Building a Comprehensive Workforce Safety Program inclusive of Peer Support

Presentation to:
Munich-Re Specialty

Karen Garvey, MPA/HCA, BSN, DFASHRM, CPHRM, CPPS
Vice President, Safety & Clinical Risk Management
Chair, Promoting a Safe Environment Committee
Executive Sponsor, SPARKs Peer Support Program
November 20, 2025

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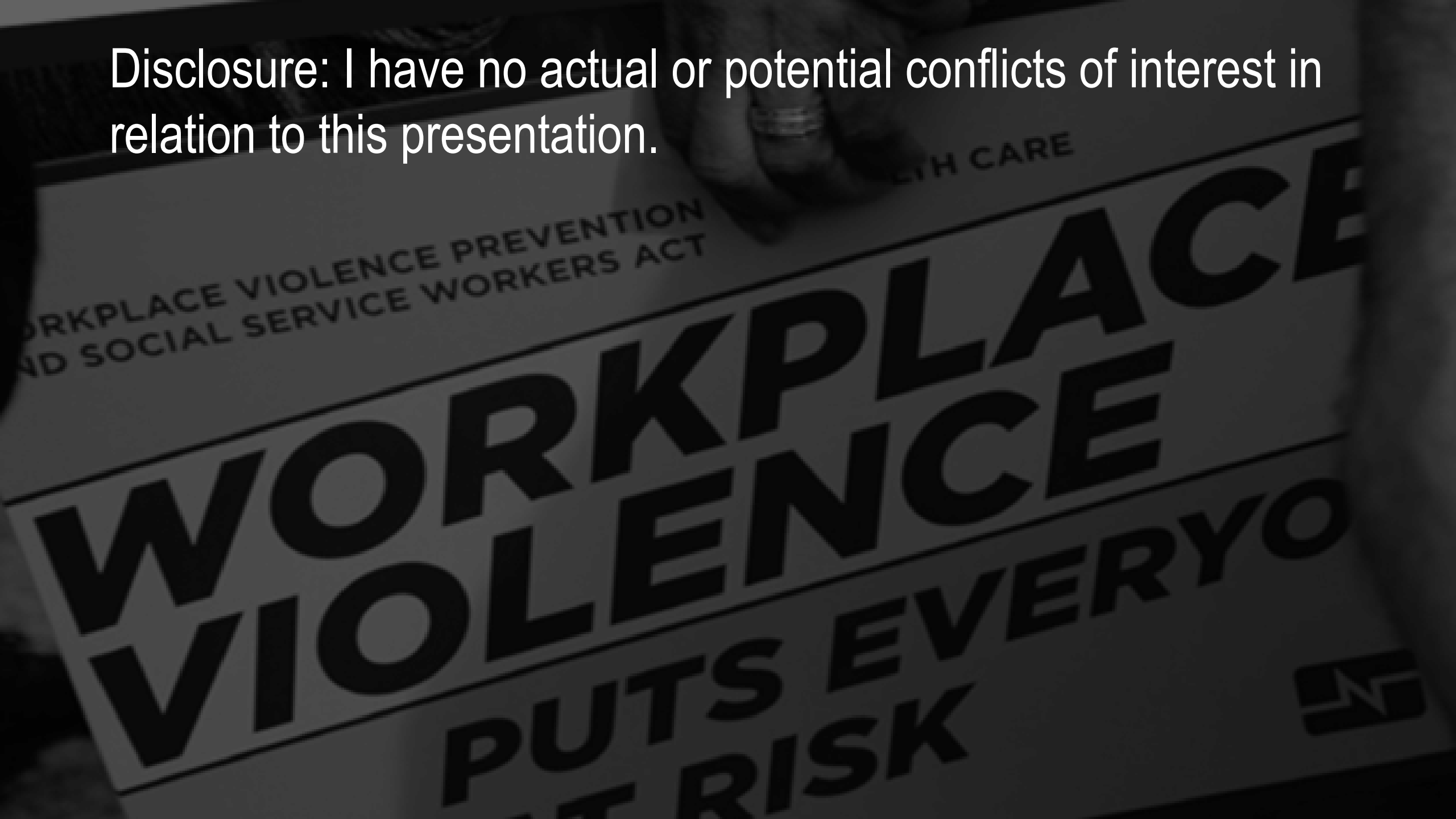
Objectives

- Recognize key stakeholders beyond the clinical space who are instrumental in developing a successful, comprehensive workforce safety program.
- Explore processes for assessing and managing high-risk patients and repeat offenders across the healthcare continuum.
- Apply principles learned to develop similar processes for managing aggressive patients and supporting the workforce.



Disclosure: I have no actual or potential conflicts of interest in relation to this presentation.

2025 Headlines!

Security guard shot by patient after argument at Arizona hospital

The Times-Ti

NEWS > CRIME AND PUBLIC

Police: Scranto attacks staff at Hospital

Police officer killed, 5 people wounded after gunman holds Pennsyl hospital staff hostage, officials say

By Alaa Elassar and Taylor Galgano, CNN

6 minute read

Updated 10:45 PM EST, Sat February 22,

CHICAGO CRIME

Man charged in stabbing of 2 Chicago hospital workers

Nathaniel Price, 36, is charged with two counts of aggravated battery with the use of a deadly weapon in connection with the attack which happened about 1 p.m. Monday at Provident Hospital in Bronzeville

Published February 19, 2025 • Updated on February 19, 2025 at 2:32 pm

Kentucky woman accused of repeatedly punching, stomping head of ER nurse

by WZTV Digital Staff | Thu, February 20th 2025 at 12:38 PM

Updated Fri, February 21st 2025 at 5:46 AM

Affidavit

By Nancy Gay | Updated February 19, 2025 6:13pm EST | Florida | FOX 13 News |

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Facing the Silent Epidemic in Healthcare: Workplace Violence (WPV)

- Violence in healthcare has been understudied until recent years where aggression and violence has reportedly escalated during and after the COVID -19 pandemic.
- Recent data reveals only 33% of nurses feel safe and work with many experiencing long-term behavioral impacts from workplace violence.*
- Many states have continued to enact workplace violence protection laws at varying stages and penalties for perpetrators.
- Chronic violence is a systemic issue which requires foundational changes and embedding staff safety into culture improvements in their organization.
- Although nurses and supportive staff are reported to be the highest targets, several other healthcare workers have been negatively impacted.

*American Nurses Foundation
Three-Year Annual Assessment Survey: Nurses Need Increased Support from their Employer
https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/annual-survey--third-year/contentassets/anf-impact-assessment-third-year_v5.pdf

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The STATISTICS are ALARMING!!

Violence Escalates against Surgeons and Other Healthcare Workers

Jim McCartney
October 9, 2024

ACS AMERICAN COLLEGE OF SURGEONS

15 Min Print Share Bookmark

Workplace violence against nurses is rising

1 IN 4 NURSES ASSAULTED

Only **20 - 60%** INCIDENTS REPORTED

13% OF MISSED WORK DAYS ARE DUE TO **WPV**

American College of Surgeons

Highlights from Survey about Violence in Trauma Centers

The survey was sent to all members of The American Association for the Surgery of Trauma; 212 members responded.

- **42%** personally suffered an assault on duty in the trauma center
- **64%** are aware of a deliberate attack on a healthcare worker in their system
- **40%** knew of an attack on a trauma center healthcare worker that resulted in moderate to severe disability or death
- **19%** were aware of a stalking event; of those events, 65% involved an attending physician and 79% of those stalked were women
- **62%** of trauma centers have armed security or police readily available; 46% have metal detectors at entrances; 36% routinely search for weapons in their systems

Regulatory and Accreditation Oversight

U.S. DEPARTMENT OF LABOR

CMS.gov

OSHA.COM

The Joint Commission

DNV

NAHQ®
National Association for Healthcare Quality

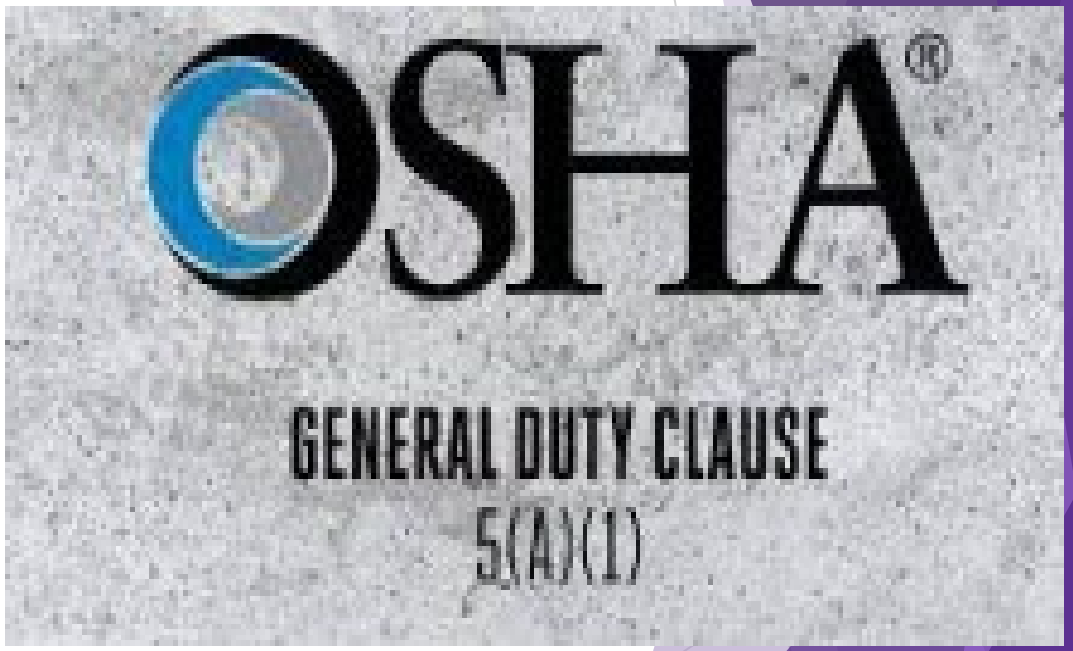
Occupational Health & Safety Administration (OSHA) of 1970

- To assure safe and healthful working conditions for working men and women; by authorizing enforcement standards developed under the Act; by assisting and encouraging the States in their effort to assure safe and healthful working conditions

OSHA General Duty Clause

- Requires an employer to furnish to its employees ***"employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to (his) employees."***

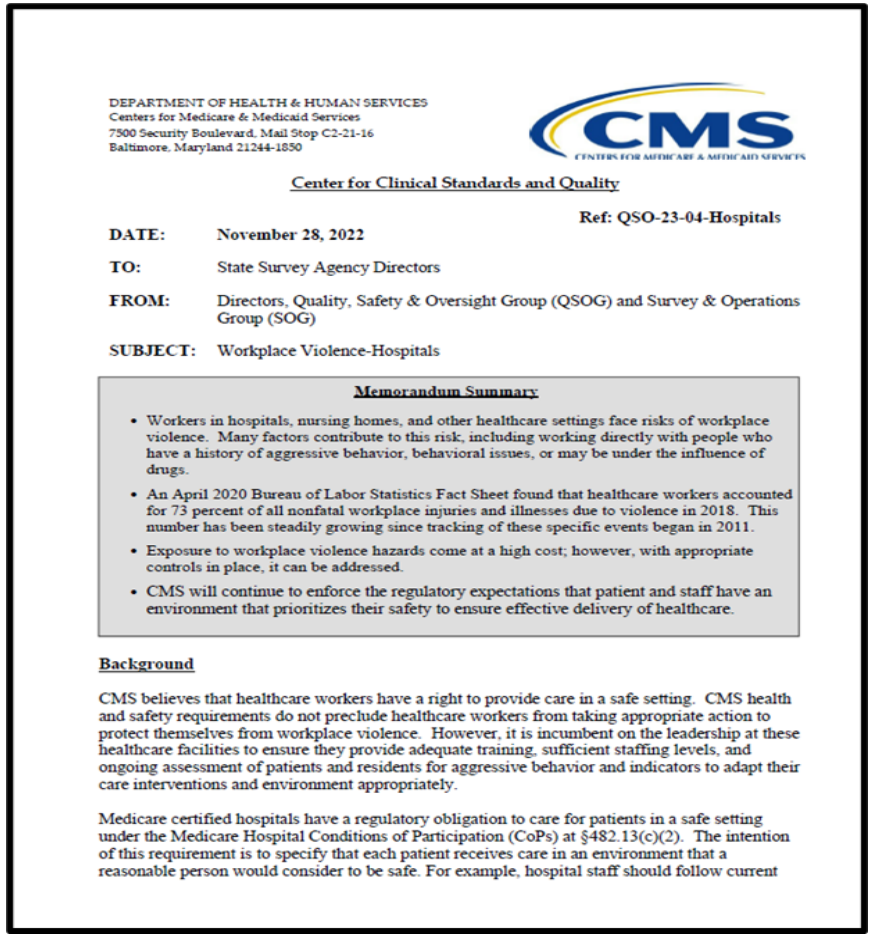
- *Shall comply with occupational safety and health standards promulgated by this Act.*



OSHA: Home Care: Increased Penalties: 01.13.25

- **Home Care: Increased Penalties for Workplace Safety Violations**
- **Expectations:**
  - **Training**
    - Provide specific training (lifting, infection control, handling hazardous materials)
    - Refresher courses to ensure employees are updated on standards
    - Logging education
  - **Conduct Routine Safety Audits**
    - Identify and address safety concerns before they arise
    - Safety assessments in client homes with use of checklist, safety protocols, emergency procedures
    - Document findings and corrective actions to demonstrate proactive risk mitigation efforts
  - **Invest in Technology Solutions (mobile workforce)**
    - Wearable technology
    - Lone worker apps
    - Digital tools to manage documentation compliance and reporting
  - **Foster a Safety First Culture**
    - Encourage/reward safety related behaviors, encourage reporting of events
    - Leadership involvement with active participation on safety initiatives

Regulatory and Accreditation Oversight



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality

Ref: QSO-23-04-Hospitals

DATE: November 28, 2022

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Workplace Violence-Hospitals

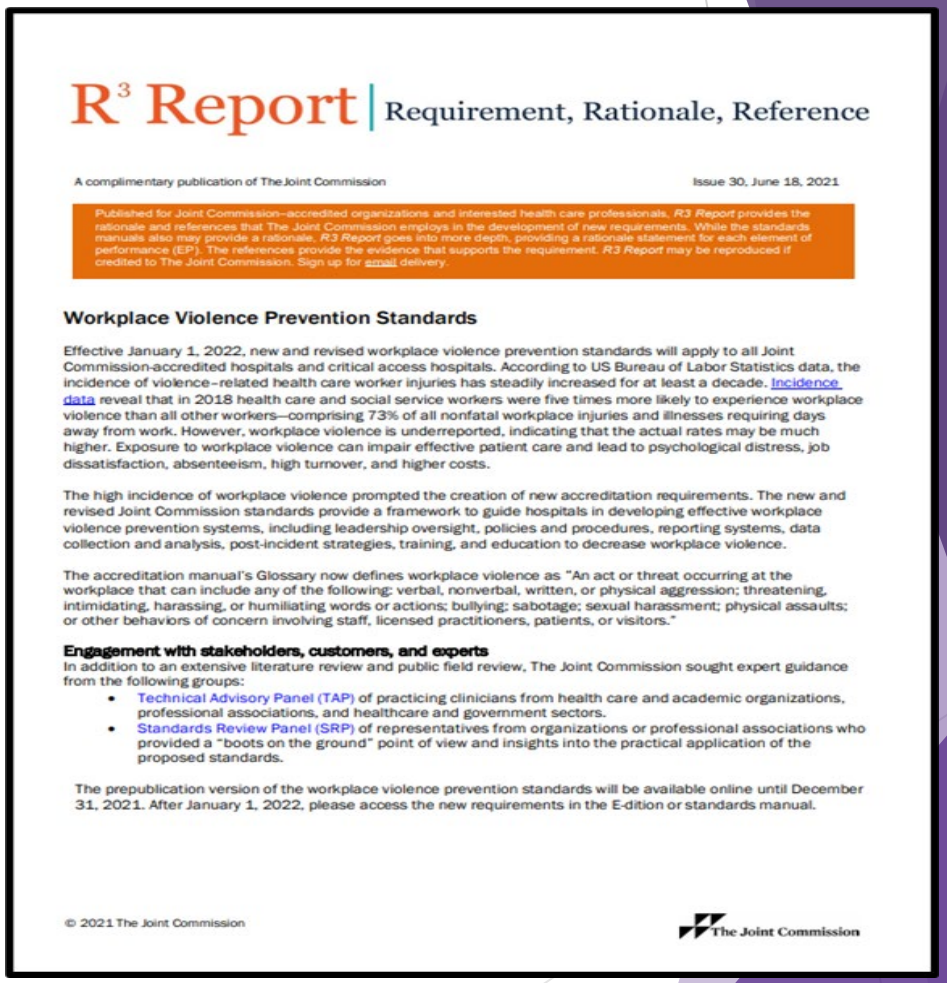
Memorandum Summary

- Workers in hospitals, nursing homes, and other healthcare settings face risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs.
- An April 2020 Bureau of Labor Statistics Fact Sheet found that healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily growing since tracking of these specific events began in 2011.
- Exposure to workplace violence hazards come at a high cost; however, with appropriate controls in place, it can be addressed.
- CMS will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare.

Background

CMS believes that healthcare workers have a right to provide care in a safe setting. CMS health and safety requirements do not preclude healthcare workers from taking appropriate action to protect themselves from workplace violence. However, it is incumbent on the leadership at these healthcare facilities to ensure they provide adequate training, sufficient staffing levels, and ongoing assessment of patients and residents for aggressive behavior and indicators to adapt their care interventions and environment appropriately.

Medicare certified hospitals have a regulatory obligation to care for patients in a safe setting under the Medicare Hospital Conditions of Participation (CoPs) at §482.13(c)(2). The intention of this requirement is to specify that each patient receives care in an environment that a reasonable person would consider to be safe. For example, hospital staff should follow current



R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission — Issue 30, June 18, 2021

Published for Joint Commission–accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.

Workplace Violence Prevention Standards

Effective January 1, 2022, new and revised workplace violence prevention standards will apply to all Joint Commission-accredited hospitals and critical access hospitals. According to US Bureau of Labor Statistics data, the incidence of violence–related health care worker injuries has steadily increased for at least a decade. Incidence data reveal that in 2018 health care and social service workers were five times more likely to experience workplace violence than all other workers—comprising 73% of all nonfatal workplace injuries and illnesses requiring days away from work. However, workplace violence is underreported, indicating that the actual rates may be much higher. Exposure to workplace violence can impair effective patient care and lead to psychological distress, job dissatisfaction, absenteeism, high turnover, and higher costs.

The high incidence of workplace violence prompted the creation of new accreditation requirements. The new and revised Joint Commission standards provide a framework to guide hospitals in developing effective workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease workplace violence.

The accreditation manual's Glossary now defines workplace violence as "An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission sought expert guidance from the following groups:

- Technical Advisory Panel (TAP) of practicing clinicians from health care and academic organizations, professional associations, and healthcare and government sectors.
- Standards Review Panel (SRP) of representatives from organizations or professional associations who provided a "boots on the ground" point of view and insights into the practical application of the proposed standards.

The prepublication version of the workplace violence prevention standards will be available online until December 31, 2021. After January 1, 2022, please access the new requirements in the E-dition or standards manual.

The Joint Commission

TJC Accreditation Update: November 2025

Workplace Volence Prevention Program

A workplace violence prevention program prepares leaders and staff to anticipate and respond to violence in the workplace.

Worksite Analysis

A worksite analysis to identify existing or potential hazards is an important part of a workplace violence prevention program.

Data Collection

Data can help you identify high risk locations and departments, potential incidents, and conditions that may contribute to them.

Education & Training

Providing your team with education and training is crucial to the success of a workplace violence prevention program.

Parkland Health

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882
Licensed Beds

16
Community Health Centers

14,758
Parkland Employees

4,862
Registered Nurses

3,610
Physicians and APPs

73,015
Total Hospital Adult, Nursery, and NICU Discharges

12,377,702
Prescriptions Filled

13,461
Deliveries

1,213,180
Total Outpatient Visits

235,893
Emergency Room Visits

22,003
Total Surgeries

613,181
Radiology Examinations

* Data: Oct. 1, 2023 – Sept. 30, 2024

Parkland Health: Most ED Visits 2024, 2023

72 hospitals with the most ED visits in 2024

Anna Falvey - Updated yesterday

Save Post Tweet Share Listen Text Size Print Email

According to data gathered by *Becker's*, Parkland Health and Hospital System saw the highest number of emergency department visits in 2024.

The figures below represent the number of ED visits at individual hospital facilities, rather than the total visits across entire health systems.

These self-reported totals were provided directly by hospitals. Compared to the previous edition of this list, which reflected 2022 data, most hospitals experienced an increase in ED visits in 2024.

Hospitals reported data for either calendar year or fiscal year 2024. Figures based on a fiscal year are marked with an asterisk. Start and end dates for the fiscal year may vary by hospital.

This is not an exhaustive lis[illegible]ave an addition or an update for this list, please contact Anna Falvey at afalvey@beckershealthcare.com.

1. Parkland Health and Hospital System (Dallas) — 235,893 visits*
2. Lakeland (Fla.) Regional Medical Center — 211,801 visits*
3. Inova Fairfax Hospital (Falls Church, Va.) — 176,921 visits
4. Multicare Good Samaritan Hospital (Puyallup, Wash.) — 169,896 visits
5. Hackensack Meridian Hackensack (N.J.) University Medical Center — 150,090 visits
6. Los Angeles General — 149,981 visits

Parkland Health's Mission, Vision, and Values



Parkland Health's Mission

Advance Wellness

Relieve Suffering

Develop & Educate

Integrity

I will be honest, trustworthy, authentic, humble and transparent.

Compassion and Collaboration

I will provide service in a spirit of empathy, concern, and love. I will work together with others to deliver excellent care for our community.

Accountability

I will hold myself and others responsible for performance excellence, stewardship, and will welcome feedback.

Respect

I will value the unique and diverse experiences of others and treat everyone with kindness and humility.

Equity

I will value the diversity of patients and colleagues and strive to promote everyone's health, dignity, and voice.

(ICARE) & HRO Universal Skills

JOURNEY TO HIGH RELIABILITY

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SAFETY FIRST Universal Skills for Everyone

Pay Close Attention

- Self-check using STAR (Stop / Think / Act / Review)
- Cross-check yourself and others

Communicate Clearly

- Conduct 3-way repeat back and read backs
- Use phonetic and numeric clarifications
- Handoff with SBAR
- Ask clarifying questions

Speak Up for Safety

- Escalate concerns using CUS (Voice a Concern / State I am Uncomfortable / This is a Safety Concern)

Think Critically

- Question and confirm using Validate and Verify
- Use checklists, flowsheets, or other job aids
- Consult references when unsure (refer to policies and protocols)

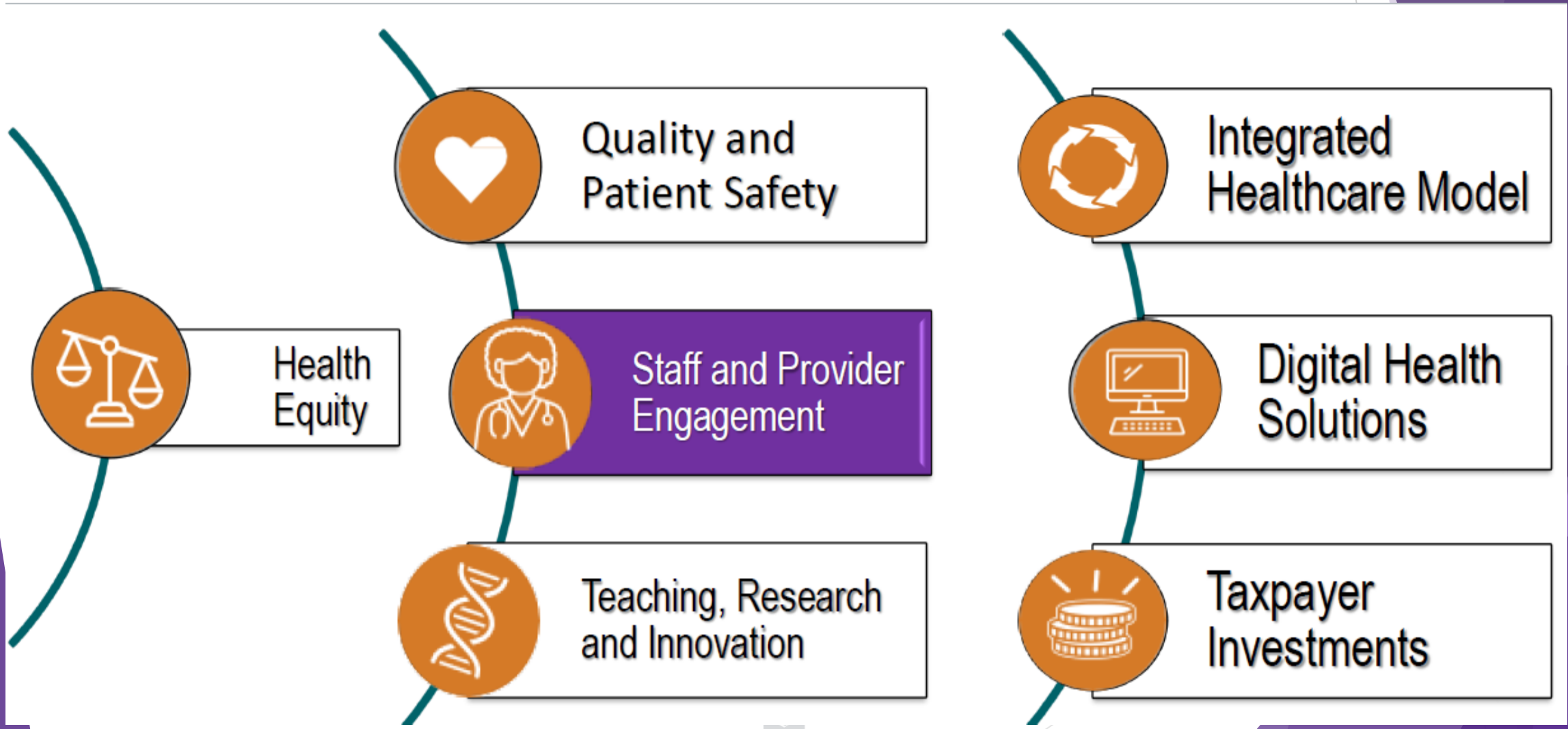
Build the Culture

- Model the way (Check and Coach)
- Embrace and reinforce ICARE values

Additional HRO skills and tools available at: https://phhs.sharepoint.com/HRO/SitePages/Home.aspx

Version 2, Mar 2023

Parkland Health Strategic Priorities: Workforce Safety



"The Full Court Press"

Workforce Safety Reporting Structure

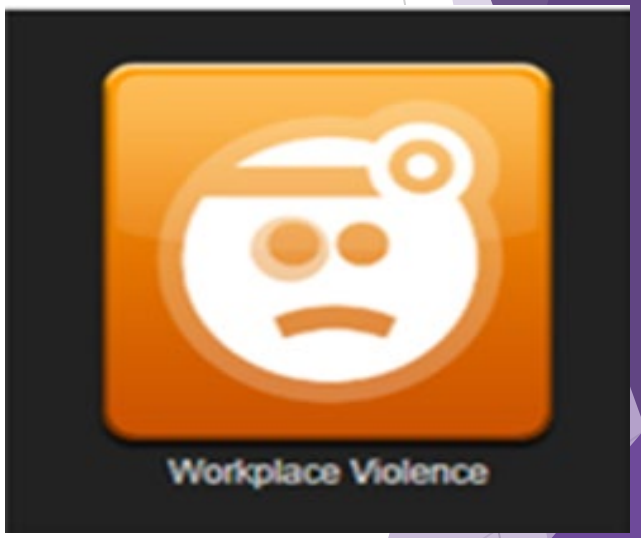
Created: 06/16/2023; Last Revision: 10/31/2025

Parkland

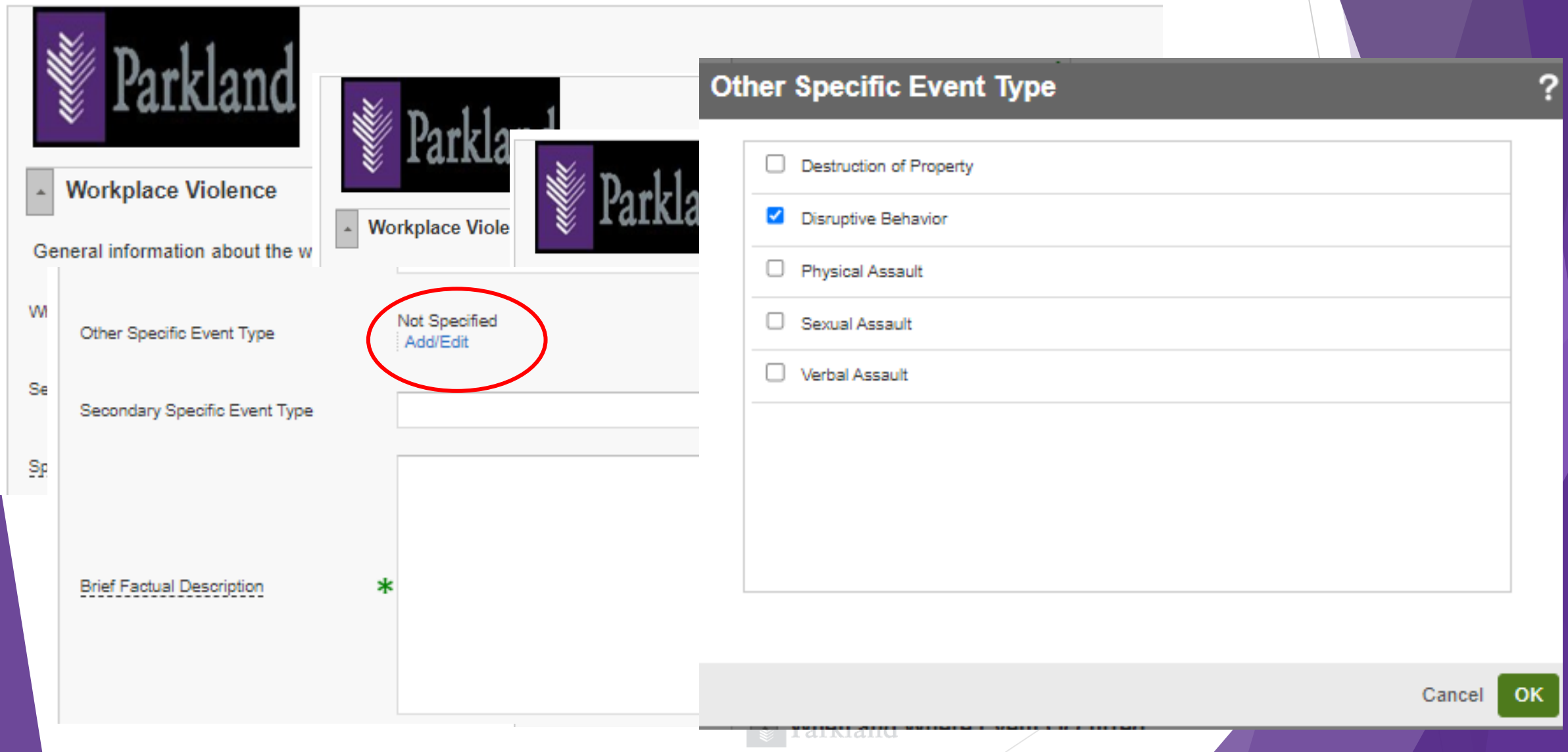
★ = NEW

Areas with focused development

WPV Event Reporting

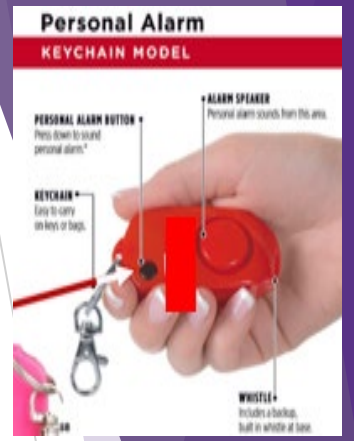


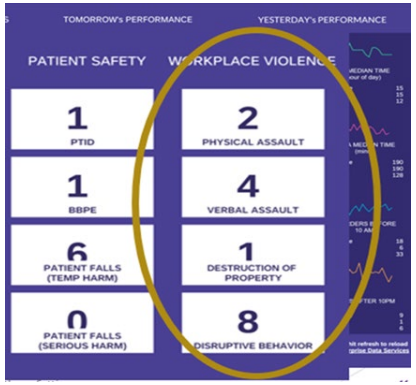
WPV Event Reporting: Improved Data Capture

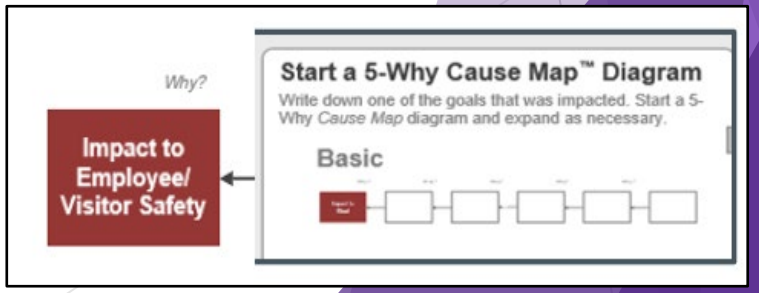


Universal Interventions

- ***"Safety Starts with Me"*** Employee ID Campaign
- Third-Party Risk Assessment: Security Enhancements
  - Weapons Detection System
  - Enhanced camera, badge access readers
  - Internal Risk Assessments
    - High Risk areas (Psychiatry, Emergency Dept.)
    - Community High Risk areas
- Training: Onboarding & De-Escalation Training
- Executive Rounding- query about safety/security
- Executive Huddle: transparency of days since last WPV event
  - **Days since last WPV=0**
- Cause Analysis on all WPV events with employee injury
  - Evaluation of role change for impacted victims







Patient & Visitor Signage

Patient Responsibility
Responsabilidad del Paciente

As a patient of Parkland, no matter the location, you have the responsibility to:
- Be truthful
- Ask questions when you don't understand
- Follow the rules and policies
- Respect others
- Respect Parkland property
- Avoid aggressive or violent behavior
- Avoid making threats
- Do not discriminate or be sexually aggressive
- Parkland is a smoke free campus

Como paciente de Parkland, no imoprta el lugar, usted tiene la responsabilidad de:
- Ser sincero
- Hacer preguntas cuando no entienda
- Seguir las reglas y las políticas
- Respetar a los demás
- Respetar la propiedad de Parkland
- Evitar conductas agresivas o violentas
- Evitar hacer amenazas
- No discriminar ni ser sexualmente agresivo
- Parkland es un lugar donde no se fuma

Parkland may take the following actions:
- Counsel you on behavioral expectations
- Provide verbal and written warnings on inappropriate behavior
- Place a behavioral alert in your patient chart
- Prohibit disruptive family members or friends from entering healthcare setting
- Suspend Parkland visits for 24 hours or longer
- Call police
- File criminal charges

Parkland puede tomar las siguientes medidas:
- Aconsejarlo sobre las expectativas de comportamiento
- Dar advertencias verbales y escritas sobre el comportamiento inapropiado
- Poner una alerta de comportamiento en su expediente
- Prohibir el ingreso de familiares o amigos conflictivos al establecimiento de salud
- Suspender las visitas a Parkland por 24 horas o más
- Llamar a la policía
- Presentar cargos criminales

If you behave aggressively in this facility, you may be removed from the facility and may face prosecution.

Si se comporta de manera agresiva en este instalación, es posible que lo retiren de este lugar y que lo enjuicien.

Our hospital administration supports staff in pressing charges for aggressive behavior they encounter while caring for patients.

La administración de nuestro hospital apoya al personal en la presentación de cargos por comportamiento agresivo que enfrentan mientras atienden a los pacientes.

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BE RESPONSIBLE FOR THE ENERGY YOU BRING

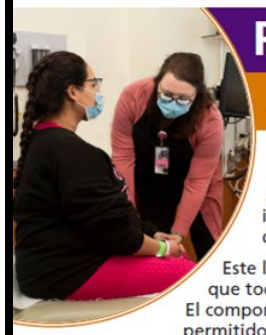
A safe work environment begins with you and me.

- Our Words
- Our Behavior
- Our Body Language

Take a slow deep breath and focus on your energy to make a difference.

ICARE

Parkland



Patient and Visitors
Pacientes y Visitas

This facility is a healing environment where everyone is expected to treat others with kindness and respect. Abusive, aggressive, or violent behavior is not permitted and may result in legal action, discharge from care, or other restrictions.

Este lugar es un ambiente sanador donde se espera que todos traten a los demás con amabilidad y respeto. El comportamiento abusivo, agresivo o violento no está permitido y puede resultar en acción legal, darle de alta de cuidados u otras restricciones.

Examples of prohibited behaviors are:
- Physical violence or aggression
- Harassment or bullying
- Verbal abuse or threats
- Sexual language or behavior

Ejemplos de comportamientos prohibidos son:
- Violencia o agresión física
- Acoso o intimidación
- Abuso verbal o amenazas
- Lenguaje o comportamiento sexual

Any person who is aggressive and/or has violent behaviors will be removed from the facility. Additionally, the workforce members can take legal actions to include filing criminal charges.

Toda persona que sea agresiva y/o tenga comportamientos violentos será retirada de este lugar. Además, los miembros de la fuerza de trabajo pueden tomar acciones legales e incluir la presentación de cargos penales.

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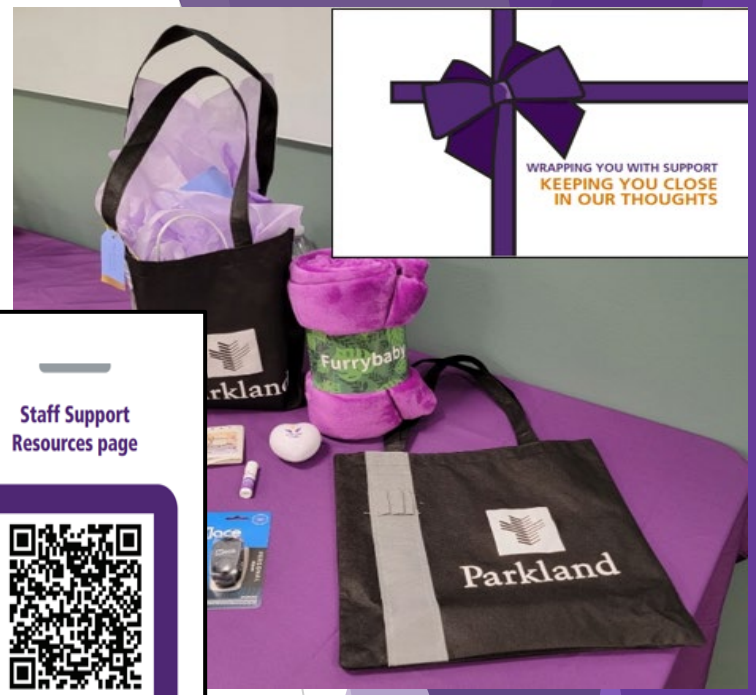
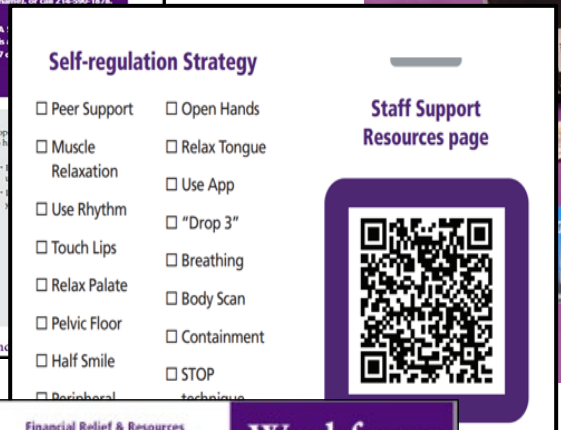
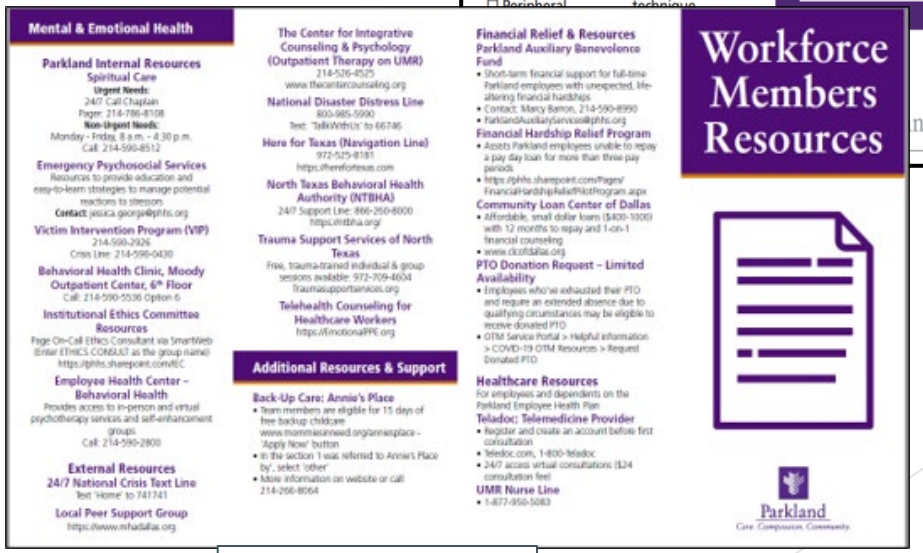
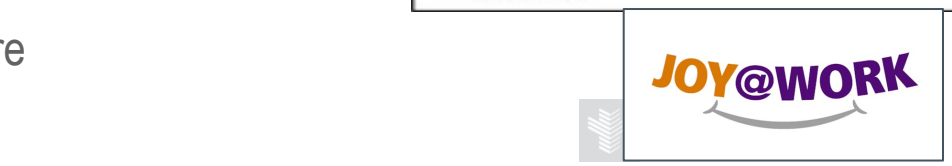
Workforce Safety Support

- Post Event Support:
  - Spiritual Care
  - SPARKS On Call
  - Employee Health Center
  - Employee Assistance Program
  - WPV Care Packages
  - Badge Buddies
  - Lavenders Carts
  - Meditation Rooms (Main Hospital and Correctional Health)
  - Comprehensive Resource List
  - Evaluation of role change for impacted victims
  - Trauma Informed Care
  - Joy at Work

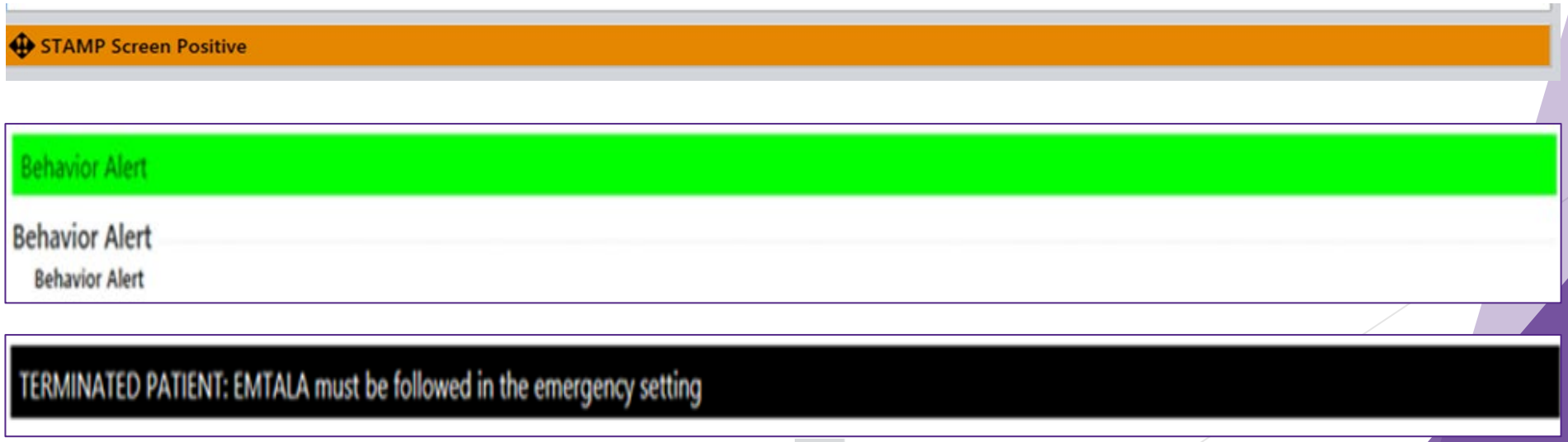








Management of Patient Behaviors: Early Identification & Alert Notifications to Prevent WPV



STAMP© Assessments in the Emergency Department

S: Staring

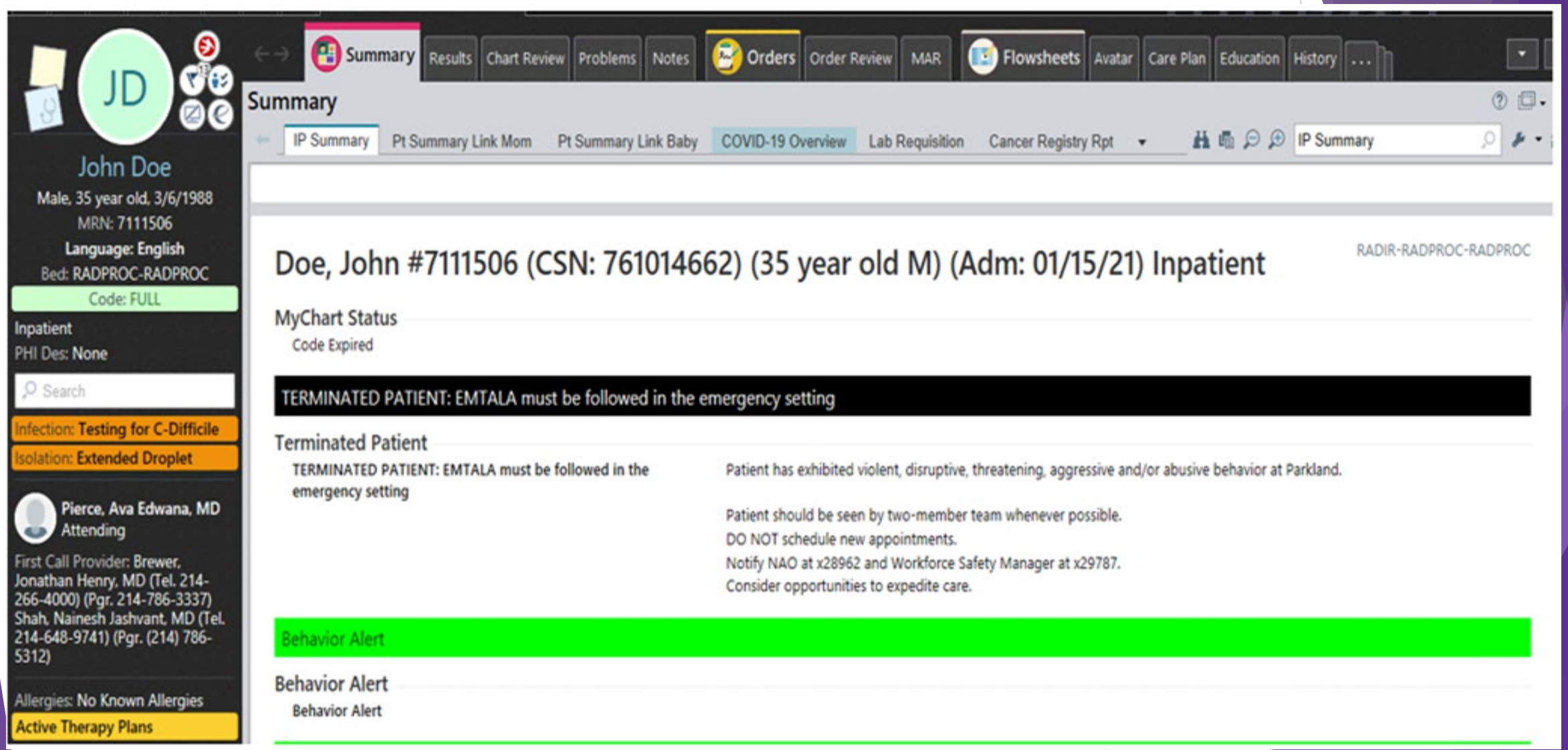
T: Tone

A: Anxiety

M: Mumbling

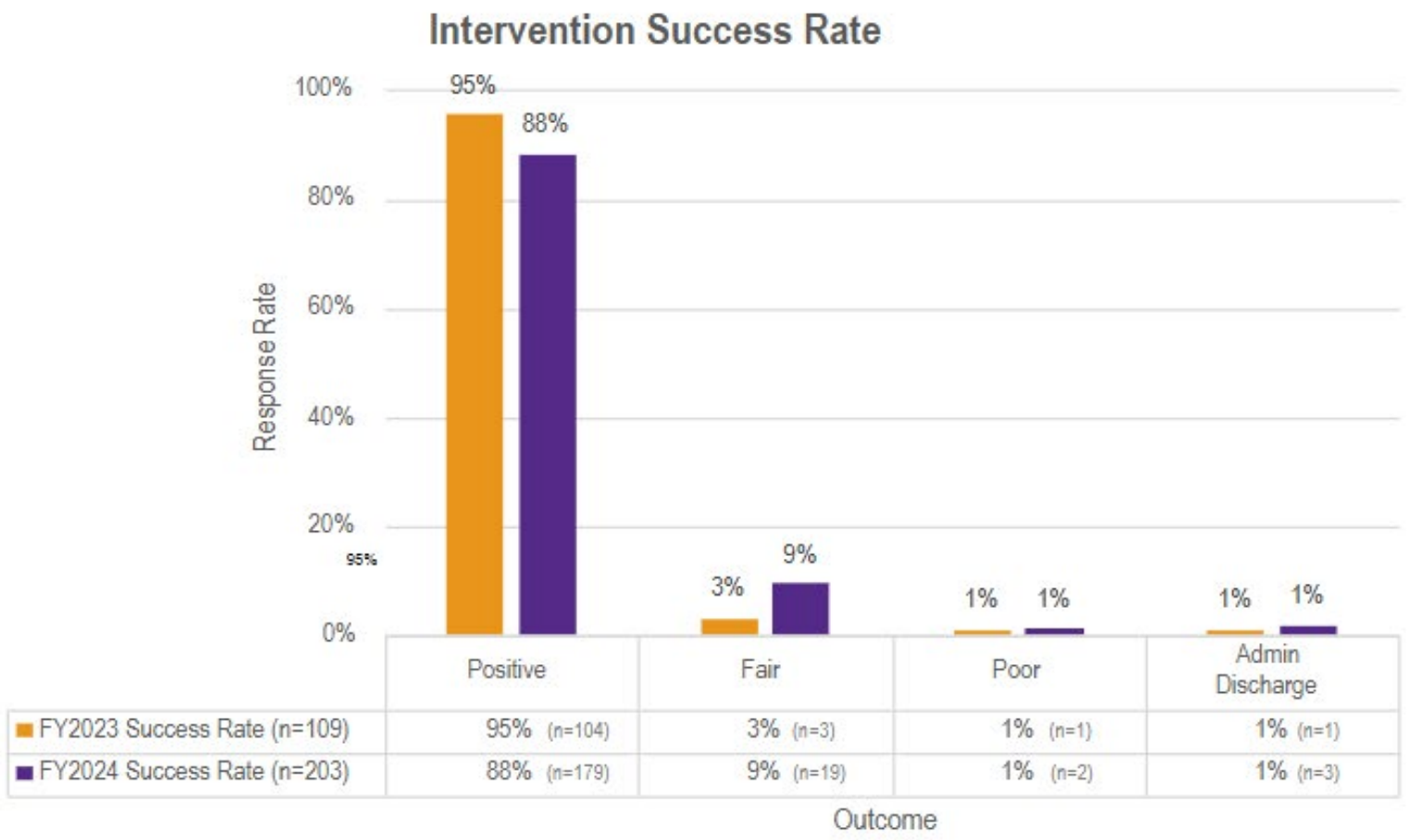
P: Pacing

Behavior Warning Flag

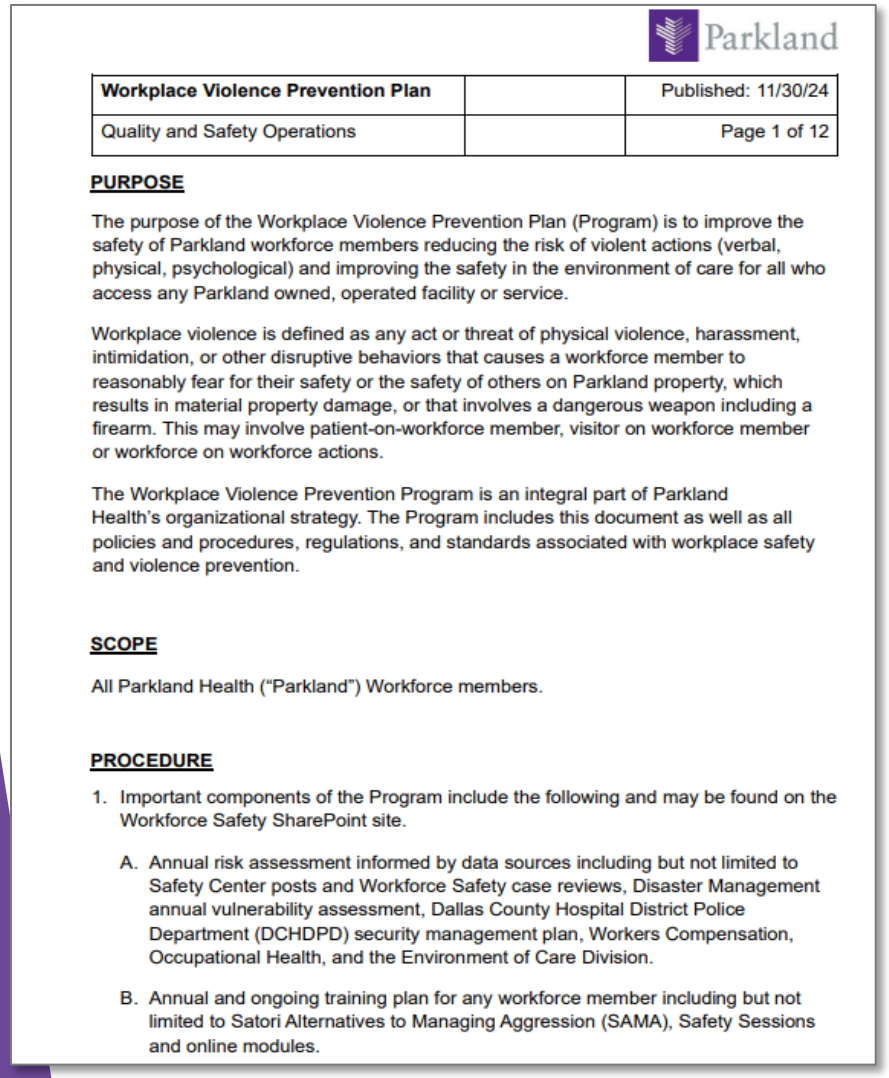


Behavioral Intervention Success Rate: Behavioral Expectation Letters

Positive	No documented inappropriate behaviors
Fair	One follow-up letter before behaviors improved
Poor	Additional communication required before behaviors improved
Admin Discharge	Discharged from healthcare system (ED/L&D only per EMTALA)



2025 WPV Plan Goals: 100% Completed



Parkland

Workplace Violence Prevention Plan		Published: 11/30/24
Quality and Safety Operations		Page 1 of 12

PURPOSE

The purpose of the Workplace Violence Prevention Plan (Program) is to improve the safety of Parkland workforce members reducing the risk of violent actions (verbal, physical, psychological) and improving the safety in the environment of care for all who access any Parkland owned, operated facility or service.

Workplace violence is defined as any act or threat of physical violence, harassment, intimidation, or other disruptive behaviors that causes a workforce member to reasonably fear for their safety or the safety of others on Parkland property, which results in material property damage, or that involves a dangerous weapon including a firearm. This may involve patient-on-workforce member, visitor on workforce member or workforce on workforce actions.

The Workplace Violence Prevention Program is an integral part of Parkland Health's organizational strategy. The Program includes this document as well as all policies and procedures, regulations, and standards associated with workplace safety and violence prevention.

SCOPE

All Parkland Health ("Parkland") Workforce members.

PROCEDURE

1. Important components of the Program include the following and may be found on the Workforce Safety SharePoint site.
   A. Annual risk assessment informed by data sources including but not limited to Safety Center posts and Workforce Safety case reviews, Disaster Management annual vulnerability assessment, Dallas County Hospital District Police Department (DCHDPD) security management plan, Workers Compensation, Occupational Health, and the Environment of Care Division.
   B. Annual and ongoing training plan for any workforce member including but not limited to Satori Alternatives to Managing Aggression (SAMA), Safety Sessions and online modules.

Completion of an environmental safety risk assessment for the pediatric patient population in the Burn Unit.	Completed
Assess and evaluate initial patient facing structures to include but are not limited to 1) Needed protection barriers and 2) Panic Alarms (assess, availability and functionality)	Completed
Deployment of PCCI Brøset Violence Checklist across all medical/surgical units (Phase III)	Completed
Completion and implementation of Policy 4000-1400 Paid Time Off policy update (WPV PTO)	Completed
Sustainment or improvement of the score of 3.96 for the 2024 Pulse Survey questions focused on safety and workplace violence.	Completed

SPARKS: Supporting PARKland Staff

Caregivers caring for others

Development of our SPARKS Peer Support Program

How it started: August 2017

THE SPARKS TEAM:
PEER SUPPORT FOR STAFF

PARKLAND SPARKS

The SPARKS (Supporting PARKland Staff) team provides Parkland Health & Hospital System employees who have experienced a stressful, patient-related incident with confidential peer-to-peer support. An adverse patient event, such as a medical error, escalation to a higher level of care or death, can have a profound impact on care providers, any of whom may become a "second victim" of the situation.

WHAT IS A SECOND VICTIM?
When a healthcare team member is traumatized by an adverse patient event or stressful situation, he or she is considered a "second victim."
Second victims often:
- Feel personally responsible for the patient's outcome
- Feel as though they have failed the patient
- Second-guess their clinical skills and knowledge

HOW CAN SPARKS HELP?
All employees, supervisors and colleagues are encouraged to contact the SPARKS team after any traumatic patient event. It's critical to get timely support after such events. Peer support gives employees a safe space to talk about troubling situations. Recipients report that such support reduced feelings of anxiety and blame and helped them recuperate more quickly. The SPARKS team can also help identify other available resources.

WHO MAKES UP THE SPARKS TEAM?
The SPARKS team is comprised of volunteer Parkland staff from a variety of disciplines and work settings. Every SPARKS peer supporter has been trained to provide peer support to those who encounter a stressful or traumatizing patient-related event.

If you or an employee you know is having difficulties after a distressing patient-related event, page the SPARKS team through Smart Web On-call Directory (enter SPARKS as the group name), or call 214-590-1878.

A SPARKS peer supporter is available 24 hours a day, 7 days a week.

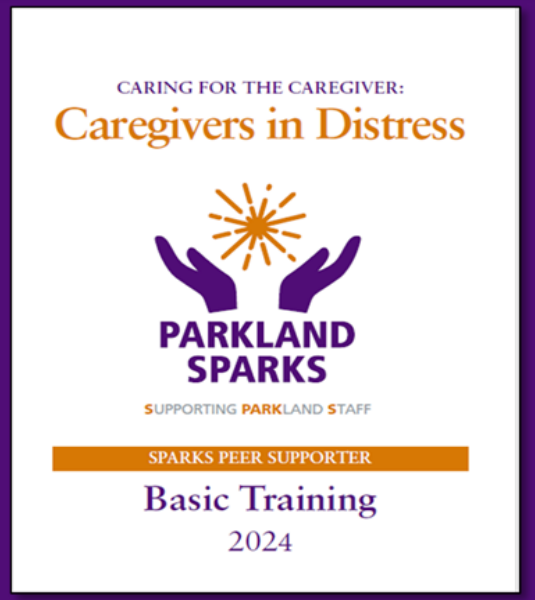
REACTIONS TO A STRESSFUL EVENT
The following symptoms are common responses to a stressful situation. If you or a colleague is experiencing these symptoms, SPARKS can help.

PHYSICAL SYMPTOMS:
- Changes in sleep patterns
- Difficulty concentrating
- Changes in eating habits
- Headache
- Fatigue
- Diarrhea
- Nausea or vomiting
- Rapid heart rate
- Rapid breathing
- Muscle tension

PSYCHOLOGICAL SYMPTOMS:
- Isolation
- Frustration
- Fear
- Grief or remorse
- Discomfort returning to work
- Anger and irritability
- Depression
- Extreme sadness
- Self-doubt
- Flashbacks

COPING WITH STRESS
The SPARKS team can help you cope with stress. Some examples of healthy ways to handle stressful situations include:
- Get physical exercise, as well as relax, to help alleviate some physical reactions to stress
- Remind yourself that it is okay that you are experiencing expected reactions to a stressful event
- Keep to your routines
- Avoid alcohol and drug use
- Give yourself permission to react; don't try to hide your feelings
- Eat regularly. Minimize the use of sugar and caffeine
- Do something nice for yourself

Parkland | Care. Compassion. Community.

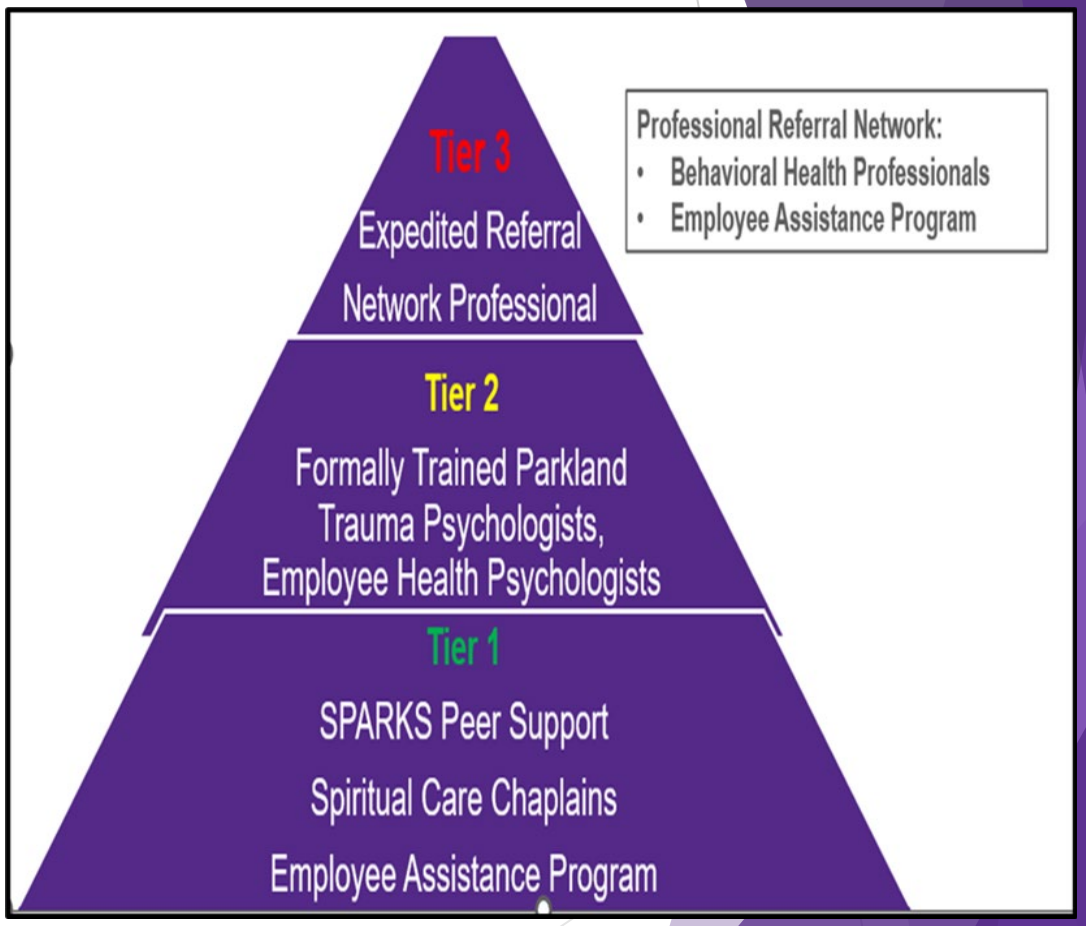


CARING FOR THE CAREGIVER:
Caregivers in Distress

PARKLAND SPARKS
SUPPORTING PARKLAND STAFF

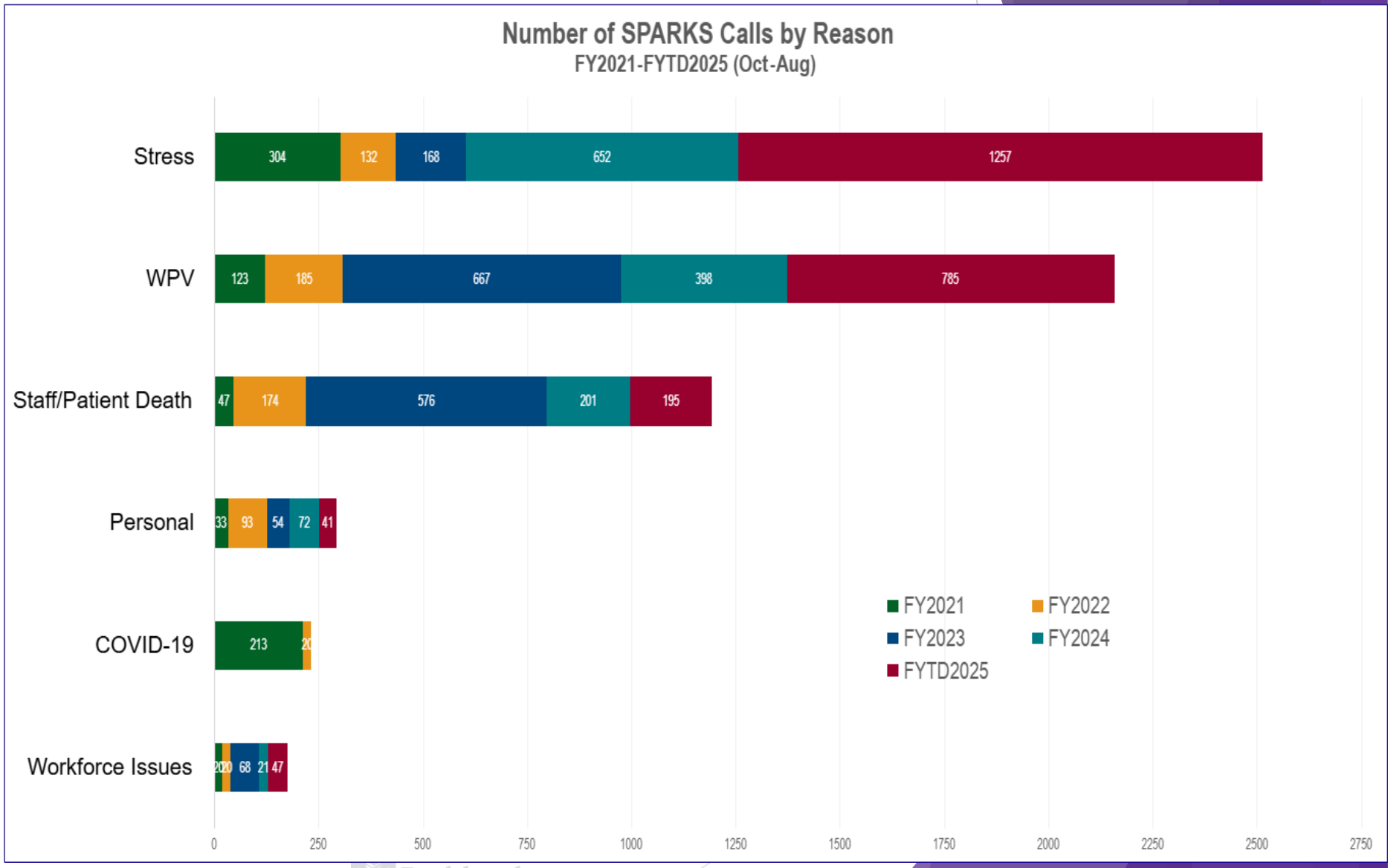
SPARKS PEER SUPPORTER
Basic Training
2024

SPARKS Peer Support Program: Why needed?



SPARKS Data: Reasons for calls

- Stress and WPV (Workplace Violence) have consistently been the top reasons for SPARKS calls from FY2021 to FYTD2025, with noticeable increases in both categories over time.
- COVID-19 declined after FY2021, while Staff/Patient Death, Personal, and Workforce Issues reasons remained relatively stable.



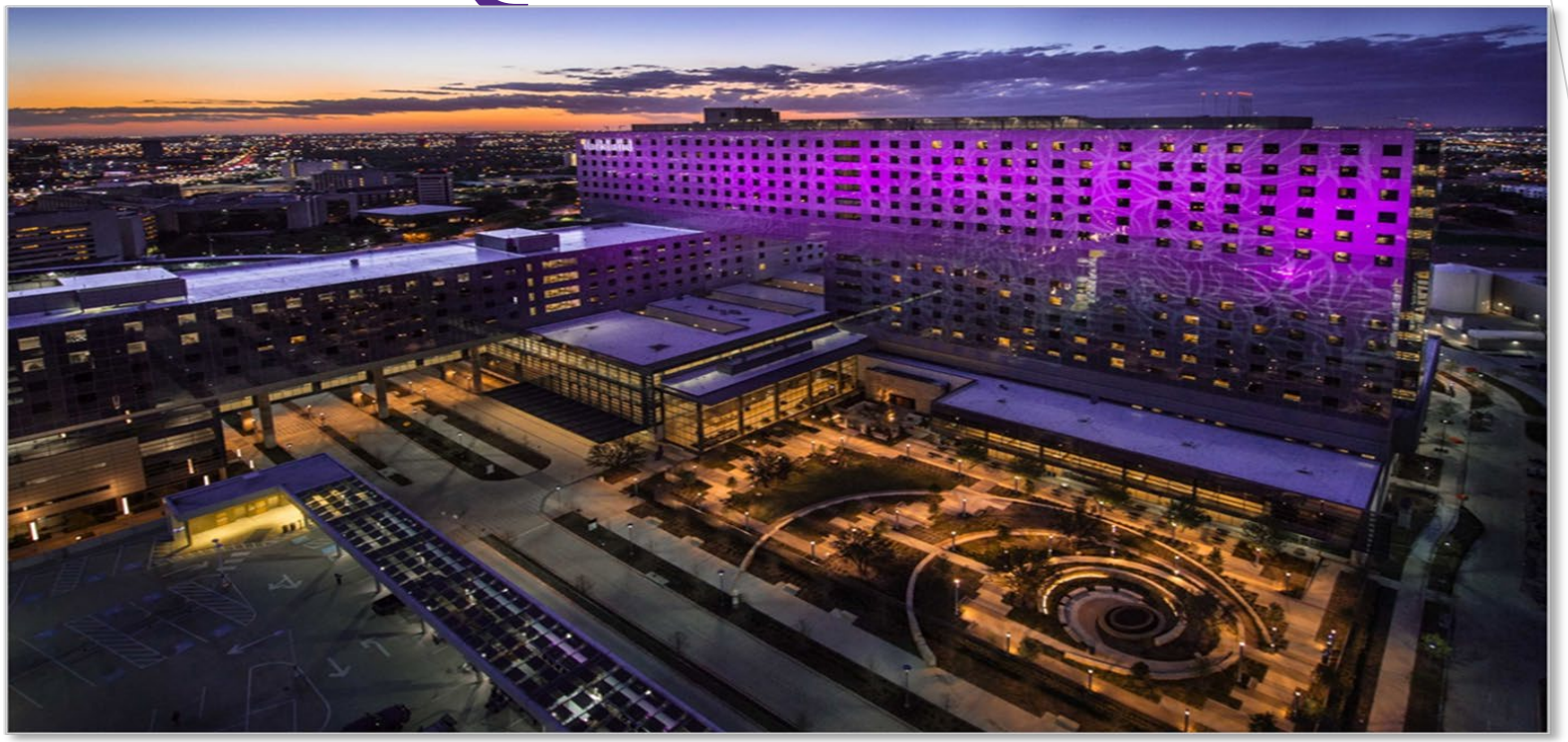
In Closing

- WPV continues to be a major concern for all leaders in the healthca industry.
- Support of the Board and Executive Suite is critical to the WPV Progra success.
- Transparency of data to all levels enhances systemic learning; provides knowledge of work underway to ensure safety.
- Take advantage of EVERY opportunity to attend a meeting to educate work and gain feedback on what is/is not working.
- Workforce members involvement has improved awareness, increased reporting of WPV events.
- Share and steal shamelessly as we're all working towards the same goal

ZERO HARM for our WORKFORCE!

April is Workplace Violence Awareness Month

Questions?



Thank you

Contact: Karen.Garvey@phhs.org
214-590-3992