



**STOP
WPV!**

**I WILL NOT
TOLERATE**
WORKPLACE VIOLENCE

S = SITUATION: Describe what happened

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

O = OBSERVERS: List witnesses

P = PEOPLE: List all involved

W = WHERE & WHEN did the event happen

P = PRECEDING FACTORS: Describe prior events

V = VERIFY injuries sustained: emotional, physical, threat of injury

1 in 4
Nurses are
ASSAULTED

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 to sign

EndNurseAbuse.org



WPV Response

- ✓ **Initiate** safety protocols
- ✓ **Call for help** when you suspect potential for WPV
- ✓ **Be alert**
- ✓ **Recognize** warning signs
- ✓ **De-escalate** when possible
- ✓ **Use barriers** for protection
- ✓ **Self-defense** when appropriate
- ✓ **Report WPV** immediately

Follow Up

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

**REPORT
EVERY INCIDENT
EVERY TIME!**