

Recommendations for violence prevention education in healthcare

Formal education	1	Content and examples specific to participants' clinical area, role, experience level and site/unit resources.
		Trainers teach from experience and understand participants' work setting and the violence they face.
		Interactive sessions with discussion.
	2	Actual lived stories of incidents as examples.
		Psychologically safe practice of actual previous events.
	3	Clinical education specific to patient population cared for and violence experienced e.g. MHA, dementia, trauma informed care.
		Appropriate to role and experience level.
	4	Focus on prevention: communication, de-escalation, decision making for safety. Do not include release/defense techniques.
Learning & applying in the workplace	5	Train as a team, at worksite where possible.
		Practice like other codes, team discussions and incident reviews.
		Employ strategies to address workload and decrease task focus.
	6	Review physical spaces for privacy/quiet to de-escalate violence.
		Identify contributing factors for violence through debriefing.
	7	Refresher sessions like clinical in-services: interactive and includes new information.
		Discuss safety as part of culture: e.g. huddles, staff meetings, incident reviews.
	8	Unit/site violence prevention support: formal mentors, Violence Prevention Champions, accessible site or unit instructors.
		Support for young less experienced staff and role modelling by supervisors and senior staff.
		Non-blaming incident review to identify contribution of fatigue and stress.
	9	Consistent support to take breaks especially post violence; review workload and overtime hours.
	Preventative personal and life coaching and access to employee counselling services.	
10	Explore/address what makes staff feel physically vulnerable e.g. controllable access.	
	Ensure safe egress, escape space, clear reliable protocols to access help (security, code white, RCMP).	
11	Non-blaming role modelling and response by leaders to all events including errors, violence, critical incidents, staff injuries.	
	Non-blaming discussions about violence and purposeful support for new and less experienced staff for new skills.	
Support & follow up	12	Education/refresher training focuses on team response and support during violence.
		Team approach to violence protocol and role modelling role modelling by supervisors and senior staff.
	13	Education for managers/supervisors on support after violence: acknowledging without blame; emotional check-in and support.
		Team inclusion in discussions and debriefs, offer employee support services.
	14	Standard violence debriefing process like other codes; document debriefs and recommendations.
	Focus debriefs on support, sharing, learning and prevention.	
	15	Accessible efficient reporting: single place, minimal time and effort required, support to complete during work hours.
		Timely response, consistent communication and follow-up preventative actions to individual/team/organization.