I WILL NOT TOLERATE WORKPLACE VIOLENCE

STOP WPV!

SITUATION: Describe what happened

TYPE: Verbal threat/abuse, physical assault, weapons used, etc

OBSERVERS: List witnesses

PEOPLE: List all involved

WHERE & WHEN did the event happen

PRECEDING FACTORS: Describe prior events

VERIFY injuries sustained: emotional, physical, threat of injury

S = SITUATION
T = TYPE
O = OBSERVERS
P = PEOPLE
W = WHERE & WHEN
P = PRECEDING FACTORS
V = VERIFY

REPORT EVERY INCIDENT EVERY TIME!

Follow Up

✓ Access emotional support
✓ Employee health
✓ Worker’s compensation
✓ Support others affected by WPV
✓ Participate in incident investigation

1 IN 4 NURSES ARE ASSAULTED

ENDNURSEABUSE.ORG

Scan me

PROTECT nurses & pledge to:

Support zero tolerance policies for violence against nurses
Report abuse against nurses whenever I safely can
Share this pledge and ask my friends and family
Recognize warning signs
De-escalate when possible
Use barriers for protection
Self-defense when appropriate
Call for help when you suspect potential for WPV
Initiate safety protocols

#endnurseabuse PLEDGE

REPORT WPV IMMEDIATELY

I WILL PROTECT MY OWN LIFE

So I Can Protect My Patients

ENDNURSEABUSE.ORG

Text PLEDGE to 52886 to take our #endnurseabuse PLEDGE

ENDNURSEABUSE.ORG

Initiate safety protocols

Call for help when you suspect potential for WPV

De-escalate when possible

Use barriers for protection

Self-defense when appropriate

Report WPV immediately

ENDNURSEABUSE.ORG

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So I Can Protect My Patients

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