from the OSHA 2004 Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers (OSHA 3148-01R 2004).  CE credits available.	CDC NIOSH	2013	None	<a href="http://www.cdc.gov/niosh/topics/violence/training_nurses.html">http://www.cdc.gov/niosh/topics/violence/training_nurses.html</a>	No	Yes
NIOSH Occupational Health and Safety Network (OHSN)  (Surveillance system)	The OHSN is a free, innovative injury monitoring system for healthcare facilities. This web-based system was developed by NIOSH and enables facilities to track, analyze, and interpret workplace injuries that occur among their healthcare workers, using data that is already being collected. OHSN monitors three common, high risk, preventable injury events among healthcare workers:  <ul style="list-style-type: none"> <li>• Patient handling</li> <li>• Slips, trips, and falls</li> <li>• Workplace violence</li> </ul> <p>Through this secure system, participating facilities submit their worker injury data to OHSN and are able to analyze and present their data in charts and tables.</p>	CDC NIOSH	2013	Minimal	<a href="http://www.cdc.gov/niosh/topics/ohsn/">http://www.cdc.gov/niosh/topics/ohsn/</a>	No	Yes

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
Violence Prevention in Health Care Facilities - Public Health  (Website)	VA believes "prevention is the key" and encourages employees to recognize the signs of potential violence. Through specialized training, employees learn to protect Veterans who are receiving medical care and also themselves.	U.S. Department of Veterans Affairs	(unknown)	None	<a href="http://www.publichealth.va.gov/employeehealth/threat_management/index.asp">http://www.publichealth.va.gov/employeehealth/threat_management/index.asp</a>	No	Yes
Behavioral Threat Management & Violence Prevention Program  (Website)	The objectives of this program are: •To develop a Veterans Health Administration (VHA)-wide Intranet-based and secure reporting system for incidents of disruptive, threatening, and violent behavior involving both patients and employees. •To develop a "community of practice" among the Disruptive Behavior Committees that have been formed in most VHA facilities.	U.S. Department of Veterans Affairs	(unknown)	None	<a href="http://www.publichealth.va.gov/about/occhealth/violence-prevention.asp">http://www.publichealth.va.gov/about/occhealth/violence-prevention.asp</a>	No	Yes
Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans  (Advisory notification)	This document is primarily designed to encourage facilities to consider how to better prepare for an active shooter incident. Though hospitals and many other health care facilities (HCFs) have emergency operations plans (EOPs), this document provides emergency planners, disaster committees, executive leadership, and others involved in emergency operations planning with detailed discussions of unique issues faced in an HCF. This document also includes discussions on related topics, including information sharing, psychological first aid (PFA), and law enforcement/security.	Office of the Assistant Secretary for Preparedness and Response (ASPR), phe.gov	November 2015	None	<a href="http://www.phe.gov/Preparedness/planning/Documents/active-shooter-planning-eop2014.pdf">http://www.phe.gov/Preparedness/planning/Documents/active-shooter-planning-eop2014.pdf</a>	No	Yes
American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence  (Position statement)	This statement articulates the American Nurses Association (ANA) position with regard to individual and shared roles and responsibilities of registered nurses (RNs) and employers to create and sustain a culture of respect, which is free of incivility, bullying, and workplace violence. RNs and employers across the health care continuum, including academia, have an ethical, moral, and legal responsibility to create a healthy and safe work environment for RNs and all members of the health care team, health care consumers, families, and communities.	American Nurses Association	July 22, 2015	Reviewer	<a href="http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/incivility-Bullying-and-Workplace-Violence.html">http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/incivility-Bullying-and-Workplace-Violence.html</a>	No	ANA members only
Emergency Nurses Association (ENA Toolkit) - Workplace Violence  (Toolkit)	This toolkit is designed specifically for the emergency department manager or designated team leader to develop and implement a comprehensive plan that addresses your needs related to managing violent behaviors in the emergency department and protecting your staff.	Emergency Nurses Association	2010	None	<a href="https://www.ena.org/practice-research/Practice/ViolenceTookit/Documents/toolkitool1.htm">https://www.ena.org/practice-research/Practice/ViolenceTookit/Documents/toolkitool1.htm</a>	No	Yes

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
American Psychiatric Nurses Association (APNA) 2008 Position Statement: Workplace Violence  (Position statement)	To examine the scope of the problem and to identify solutions, the APNA chartered a Task Force on Workplace Violence in May 2007. Content experts conducted a comprehensive review of the literature focusing on the following practice areas: inpatient psychiatric settings, outpatient settings, emergency departments, nonpsychiatric areas such as home care, and academic environments. Workplace violence was broadly defined, including physical, sexual, and verbal threats and abuse from peers (i.e., horizontal violence) as well as consumers. Based on the findings, the task force developed recommendations for environmental safety, education, and research, both globally and specific to each setting.	American Psychiatric Nurses Association (APNA)	2008	None	<a href="http://www.apna.org/files/public/APNA_Workplace_Violence_Position_Paper.pdf">http://www.apna.org/files/public/APNA_Workplace_Violence_Position_Paper.pdf</a>	No	Yes
Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying  (Toolkit)	The civility tool-kit employs the social ecological model (SEM) as a framework to mitigate the complex, and multiple influence etiologies of bullying. The tool-kit provides a systematic approach to the appropriate level of intervention, timing of intervention, and focus of the intervention for five levels of influence: 1) individual, 2) interpersonal, 3) institutional, 4) community, and 5) policy.	A project team called "PACERS" (Passionate About Creating Environments of Respect and civilitieS) who are members of the 2012 Robert Wood Johnson Foundation Executive Nurse Fellows program.	2014	None	<a href="http://stopbullyingtoolkit.org/">http://stopbullyingtoolkit.org/</a>	No	Yes
When the Hospital Fires the Bullet			2014		<a href="http://www.nytimes.com/2016/02/14/us/hospital-guns-mental-health.html">http://www.nytimes.com/2016/02/14/us/hospital-guns-mental-health.html</a>		Yes
Hospital-Based Shooting in the United States: 2000 to 2011		Kelen GD, Catlett CL, Kubit JG, Hsieh Y-H	December 2012		<a href="http://www.annemergmed.com/article/S0196-0644(12)01408-4/pdf">http://www.annemergmed.com/article/S0196-0644(12)01408-4/pdf</a>		Yes
Massachusetts Nurses Assn. Survey on Workplace Violence/Abuse		Massachusetts Nurses Association	November 2015-January 2016		<a href="https://www.massnurses.org/files/file/MNA%20Survey%20results%20FINAL%20on%20Workplace%20Violence%20Abuse%202016.pdf">https://www.massnurses.org/files/file/MNA%20Survey%20results%20FINAL%20on%20Workplace%20Violence%20Abuse%202016.pdf</a>		Yes

Title	Description	Who developed	When	Joint Commission role/ relationship	Link (if available)	Standards-related?	Publicly available?
Massachusetts nurses want more workplace protection		Justine Hofherr	Feb. 5, 2016		<a href="http://www.boston.com/jobs/jobs-news/2016/02/05/massachusetts-nurses-want-more-workplace-protection">http://www.boston.com/jobs/jobs-news/2016/02/05/massachusetts-nurses-want-more-workplace-protection</a>		Yes
Nurses, hospital groups clash on Massachusetts bill to improve response to violence		Zack Budryk	Feb. 8, 2016		<a href="http://www.fiercehealthcare.com/story/nurses-hospital-groups-clash-massachusetts-bill-improve-response-violence/2016-02-08">http://www.fiercehealthcare.com/story/nurses-hospital-groups-clash-massachusetts-bill-improve-response-violence/2016-02-08</a>		Yes
Science of Violent Behavior		cureviolence.org	2011-2016	None	<a href="http://cureviolence.org/understand-violence/science-of-violent-behavior/">http://cureviolence.org/understand-violence/science-of-violent-behavior/</a>	No	Yes
Workplace Violence Against Health Care Workers in the United States		James P. Phillips, MD	April 2016	None	<a href="http://www.nejm.org/doi/full/10.1056/NEJMra1501998">http://www.nejm.org/doi/full/10.1056/NEJMra1501998</a>	No	Yes (via subscription or purchase)
Not Part of the Job - How to Take a Stand Against Violence in the Work Setting	Designed to spark a conversation and provide actionable tactics to reduce workplace violence. Offers guidance to practicing nurses on how they can better protect themselves against a wide range of unacceptable behaviors.	Jane Lipscomb, PhD, RN, FAAN; Matthew London, MS	2015	None		No	Yes (via purchase)