



## 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!**