

Workplace Violence Toolkit – Section 5

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Step 8 (continued from Section 3)

Hazard Control and Prevention

Introduction

The overall approach to controlling and preventing workplace violence in health care is described in **Section 1**.

Solutions and strategies reported in research literature and by health care organizations including, those in the WSI project, demonstrate that implementation strategies must be carefully planned and used in combination.

A combination of engineering and administrative controls is primarily used within a WPV program to control and prevent the risk of violence:

- **Engineering controls** such as:

- Physical and environmental safety and security measures e.g., controlled access to buildings and patient care units, weapons screening, monitored surveillance systems and panic/duress alarms or systems
- Design of the physical environment to
 - Improve visibility
 - Provide barrier protection for staff, and allow for quick access to assistance and egress
 - Reduce risk of furniture and equipment being used as weapons
 - Create a less stressful environment for patients and visitors

Tools that support content in this Section

- 5a. [WPV Risk assessment tool](#)
- 5b. [WPV Incident report](#)
- 5c. [Management of Difficult Behavior Flow Chart](#)
- 5d. [Code Grey debrief form](#)
- 5e. [Example of hospital signage about WPV](#)
- 5f. [Job description contract security officer](#)
- 5g. [Behavioral Health Rapid Response Teams \(BHRRTs\). A summary of best practices](#)
- 5h. [An overview of de-escalation approaches to prevent and manage WPV](#)

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- **Administrative controls** such as:
 - Identifying (using a validated risk assessment tool), monitoring and managing patients/visitors at high risk for violence using interventions that are customized to address the underlying cause of the agitation or aggression and stage of violence being exhibited.
 - Violence reporting including user friendly, well communicated processes to get help during an WPV incident and when reporting/documenting incidents, and communication, reporting, and documentation protocols that inform all staff who will be in contact with a patient who is identified at risk for violence e.g., department transfer huddles; shift change huddles; flagging the patient’s health record, etc.
 - Incident response protocols including use of behavioral health rapid response teams, emergency medication kit for violence, the use of safe assessment rooms, clearly defined protocols for use of restraint and seclusion as a last resort, security personnel and the use of force.
 - Post incident management and incident investigation
 - Policy and procedures for employee groups who are at higher risk for exposure to violence e.g., employees working alone or in secure areas
 - Policy and procedures to address organizational risk factors for WPV such as, improve staffing levels during busy periods to reduce crowding and wait times, provide adequate security and mental health personnel on site, etc.
 - Proactive safety and security audits and security rounding
 - Education and training for employees including protective behavior training (de-escalation)

Well written WPV policy and supporting procedures, that is actively enforced, followed, and maintained, provides the foundation and assists to facilitate the effectiveness of solutions to control and prevent WPV.

What is the Evidence Based for WPV Programs and Interventions in Health Care? New 2020

It is important to note that there is no clear evidence that defines or supports a specific intervention or combination of interventions, that will reduce the incidence and risk of WPV in hospitals or health care environments in general.

The lack of high-quality studies may be because the causes of WPV are multifactorial and varying in nature, thus making it harder to conduct well controlled research studies over a long period of time. Additionally, implementation of comprehensive WPV programs in health care is a relatively new initiative.

To date, research about the impact of multi-component WPV programs on reducing the risk and incidence of violence in health care are mixed (Morphet et.al., 2018)

However, despite the lack of evidence to support effectiveness of WPV programs, it is widely agreed by OSHA, the Joint Commission, experts in the field of WPV and other related entities, that the implementation of a comprehensive WPV prevention program is key to preventing and managing WPV. Despite the lack of research, there are numerous hospitals who have developed best practices that are successfully used to manage WPV and reduce risk to staff and patients. Examples of these are included throughout this toolkit.

Overall, it appears that the best approach to addressing all types of WPV in health care is using a customized multifaceted program approach that includes promoting a culture of safety for both patients and employees together with ongoing risk assessment, evaluation, and continuous improvement of interventions.

The following is a summary of the evidence published to date related to various interventions used in WPV programs. This information is mostly based on two large scoping reviews of peer reviewed literature by Raveel & Schoenmakers, 2019 and Morphet, et. al, 2018, and other references as noted.

Evidence to support WPV Training programs is discussed in Section 6 and WPV Polices in Section 4.

If specific interventions are *not* mentioned below e.g. panic alarms, it's because there is currently very little or no published evidence to know if they are effective or reducing the incidence or risk of WPV.

Patient assessment tools to predict the immediate risk of violence **(Tool 5a WPV Risk assessment tool)**

Validated risk assessment tools that are designed to identify the risk of patient violence based on a set of observed behaviors, are a good predictor for violence in the *short term*, thus, improving patient management and reduce the incidence and severity of violence.

Two risk assessment tools with good validity and sensitivity for early identification of aggressive behavior are STAMP and the Brøset Violence Checklist (BVC). (Calow et al, 2016)

To be effective these tools must be used correctly on a consistent basis so that patients are identified at risk for violence accurately and resource allocation for response management is used appropriately.

What is the Evidence Base for WPV Programs and Interventions in Health Care continued?

Clearly communicated and practiced standardized violence response protocols are also key to success of using violence risk assessment tool.

Flagging Patient Records for Risk of Violence

A 90% reduction in assaults by high-risk patients was reported by the Veterans Health Care Administration when flagging a high-risk patient's chart was used to communicate risk of violence.

Behavioral Health Rapid Response Teams (Tool 5g)

These teams assist to intervene as early as possible when a patient's agitation is escalating and show promise in reducing the severity of the incident or situation. When implemented using evidence-based models, they reduced security calls, restraint use, and staff injuries while moderately improving staff knowledge and self-efficacy. The presence of the team alone is reported to be enough to de-escalate the situation in some cases. (Choi et. al, 2019)

Safe Assessment Rooms (SARs)

There is some evidence to support that having a space or area where patients with behavioral disturbance are assessed and de-escalated in the Emergency Room can improve patient management including success of de-escalation and create a safer environment for consumers and staff.

Crisis Stabilization Centers

This relative new concept offers a way to reduce the number of patients experiencing a behavioral health crisis in Hospital Emergency Departments. Saxon et al, report that Crisis Stabilization Centers are effective at providing suicide prevention services, addressing behavioral health treatment, diverting individuals from entering a higher level of care and addressing the distress experienced by individuals in a behavioral health crisis. Studies also show that the cost of Crisis Stabilization Centers is significantly less than psychiatric inpatient units and satisfaction among clients is greater. These centers may also be adjacent to an Emergency Departments. (Saxon et al, 2018)

Design of the Physical Environment

There is some evidence that: (1) improving visibility so that staff can see people entering and moving around the facility e.g. the use of closed-circuit video surveillance systems, adequate lighting, and treatment spaces and offices with windows. Constant monitoring of surveillance footage enables rapid identification and prompt response to escalating behavior and allows evaluation of incidents and enhancement to staff training; (2) Securing furniture or using weighted furniture to reduce risk of being used as a weapon can reduce the incident of violence

Post-incident support

Debriefing of staff, review of violence incidents and other measures to support staff involved with violence has been shown to raise staff awareness of the risks for WPV and increase reporting. Performing a root cause analysis using a team approach can identify systematic weaknesses in the WPV program and overall safety culture, and potential solutions, action plans and revision of workplace violence policy and procedures.

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The following *Sections* in this toolkit, provide more information about developing and implementing strategies to control and prevent workplace violence:

- **Section 3: Step 8 Developing solutions to address and control hazards**
- **Section 4: Developing the WPV Program Plan**
- **Section 6: Education and Training**
- **Section 7: Implementing the program**

Tool 3a. Gap analysis tool and **Tool 3f. Safety and security assessment checklist**, provide more information and ideas about engineering and administrative controls that can be used to prevent and manage WPV.

Examples of tools (**5a-5f**) developed by the hospitals in the WSI project are also provided as resources.

This Section provides a list of existing resources with links to tools where possible, that will assist you to develop solutions and strategies to address WPV in your health care facility.

Physical and Environmental Safety and Security Measures

Refer to **Section 9** for references and resources related to Facilities Design i.e., standards and guidelines that address employee and patient security and safety needs, when designing and building behavioral health, emergency and other departments within health care facilities.

References and Resources Related to this Section – Other

Association for Healthcare Security & Safety (IAHSS). <http://www.iahss.org/>

- **HealthCare Security Industry Guidelines 2018.**

Caring for Our Caregivers. Preventing Workplace Violence: A Road Map for Healthcare Facilities (December 2015). Occupational Safety and Health Administration (OSHA). <https://www.osha.gov/Publications/OSHA3827.pdf>

Developing Workplace Violence and Harassment Policies and Programs: A Toolbox (2010). Workplace violence prevention series. Occupational Health and Safety Council of Ontario (OHSCO). <http://www.wsps.ca/Information-Resources/Topics/Violence-Harassment.aspx>

Elements of a Best Practice Violence Prevention Program for BC Healthcare (2005). The

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Occupational Health and Safety Agency for Healthcare in BC (OHSAB).

<http://www.phsa.ca/Documents/Occupational-Health-Safety/HandbookElementsofaBestPracticeViolencePreventionP.pdf>

Emerging Health Care Concern: Preventing Workplace Violence

Presentation on Workplace Violence

https://www.jointcommission.org/assets/1/6/PreventingWPV_081816.pdf

Emergency Management [slug] Announcing Emergencies Hospital Executives Prefer Plain Language or a Blend of Plain and Coded Language in Emergency Alerts. The Joint Commission.

December 2018 EC News. **New 2020**

<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/emergency-management/codedvsplainannouncementsv2-jk-10-31-18.pdf>

Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers

(2015). U.S. Department of Labor Occupational Safety and Health Administration (OSHA)

Publication 3148-04R. <https://www.osha.gov/Publications/osha3148.pdf>

Healthcare Facility Workplace Violence Risk Assessment Tools (2014). American Society for Healthcare Risk Management (ASHRM). https://www.ashrm.org/resources/workplace_violence

Identification of processes that mediate the impact of workplace violence on emergency department healthcare workers in the USA: results from a qualitative study (2019). Vrablik,

M. C., Chipman, A. K., Rosenman, E. D., Simcox, N. J., Huynh, L., Moore, M., & Fernandez, R.

BMJ open, 9(8), e031781. <http://dx.doi.org/10.1136/bmjopen-2019-031781> **New 2020**

Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation (2012). The Joint Commission, & Joint Commission. Oakbrook Terrace, IL

<https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf>

Integrating Behavioral Health in the Emergency Department and Upstream Learning

Community (2018). Laderman M, Dasgupta A, Henderson R, Waghray A, Bolender T, Schall M.

IHI Innovation Report. Boston, Massachusetts: Institute for Healthcare Improvement; 2018.

<http://www.ihl.org/Engage/Initiatives/Integrating-Behavioral-Health-Emergency-Department-and-Upstream/Pages/default.aspx> **New 2020**

Interventions to prevent aggression against doctors: a systematic review. (2019). Raveel, A., & Schoenmakers, B. BMJ open, 9(9), e028465. **New 2020**

<https://bmjopen.bmj.com/content/9/9/e028465>

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Preventing and Managing Violence in the Workplace (2009). Registered Nurses Association Ontario, Canada (RNAO). http://rnao.ca/sites/rnao-ca/files/Preventing_and_Managing_Violence_in_the_Workplace.pdf

Prevention and management violence and aggression in health services (2017 2nd edition). Worksafe Victoria, Australia. <https://www.worksafe.vic.gov.au/resources/prevention-and-management-violence-and-aggression-health-services>
<https://www.worksafe.vic.gov.au/resources/prevention-and-management-violence-and-aggression-health-services>

Workplace Violence Risk Assessment Toolkit for Acute Care (2017). The Public Services Health and Safety Association (PSHSA), Ontario, Canada.
<https://workplace-violence.ca/tools/workplace-violence-risk-assessment-wvrat/>

Management of Violence and Aggression in Emergency Environment; a Narrative Review of 200 Related Articles (2018). Ziaei, M., Massoudifar, A., Rajabpour-Sanati, A., Pourbagher-Shahri, A. M., & Abdolrazaghnejad, A. *Adv J Emerg Med.* Nov 29;3(1):e7. **New 2020**

Prevention and management of occupational violence and aggression in healthcare: A scoping review (2018). Morphet, J., Griffiths, D., Beattie, J., Reyes, D. V., & Innes, K. *Collegian*, 25(6), 621-632. **New 2020**

Preventing patient-to-worker violence in hospitals: outcome of a randomized controlled intervention (2017). Arnetz JE, Hamblin L, Russell J, Upfal MJ, Luborsky M, Janisse J, Essenmacher L. *JOEM* 59(1), 18-27. **New 2020**

Safewards. **New 2020**

Mental Health Nursing Institute of Psychiatry Health Services and Population Research, London, England

- Resources for Safewards Implementation
<http://www.safewards.net/model-diagram>
- Selected Articles about the Safewards Model

Reducing conflict and containment rates on acute psychiatric wards: The Safewards cluster randomised controlled trial (2015). Bowers, L., James, K., Quirk, A., Simpson, A., Stewart, D., & Hodsoll, J. *International journal of nursing studies*, 52(9), 1412-1422.

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Evaluating the Introduction of the Safewards Model to a Medium-to Long-Term Forensic Mental Health Ward (2018). Maguire, T., Ryan, J., Fullam, R., & McKenna, B. *Journal of forensic nursing*, 14(4), 214-222.

Safewards: the empirical basis of the model and a critical appraisal (2014). Bowers, L., Alexander, J., Bilgin, H., Botha, M., Dack, C., James, K., ... & Papadopoulos, C. *Journal of Psychiatric and Mental Health Nursing*, 21(4), 354-364.

Outcomes of the Victorian Safewards trial in 13 wards: Impact on seclusion rates and fidelity measurement (2017). Fletcher, J., Spittal, M., Brophy, L., Tibble, H., Kinner, S., Elsom, S., & Hamilton, B. *International journal of mental health nursing*, 26(5), 461-471.

The Joint Commission - Workplace Violence from the Field New 2020

<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/from-the-field/>

Western Connecticut Health Network-Examples of policies related to workplace violence:

- [Armed Intruder – Active Shooter Code 55](#)
- [Bomb Threats Code 10](#)
- [Code Grey – Immediate Security Assistance – Danbury Hospital](#)
- [Code Silver: Site Emergency Lockdown](#)

Overhead Emergency Codes -Poster. The Joint Commission New 2020

- <https://www.jointcommission.org/assets/1/6/EM-OVERHEAD-EMERGENCY-CODES-POSTER.pdf>

Threat Assessment Strategies to Mitigate Violence in Healthcare (2019) Henkel, S. IAHS- Foundation RS-19-02 November 11, 2019. New 2020

<https://files.constantcontact.com/683345b7001/a3a98b90-3c81-4840-82d5-f1500f850639.pdf>

Veterans Health Administration (VAH) New 2020

- **VHA's Workplace Violence Prevention Program (WVPP)**
<https://www.publichealth.va.gov/about/occhealth/violence-prevention.asp>
- **Mental Health Resources US Department of Veterans Affairs.**
<https://www.mentalhealth.va.gov/>

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- **Behavioral Threat Management and Violence Prevention Program.** Veterans Health Administration (VHA). <https://www.publichealth.va.gov/about/occhealth/violence-prevention.asp>

Public Services Health and Safety Association (PSHSA), Ontario, Canada New 2020

- **Violence Response Toolkit and Other Resources for Hospitals (2019).** <https://www.pshsa.ca/emerging-issues/issues/workplace-violence-in-healthcare/workplace-violence-leadership-table-phase-2>

Appendix E - Examples of Controls

<https://www.pshsa.ca/wp-content/uploads/2019/05/Appendix-E-examples-of-controls.pdf>

- **Personal Safety Response System Toolkit Resource Manual**
Personal alarm Devices needs assessment tool
<https://workplace-violence.ca/tools/personal-safety-response-system/>
- **Working Alone or in Isolation (2019).**
<https://www.pshsa.ca/emerging-issues/issues/workplace-violence-in-healthcare/workplace-violence-leadership-table-phase-2#hospital>

Workplace Violence Prevention Presentation: Best Practices in Health Care Environments.

Presentation by Lynn Van Male, PhD (Director, Workplace Violence Prevention Program at Veterans Affairs) at the Joint Commission on August 30, 2018.

<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/us-department-of-veterans-affairs/> New 2020

Worksite walkthrough intervention: data-driven prevention of workplace violence on hospital units (2017). Hamblin L, Essenmacher L, Luborsky M, Russell J, Janisse J, Upfal MJ, Arnetz JE.

JOEM 59(9), 875-884. New 2020

Books

Hospital and Healthcare Security, Sixth Edition (March 10, 2015). Tony W York and Don MacAlister. Butterworth-Heinemann; Elsevier. Oxford, UK

Improving patient and worker safety: opportunities for synergy, collaboration and innovation (2012). The Joint Commission, & Joint Commission. Oakbrook Terrace, IL.

<https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf>

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[Webinars \(can be accessed free of charge\)](#)

WIHI: Workplace Violence in Health Care Can't Be the Norm (August 10, 2017). Institute for Healthcare Improvement / National Patient Safety Foundation. Cambridge, Massachusetts: Institute for Healthcare Improvement.

<http://www.ihl.org/resources/Pages/AudioandVideo/WIHI-Workplace-Violence-in-Health-Care-Can't-Be-the-Norm.aspx>

Hospitals Against Violence: Reducing Health Care Violence by Innovative Training and Valuable Partnerships (June 2017). American Organization of Nurse Executives (AONE).

<http://www.aone.org/resources/Reducing-Health-care-Violence-by-Innovative-Training-and-Valuable-Partnerships>

Identifying and Monitoring Patients/Visitors at High Risk for Violence

References and Resources Related to this Section – Articles

Assessing the risk of violence: Development and validation of the Brøset Violence Checklist (2008). Thesis. Almvik, R. Norwegian University of Science and Technology. **New 2020**

<http://riskassessment.no/files/PhD-Thesis-Almvik-2007.pdf>

Brief rating of aggression by children and adolescents (BRACHA): a reliability study (2012).

Barzman, D., Mossman, D., Sonnier, L., & Sorter, M. Journal of the American Academy of Psychiatry and the Law Online, 40(3), 374-382. **New 2020**

<https://pdfs.semanticscholar.org/55b9/bae9c373a130a593177ed848d02afd7f1e16.pdf>

Changes in the occurrences of coercive interventions and staff injuries on a psychiatric intensive care unit. (2007). Björkdahl, A., Heilig, M., Palmstierna, T., & Hansebo, G. Archives of Psychiatric Nursing, 21(5), 270–277. **New 2020**

Development of a data collection instrument for violent patient encounters against healthcare workers. (2012). Kowalenko, T., Hauff, S., Morden, P. et al. Western Journal of Medicine 13(5), 429-33.

Feasibility and need for violence risk screening at triage: An exploration of clinical processes and public perceptions in one Australian emergency department (2015). Daniel, C., Gerdtz, M., Elsom, S., Knott, J., Prematunga, R., & Virtue, E. Emergency Medicine Journal, 32(6), 457–462. **New 2020**

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Interventions following a high violence risk assessment score: a naturalistic study on a Finnish psychiatric admission ward (2017). Kaunomäki, J., Jokela, M., Kontio, R., Laiho, T., Sailas, E., & Lindberg, N. BMC health services research, 17(1), 26. **New 2020**

Literature synthesis: patient aggression risk assessment tools in the emergency department (2016). Calow, N., Lewis, A., Showen, S., & Hall, N. (2016). Journal of emergency nursing, 42(1), 19-24. **New 2020**

Mental health-related risk factors for violence: using the evidence to guide mental health triage decision making (2012). Sands, N., Elsom, S., Gerdtz, M., & Khaw, D. Journal of Psychiatric and Mental Health Nursing, 2012, 19(8), 690-701.

The modified overt aggression scale (moas). American Academy of Pediatrics **New 2020**
<https://depts.washington.edu/dbpeds/Screening%20Tools/Modified-Overt-Aggression-Scale-MOAS.pdf>

Predicting aggressive patient behaviour in a hospital emergency department: an empirical study of security officers using the Brøset Violence Checklist (2018). Partridge, B., & Affleck, J. Australasian emergency care, 21(1), 31-35. **New 2020**

Screening for violence risk in military veterans: predictive validity of a brief clinical tool (2014). Elbogen, E. B., et. al. Am J Psychiatry. 171(7):749-57.

Sensitivity and specificity of the Brøset Violence Checklist as predictor of violence in forensic psychiatry (2014). Hvidhjelm, J., Sestoft, D., Skovgaard, L. T., & Bue Bjorner, J. Nordic journal of psychiatry, 68(8), 536-542. **New 2020**

Staff Observation Aggression Scale-Revised (SOAS-R)-Adjustment and Validation for Emergency Primary Health Care. (2018). Morken, T., Baste, V. R., Johnsen, G. E., Rypdal, K., Palmstierna, T., & Johansen, I. H. BMC Health Serv Res. 18(1), 335. **New 2020**
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3157-z>

STAMP: components of observable behaviour that indicate potential for patient violence in emergency departments (2007). Luck, L., Jackson, D., & Usher, K. Journal of Advanced Nursing, 59(1), 11-19. **New 2020**

Structured risk assessment and violence in acute psychiatric wards: randomised controlled trial (2008). Abderhalden C, Needham I, Dassen T, et al. Br J Psychiatry 2008;193(1), 44–50. **New 2020**

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Suicide Risk Assessment Clinical Practice Guideline and Suicide Risk Assessment Clinical Practice Guideline Synopsis (2019). Emergency Nurses Association. **New 2020**

<https://www.ena.org/practice-resources/resource-library/clinical-practice-guidelines>

The Brøset violence checklist (BVC) (2002). Woods, P., & Almvik, R. *Acta Psychiatrica Scandinavica*, 106(s412), 103-105.

The Brøset violence checklist: clinical utility in a secure psychiatric intensive care setting (2010). Clarke, D. E., Brown A. M., & Griffith, P. *Journal of psychiatric and mental health nursing*, 17(7), 614-620.

The validity and reliability of the Violence Risk Scale: A treatment-friendly violence risk assessment tool (2006). Wong, Stephen C. P.; Gordon, Audrey *Psychology, Public Policy, and Law*, Vol 12(3), Aug 2006, 279-309. <https://psycnet.apa.org/buy/2006-12563-001>

Use of a violence risk assessment tool in an acute care hospital: effectiveness in identifying violent patients (2006). *Kling, R. et. al. AAOHN Journal* 54(11) 481-487.

Understanding aggressive behaviour across the lifespan (2013). Liu, J., Lewis, G., & Evans, L. *Journal of Psychiatric and Mental Health Nursing*, 20(2), 156-168.

Usefulness of Aggressive Behaviour Risk Assessment Tool for prospectively identifying violent patients in medical and surgical units (2012). Kim, S. C., Ideker, K., & Todicheeney-Mannes, D. *Journal of advanced nursing*, 68(2), 349-357.

References and Resources Related to this Section – Other

Brøset Violence Checklist (BVC®). E-learning website, Centre for Research and Education in Forensic Psychiatry, Norway. **New 2020** <http://riskassessment.no/>

Association of Threat Assessment Professionals www.atapworldwide.org/

A non-profit membership association including mental health professionals, law enforcement, corporate safety specialists, lawyers, probation officers, and others concerned with threat and violence risk assessment. Topic areas include threats, stalking, and homeland security.

Directive 2010-053 – Patient Record Flags (2010). Veterans Health Administration.

<https://www.va.gov/vhapublications/>

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Individual Client Risk Assessment Toolkit for Health Care Settings 2017. Public Services Health and Safety Association (PSHSA). Toronto, Ontario, Canada.

<http://www.pshsa.ca/wp-content/uploads/2017/05/VPRASEEN0417-ICRA-Toolkit-Resource-Manual-V1.1-2017.04.25-Final.pdf>

Completing the Violence/Aggression Assessment Checklist (VAAC) for Emergency Departments (ED) or Emergency Medical Services (EMS). (2016). Public Services Health and Safety Association (PSHSA). Toronto, Ontario, Canada.

https://www.saswh.ca/files/Violence/Resources/Completing_the_VAAC_.pdf

Minnesota Department of Health

Prevention of Violence in Health Care Toolkit

<https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html>

Risk Identification

- Broset Tool Utilization - Article (PDF)
- HealthEast Threat - Assessment Worksheet (PDF)
- St. Cloud - Environmental Checklist Screenshot (PDF)

Risk assessment made easy The Bröset Violence Checklist (BVC) 2015. PowerPoint presentation. Roger Almvik, Dr. Philos.

<http://restraintreductionnetwork.org/wp-content/uploads/2015/06/10-Roger-Almvik-2015.pdf>

Prevention and Management Violence and Aggression in Health Services (2017 2nd edition).

Worksafe Victoria, Australia. <https://www.worksafe.vic.gov.au/resources/prevention-and-management-violence-and-aggression-health-services>

The University of Nebraska Public Policy Center "Threat Assessment Glossary" (2013). Bulling, D, & Scalora, M. Paper 123. <http://digitalcommons.unl.edu/publicpolicypublications/123>

Threat assessment in action Psychologists are leaders in the growing field of threat assessment, working with law enforcement and security professionals to prevent violence before an attacker strikes (2014). Miller, A., American Psychological Association. Monitor Staff February 2014, 45(2), 37.

<https://www.apa.org/monitor/2014/02/cover-threat>

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Violence Reporting Procedures

Information about Oregon OSHA recordkeeping requirements related to WPV related workplace injuries can be found in **Tool 2d: Analyzing Injury Data and Direct Injury Costs**

References and Resources Related to this Section – Articles

Reporting violence to a health care employer: A cross-sectional study (2005). Findorff, M. J. et al. AAOHN Journal, 53(9): 399-406.

Development of a data collection instrument for violent patient encounters against healthcare workers (2012). Kowalenko, T., Hauff, S., Morden, P. et al. Western Journal of Medicine 13(5):429-33.

Workplace violence in the emergency department: giving staff the tools and support to report (2015). Stene, J., Larson, E., Levy, M., et al. The Permanente Journal. 19(2): 113-117.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4403590/pdf/permj19_2pe113.pdf

Measures for incident reporting of patient violence and aggression towards healthcare providers: A systematic review (2015). Campbell, C. L., Burg, M. A., & Gammonley, D. Aggression and violent behavior, 25, 314-322.

Using a potentially aggressive/violent patient huddle to improve health care safety. (2019). The Joint Commission Journal on Quality and Patient Safety, 45(2), 74-80. Larson, L. A., Finley, J. L., Gross, T. L., McKay, A. K., Moenck, J. M., Severson, M. A., & Clements, C. M. **New 2020**

Effective Workplace Safety Huddle Communication Tool (2019). Public Health and Safety Services Association, ON, Canada. **New 2020**
<https://www.pshsa.ca/emerging-issues/issues/workplace-violence-in-healthcare/workplace-violence-leadership-table-phase-2#hospital>

Communicating the Risk of Violence: A Flagging Program Handbook for Maximizing Preventative Care (2017) Public Health and Safety Services Association, ON, Canada. **New 2020**
<https://terraform-20180423174453746800000001.s3.amazonaws.com/attachments/cjiisgrke00ihfxj77xic0jf2-vwmnaen0616-communicating-risk-of-violence-flagging-prevention-program-v1-1-2017-04-21.pdf>

Developing standardized “receiver-driven” handoffs between referring providers and the emergency department: results of a multidisciplinary needs assessment (2018). Huth K, et al. Jt Comm J Qual Patient Saf. 2018; 44:719–730. **New 2020**

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References and Resources Related to this Section – Other

California Hospital Association

Workplace Violence Prevention Resources

<https://www.calhospital.org/workplace-violence-prevention>

[Workplace Violence Incident Case Number Assignment Form](#)

- [Violent Incident Log](#)
- [Violent Incident Reporting](#)

Confidential Incident Report Forms. U.S. Department of Labor Occupational Safety and Health Administration (OSHA).

<https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/confidentialreportform.html>

Johns Hopkins Safe-at-Work Program

- [Johns Hopkins Continuum of Disruptive Behaviors at Work](#)

Minnesota Department of Health

Prevention of Violence in Health Care Toolkit

<https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html>

Accurate and Concurrent Reporting

- Development of a Data Collection Instrument Article (PDF)
- Injury Severity Levels (PDF)
- Incident Types (PDF)
- St. Cloud - Aggressive Incident Dashboard FY11-FY14 (Excel)
- St. Cloud - Aggressive Incident Dashboard Template (Excel)
- Suggested Data Collection Elements (PDF)

The Joint Commission - Workplace Violence Resources - from the Field ^{New 2020}

<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/from-the-field/>

- Employee Reporting Procedure - Western Connecticut Health Network
[Incidents of Workplace Violence and Assault of Western Connecticut Health Network Employee Reporting Procedure](#)

Workplace Violence Toolkit – Section 5

Workplace Violence Incident Report Form. Civil Service Employees Association, Local 1000, AFSCME, AFL-CIO <https://cseany.org/wp-content/uploads/2013/02/Incident-Report.pdf>

Workplace Violence Prevention Program Guidelines. New York State Department of Labor Appendix 2 contains a Workplace Violence Incident Report. <http://tinyurl.com/q6x5t3s>

Incident Response (includes Active Shooter Resources)

Refer to **Section 4** for additional WPV policy related resources.

References and Resources Related to this Section – Articles

De-escalation New Topic Section 2020

A co-operative inquiry into generating, describing, and transforming knowledge about de-escalation practices in mental health settings (2016). Berring, L. L., Hummelvoll, J. K., Pedersen, L., & Buus, N. Issues in mental health nursing, 37(7), 451-463.

Coping with violence in mental health care settings: patient and staff member perspectives on de-escalation practices (2016). Berring, L. L., Pedersen, L., & Buus, N. Archives of psychiatric nursing, 30(5), 499-507.

De-escalation of aggressive behaviour in healthcare settings: Concept analysis (2017). International journal of nursing studies, 75, 10-20. Hallett, N., & Dickens, G. L. New 2020

De-escalation in health care. The Joint Commission. Quick Safety Issue 47, Jan 2019 New 2020
<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/sentinel-event-alert-and-quick-safety-newsletters/>

De-escalation Strategies for Care Providers Behavioral Health Symptoms and Crisis Situations (2016). PowerPoint Presentation. Jessica Shook, LMHC Division of Behavioral Health and Recovery. WA State Department of Social and Health Services. New 2020
<https://www.dshs.wa.gov/sites/default/files/AL TSA/hcs/documents/ND/Jessica%20Shook-%20De-escalation.pdf>

De-escalation techniques for managing aggression (2016). Spencer, S., & Johnson, P. The Cochrane Library. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012034/pdf>

Workplace Violence Toolkit – Section 5

De-escalation techniques for psychosis-induced aggression or agitation (2017). Du, M., Wang, X., Yin, S.et. al. Cochrane database of systematic reviews, (4). **New 2020**

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009922.pub2/epdf/full>

De-Escalation Tips. Crisis Prevention Institute. (2017). **New 2020**

<https://www.crisisprevention.com/Blog/October-2017/CPI-s-Top-10-De-Escalation-Tips-Revisited>

Effective ingredients of verbal de-escalation: validating an English modified version of the ‘De-Escalating Aggressive Behaviour Scale’ (2016). Mavandadi, V., Bieling, P. J., & Madsen, V. *Journal of psychiatric and mental health nursing*, 23(6-7), 357-368. **New 2020**

Evidence-based verbal de-escalation techniques for the family nurse practitioner: Education and simulation. (2017). Rachael K. Mistano. **New 2020** <https://repository.usfca.edu/dnp>

Key components of de-escalation techniques: A thematic synthesis (2012). Price, O., & Baker, J. *International journal of mental health nursing*, 21(4), 310-319.

Management of the Violent Patient in the Emergency Department (2017). Monograph. Boulger et. al. Relia. AHCMedia.

<https://www.ahcmmedia.com/articles/140623-management-of-the-violent-patient-in-the-emergency-department>

Predictors of effective de-escalation in acute inpatient psychiatric settings (2016). Lavelle, M., Stewart, D., James, K., Richardson, M., Renwick, L., Brennan, G., & Bowers, L. *Journal of clinical nursing*, 25(15-16), 2180-2188.

Practical Tips for Managing the Agitated Patient: Avoiding Violence in the Clinical Setting (2017). Lofchy, J & Fage, B. *Psychiatric Times*, February 27, 2017 **New 2020**

<http://www.psychiatrictimes.com/printpdf/practical-tips-managing-agitated-patient-avoiding-violence-clinical-setting/page/0/2>

Staff perception of interprofessional simulation for verbal de-escalation and restraint application to mitigate violent patient behaviors in the emergency department (2019). Krull, W., Gusenius, T. M., Germain, D., & Schnepfer, L. *Journal of emergency nursing*, 45(1), 24-30. **New 2020**

Strategies to De-escalate Aggressive Behavior in Psychiatric Patients. AHRQ Comparative Effectiveness Reviews. (2016). Report no. 16-EHC032-EF. Rockville, MD: Agency for Healthcare Research and Quality. Gaynes, B. N., Brown, C., & Lux, L. J. **New 2020**

https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/aggression_research.pdf

Workplace Violence Toolkit – Section 5

The assessment and management of the violent patient in critical hospital settings (2013).

Tishler, C. L., Reiss, N. S., & Dundas, J. (2013). General hospital psychiatry, 35(2), 181-185.
<https://www.sciencedirect.com/science/article/abs/pii/S0163834312003301>

Verbal de-escalation for clinical practice safety (2019). Mason Jubb, J & Baack, C.J.

American Nurses Today, Jan 2019, 5-7 **New 2020**

<https://www.myamericannurse.com/wp-content/uploads/2019/01/ant1-De-escalation-103.pdf>

“Universal Behavioral Precautions” Techniques of Verbal De-escalation (2018). Vanderbilt

University Medical Center. PowerPoint Presentation. **New 2020**

<https://www.abss.k12.nc.us/cms/lib/NC01001905/Centricity/Domain/2536/3.02%20%20Activity%20Workplace%20Violence%20PP%20.pdf>

Verbal de-escalation of the agitated patient: consensus statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup (2012).

Richmond, J. S., et. al. Western Journal of Emergency Medicine, 13(1), 17-25.

<https://escholarship.org/uc/item/55g994m6>

Trauma-Informed Care **New 2020**

Trauma-Informed Care. Content last reviewed April 2016. Agency for Healthcare Research and Quality (AHRQ).

<https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/trauma.html>

The Trauma Informed Project

<http://www.traumainformedcareproject.org/>

What is Trauma Informed Care?

<https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf>

Trauma-Informed Care.

Substance Abuse Mental Health Administration (SAMHSA) -HRSA Center for Integrated Health Solutions (CIHS). <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>

A Systematic Review of Physician Leadership and Emotional Intelligence (2014). Laura Janine

Mintz and James K. Stoller. Journal of Graduate Medical Education: 6(1), 21-31.

<https://www.jgme.org/doi/full/10.4300/JGME-D-13-00012.1>

Workplace Violence Toolkit – Section 5

The impact of emotional intelligence in health care professionals on caring behaviour towards patients in clinical and long-term care settings: Findings from an integrative review (2018). Nightingale, S., Spiby, H., Sheen, K., & Slade, P. *International journal of nursing studies*, 80, 106-117.

The Health Alliance for Violence Intervention (HAVI) is an organization that fosters hospital and community collaborations to advance equitable, trauma-informed care for violence intervention and prevention programs. <https://www.thehavi.org/>

Workplace violence perpetrated by clients of health care: A need for safety and trauma-informed care (2019). Beattie, J., Griffiths, D., Innes, K., & Morphet, J. *Journal of Clinical Nursing*, 28(1-2), 116-124. **New 2020**

Searchable book

Strategies to De-escalate Aggressive Behavior in Psychiatric Patients (2016). Gaynes, B. N., et al. <https://www.ncbi.nlm.nih.gov/books/NBK379399/>

Management of the Agitated Patient **New Topic Section 2020**

Acute interventions for aggression and agitation in psychosis: study protocol for a systematic review and network meta-analysis. (2019). *BMJ open*, 9(10), e032726. Ostinelli, E. G., D'Agostino, A., Shokrane, F., Salanti, G., & Furukawa, T. A. <https://bmjopen.bmj.com/content/9/10/e032726>

Agitation Assessment and Management in the Emergency Department (Doctoral dissertation 2019). Legambi, T. https://archive.hshsl.umaryland.edu/bitstream/handle/10713/9562/Legambi_AgitationAssessment_2019.pdf?sequence=1&isAllowed=y

Assessment and management of agitation in psychiatry: Expert consensus (2016). Garriga, M., Pacchiarotti, I., Kasper, S., Zeller, S. L., Allen, M. H., Vázquez, G., ... & Courtet, P. *The World Journal of Biological Psychiatry*, 17(2), 86-128.

Best Practices for Evaluation and Treatment of Agitated Children and Adolescents (BETA) in the Emergency Department: Consensus Statement of the American Association for Emergency Psychiatry (2019). Gerson, R., Malas, N., Feuer, V., Silver, G. H., Prasad, R., Mroczkowski, M. M., ... & Gerson, R. *Western Journal of Emergency Medicine*, 20(2), 409. <https://escholarship.org/uc/item/9253b2hz>

Workplace Violence Toolkit – Section 5

This Article Corrects: “Best Practices for Evaluation and Treatment of Agitated Children and Adolescents (BETA) in the Emergency Department: Consensus Statement of the American Association for Emergency Psychiatry May 2019 and July 2019

<https://escholarship.org/uc/item/69j5k9bz>

<https://escholarship.org/uc/item/2sf5q2v6>

Consensus statement of the American Association for Emergency Psychiatry Project BETA Psychiatric Evaluation Workgroup (2012). Stowell, K. R., Florence, P., Harman, H. J., & Glick, R. L. *Western Journal of Emergency Medicine*, 13(1), 11.

<https://escholarship.org/uc/item/9t41z4rb>

The patient care paradox: an interprofessional qualitative study of agitated patient care in the emergency department (2017). Wong A.H., et al. *Acad Emerg Med*. 2017;24:226–235.

Crisis Stabilization Units National Alliance on Mental Illness (NAMI)

<https://www.nami.org/Learn-More/Treatment/Getting-Treatment-During-a-Crisis>

Behavioral Health Crisis Stabilization Centers: A New Normal. (2018). Saxon, V., Mukherjee, D., & Thomas, D.

Overview of Project BETA: best practices in evaluation and treatment of agitation (2012). Holloman Jr, G. H., & Zeller, S. L. *Western Journal of Emergency Medicine*, 13(1), 1.

<https://escholarship.org/uc/item/4kz5387b>

Medical evaluation and triage of the agitated patient: consensus statement of the American Association for Emergency Psychiatry Project BETA Medical Evaluation Workgroup (2012). Nordstrom, K., Zun, L. S., Wilson, M. P., Stiebel, V., Ng, A. T., Bregman, B., & Anderson, E. L. *Western Journal of Emergency Medicine*, 13(1), 3.

<https://escholarship.org/uc/item/881121hx>

Reduction of seclusion and restraint in an inpatient psychiatric setting: A pilot study. (2017). Blair, E. W., Woolley, S., Szarek, B. L., Mucha, T. F., Dutka, O., Schwartz, H. I., ... & Goethe, J. W. *Psychiatric Quarterly*, 88(1), 1-7.

The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project BETA Psychopharmacology Workgroup (2012). Wilson, M. P., Pepper, D., Currier, G. W., Holloman Jr, G. H., & Feifel, D. *Western Journal of Emergency Medicine*, 13(1), 26. <https://escholarship.org/uc/item/5fz8c8gs>

The Aggressive or Violent Patient: Strategies for Success (2019). PowerPoint. Welper, L&Weigal, M. Presentation at the Oncology Nursing Society, April 2019

<https://ons.confex.com/ons/2019/mediafile/ExtendedAbstract/Session2060/2060handout.pdf>

Workplace Violence Toolkit – Section 5

Use and avoidance of seclusion and restraint: consensus statement of the American Association for Emergency Psychiatry Project Beta Seclusion and Restraint Workgroup (2012). Knox, D. K., & Holloman Jr, G. H. *Western Journal of Emergency Medicine*, 13(1), 35.
<https://escholarship.org/uc/item/Opr571m3>

Workplace violence in health care and agitation management: safety for patients and health care professionals are two sides of the same coin. (2019). Wong, A. H., Ray, J. M., & Lennaco, J. D. *Joint Commission Journal on Quality and Patient Safety*, 45(2), 71-73.

Workplace violence: practical considerations for mental health professionals in consultation, assessment, and management of risk (2016). Saragoza, P., & White, S. G. *Psychiatric Clinics*, 39(4), 599-610.

Behavioral Health Rapid Response Teams New Topic Section 2020

An interdisciplinary clinical approach for workplace violence prevention and injury reduction in the general hospital setting: SAFE response (2018). Lakatos, B. E., Mitchell, M. T., Askari, R., Etheredge, M. L., Hopcia, K., DeLisle, L., & Higgins, M. *Journal of the American Psychiatric Nurses Association*, 25(4):280-288.

An Integrative Literature Review of Psychiatric Rapid Response Teams and Their Implementation for De-escalating Behavioral Crises in Nonpsychiatric Hospital Settings (2019). Choi, K. R., Omery, A. K., & Watkins, A. M. *The Journal of Nursing Administration*, 49(6), 297-302.

Behavioral emergency response team: implementation improves patient safety, staff safety, and staff collaboration (2017). Zicko, C. J. M., Schroeder, L. R. A., Byers, C. W. S., Taylor, L. A. M., & Spence, C. D. L. *Worldviews on Evidence-Based Nursing*, 14(5), 377-384.

Behavioral Rapid Response Team (2017). PowerPoint. Gallagher, M., et al. Southern New Hampshire Health
http://www.ahaphysicianforum.org/webinar/2017/files/Southern_New_Hampshire_Slides.pdf

Behavioral Emergency Response Team (2014). University of Maryland Medical Center
http://www.marylandpatientsafety.org/documents/Annual_Conference_2015/Solutions/Behavioral_Emergency_Response_Team.pdf

Workplace Violence Toolkit – Section 5

Crisis prevention team calms agitated patients in psychiatric units, leading to a reduction in the use of restraints and seclusion and fewer injuries (2008). AHRQ Health Care Innovations Exchange. Ferguson, J. & Leno-Gordon, D. <https://innovations.ahrq.gov/profiles/crisis-prevention-team-calms-agitated-patients-psychiatric-units-leading-reduction-use>

Memorial Hermann Health System – Psych Response Team. America Hospital Association Case Study

<https://www.aha.org/case-studies/2017-06-22-memorial-hermann-health-system-psych-response-team>

Proactive psychiatry intervention using a nurse-led behavioral response model for hospitalized patients with behavioral disturbances. (2019). Afriyie-Boateng, M., Loftus, C., Wiesenfeld, L., Hunter, M., & Lawson, A. The Journal for Healthcare Quality 41(5), 267-273.

Rapid response team in a psychiatric hospital (2017). Jessica O. Hay et al. American nurse today 12(8), 47-48.

<https://www.myamericannurse.com/rapid-response-team-psychiatric-hospital/>

Reducing Violence in the Emergency Department: A Rapid Response Team Approach (2014). Kelley, E.C. Journal of emergency nursing, 40(1), 60-64.

The attributes of successful de-escalation and restraint teams. (2018). Snorrason, J., & Biering, P. International journal of mental health nursing, 27(6), 1842-1850.

The Behavioral Response Team: building a safer hospital (2017). Bravo J. Journal of Healthcare Protection Management: Publication Of The International Association For Hospital Security, 2017, 33(1), 113.

Incident Response (includes Active Shooter Resources)

References and Resources Related to this Section – Other

The Agency for Healthcare Research and Quality (AHRQ)

- **AHRQ Webinar: Reducing Workplace Violence with TeamSTEPPS® (2016)**
<https://www.ahrq.gov/teamstepps/events/webinars/dec-2016.html>

Workplace Violence Toolkit – Section 5

California Hospital Association

Workplace Violence Prevention Resources

<https://www.calhospital.org/workplace-violence-prevention>

- [Disruptive Behavior Algorithm](#)
- **Disruptive Behavior Guidelines – Assessment, Intervention, Documentation**
https://www.calhospital.org/sites/main/files/file-attachments/disruptive_behavior_guidelines.pdf

Code White- Psychiatric Emergency (2013). CAMH Centre for Addiction and Mental Health.
<http://bidders.camhx.ca/Code%20White%20%E2%80%93%20Caution%20%E2%80%93%20Threatening%20Person%20with%20Weapon.pdf>

Code White Review (2014). PowerPoint Presentation. Adult Mental Health, London Health Science Centre, Ontario, Canada

http://www.lhsc.on.ca/Research_Training/Student_Affairs/orientation/CodeWhiteLHSCDecember2015.pdf

Depression and Bipolar Support Alliance **New 2020**

Understanding Agitation Kit for Treatment Teams and Medical Staff

- Multiple Resources about De-escalation techniques
<https://www.dbsalliance.org/education/clinicians/understanding-agitation-kit-for-treatment-teams-and-medical-staff/>
- **Understanding Agitation Webinar**
<https://ons.confex.com/ons/2019/mediafile/ExtendedAbstract/Session2060/2060handout.pdf>
- **Video demonstration of verbal de-escalation (9 minutes)**
<https://www.youtube.com/watch?v=udRjZcRuak4>

Emergency Department Security and Safety (2011). Sanson, T, & Tavernero, T. American College of Emergency Physicians.

<https://www.acep.org/patient-care/policy-statements/protection-from-violence-in-the-emergency-department/>

Workplace Violence Toolkit – Section 5

Gentle Persuasion Approach: A Nurse’s Experience Caring for Persons with Responsive Behaviours in the Acute Care Setting (2013). PowerPoint Presentation. Lee Ringer, RN MN GNC (C). Regional Geriatric Program, St. Michael’s Hospital.

<https://www.mountsinai.on.ca/education/continuing-education-and-professional-development/medical-education/geriatrics/presentations/lee-ringer-119.pdf>

Guidelines Code White: A Component of Prevention and Management of Aggressive Behaviour in Healthcare (2009). Worksafe BC. <http://www.phsa.ca/Documents/Occupational-Health-Safety/GuideGuidelinesCodeWhiteResponse.pdf>

Minnesota Department of Health

Workplace Violence Prevention Resources

<https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html>

Treatment Plans

- St. Cloud - Unique Treatment Plan Policy (PDF)
- St. Cloud - Unique Treatment Plan Policy and Example (PDF)

Incident Response

- Assessment and Management of Violent Patient - Article (PDF)
- Enhancing Safety in Behavioral Emergency Situations - Article (PDF)
- Essentia Health - Response Policy (PDF)
- HealthEast - Behavioral Emergency Code Green Presentation (PDF)
- Metro Compact - Incident Response Team Make-Up (PDF)
- Metro Compact - Sample Incident Response Form (PDF)
- St. Cloud - Acronyms for De-escalation (PDF)
- St. Cloud - Active Threat Response Plan (PDF)
- St. Cloud - Active Threat Situation Presentation (PDF)
- St. Cloud - Lockdown Procedures (PDF)
- St. Cloud - Patient Belongings and Room Search Policy (PDF)
- Verbal De-escalation on the Agitated Patient - Article (PDF)

Preventing HealthCare Workplace Violence Toolkit (2017). Washington State Hospital Association, Seattle, WA. www.WSHA.org.

Prevention and Management of Aggressive Behaviour (PMAB) 2008

<http://www.phsa.ca/Documents/Occupational-Health-Safety/GuidePreventingandManagingAggressiveBehaviourParti.pdf>

Workplace Violence Toolkit – Section 5

Secure Rooms and Seclusion Standards and Guidelines: A Literature and Evidence Review (2012). BC Ministry of Health, British Columbia, Canada.

<https://www.health.gov.bc.ca/library/publications/year/2012/secure-rooms-seclusion-guidelines-lit-review.pdf>

Sentinel Event Alert 56: Detecting and treating suicide ideation in all settings. February 24, 2016. The Joint Commission.

https://www.jointcommission.org/jointcommission.org/sea_issue_56/

U.S. Department of Veterans Affairs

- [Prevention and Management of Disruptive Behavior - Training overview and basic information](#)
- [Preventing Patient Violence in VA Health Care](#) (2.6 MB, PDF) on pages 14-15 in Vanguard magazine.

Hospital Security and Use of Weapons New 2020

- **Hospital Security Programs and Policies Related to Guns and Other Weapons. (2019).** Journal of Healthcare Management, 64(3), 157-166. Blando, J. D., Cramer, R. J., & Szklo-Coxe, M.
- **Position Statement on Weapons Use in Hospitals and Patient Safety (2018).** Janofsky, J et. al. American Psychiatric Association (APA) Position Statement New 2020
<https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Weapons-Use-in-Hospitals-and-Patient-Safety.pdf>
- **Centers for Medicare and Medicaid Services.** State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Interpretive Guidelines §482.13(e) New 2020
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Active Shooter Preparedness

Refer to Section 6 Education and Training for video resources

3 Echo: concept of operations for early care and evacuation of victims of mass violence (2014). Autrey, A., Hick, J., Bramer, K., et al. Prehospital Disaster Medicine. 29(4):421-8.

Workplace Violence Toolkit – Section 5

Active Shooter and Intentional Mass-Casualty Events: The Hartford Consensus II. Bulletin of the American College of Surgeons.

<http://bulletin.facs.org/2013/06/improving-survival-from-active-shooter-events/#.WjMttU0iz8o>

Active shooters in health care settings: prevention and response through law and policy (2014). Hodge, J. G., & Nelson, K. The Journal of Law, Medicine & Ethics, 42(2), 268-271.

Active Shooter Drill Materials. Hospital Association of Southern California.

<http://www.hasc.org/active-shooter-drill-resources>

Active Shooter Planning and Response in a Healthcare Setting (2017). Healthcare and Public Health Sector Coordinating Council. <https://www.fbi.gov/file-repository/active-shooter-planning-and-response-in-a-healthcare-setting.pdf>

Active Shooter Response Toolkit (2015). Healthcare Staff Training. MCHC and Hillard Heintze. <https://www.aha.org/system/files/content/16/2015mchcactiveshooterresource.pdf>

Active Shooter: Tools/Resources. New York State Health Emergency Preparedness Coalition <https://www.urmc.rochester.edu/emergency-preparedness/preparedness-and-response-tools-resources/active-shooter.aspx>

Active shooter training in the emergency department: A safety initiative (2018). Journal of Emergency Nursing, 44(6), 598-604. Sanchez, L., Young, V. B., & Baker, M. **New 2020**

Department of Homeland Security

- **Active Shooter Preparedness**
The Cybersecurity and Infrastructure Security Agency (CISA)
<https://www.dhs.gov/cisa/active-shooter-preparedness>
- **Active Shooter Emergency Action Plan Guide and Template**
<https://www.dhs.gov/publication/active-shooter-emergency-action-plan-guide>

Hospital Code Silver Activation; Active Shooter Planning Checklist. California Hospital Association. <https://www.calhospitalprepare.org/post/hospital-code-silver-activation-active-shooter-planning-checklist>

Implementing an Active Shooter Policy and Training Program (2019). Clark, K. R. Radiol Technol. 90(4):407-409. **New 2020**

Improving Survival from Active Shooter Events: The Hartford Consensus (2013). Jacobs, L., McSwain, N., Rotondo, M., et al. The National Association of Emergency Medical Technicians.

Workplace Violence Toolkit – Section 5

Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans (2014). U.S. Department of Health and Human Services.

<https://asprtracie.hhs.gov/technical-resources/resource/231/incorporating-active-shooter-incident-planning-into-health-care-facility-emncy-operations-plans>

NFPA 3000™ (PS): Standard for an Active Shooter/Hostile Event Response (ASHER) Program.

New 2020 <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=3000&tab=research>

NFPA 3000™ fact sheets **New 2020**

<https://www.nfpa.org/~ /media/0E8FE5DBA73B46E0801AAFB4D8F17263.ashx>

San Bernardino Mass Shooting The Loma Linda Response and Lessons Learned - PowerPoint

New 2020 https://www.jointcommission.org/-/media/tjc/documents/resources/workplace-violence/clem_san_bernardino_mass_shooting_loma_linda.pdf

A Tactical Medicine After-action Report of the San Bernardino Terrorist Incident (2018).

Bobko, J. P., Sinha, M., Chen, D., Patterson, S., Baldrige, T., Eby, M., ... & Lichtman, O. Western journal of emergency medicine, 19(2), 287–293. **New 2020**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851501/>

The Active Shooter Response Toolkit for Healthcare Workers (2016). Lisa Terry, CHPA, CPP. HC PRO. <https://hcmarketplace.com/active-shooter-response-toolkit>

The Joint Commission

Workplace Violence Resources from the Field

https://www.jointcommission.org/workplace_violence.aspx

- **Willis Towers Watson – Active Shooter/armed intruder video**
<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/willis-towers-watson/>
- **Hospitals & Healthcare Facilities Security Awareness for Soft Targets and Crowded Places**
https://www.dhs.gov/sites/default/files/publications/19_0515_cisa_action-guide-hospitals-and-healthcare.pdf
- **Active Shooters in the Hospital Setting – PowerPoint Presentation**
https://www.jointcommission.org/assets/1/6/wpv_Active_Shooters_Hospital_setting.pdf
- **Active Shooters in the Hospital Environment – PowerPoint Presentation**

Workplace Violence Toolkit – Section 5

[https://www.jointcommission.org/assets/1/6/wpv DOH active shooter presentation Mar_25.pdf](https://www.jointcommission.org/assets/1/6/wpv_DOH_active_shooter_presentation_Mar_25.pdf)

- **Emergency Management Resources - Security/Violence/Active Shooter (July 2016)**
[https://www.jointcommission.org/emergency management resources violence security active shooter/](https://www.jointcommission.org/emergency_management_resources_violence_security_active_shooter/)
- **Quick Safety: Preparing for Active Shooter Situations (July 2014).** The Joint Commission
[https://www.jointcommission.org/assets/1/23/Quick Safety Issue Four July 2014 Final.pdf](https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_Four_July_2014_Final.pdf)

Minnesota Department of Health

Workplace Violence Resources

<https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html>

- Mille Lacs - Active Shooter Policy

United States Active Shooter Events from 2000 to 2010: Training and Equipment Implications

(2013). Blair, J.P. and Martaindale, M.H. School of Criminal Justice. Texas State University

<https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/flrtc/documents/ActiveShooterEvents.pdf>

Policy & Procedures for Addressing Violence Risk with Specific Patient Populations

References and Resources Related to this Section – Articles

Aggressive behavior in children and adolescents (2011). Zahrt, D.M., and Melzer-Lange, M.D. Pediatrics in Review August 2011, 32(8).

Enhancing safety in behavioral emergency situations (2012). Pestka, E. L., Hatteberg, D. A., Larson, L. A., Zwygart, A. M., Cox, D. L., & Borgen Jr, E. E. Medsurg nursing, 21(6), 335

Interventions to reduce the risk of violence toward emergency department staff: current approaches (2016). Ramacciati, N., Ceccagnoli, A., Addey, B., Lumini, E., & Rasero, L. Emergency Medicine: OAEM, 8, 17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4886301/>

Workplace Violence Toolkit – Section 5

Stop the escalation before it begins by using the pediatric Behavior Response Team protocol (2012). Adkins-Bley, K., Shaw, B. K., Smith, J., & McMyler, E. Journal of healthcare risk management, 32(1), 30-33.

References and Resources Related to this Section – Other

Behavioral health resources for the emergency department. California Hospital Association
<http://www.calhospital.org/emergency-department-toolkit>

Care of the Psychiatric Patient in the Emergency Department (2130). White Paper
https://www.ena.org/docs/default-source/resource-library/practice-resources/white-papers/care-of-psychiatric-patient-in-the-ed.pdf?sfvrsn=3fc76cda_6

Screening Tools for Older Adults in the Emergency Care Setting (May 2017) Emergency Nurses Association. https://www.ena.org/docs/default-source/resource-library/practice-resources/topic-briefs/screening-tools-for-older-adults-in-the-emergency-care-setting.pdf?sfvrsn=979a0c8f_10

Violent Behavior in Children and Adolescents (2015). American Academy of Child and Adolescent Psychiatry.
http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Understanding-Violent-Behavior-In-Children-and-Adolescents-055.aspx

WorkSafe BC.

- **Dementia: Understanding Risks and Preventing Violence (2010).**
<https://www.worksafebc.com/en/resources/health-safety/books-guides/dementia-understanding-risks-and-preventing-violence?lang=en&direct>

Working with Dementia patients

- Search for ‘Working Safely with Dementia’ -multiple resources
<https://www.worksafebc.com/>

Post Incident Management and Incident Investigation

References and Resources Related to this Section – Articles

Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: a literature review (2007). Jackson, D., Firtko, A., & Edenborough, M. Journal of advanced nursing, 60(1), 1-9.

Workplace Violence Toolkit – Section 5

The effects of trivialization of workplace violence on its victims: profession and sex differences in a cross-sectional study among healthcare and law enforcement workers. (2017). *Annals of work exposures and health*, 61(3), 369-382. Geoffrion, S., Goncalves, J., Boyer, R., Marchand, A., & Guay, S. **New 2020**

References and Resources Related to this Section – Other

The Agency for Healthcare Research and Quality (AHRQ)

- Learn from Defects Tool CUSP Toolkit
<https://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/toolkit/learndefects.html>

California Hospital Association

Workplace Violence Prevention Resources

<http://www.calhospital.org/resource/workplace-violence-prevention-resources>

- [Investigation of Workplace Violence Incidents](#)

Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers

(2015). U.S. Department of Labor Occupational Safety and Health Administration (OSHA)

Publication 3148-04R <https://www.osha.gov/Publications/osha3148.pdf>

Worksafe BC

<https://www.worksafebc.com/en>

- Incident investigations in health care: Focusing on change instead of blame (2012).
- Incident investigation case example: Violence (2012)

Minnesota Department of Health

Workplace Violence Prevention Resources

<https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html>

- Policy - Support for Staff Involved in Violent Incidents (PDF)
- Violent Incident Staff Aftercare Checklist (PDF)

The Role and Management of Security Staff

References and Resources Related to this Section – Articles

A data-driven model for estimating industry average numbers of hospital security staff (2015). Vellani, K. H., Emery, R. J., & Reingle, J. G. Journal of healthcare protection management: publication of the International Association for Hospital Security, 31(1), 51-63.

Emergency department workers' perceptions of security officers' effectiveness during violent events (2012). Gillespiea. G.L. et. al. Work 42 (2012) 21–27.

Examining the Joint Commission's Sentinel Event Alert No. 57 for healthcare security practitioners (2017). Campus Safety.
<http://www.campussafetymagazine.com/article/joint-commission-sentinel-event-alert-no-57-for-healthcare-security/hospital>

Impact of hospital security programmes and workplace aggression on nurse perceptions of safety (2013). Bland, J.D. et. al. Journal of nursing management, 21(3), 491-498.

National violence prevention training standards for hospital security officers are overdue (2012). Martindell, D. Pennsylvania Patient Safety Advisory, 9(2): 65-66.

Purposeful Rounding' Mixes Security, Clinical Teams to Help De-Escalate Tense Situations (June 14, 2019). Case Management Advisor, Relias Media. **New 2020**
<https://www.reliasmedia.com/articles/144258-purposeful-rounding-mixes-security-clinical-teams-to-help-de-escalate-tense-situations>

Security personnel practices and policies in US hospitals: findings from a national survey (2016). Schoenfisch, A. L., & Pompeii, L. A. Workplace Health & Safety, 64(11), 531-542.

Security customer services: the tangibles and intangibles (2014). Bailey J.O. Journal of Healthcare Protection Management. Vol. 30 (1), 73-76.

Should you outsource your hospital's security services? Some things to consider (2014). DiNapoli, David V; Journal of Healthcare Protection Management, 30(1): 46-54.

The changing face of hospital security: re-tooling for the future (2013). Luizzo, A & Scaglione, B.J. Journal of Healthcare Protection Management, 29(1): 1-7.

The TASERs Are Coming, the TASERs Are Coming—Conducted Electrical Weapons: Tools to Manage and Prevent ED Violence? (2014). Lefton, C. Journal of Emergency Nursing, 40(2),174–176.

Workplace Violence Toolkit – Section 5

The 15 most common types of hospital security officer training (October 2017). Campus Safety. <https://www.campussafetymagazine.com/hospital/the-15-most-common-types-of-training-for-hospital-security-officers/>

References and Resources Related to this Section – Other

California Hospital Association

Workplace Violence Prevention Resources

<http://www.calhospital.org/resource/workplace-violence-prevention-resources>

- [Hospital Guard Review Form](#)

Minnesota Department of Health

Workplace Violence Prevention Resources

<https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html>

- Essentia Health - Security Management Policy (PDF)

Membership organizations: Safety and Security That offer a variety of publications

ASIS International

<https://www.asisonline.org/>

Organization for security professionals worldwide.

Association for Healthcare Security & Safety (IAHSS). <http://www.iahss.org/>

- HealthCare Security Industry Guidelines 2018.
- Basic training manual for Healthcare Security Officers, 6th edition (USA) Canadian version also available **New 2020**
- Toolkit for New Healthcare Security Managers **New 2020**
- Journal of health care protection management

Security System Monitoring in Health Care Facilities (2016). Evidence Based Healthcare Security Research Series IAHS Foundation IAHS-F RS-16-01 March 23, 2016. **New 2020**

<https://iahssf.org/assets/securitysystemmonitoring.pdf>

The International Association of Professional Security Consultants (IAPSC)

<https://iapsc.org/>

Campus Safety magazine- Journal and other publications.

<https://www.campussafetymagazine.com>