What We Learned

Provincial Violence Prevention Curriculum Needs Analysis Engagement

SWITCH BC

Contents

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Territorial Acknowledgement

SWITCH BC humbly and respectfully acknowledges the unceded lands of approximately 200 distinct First Nations in British Columbia. We further acknowledge the profound harms of colonialization on First Nations, and Métis Inuit peoples, and the ongoing, intergenerational trauma people are living with today.

In our work and in our lives, we are committed to listening and learning, to truth and reconciliation, and to finding better ways of being on this land.

Summary

More than 300,000 people work in healthcare in British Columbia. They provide daily care and support for thousands of patients, clients, and residents. For many of them, violent verbal and physical incidents in the workplace are all too common. Fifty-nine percent of all violence-related time-loss claims in B.C. come from the healthcare and social services sector. (*WorkSafeBC*, 2021)

That's why the Ministry of Health has asked SWITCH BC to update the Provincial Violence Prevention Curriculum (PVPC). We conducted broad engagement through the PVPC refresh needs analysis to make those updates meaningful. We heard from nearly 1,300 people in 110 different health roles about what is working in the current training and where they thought training could be improved to help them.

What we learned is that training based on real-life scenarios is a priority. We learned health workers want accessible tools and resources and violence prevention training that promotes and enhances a culture of safety. We learned that many employees are not provided access to already developed classroom training, and yet work in areas with high rates of reported violence.

The SWITCH BC PVPC Working Group, which consists of subject matter experts, will use the feedback to update the PVPC with support from our Technical Advisory Committee and Board. These three groups include representation from employers and bargaining associations and will continue the collaborative approach of developing and updating this vital training program.

This report summarizes feedback from in-person and online engagement sessions and an online questionnaire. This needs analysis feedback reflects the solid curriculum foundation currently in place and raises opportunities to address content updates and delivery methods. Some of their feedback was out of the scope of this project; however, we have included it in this report as a reflection on the complex nature of violence prevention, where education is one of many ways to protect people working in healthcare.

Hearing directly from people working in healthcare provided us with excellent information to update the training program. It also reminded us why this is vital work. We must care for the people who care for us and give them the tools to prevent violence, de-escalate where possible, and protect themselves.

Nearly
1,300
total participants

687
Questionnaire responses

298
In-person drop-in engagement session attendees

211
Online focus group attendees

110+
Health roles represented

Report Contributors

SWITCH BC is grateful for the people working in healthcare throughout B.C. who took the time to participate in the PVPC needs analysis engagement opportunities. This work would not have been possible without the support of the facilitators from our partner organizations who helped with sessions and the location hosts who made it possible to have in-person focus groups and drop-in sessions throughout the province. We know people working in healthcare have demanding schedules, and we value your time. Thank you.

This report is available on SWITCH BC's website at:
https://switchbc.ca/about-us/reports-and-statements/

About SWITCH BC

Everyone working in healthcare has the right to be safe and healthy, to thrive on the job and to return home safely to family and friends.

All major sectors in British Columbia have established associations, alliances, or partnerships to focus on an industry-specific perspectives and to develop and introduce industry-wide health and safety services and products.

This is why in 2019, unions, physicians and employers submitted the **Recommendation Report: New Occupational Health and Safety Organization** to government to create an agency to improve upon the provincial work to date, and to help decrease injury rates in the health sector. SWITCH BC, which stands for Safety, Wellbeing, Innovation, Training and Collaboration in Healthcare, was formed.

SWITCH BC was created to take a collaborative, provincewide approach to health and safety management, psychological safety, and wellbeing programs. Our unique organizational model is a collaboration of unions, physicians and employers. We are working to support provincewide innovation, prevention and training, and enhancing the culture of safety in all healthcare workplaces in B.C.

We will collaborate with partners to identify best practices and any systemic gaps or inconsistencies to ensure everyone in every healthcare workplace is supported and their health and safety issues are heard and addressed.

Unions, physicians, and employers have jointly committed to promoting health and wellbeing, violence prevention and injury prevention, both physical and psychological, as well as reducing the risk of the exposures that lead to occupational diseases in workplaces.

SWITCH BC will work with healthcare partners to collect and share data to identify and measure opportunities for systemic improvements.

SWITCH BC has established a Technical Advisory Committee comprised of bargaining association, physician, and employer representatives to advise and support systemic initiatives.

SWITCH BC is an independent, not-for-profit organization. Directors on our Board are nominated by health authorities, the BC Nurses' Union, BC General Employees' Union, Hospital Employees' Union, Health Sciences Professional Bargaining Association, Doctors of BC, Resident Doctors of BC, affiliate care providers, Ambulance Dispatch and Ambulance Paramedics Bargaining Association of BC, WorkSafeBC, and the Ministry of Health. The Chair is appointed by the Minister of Health.

Learn more at **switchbc.ca**

Project Overview

Health care workers have the right to be safe at work, but that isn't always the case. Fifty-nine percent of all violence-related time-loss claims in B.C. come from people working in healthcare and social services (*WorkSafeBC*). With rising instances of physical and verbal violence in the workplace, ensuring people have the training they need to stay safe is more important than ever.

That's why SWITCH BC is updating the Provincial Violence Prevention Curriculum (PVPC) training to provide an accessible provincewide program for the more than 300,000 people working in healthcare. To be offered online and in person, the refreshed training will be tailored to specific jobs and workplaces. It will include best practices with a focus on trauma-informed practice and cultural humility. SWITCH BC will also develop a sustainable process for ongoing updates to ensure the training remains relevant.

We are collaborating with health employers, health unions, physicians, WorkSafeBC, and other experts in the B.C. healthcare system. The Ministry of Health provided funding for this initiative.

We know the best feedback and solutions come from the people doing the work. That's why this needs analysis included engagement opportunities for people throughout the province in all types of healthcare settings and roles.

"The training might not cover every single detail, but it has certainly improved staff's ability to handle violent situations."

- Participant

What is the PVPC?

The Provincial Violence Prevention Curriculum (PVPC) was developed in 2010 to provide practical, recommended, and provincially recognized violence prevention education for British Columbia health care workers across various public healthcare settings. The PVPC was refined and updated in 2016. Education is part of a broader violence prevention approach, which also includes violence risk assessments, Code White response plans, and incident investigations and actions to prevent recurrence.

What is being improved?

Now

Violence prevention training program for health authority staff, offered primarily virtually, during pandemic.

New

One provincewide program available to everyone working in healthcare with different delivery methods (online and in person) that is reflective of various workplaces.

Now

Some people working in healthcare do not have easy access to violence prevention training.

New

Equal access to violence prevention training for everyone working in healthcare where required.

Now

Content last updated in 2016, with no official ownership of the program for responsive timely updates.

New

SWITCH BC will develop and maintain current best practices, including trauma-informed practice and cultural humility, throughout the training and build a sustainable process for ongoing curriculum updates.

What are the project goals?

SWITCH BC is updating the PVPC training program to ensure appropriate, meaningful, and contextual training content by practice setting, geographic region, and healthcare roles. The needs analysis held an important role of hearing from workers about their experiences to support the following goals:

1. Understanding the context:

- This includes factors such as the target audience (e.g., students, employees, community members), the different clinical environments (e.g., workplace(s), community), different lived experiences, different work activities, and the types of violence that are of concern (e.g., bullying, physical, verbal).

2. Identifying partners and representatives to help develop relevant training:

- Identify who will be involved in updating the violence prevention training. This might include representatives from the organization or community leaders, security, educators, mental health professionals, and others with a vested interest in preventing violence.
- Engage historically underrepresented workers in surveys on workplace violence.
- Before finalizing the training program, seek feedback from front-line groups and individuals. This can help ensure the training content and approach align with their needs and expectations.

3. Defining outcomes and requirements:

- Clearly define the outcomes and requirements of the violence prevention training using data collected from the participants. These outcomes include preventing violence, reducing harm from incidents of violence, promoting a safe and inclusive environment, enhancing communication skills, and increasing awareness about the impact of violence.
- Collect relevant data to assess the current situation regarding violence.
- Identify the specific needs and gaps in the current violence prevention efforts. This includes pinpointing areas where there is a lack of awareness, inadequate resources, or insufficient training.

"I believe that all the necessary information is in the training but that sometimes the key messages of preventing violence get a bit lost. As health care workers, we have so much power to prevent and avoid escalation and violence."

- Participant

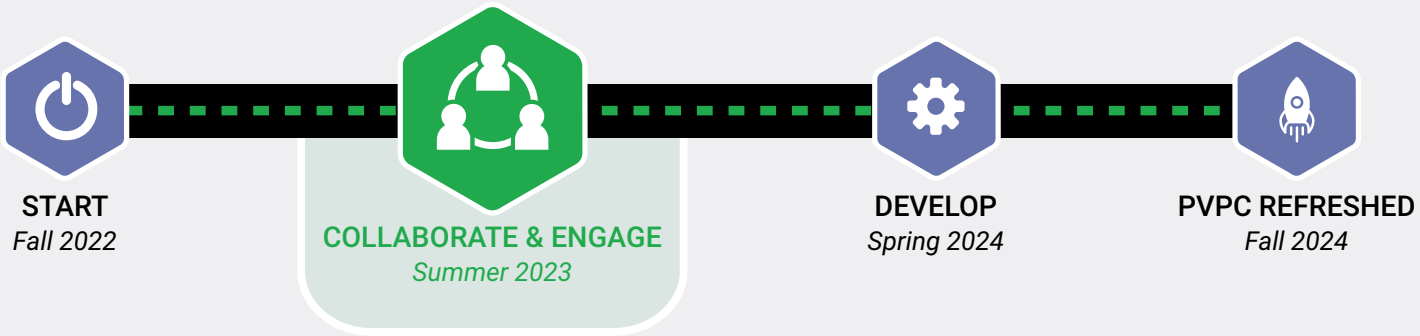
4. Tailoring the training:

- With a clear understanding of the context, goals, and needs, update the violence prevention training program to be tailored to specific audiences and environment and recognizes adult learning principles. This includes exploring appropriate training modules, creating engaging materials, and designing interactive activities.
- Identify potential follow-up data analysis and consider best practices in violence prevention training. Look at successful programs and strategies that have been implemented in similar contexts.

5. Iterating and improving:

- Make necessary adjustments to the training program to ensure that the program remains relevant and effective over time.
- Develop opportunities based on connections and relationships made to continue to gather feedback for co-creation and training effectiveness.

What is the timeline?

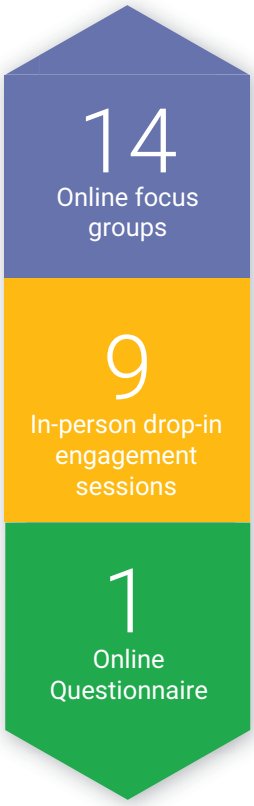


Engagement Overview

About this report

This report summarizes the overarching themes and findings of the information gathered directly from nearly 1,300 people working in healthcare, and the attached appendix provides a summary of the details from the different methods of data collection. The report's scope is limited to the experiences of the health care workers who participated in this needs analysis, and it offers a representative snapshot of some of the opportunities and challenges within different roles and the current program.

More detailed findings specific to the training needs of different groups will be available to the PVPC Working Group to inform the refreshed curriculum development. This is not a current state report on violence prevention as it relates to investments of time and resources made to date into the training program and other violence prevention initiatives, nor a statement of the overall training participation rates. Some of the feedback was out of the scope of the curriculum refresh work and spoke to broader systemic factors. This commentary was left in this report to honour participant voices and highlight where further work is needed.



Who participated

Nearly 1,300 health care workers, physicians, PVPC facilitators, leaders, volunteer coordinators, and post-secondary institution staff across different occupational roles, unions, and clinical and geographic areas participated.

Voluntary engagement opportunities between May and August 2023 included:

- Online questionnaire open to anyone working in healthcare in B.C.
- Online focus groups, organized by bargaining association and/or audience group.
- In-person drop-in sessions, hosted at health authority locations and open to anyone working in healthcare.

- Questionnaire:
  - Respondents represented all six bargaining associations, medical staff, and management/non-contract groups. The Nurses' Bargaining Association was the largest group of respondents (46%).
  - More than 110 different occupations were represented. While 41% of respondents work in acute care and more than 26% in the community, all types of workplaces were represented.
  - The majority of respondents have been in healthcare for more than 10 years. More than 70% have worked in healthcare for six years or more.
  - Half the questionnaire respondents described their primary workplace as a large urban centre, and the other half as small to medium suburban areas and rural or remote.

- Online focus groups:
  - 14 sessions.
  - Participants represented 49 different occupations with 50% of the focus group participants working in acute care and 23% of the attendees representing community.
  - The online focus groups consisted of 58% of workers from large urban centres, 31% of workers from small/medium or suburban areas, and 11% from rural or remote.
- In-person drop-in sessions:
  - Nine sessions (Abbotsford, Kelowna, Parksville, Prince George, Terrace, Vancouver, and Victoria).
  - More than 36 different occupations were represented, with 32% of respondents working in acute care, and 21% representing community care.
  - Of the drop-in workers who identified their geographic locations, 58% of participants described their primary workplace as large urban centres, 32% from small/medium or suburban areas, and 10% from rural or remote.

"This training made me realize how unsafe my working conditions are and to speak up about it."

- Participant

How it was promoted

To reach as many people as possible, SWITCH BC worked with its Board of Directors and Technical Advisory Committee, which include representatives from all health authorities and bargaining associations, Doctors of BC, SafeCare BC, WorkSafeBC, and the Ministry of Health to promote the opportunities through existing communication channels. We also directly connected with health authority and bargaining association communication teams to share the information through organizational newsletters, websites, and social media. In-person events were promoted through onsite signage.

The questionnaire was hosted on SWITCH BC's **Your Say** engagement platform and promoted provincewide through ads that resulted in more than 240,000 impressions and more than 1,400 link clicks.

(Source: Social media campaign)

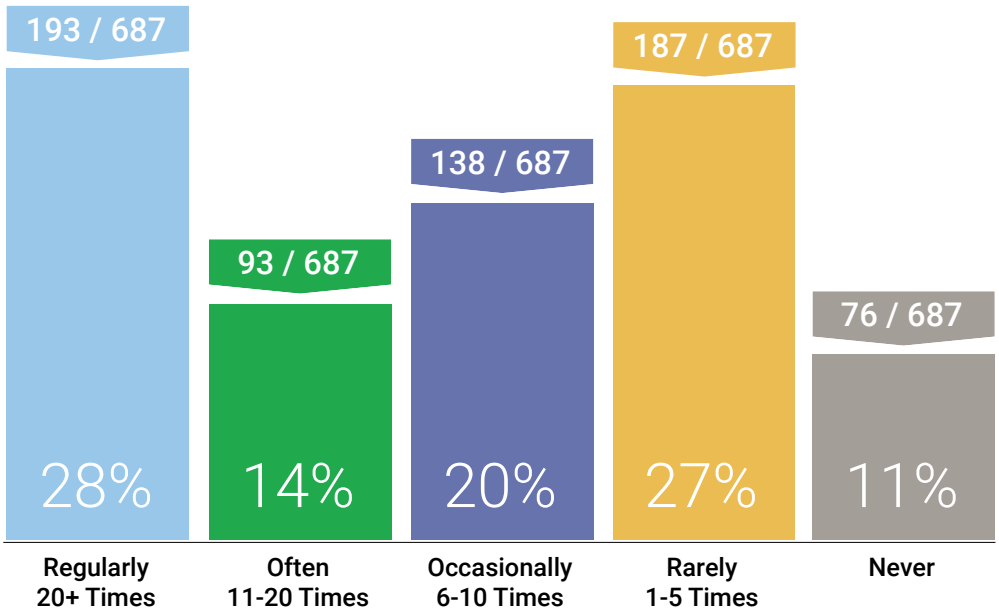
What They Said

How often do you experience different types of violence?

(Source: Questionnaire)

Verbal violence

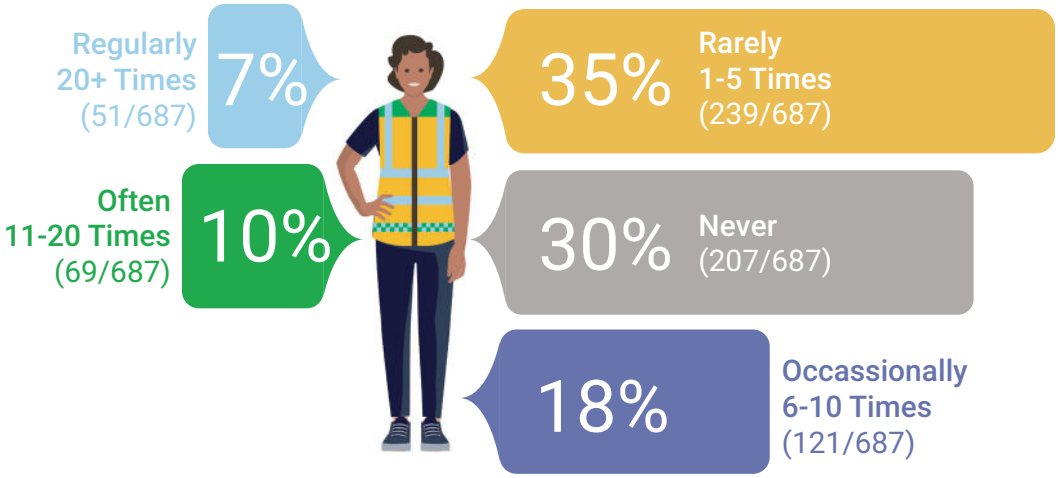
When asked how often have they personally experienced verbal (**non-physical**) violence (**e.g., angry shouting, swearing, threats, intimidation, harassment**) respondents said in the last 12 months:



89%
of respondents experienced verbal violence

Discriminatory verbal violence

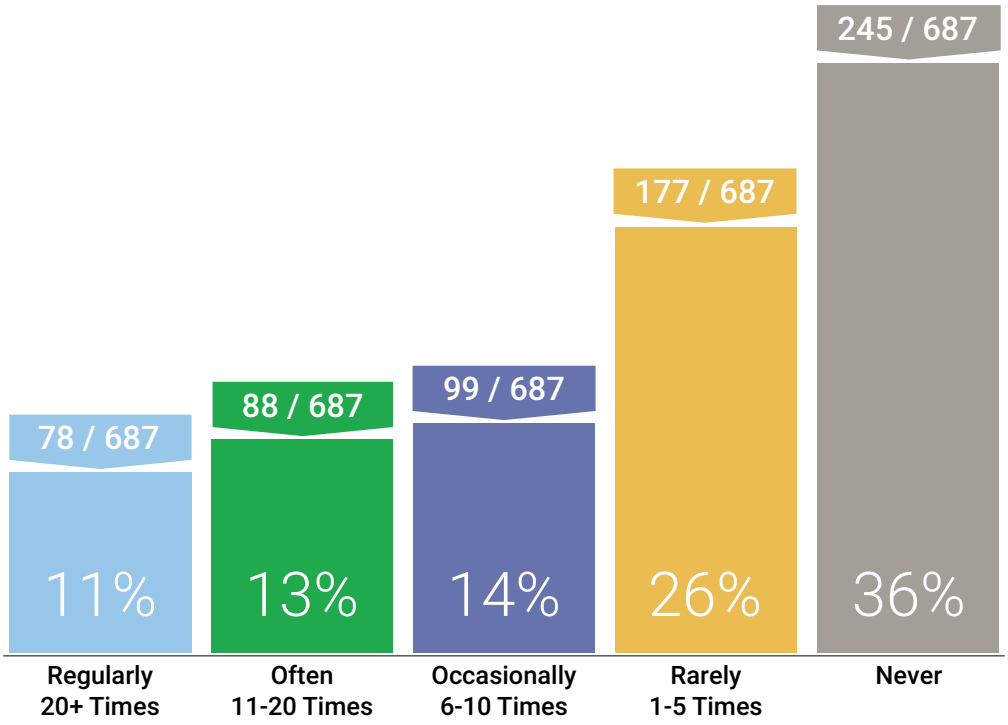
When asked how often they had personally experienced verbal (**non-physical**) discriminatory violence (**e.g., discrimination based on age, ethnic origin, colour**) respondents said:



70%
of respondents experienced discriminatory verbal violence

Attempted physical violence

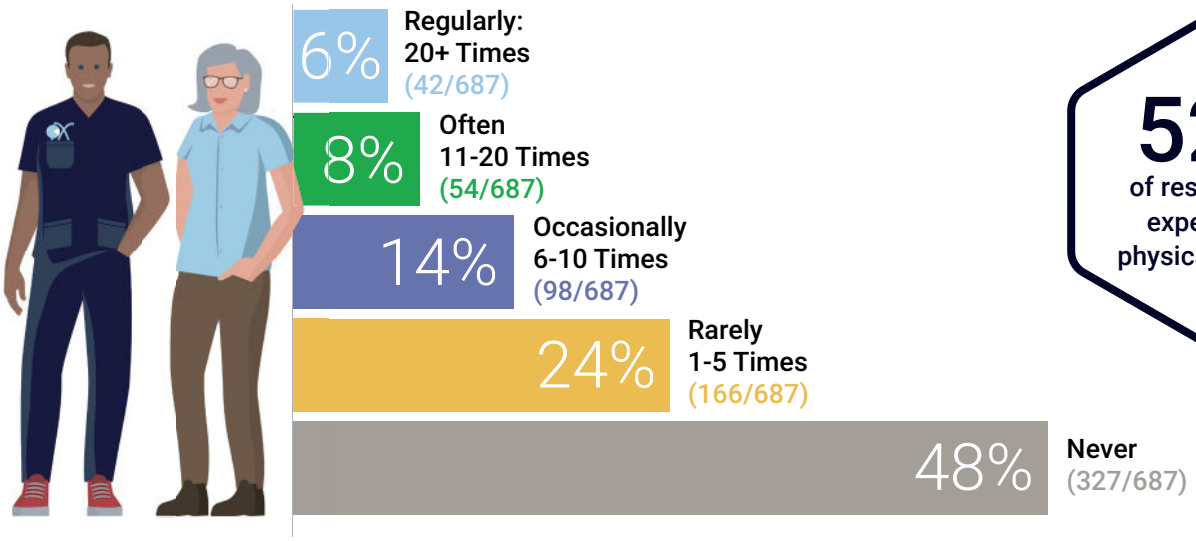
When asked how often they had personally experienced attempted physical violence (**e.g., someone attempted to grab you, scratch you, hit you**) in the last 12 months:



64%
of respondents experienced attempted physical violence

Physical violence

When asked how often they had personally experienced physical violence (**e.g., someone has grabbed you, shoved you, hit you, spit at you**) in the last 12 months:

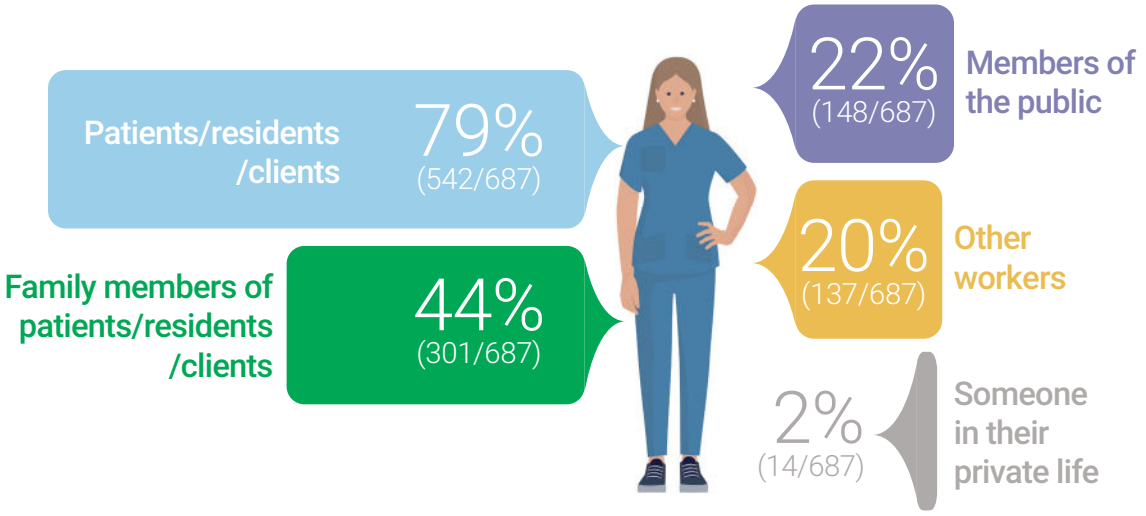


52%
of respondents experienced physical violence

Who do you experience violence from?

(Source: Questionnaire)

When asked who they experience violence from at work*:



* Respondents were able to select more than one answer.

What works well in violence prevention training?

(Source: Questionnaire, in-person drop-in sessions, and online focus groups five most frequent response themes)

Effective communication and de-escalation techniques:

- Training enhances communication skills for defusing tense situations.
- Equips participants with practical strategies to prevent escalation.

Heightened situational awareness and risk identification:

- Participants gain awareness of surroundings and potential risks.
- Improved recognition of signs that may lead to violence.

Empowerment and self-defense skills:

- Provides tools for staff to confidently handle challenging situations.
- Empowers participants with protective techniques and self-defense strategies.

Enhanced team collaboration and cultural sensitivity:

- Fosters teamwork and collaborative approaches among staff.
- Encourages cultural sensitivity for inclusive and effective interventions.

Promotion of reporting and accountability:

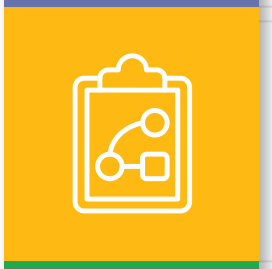
- Establishes a culture of reporting and accountability for incidents.
- Supports documentation protocols and legal responsibilities.

What needs improvement?

(Source: Questionnaire, in-person drop-in sessions and online focus groups, five most frequent response themes)

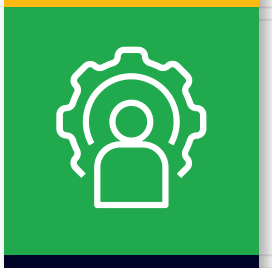
1. Tailored content and realistic scenarios:

- Deliver training content that takes into account to specific roles and settings.
- Incorporate realistic scenarios, including unexpected situations, to prepare staff for diverse challenges.



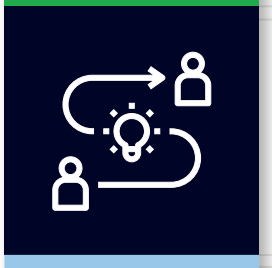
2. Regular and varied training opportunities:

- Provide frequent training sessions throughout the year.
- Offer a variety of learning formats, including workshops, seminars, and online modules to accommodate diverse schedules.



3. Comprehensive skills and techniques:

- Cover a wide range of de-escalation techniques.
- Focus on mental health considerations, addiction management, and trauma-informed care practices.



4. In-person, interactive training with hands-on practice:

- Prioritize in-person training sessions with interactive elements and role-playing.
- Incorporate hands-on practice of skills in real-life scenarios to enhance competence and confidence.

5. Systemic changes and employer commitment:

- Advocate for systemic changes to prevent violence and enhance staff safety.
- Explore increases to classroom training for additional workers.
- Encourage senior leadership and JOHSC oversight of VP training rates to ensure accountability in training attendance.

What are system factors impacting access to training?

(Source: Questionnaire, in-person drop-in sessions, and online focus groups)

Participants identified the following themes as the top system factors that impact access and create barriers to completing the training. There are staff shortages throughout the health sector, and British Columbia is not unique in the challenges we are facing.

This needs analysis was focused on content and delivery methods. The intent wasn't to search for system factors, but participants regularly identified them. While SWITCH BC recognizes these factors are out of scope for this current project, they may support future opportunities for broader provincial violence prevention strategies.

"In-person training has not been available for many years for me, and the content was not applicable most of the time."

- Participant

Time constraints

- Sessions during work hours conflict with daily tasks and availability in busy schedules.
- Sessions are scheduled when employees are off work.

Resources

- Limited financing/budgeting for training sessions.

Staffing shortages

- No coverage during training sessions so employees can't attend.
- When they do attend, they return to work with same or higher workload.

Access to technology

- Lack of universal access to online modules.

"Limited access to violence prevention training is due to factors like time constraints, cost issues, and lack of awareness."

- Participant

Key Themes

The following themes were identified when participants were asked **what they needed to feel confident in preventing and/or responding to violence in the workplace**. Some of their feedback may support future opportunities for a broader provincial violence prevention strategy.

1. **Effective training and use:**
   - Real-life scenario practice builds practical skills.
   - Role-playing enhances hands-on experience.
   - De-escalation training fosters effective intervention.
   - Communication techniques boost staff confidence.
   - Recognition of signs from crisis to emergency situations.

2. **Clear protocols and guidelines:**
   - Well-defined steps provide direction during incidents.
   - Identifying triggers minimizes risk.
   - Knowing when to seek assistance increases confidence.
   - Consistent protocols instill staff assurance.
   - Clear communication protocols prevent escalation.

3. **Access to resources and tools:**
   - Adequate tools and security enhance readiness.
   - Visual aids assist in quick reference.
   - Accessible support bolsters staff assurance.
   - Protective measures knowledge ensures safety.

4. **Continuous learning and improvement:**
   - Regular refreshers maintain skill readiness.
   - In-person training enhances practicality.
   - Tailored training addresses specific needs.
   - Learning from incidents drives improvement.
   - Feedback-driven adjustments strengthen confidence.

5. **Supportive environment:**
   - Collaboration with peers reinforces readiness.
   - Mentor and leadership support boosts confidence.
   - Open communication and safe spaces encourage discussion and learning.

"Continuous learning through refresher courses and workshops is crucial for effective violence prevention."

- Participant

Further Review

The information received during this needs analysis will be reviewed further in the context of what works well in the current program and what can be improved. There will be a focus on the following areas:

Diversity – to ensure an inclusive approach, acknowledging varied perspectives and needs arising from different backgrounds.

Equity and inclusion – to make the training more accessible and effective for all participants.

Healthcare roles – to help tailor training to specific job functions and responsibilities, ensuring relevance and applicability of content and scenarios.

Indigenous perspective – to honour cultural considerations and ensure training respects and aligns with Indigenous experiences and values. For the purposes of this work, Indigenous persons include people who identify as First Nations (Status, non-Status, Treaty), Métis, and Inuit.

Situational applicability – to incorporate insights from varied roles so the training program resonates with participants, fostering engagement, confidence, and a sense of security.

Systemic barriers – to recognize common challenges to accessing the training.

Working environment – to provide insights into real-world contexts so training content can be tailored to address location-specific risks and challenges.

Combined with information from the current training program, other B.C. violence prevention curriculums, recent literature, and the PVPC evaluation conducted in emergency departments (*Source: **A Realist Review of Violence Prevention Education in Healthcare, 2021***), this needs analysis will inform program content development by the PVPC Working Group. This work includes identifying additional underlying patterns and key insights to understand how different clinical roles interact with potentially violent situations, how diverse working environments impact safety perceptions, and how cultural perspectives influence training needs.

This work aims to acknowledge the unique challenges each group faces and ensure that the training's content, delivery methods, and engagement strategies are effective and respectful across diverse backgrounds. In doing so, we will foster a training environment that imparts practical skills while cultivating a sense of empowerment, belonging, and security for all participants.

Next Steps

Further analysis of the feedback

Identify needs of different groups

Develop refreshed curriculum and delivery methods

Develop implementation plan

Phased launch of updated training program

The feedback shared by participants in this needs analysis identified many aspects of the training that support their health and safety at work and raised further suggestions to enhance the training for the many roles and workplaces represented in healthcare.

The feedback also identified systemic factors that are outside the scope of this project but are important to note as we continue to work with our partners towards a provincial violence prevention strategy. Together with our Board partners, which include bargaining associations, employers, Doctors of BC, WorkSafeBC, and the Ministry of Health, we will continue to care for the people who care for us.

Appendix A – Where to Find Help

Violence can be hard to talk about. Your workplace may provide employer paid mental health supports, such as an Employee and Family Assistance Program (EFAP), extended health coverage for sessions with a mental health professional. Contact your managers, union representative, or HR team member for information or look into the free options below.

Where to find help	
BC Mental Health Support Line	310-6789 (no area code needed)
Wellness Together Canada	wellnesstogether.ca
Care for Caregivers	careforcaregivers.ca/caretospeak 1-866-802-PEER (7337)
Circle of Care: KUU-US First Nations and Aboriginal Crisis Line	kuu-uscrisisline.com 1-800-558-8717
EFAP providers (counselling and 24/7 support)	
Homewood Health	homeweb.ca 1-800-663-9099 (PHC, PHSA)
LifeWorks	telus.com/en/health/about-telus-health 1-844-880-9142 (all other health authorities)

Appendix B – Detailed Demographics

Method	Number of Participants	Details
Questionnaire	687	Type of workplace: • Acute Care and Rehabilitation: 41.8% • Community: 35.8% • EMS (Ambulance) / PSO (Paramedic Service Organization): 2.8% • Corrections and forensic facility: 2.6% • Other – Not Listed: 17% Geographics: • Large urban centre: 49.6% • Small to medium or suburban community: 34.6% • Rural or remote town or community: 15.7% When did you attend the training (online modules)? • Never: 6% • Unsure: 5% • More than five years ago: 17% • One to five years ago: 36% • Within the last year: 36% When did you attend the training (in person)? • Never: 20% • Unsure: 5% • More than five years ago: 26% • One to five years ago: 32% • Within the last year: 17% When did you attend the training (virtual instruction, Zoom)? • Never: 54% • Unsure: 10% • More than five years ago: 3% • One to five years ago: 16% • Within the last year: 17% When did you attend the training (refresher - online modules, team practice)? • Never: 23% • Unsure: 8% • More than five years ago: 4% • One to five years ago: 20% • Within the last year: 46%

Method	Number of Participants	Details
Online Focus Groups	211	Type of workplace: • Acute Care: 50% • Community: 23% • EMS (Ambulance) / PSO (Paramedic Service Organization): 6% • Corrections and forensic facility: 3% • Other – Not Listed: 18% Geographics: • Large urban centre: 58% • Small to medium or suburban community: 31% • Rural or remote town or community: 11% When did you attend the training? • Never: 9% • Unsure: 9% • More than three years ago: 13% • Within the last three years: 23% • Within the last year: 45%
Online Focus Groups specific to Facilitators, Volunteers, Post-Secondary Institutes	87	These sessions focused on the experiences of facilitators or needs of volunteers and post-secondary institutes. The tailored sessions did not collect the same demographic information as the in-person drop in and online focus group sessions.
In-Person Drop-In Sessions	298	Type of workplace: • Acute Care: 52% • Community: 29% • Other – Not Listed: 18% • Not answered and/or not legible: 16% Geographics: • Large urban centre: 51% • Small to medium or suburban community: 26% • Rural or remote town or community: 8% • Not answered and/or not legible: 14% When did you attend the training? • Never: 7% • Unsure: 10% • Within the last year: 34% • Within the last three years: 23% • More than three years ago: 14% • Not answered and/or not legible: 11%

Appendix C – Methodology

Questionnaire information collected

What	Details
Demographics	Help us understand what kind of work you do, the size of your team, and the setting you work in (occupation, workplace, length of time in position, geographic size).
Questions about the violence you experience	Types, who, working alone or with limited help, job activities and risk, feelings of safety.
Experience with Violence Prevention Training	When did you attend and what modality, reflection on relevancy, applicability, and format. This includes both in-person and virtual format.
Questions about using the training	Quantitative on preventing, dealing, keeping myself and team safe. Qualitative information of enablers and barriers to using skills and opportunities for practice.
Improving the Training	Qualitative information on what is working well, additional content, and delivery methods.
MOH Relational Security Model	Member of the 26 sites identified and level of support provided by security.

Engagement sessions questions asked

1. Tell us about how the current training has helped you?
2. What work tasks/locations or situations create the potential for violence or risk of violence for you? How and why?
3. Thinking about the content, what factors would make the training more relevant and useful for you?
4. What do you need to feel confident in using violence prevention knowledge and skills to feel safe from violence at work?
5. What is limiting your access to training?
6. What (else) could be improved?
7. Is there anything else you would like us to understand?

Analysis process

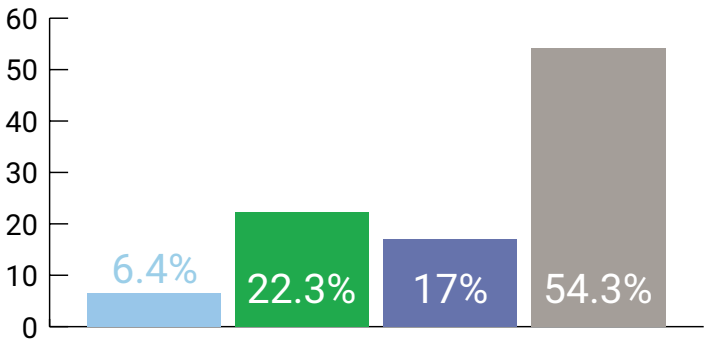
1. Online focus group transcription cleaned and scrubbed from identifying characteristics.
2. Preliminary analysis to theme and summarize conversation - seven transcriptions were tested with a variety of questions and manual analysis to determine a method to ensure consistency on the information collected.
3. After testing was completed, the following information was collected and summarized for each transcription:
    a. How has the current violence prevention training helped?
    b. What is not working well?
    c. What situations or tasks present the greatest potential for violence?
    d. What content would make the training most useful?
    e. What do staff need to feel confident in using violence prevention skills and knowledge to feel safe?
    f. What is limiting access to violence prevention training?
    g. What would improvement look or feel like for violence prevention?
4. Comments from in-person sessions from pictures were transcribed to a Word document.
5. Summary table for engagement sessions in Appendix E was created through analysis of the following comments for every online focus group session and location based on the following:
    a. What is the summary and themes of the following comments as it relates to the following questions:
        i. How has the current training helped you?
        ii. What work tasks/locations or situations create the potential for violence or risk of violence for you? How and why?
        iii. Thinking about the content, what factors would make the training more relevant and useful for you?
        iv. What do you need to feel confident in using violence prevention knowledge and skills to feel safe from violence at work?
        v. What is limiting your access to training?
        vi. What else can be improved?
        vii. Is there anything else you would like us to understand?
6. For key themes section in document, a list of top five themes was created based on comments related to the following questions:
    a. What is working well in violence prevention training?
    b. What is not working well or needs improvement?
    c. What are limitations in access to current training?
    d. What do you need to feel confident in using violence prevention skills and knowledge?

Appendix D – Quantitative Information Breakdown

Questionnaire – 687 responses

Question 23: How long have you worked in your occupation?

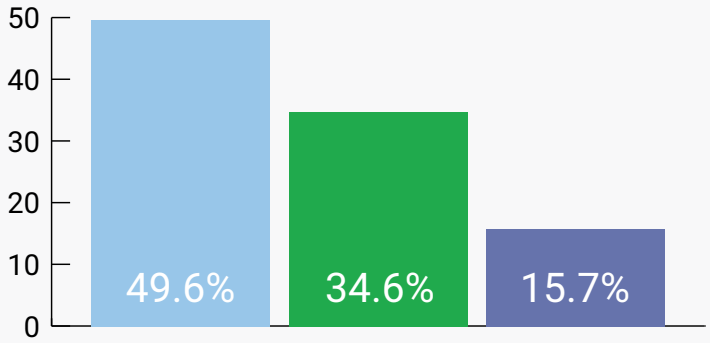
The majority of the people that participated in the online questionnaire have been in healthcare for more than 10 years. More than 70% have been working in healthcare for six years or more.



- **6.4%** (44) - Less than one year
- **22.3%** (155) - One to five years
- **17.0%** (117) - Six to 10 years
- **54.3%** (373) - More than 10 years

Question 24: How would you describe the location of your primary workplace?

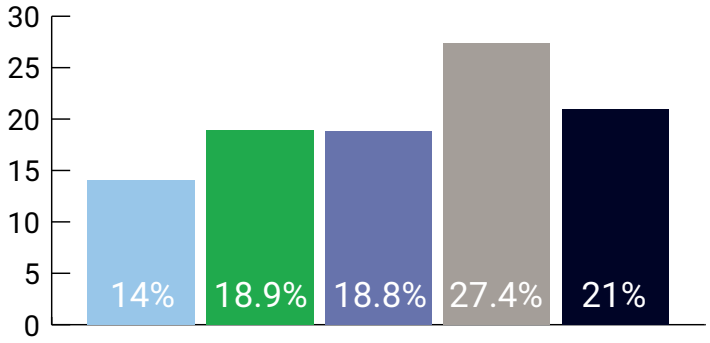
Half of the participants described their primary workplace as in a large urban centre, and the other half as in a small to medium suburban area or rural/remote.



- **49.6%** (341) - Large urban centre
- **34.6%** (238) - Small to medium or suburban community
- **15.7%** (108) - Rural or remote town or community

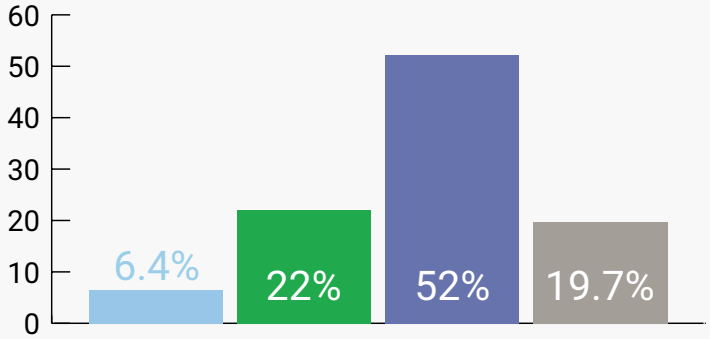
Question 27: How often are you working without immediate help available or working with fewer than five people who could assist with a violence response?

When a violent situation requires de-escalation, a common response is to call a Code White team, individuals on site trained in de-escalation and violence response. A Code White team requires five people who can assist in the situation. 33% of the respondents reported that they are working without immediate help available or fewer than five people who could assist usually (almost all of the time) or often (more than half the time).



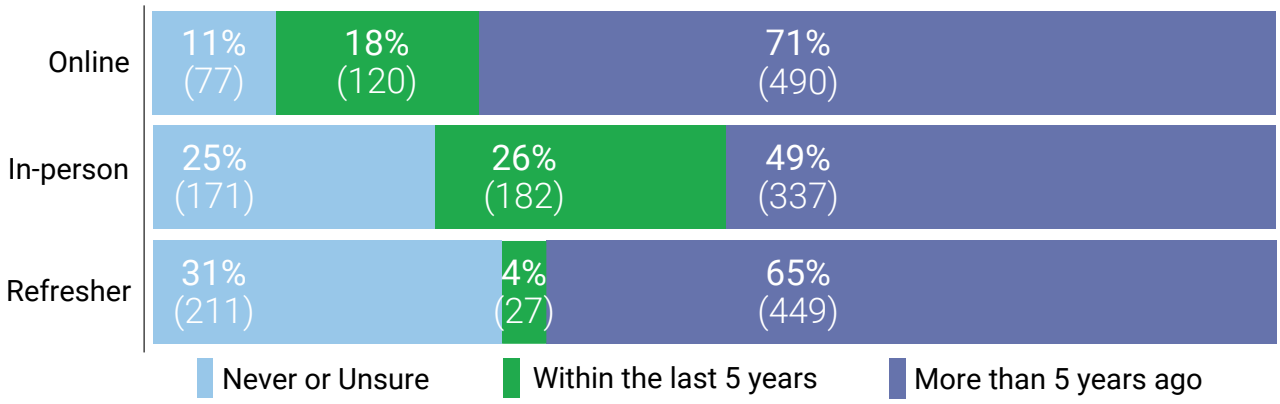
- **14%** (96) Usually – almost all of the time
- **18.9%** (130) Often – more than half the time
- **18.8%** (129) Sometimes – around half the time
- **27.4%** (188) Rarely – less than half the time
- **21%** (144) Never – I always have help around me

Question 28: How often do you feel unsafe due to workplace violence?

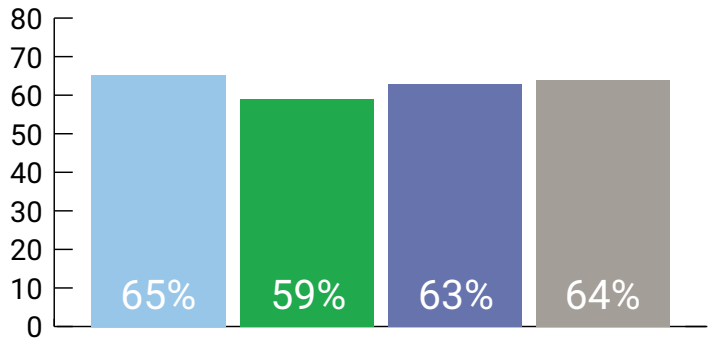


- **6.4%** (44) - Always
- **22%** (151) - Often
- **52%** (357) - Sometimes
- **19.7%** (135) - Never

Question 31: When did you attend the Provincial Violence Prevention Curriculum (PVPC) training?

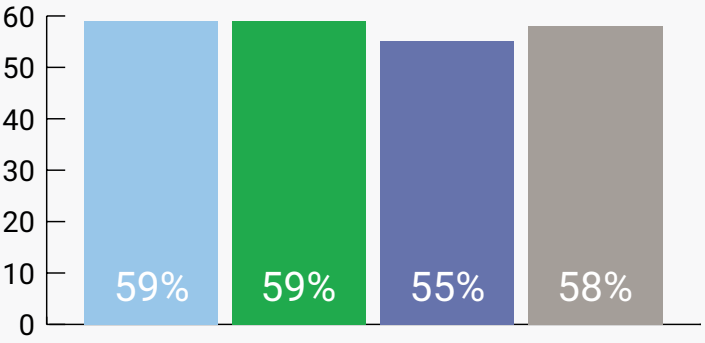


Question 33: Reflecting on the online PVPC modules:



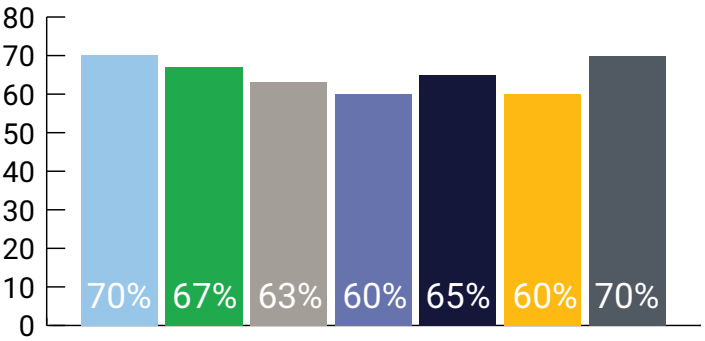
- **65%** (445/687) somewhat or strongly agreed that content was relevant
- **59%** (408/687) somewhat or strongly agreed that they could relate to examples
- **63%** (436/687) somewhat or strongly agree that format and technology was easy to use and engaging
- **64%** (438/687) somewhat or strongly agreed that they information they learned was applicable

Question 34: Reflecting on the in-person PVPC modules:



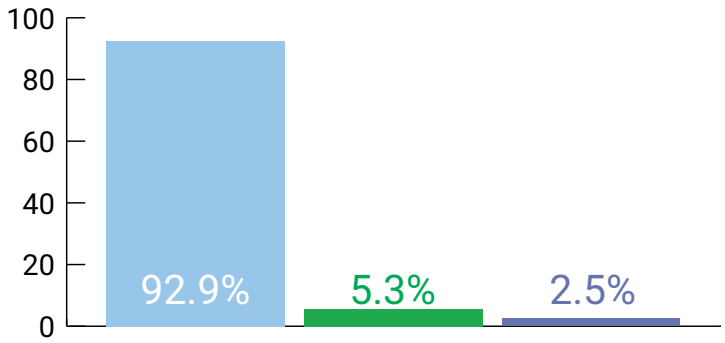
- **59%** (407/687) - somewhat or strongly agreed that content was relevant
- **59%** (403/687) - somewhat or strongly agreed that they could relate to examples
- **55%** (378/687) - somewhat or strongly agree that format and technology was easy to use and engaging
- **58%** (399/687) - somewhat or strongly agreed that they information they learned was applicable

Question 35: Reflecting on the violence prevention training, the following percentage of respondents agree, somewhat or strongly, that training provided them with knowledge, skills, and confidence to:



- **70%** - Prevent violence
- **67%** - Practice personal safety techniques
- **63%** - Practice engagement and de-escalation strategies
- **60%** - Respond to violence incidents
- **65%** - Keep themselves safe
- **60%** - Keep their team safe
- **70%** - Report violent incidents, near misses, and hazards

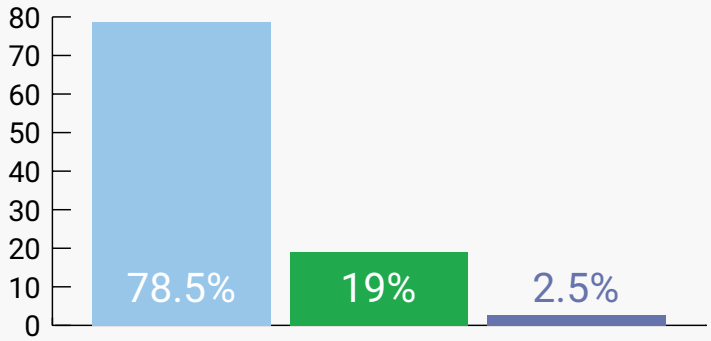
Question 44: Do you identify as an Indigenous person? For the purposes of this questionnaire, Indigenous persons include people who identify as First Nations (Status, non-Status, Treaty), Métis, and Inuit.



- **92.2%** (623) - No
- **5.3%** (36) - Yes
- **2.5%** (17) - Prefer not to answer

* 676/687 participants responded to this question.

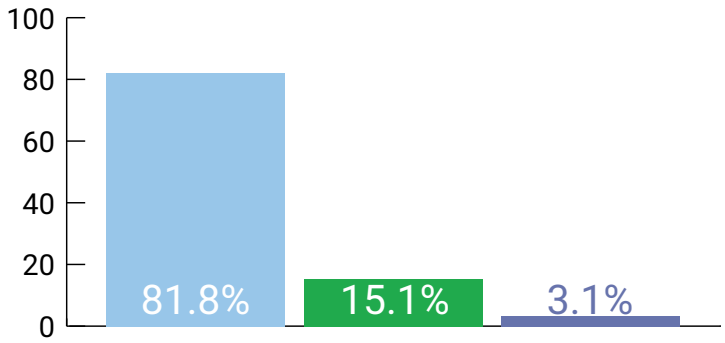
Question 45: Are you a person with a racialized identity? For the purposes of this questionnaire, a person with a racialized identity is a person (other than Indigenous persons) who are non-white in colour, regardless of their place of birth or citizenship.



- **78.5%** (528) - No
- **19%** (128) - Yes
- **2.5%** (17) - Prefer not to answer

* 673/687 participants responded to this question.

Question 46: Are you a person who lives with a disability? For the purposes of this survey, a person living with a disability include physical, sensory, intellectual, learning, or lives with some other form of disability.



- **81.8%** (553) No
- **15.1%** (102) Yes
- **3.1%** (21) Prefer not to answer

Appendix E – Quantitative Information Breakdown

In-person and online sessions

This includes online focus groups and in-person drop-in sessions, as well as specific sessions with managers/leadership, facilitators, volunteer services, post-secondary institutions, and questionnaire information themed and summarized based on the following questions:

1. How has the current violence prevention training helped?
    a. In-person drop-in sessions/online focus groups
    b. Question 38
2. What is not working well?
    a. In-person drop-in sessions/online focus groups
    b. Question 39
3. What situations or tasks present the greatest potential for violence?
    a. In-person drop-in sessions/online focus groups
    b. Top five survey results
        i. Question 29
        ii. Question 30
4. What content would make the training most useful?
    a. In-person drop-in sessions/online focus groups
    b. Question 40
5. What do staff need to feel confident in using violence prevention skills and knowledge to feel safe?
    a. In-person drop-in sessions/online focus groups
6. What is limiting access to violence prevention training?
    a. In-person drop-in sessions/online focus groups
7. What would improvement look or feel like for violence prevention?
    a. In-person drop-in sessions/online focus groups
8. What has helped or prevented you from being able to use the skills taught in training?
    a. Question 36

9. What support and opportunities have you had to practice what you learned?
    a. Question 37
10. What training delivery methods work best for you? (e.g., online modules, simulations, scenarios, discussion, in-person, videos)
    a. Question 41
11. How the Current Training has helped.
    a. In-person drop-in sessions/online focus groups

Please note the language throughout is a summary of feedback from participants and may not always reflect the language SWITCH BC would use to describe people, populations and scenarios. Some language has been updated to better reflect current practices and standards.

1. How the current training has helped

a. In-person drop-in session/online focus group summary

Source	Summary
In-person drop-in sessions/online focus groups	• **Increased Awareness:** Training enhances awareness of violence triggers, signs of escalation, and risky environments. • **De-escalation Techniques:** Participants learn effective strategies to defuse tense situations. • **Effective Communication:** The importance of respectful and compassionate communication in handling volatile scenarios is stressed. • **Risk Assessment:** Training equips individuals with skills to assess risks, especially in high-risk locations. • **Confidence Building:** Participants gain confidence in facing violence through emotional awareness and self-defense techniques. • **In-person Training:** Many prefer hands-on, in-person learning for de-escalation and physical tactics. • **Specific Role Training:** Training is tailored to specific roles, addressing unique needs. • **Continuous Learning:** Ongoing training and refreshers are seen as essential to maintain competence. • **Community Awareness:** Training promotes community visits, reporting, and risk identification. • **Supportive Environment:** Creating a supportive work environment and teamwork during incidents is emphasized. **Important note: 15 to 21% of participants had a negative response to this question or did not explicitly state what has helped with current training or did not consider the current training memorable or helpful.** **This included the following comments:** • “It hasn't helped since it's outdated and the medical system has changed." • "The current training doesn't address all of the needs of health care workers." • " Is not working with dementia as it agitates. The more long-term care violence prevention needs help." • "To be honest, my training has not really helped me. My experience has helped me instead." • "I do not remember 95% of the modules." • "Practical scenarios have limited application." • "It's less helpful as the violence has outgrown the course." • "Could not attend it because I can't finish the requirement." • "In ER, it is less helpful as the violence has outgrown the course."

Source	Summary
Manager/ Leadership online focus group	• **Increased Situational Awareness:** Participants note improved awareness of surroundings, risk identification, and self-awareness. • **Skills Training and Procedures:** The training equips participants with practical skills for handling violent situations. • **Team Collaboration:** Emphasis on teamwork and supporting colleagues for safety. • **Focus on Diversity and Cultural Sensitivity:** Training addresses racialized violence and promotes cultural sensitivity. • **Promotion of Reporting and Accountability:** The training encourages a culture of reporting incidents. • **Awareness of Different Forms of Violence:** Participants become more aware of various forms of violence. • **Need for Continuous Learning:** There's a need for ongoing education and refreshers. • **Equipping Staff:** The training helps staff feel more equipped to handle potentially violent situations. • **Standardized Approach:** It provides a common language and approach for conflict resolution and de-escalation. • **Specific Clinical Examples:** Real-life scenarios are used for practical application, making the training more relevant.

Source	Summary
Facilitators/ Volunteers/Post-Secondary Institutions online focus group	• **Enhancing Confidence and Skills:** The training boosts participants' confidence and equips them with practical skills to manage and de-escalate confrontational situations effectively. • **Verbal De-escalation:** The training emphasizes the importance of verbal communication in diffusing tense situations and provides strategies for effective communication. • **Protective Techniques:** Participants learn protective postures and moves to ensure their safety while dealing with aggressive individuals, empowering them to physically protect themselves. • **Problem-Solving and Reflection:** The training encourages participants to reflect on their experiences, fostering continuous improvement and learning. • **Support and Collaboration:** It fosters a sense of community and collaboration among participants, providing a platform for sharing experiences, ideas, and best practices. • **Understanding Escalation Signs:** Participants learn to recognize signs of escalation and potential violence, allowing them to intervene early and prevent situations from worsening. • **Safety Measures:** The training emphasizes safety protocols and procedures, ensuring participants are well-informed about the steps to take when faced with aggression. • **Empowering Staff:** By providing tools and knowledge, the training empowers staff to confidently handle challenging situations, whether through verbal means or physical techniques if necessary. • **Increased Awareness and Preparedness:** The training raises awareness about the potential for violence in healthcare settings and prepares participants to handle such situations more effectively. • **Scenario-Based Training:** Participants find value in practicing scenarios and mock codes, allowing them to apply their learning in controlled environments and refine their skills.

b. Question 38-Questionniare: What is working well in the current training?

Summary
• **Increased Confidence and Preparedness:** Some participants mentioned that the training helped them feel more confident and prepared when dealing with potentially violent situations. Learning techniques for de-escalation and self-defense provided them with a sense of empowerment and assurance. • **Improved Communication Skills:** The training appears to have improved communication skills, enabling participants to effectively interact with patients and manage situations before they

Summary

escalate. This includes techniques like lowering one's voice and using non-confrontational language.

- **Promoted Safety Awareness:** Training seems to have encouraged individuals to be more aware of their surroundings and safety protocols. This heightened awareness helps them anticipate potential risks and take proactive measures to prevent violence.
- **Enhanced Team Collaboration:** The training has fostered an understanding of the importance of teamwork and collaboration in managing violent situations. Effective communication among colleagues is crucial in ensuring the safety of both staff and patients.
- **Provided Practical Strategies:** Participants have reported gaining practical strategies for responding to aggression and violence, such as creating behaviour care plans, utilizing the Universal Precautions Tool, and applying de-escalation techniques.
- **Supported Reporting and Documentation:** Some respondents have appreciated the guidance on reporting incidents and near misses, which contributes to a culture of safety and accountability.
- **Useful in Certain Scenarios:** The training appears to be helpful in specific scenarios where de-escalation techniques and communication skills can be effectively applied, such as dealing with agitated clients or patients.

Important note: 19.2% of respondents had a negative response to this question. i.e., Nothing is working well.

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2. What is not working well? Or what could be improved in the current training?

a. In-person drop-in session/online focus group summary

Source	Summary

In-person drop-in sessions/online focus groups	• **Training Accessibility and Frequency:**
	  ○ More opportunities for training and refreshers.
	  ○ More in-person training.
	  ○ Regular training.
	  ○ More frequent training.
	  ○ Annual recertification.
	  ○ More course offerings.
	  ○ Training for small groups.
	  ○ Training during work time.
	  ○ In-house training paid for.
	  ○ Ensure casuals receive training.
	• **Training Content and Focus:**
	  ○ Recognizing impairments.
	  ○ Support staff training.
	  ○ Supporting/or working with/providing care to individuals with substance use/misuse concerns, mental health concerns, or other complex behavioural dynamics.
	  ○ Screening clients before one-on-one meetings.
	  ○ Identifying signs of escalation.

Source	Summary
	○ De-escalation strategies. ○ Dealing with psychological harm. ○ Calming individuals under the influence of drugs. ○ Caring for vulnerable populations. ○ Unique units (e.g., urgent care, home care, mental health). • **Management and Organizational Support:** ○ Management and Health Authority buy-in. ○ Management needs training. ○ Management should participate in training. ○ Support from management and policy decisions. ○ Better communication with frontline staff. ○ More time for education. ○ Monthly meetings about current violence. ○ Violence prevention team on every unit. ○ More guidance on grey areas of safety. • **Training Format and Delivery:** ○ More in-person training. ○ Hands-on specific training. ○ Practice, including mock scenarios. ○ Experiential learning modules. ○ Role-playing scenarios. ○ Visual and interactive learning. ○ Engaging training. ○ Lessons rather than courses. ○ Flexibility in delivery. • **Community and Client Engagement:** ○ More community-based education. ○ Focus on community health services' safety. ○ Engaging with clients and screening. ○ Creating a care team and proper patient assessment. ○ Coordinating skills and knowledge with law enforcement. • **Security Measures:** ○ On-site representation. ○ Better screening and searches of patients. ○ Protection from outsiders and weapons. ○ Addressing violence from visitors. • **Psychological and Emotional Support:** ○ Mental health understanding. ○ Emotional and psychological support after violent events. ○ Debriefing following an incident. ○ Support for dealing with aggressive family members and patients. • **Training Resources and Materials:** ○ High-quality scenarios for effective learning. ○ More scenario videos for concrete examples. ○ Real-life stories and examples.

Source	Summary
	○ Clarity on expectations and requirements. ○ Backpacks and items for de-escalation. • **Diverse Work Settings and Roles:** ○ Customized training for different healthcare settings. ○ Tailored courses for specific groups. ○ Role-specific training for unique units. ○ Addressing the changing daily needs of patients. • **Policy and Reporting:** ○ Follow-up on complaints. ○ Addressing verbal abuse as violence. ○ Addressing lateral violence and staff safety. ○ More thorough documentation and reporting.
Manager/ Leadership online focus group	• **Time Constraints and Accessibility:** Find ways to make training more flexible and accessible to accommodate busy work schedules and remote locations. • **Cost:** Explore cost-effective training solutions or financial support options to alleviate the financial burden on employees. • **Underreporting:** Clarify reporting procedures, ensure confidentiality, and emphasize the importance of reporting violent incidents. • **Inadequate Focus on Other Types of Violence:** Broaden training to encompass various forms of violence, including lateral violence and racialized violence. • **Lack of Dynamic Content and Insufficient Updates:** Keep training materials dynamic and up to date to address evolving issues and best practices. • **Lack of Specialization and Lack of Realistic Scenarios:** Offer specialized training for different departments and improve training scenarios to reflect real-world situations. • **Absence of Follow-Up and Support:** Establish effective post-incident support mechanisms to assist employees after violent incidents. • **Limited Resilience Training:** Ensure adequate training on resilience to help employees cope with the emotional aftermath of violent incidents. • **Generic Content and Lack of Skill Application Guidance:** Customize training for specific roles and provide guidance on applying learned skills. • **Insufficient Focus on Verbal De-escalation and Limited Interactivity:** Enhance training on verbal de-escalation techniques and incorporate interactive elements for better engagement and knowledge retention.
Facilitators/ Volunteers/Post-Secondary Institutions online focus group	• **Hands-On Practice:** Provide more opportunities for participants to practice the skills learned in training to build confidence and ensure they can effectively apply these techniques in real-life situations. • **Retention and Recall:** Develop strategies to improve the retention and recall of techniques and communication skills learned during training, preventing the loss of these vital skills over time.

Source	Summary
	• **Access to Training:** Address challenges related to ensuring that all staff members, including agency nurses and volunteers, have access to the training despite staffing shortages and scheduling difficulties. • **Consistency and Standardization:** Strive for consistency in the delivery of training across different agencies and organizations to avoid confusion and knowledge gaps among staff members. • **Communication and Engagement:** Effectively communicate the importance of training to staff and engage them actively in the training process to increase participation and attendance. • **Support and Practice for Verbal De-escalation:** Provide ongoing support and resources for practicing verbal De-escalation techniques, recognizing their importance in preventing violence. • **Challenges with Refreshers:** Address challenges with refresher courses, such as low attendance and knowledge retention issues, by finding effective ways to refresh and reinforce training. • **Resource Availability:** Offer additional resources like visual cues (cue cards, videos, etc.) to help staff remember and apply the techniques learned in training. • **Creating a Supportive Culture:** Foster a supportive culture that doesn't place immediate blame on staff members involved in violent incidents, ensuring they receive the necessary support. • **Relevance of Training to Different Roles:** Tailor training content to the specific roles and responsibilities of different participants, including volunteers, to ensure that scenarios and examples align with their unique situations.

b. Question 41-Questionnaire: What could be improved in the current training?

Summary

• **Enhanced Training Delivery and Accessibility:**
  ○ **More In-Person Training:** Incorporate hands-on, practical sessions for staff to practice skills in real-life scenarios.
  ○ **Mandatory and Employer-Paid:** Make training mandatory and employer-paid to ensure universal participation.
  ○ **Employer-Paid Online Content:** Ensure employers cover the cost of online training content.
  ○ **During Shifts:** Offer training during shifts to accommodate busy work schedules.
  ○ **Focus on High Ratios:** Address high patient-to-staff ratios to enable attendance during shifts.
  ○ **More Interactive Sessions:** Create engaging and interactive training sessions for better learning.
  ○ **More Self-Defense Techniques:** Include practical self-defense techniques for personal safety.
  ○ **Enhanced Mental Health Knowledge:** Provide comprehensive training on recognizing and managing mental health issues.
  ○ **Increased Learning Opportunities:** Offer frequent learning opportunities, including workshops, seminars, and online modules.

  - **Comprehensive Lessons:** Deliver thorough training covering various aspects of workplace violence.
- **Realistic Scenario-Based Training:**
  - **Realistic Scenarios:** Incorporate more real-life scenarios, including mock codes and crisis situations.
  - **Team Building:** Include team-building exercises to enhance collaboration during violent situations.
  - **Mock Trials and Unexpected Scenarios:** Integrate unexpected scenarios into training.
  - **Non-Clinical Settings:** Tailor scenarios to various work environments beyond clinical settings.
  - **Tailored Content:** Ensure training content is relevant to specific roles and responsibilities.
- **Frequent Training and Follow-Up:**
  - **Involvement of All Staff:** Engage all staff members in training to foster a team-based response.
  - **Frequent Training:** Provide training more than once per year to maintain skills.
  - **Regular Refreshers:** Offer frequent refresher sessions to reinforce concepts.
  - **Follow-Up Reporting:** Include detailed reporting information and follow-up procedures.
  - **Opportunities for Practice:** Allow staff to practice de-escalation techniques.
- **Diverse Scenario Coverage:**
  - **Variety of Scenarios:** Cover a range of scenarios, including those that may not initially appear escalated.
  - **Focus on Follow-Up:** Include training on post-incident reporting and follow-up care.
  - **De-Escalation Techniques:** Provide additional training in various verbal de-escalation techniques.
  - **Use of Force Training:** Incorporate practical use of force training.
  - **Role-Playing Practice:** Include more opportunities for role-playing.
- **Specialized Training and Populations:**
  - **Mental Health-Focused Violence Care:** Focus on strategies for managing violence associated with mental health issues.
  - **Training for Specific Settings:** Tailor training for different work settings.
  - **Handling Aggressive Residents:** Provide training specific to caring for residents who are showing signs of aggression and/or displaying behaviours which may pose a safety concern to themselves or others.
  - **Training for Specific Populations:** Offer training tailored to specific patient populations.
  - **Conflict Management:** Focus on training to manage conflicts.
- **Safety and Resiliency:**
  - **Trauma-Informed Care:** Provide training in trauma-informed care practices.
  - **Safety Audits:** Conduct safety audits to assess risks and improve security measures.
  - **Trauma-Resiliency Training:** Offer training on handling trauma exposure and building resiliency.
  - **Relevance to Specific Roles:** Ensure training content is relevant to different job roles.
  - **Systemic Changes:** Emphasize systemic changes within healthcare environments.
  - **Regional Training Leads:** Engage regional leads to provide site-specific training.

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3. What situations or tasks present the greatest potential for violence?

a. In-person drop-in session/online focus group summary

Source	Summary
In-person drop-in sessions	• Caring for or working with individuals who are actively using substances • Patients with living or lived experience of substance use • Long wait times • Overcrowding in healthcare facilities • Patients with mental health disorders • Patients with cognitive impairments or delusions • Patients with neurological issues • Patients coming out of sedation • Patients in mental health crisis • Patients living with schizophrenia, dementia and/or other complex mental health concerns • Patients in pain • Patients with unrealistic expectations • Patient-family conflicts • Upset or aggressive family members • Patients with substance use concerns; seeking treatment for substance use • Patient aggression during personal care • Confrontations during patient care activities • Patients seeking to exit the facility • Patient disagreements over care plans • Insufficient staffing levels • Lack of security presence • Unsafe areas of town • Lack of communication with colleagues • Lack of mental health opportunities for staff • Poorly prepared or understaffed urgent care centres • Lack of resources and facilities for home care • Challenging interactions with patients who have used substances or who are actively using substances • Patient resistance during medication administration • Emergency triage situations • Handling aggressive behaviours from patients • Dealing with aggressive visitors • Agitation caused by long wait times • Patients reacting negatively to delays in care • Patient-family disputes during care or testing delays • Confrontations during patient transfers • Working with patients using substances and/or person with living experience of substance use • Working alone in potentially risky situations • Patients with unrealistic care expectations • Dealing with violent patients in confined spaces • Lack of training to manage violent situations • Lack of management support for staff safety

Source	Summary
	• Patient aggression during care plan discussions • Patients with history of violence • Frustration and aggression due to lack of mental health support • Confronting patients with contradictory care plans • Lack of security in public areas of healthcare facilities • Working with patients who use substances • Dealing with patients with history of violent episodes • Aggression during patient transportation • Patient aggression during emergency care • Lack of transparent communication with patients • Dealing with aggressive behaviour from colleagues • Patients becoming aggressive when equipment is non-functional • Patients reacting negatively to changes in their environment • Dealing with aggressive behaviour during patient assessments • Working with patients who are difficult to communicate with • Lack of clear communication between patients and healthcare teams • Patients expressing frustration through aggression or violence
Online focus groups	• **Challenging Environments:** Many of the situations involve working in challenging environments, including shelters, emergency rooms, high-crime areas, and places with patients who use substances. These environments often contribute to heightened emotions and tensions, increasing the risk of violence. • **Unpredictable Behaviour:** Interactions with individuals who are emotionally heightened, agitated, or struggling with mental health issues can lead to unpredictable behaviour, making it difficult to anticipate and manage potential violence. • **Mental Health Challenges:** Dealing with individuals who have mental health challenges, especially when they are off medication or experiencing crises, presents a higher risk of violence due to the potential for agitation and unpredictable reactions. • **Safety Measures:** There's a constant need for safety measures and risk assessments to be in place, whether it's in emergency situations, transportation of individuals, enforcing rules, or handling delicate interactions. • **Conflict Resolution:** Conflicts between patients, clients, family members, and even coworkers can escalate into aggression or violence if not managed appropriately. • **Communication Challenges:** Poor communication, misunderstandings, and lack of information sharing can contribute to tension and potentially violent confrontations. • **Security Concerns:** Occupations dealing with security, law enforcement, or handling valuable items are more susceptible to threats and potential violence.

Source	Summary
	• **Isolation and Vulnerability:** Working alone or in isolated areas can increase vulnerability, as immediate assistance might not be readily available. • **Emotional Triggers:** Discussions of sensitive topics, handling end-of-life decisions, managing visitor restrictions, and addressing financial matters can evoke strong emotions that may escalate into violence. • **Lack of Training:** The absence of proper training in violence prevention, de-escalation techniques, and conflict resolution can contribute to situations spiraling out of control. • **Agitated Clients and Family Members:** In healthcare and social services, dealing with agitated or aggressive clients and their family members adds to the risk of violence. • **High-Stress Environments:** Occupations characterized by high-stress environments, such as emergency rooms, critical care, and law enforcement, are more likely to encounter violence due to the intensity of these situations. • **Substance Abuse and Addiction:** Interactions with individuals who use substances regularly can lead to violent behaviours, particularly when they are experiencing withdrawal or cravings. • **Inadequate Resources:** Limited resources, whether it's staff shortages or insufficient security measures, can contribute to heightened tensions and the potential for violence. • **Intersectionality and Equity:** Factors related to gender, race, and other characteristics can add complexity to situations and contribute to varying risks of violence. • **External Factors:** External factors such as political tensions, community dynamics, and cultural differences can impact the potential for violence. • **Handling Personal Care:** Providing personal care, especially in invasive or intimate situations, can trigger aggressive reactions from patients. • **Patient Frustration:** Long wait times, dissatisfaction with care, and misunderstandings about treatment plans can lead to patient frustration and potentially escalate into violence. • **Discharge and Refusal of Care:** Discharging patients against their will or addressing refusals of care can result in tense and potentially violent confrontations. • **Security Measures and Training:** Adequate security measures, proper training in de-escalation tactics, and effective communication are essential in preventing and managing violent incidents.

Manager/ leadership online focus group	• **Patient Interactions in Healthcare Settings:**
	  ○ High-stress situations, confused patients, sedation, and family interactions in emergency rooms.
	  ○ Potential for violence due to the nature of dealing with patients in crisis.
	• **Traveling:**
	  ○ Vulnerability during work-related travel, especially to unfamiliar locations.
	  ○ Unfamiliar environments and interactions with strangers can heighten risk.
	• **Working Alone:**

Source	Summary
	○ Increased vulnerability working alone during off-hours or in dimly lit areas. ○ Dark hallways, parking lots, and unfamiliar environments contribute to risk perception. • **Interaction with Aggressive Individuals:** ○ Potential violence from interactions with aggressive individuals, whether patients, colleagues, or the public. • **Racialized Violence:** ○ Concern for visible minority groups facing targeted violence based on racial identity. • **Administering Care to High-Risk Patients:** ○ Potential for violence when caring for patients with behavioural issues or conditions. • **Interactions in Virtual Spaces:** ○ Remote work environment introduces new risks, including virtual hostility and racism. • **Working with Security Teams:** ○ Support roles for security teams expose participants to potentially violent situations. • **Off-Hour Shifts:** ○ Working during non-business hours or off-hours increases vulnerability, especially in dimly lit areas. • **Emergency Department and Hospital Settings:** ○ Dealing with patients in crisis situations contributes to potential for violence. • **Interaction with Angry or Agitated Individuals:** ○ Interactions with angry staff, students, or clients can lead to potential violence. • **Patient Agitation and Restraint:** ○ Using restraints, either chemical or physical, can escalate patient response. • **Mental Health Crises:** ○ Patients experiencing a mental health crisis or emergency can display challenging and hard to predict behaviours. • **Substance Abuse or Withdrawal:** ○ Patients in active withdrawal can display challenging behaviours that make it difficult to provide care. • **Long Wait Times and Frustration:** ○ Extended waiting times in busy healthcare settings can lead to verbal or physical aggression. • **Delivering Unpleasant News:** ○ Giving bad news triggers emotional reactions, potential hostility. • **Discharge Instructions:** ○ Providing discharge instructions can lead to anger or aggression from patients or family.

Source	Summary

	• **Visitors and Family Members:**
	  ○ Interactions with stressed or dissatisfied visitors/family can turn violent.
	• **Restricted Movement:**
	  ○ Restricting patients' movement for procedures can lead to resistance and aggression.
	• **Cultural and Language Barriers:**
	  ○ Misunderstandings from cultural/language differences can escalate conflicts.
	• **End-of-Life Decisions:**
	  ○ Emotional discussions about end-of-life care can result in confrontations.
	• **Request for Controlled Substances:**
	  ○ Denying patients' requests for controlled substances may lead to frustration and aggression.
	• **Dealing with Aggressive Elderly People:**
	  ○ Handling aggressive elderly individuals in healthcare settings carries higher risk.
	• **Virtual and Remote Work:**
	  ○ Challenges in identifying cues and managing psychological risks during remote interactions.
	• **Working Alone or After Hours:**
	  ○ Working alone or during off-hours increases potential for violence.
	• **Frontline Healthcare:**
	  ○ Acute care hospitals, mental health facilities, and corrections facilities face higher potential for violence.
	• **Direct Contact with Patients or Clients:**
	  ○ Direct interactions with patients or clients carry higher risk due to heightened emotions.
	• **Challenging Interactions with Patients:**
	  ○ Managing demanding patients, eligibility issues, or frustrations requires de-escalation skills.
	• **Mental Health and Behavioural Health Settings:**
	  ○ Individuals experiencing a significant mental health concern or crisis may display challenging or complex behaviours, increasing the potential for violence.
	• **Working in Correctional Facilities:**
	  ○ Staff in prisons face unique challenges due to potentially aggressive inmates.

Facilitators/ Volunteers/Post-Secondary	• **Agitated Individuals:**
	  ○ Risk of violence during agitation.
	• **Verbal Conflicts:**
	  ○ Potential for escalation into violence.
	• **De-escalation Challenges:**

Source	Summary
Institutions online focus groups	○ Difficulties in calming agitated situations. • **Enforcing Boundaries and Restrictions:** ○ Confrontations when enforcing limits. • **Uncooperative Patients:** ○ Tension when providing care to resistant individuals. • **Personal Care Activities:** ○ Aggressive reactions during intrusive care. • **Handling Medications or Injections:** ○ Hostility during administration. • **Patient Transfers and Restraints:** ○ Aggression during movement restriction. • **Managing Disruptive Behaviour:** ○ Violence risk with disruptive patients. • **Conducting Mental Health Assessments:** ○ Unpredictability during mental health assessments. • **Visitor Restrictions and Policies:** ○ Conflicts enforcing policies. • **Patient Delays and Frustrations:** ○ Aggression due to wait times. • **Working Alone in the Community:** ○ Isolation increases risk in community care. • **Handling Substance Abuse Situations:** ○ Elevated aggression risk and behavioural concerns can be present with some types of substance use and overdose. • **Communicating Bad News:** ○ Potential confrontations delivering difficult news. • **Patient Escalation in Emergencies:** ○ Recognizing agitation cues in emergencies. • **Close Patient Interaction:** ○ Risk in close proximity situations. • **Complex Mental Health Diagnoses:** ○ Potential increased risk with multiple or complex diagnoses.. • **Working Alone in Community Settings:** ○ Isolation risk in community care. • **Code White and Silver Responses:** ○ Immediate responses to violence or armed situations. • **Visitor Reactions to Restrictions:** ○ Tensions during visitor restrictions. • **Frontline Staff Interactions:** ○ Violence risk enforcing safety measures. • **High-Stress Environments:** ○ Elevated tension in critical care areas. • **Mental Health Crisis Situations:** ○ Unpredictability and stress of mental health crises and emergency situations.

Source	Summary

	• **Situations Involving Restraints:**
	  ○ Managing restraint use to prevent violence.
	• **Communicating Bad News:**
	  ○ Emotional reactions to unfavourable news.
	• **Response to Denial of Entry:**
	  ○ Confrontations denying entry.
	• **Shift Transitions:**
	  ○ Miscommunication risks during shifts.
	• **Emergency Departments (ER):**
	  ○ Risks due to long wait times and frustration.
	• **Dealing with Patients with Dementia:**
	  ○ Challenges in handling dementia patients.
	• **Wandering Residents:**
	  ○ Resistance from wandering residents.
	• **Information Desk and Visitor Communication:**
	  ○ Tensions communicating unfavourable news.
	• **Personal Care and Mobility Assistance:**
	  ○ Resistance during personal care.
	• **Handling Elderly Patients in ER:**
	  ○ Challenges with confused elderly patients.
	• **Dealing with Substance-Use-Related Incidents:**
	  ○ Risks from substance-use-related incidents.
	• **Security Alerts and Delays:**
	  ○ Agitation from prolonged waiting.
	• **Patients with Mental Health Concerns:**
	  ○ Unpredictable behaviour in mental health patients.
	• **Visiting and Mobility of Elderly Patients:**
	  ○ Resistance or frustration during mobility assistance.
	• **Lack of Staff Presence:**
	  ○ Risk in situations without staff support.
	• **Handling Medications and Personal Belongings:**
	  ○ Contentious situations during distribution.
	• **Dealing with Agitated Patients:**
	  ○ Aggressive reactions from agitated patients.
	• **Assisting with Personal Care:**
	  ○ Vulnerability during personal care.
	• **Enforcing Visitor Policies:**
	  ○ Resistance enforcing visitor policies.
	• **Language and Communication Barriers:**
	  ○ Miscommunication leading to potential aggression.
	• **Dealing with Individuals Using Substances:**
	  ○ Risks with patients who have recently used substances.
	• **Providing Directions and Guidance:**
	  ○ Frustration during navigation assistance.
	• **Handling Complaints and Dissatisfaction:**

Source	Summary
	○ Confrontations over dissatisfaction. • **Assisting in Waiting Areas:** ○ Managing frustration in crowded waiting areas. • **Security and Crowd Control:** ○ Volunteer involvement in security poses risks. • **Dealing with Agitated Patients:** ○ Escalation risk with agitated, confused patients. • **Assistance with Personal Care:** ○ Vulnerability during personal care assistance. • **Managing Mental Health Issues:** ○ Unpredictability in mental health disorder situations. • **Long Wait Times and Frustration:** ○ Aggression due to prolonged wait times. • **Substance Abuse or Withdrawal:** ○ Aggression from patients under substance influence. • **Restrictive Measures:** ○ Violence risk when implementing restrictive measures. • **Discharge Instructions:** ○ Confusion and aggression post-discharge. • **Visitors and Family Members:** ○ Confrontations with dissatisfied family members. • **Breaking Bad News:** ○ Emotional reactions to distressing news. • **Handling Disagreements:** ○ Tension from differing treatment opinions. • **Resource Limitations:** ○ Conflict from perceived care inequalities. • **Cultural and Language Barriers:** ○ Aggression due to communication difficulties. • **Disruptive Individuals:** ○ Escalation risk with intentionally disruptive individuals. • **End-of-Life Care:** ○ Emotional distress during end-of-life care. • **Dealing with Emotional and High-Stress Situations:** ○ Tensions during palliative care and end-of-life situations. • **Interacting with Under-Housed Individuals:** ○ Risks from unpredictable behaviour in vulnerable populations. • **Challenging Situations in Mental Health and Substance Use Settings:** ○ Violence risk in mental health and substance use settings. • **Confronting Patients Refusing Care or Restrictions:** ○ Escalation risk when denying certain requests. • **Dealing with Aggressive Behaviours and Substance Use:** ○ Addressing scenarios related to aggression and substance misuse. • **Emotional Reactions to Administrative Decisions:**

Source	Summary
	○ Violence risk during communication of unfavourable decisions. • **High-Risk Locations:** ○ Elevated violence risk in specific healthcare settings. • **Conveying Unpleasant News:** ○ Potential for aggression when delivering distressing news.

b. Top five survey results

i. Question 31 (Quantitative scale)

ii. Question 32 (free text)

Source	Summary
Question 31	• Enforcing Department Policy (e.g., no smoking policy) • Refusing Requests from patients/residents/visitors • Working with client/patient who has recently used substances • Working with client/patient/resident who is experiencing mental health needs • Interacting with visitors or family members
Question 32	• **Interacting with Aggressive Clients/Patients:** ○ Many comments mention encounters with aggressive, agitated, or violent clients or patients. This includes situations where patients are physically or verbally aggressive, especially in cases involving dementia, mental health disorders, or substance use issues. • **Enforcing Rules and Regulations:** ○ Several comments highlight the challenges of enforcing rules, regulations, and legislation, which can lead to resistance, verbal abuse, or even physical violence. This theme encompasses interactions with clients, family members, or visitors who disagree with or challenge the rules. • **Working Alone or In Vulnerable Situations:** ○ Many comments express concerns about working alone or in potentially vulnerable situations, such as entering clients' homes, addressing situations involving homeless individuals, or being alone in elevators with potentially violent patients. • **Dealing with Challenging Family Members:** ○ There are comments about encountering aggressive or confrontational family members, especially in medical settings or when discussing patient care, decisions, or resource availability. • **Medical Procedures and Care Activities:** ○ This theme includes activities involving physical care or procedures, such as drawing blood, applying restraints, or providing personal care, which can lead to resistance or violent reactions from patients.

4. What content would make the training most useful?

a. In-person drop-in session/online focus group summary

Source	Summary
In-person drop-in sessions/online focus groups	• **De-Escalation Techniques:** Extensive training in verbal de-escalation, focusing on diffusing aggressive situations and communicating effectively with individuals who are actively using substances and/or individuals experiencing a mental health emergency or crisis. • **Recognition of Warning Signs:** In-depth education on recognizing early signs of potential violence, including non-verbal cues and behavioural indicators, with practical examples and real-life scenarios. • **Hands-On Training:** Practical, hands-on activities and simulations that allow participants to apply de-escalation techniques, practice physical techniques, and learn how to get out of holds safely. • **Scenario-Based Training:** In-person training with a strong emphasis on scenarios and role-playing, tailored to different healthcare settings, including high-stress environments like the ER. • **Safety in Restroom Situations:** Specific training on handling potentially volatile situations that may occur in restrooms, emphasizing personal safety and communication strategies. • **Team Collaboration:** Training that highlights the importance of teamwork, clear communication, and collaboration with colleagues, security personnel, and other departments during crisis situations. • **Site-Specific Content:** Customized modules for different healthcare domains (e.g., community, acute, long-term care) and scenarios relevant to specific work environments, including rural settings. • **Physical Techniques:** Comprehensive training in non-violent physical interventions and restraint techniques, with a focus on safety for both patients and healthcare providers. • **Mental Health Awareness:** Enhanced understanding of mental health crises, with a focus on effective interventions and strategies to support individuals in distress. • **Instructor Expertise:** Training led by experienced instructors with relevant expertise in violence prevention and healthcare, ensuring a practical and context-aware approach. Additionally, it's crucial to consider the following elements: • **Regular Refreshers:** Implementing regular refreshers, possibly every six months to a year, to reinforce skills and knowledge. • **Audience-Specific Modules:** Developing different modules tailored to different roles within healthcare (e.g., staff, volunteers, physicians). • **In-Person Training:** Prioritizing in-person training, especially for critical scenarios and role-playing exercises. • **Interactive Scenarios:** Incorporating high-quality, interactive scenarios in a variety of healthcare settings to make training more engaging and realistic. • **Management Support:** Ensuring that managers prioritize and support violence prevention training for their teams. • **Cultural Awareness:** Including training on cultural sensitivity and communication, especially when dealing with diverse patient populations.

Source	Summary
	• **Self-Defense Skills:** Providing non-aggressive self-defense skills for healthcare providers. • **Trauma-Informed Practice:** Integrating trauma-informed care principles into training to better address the needs of individuals with trauma backgrounds. • **Regular Safety Huddles and In-services:** Encouraging regular safety discussions and educational sessions on-site to address specific concerns and share experiences.
Manager/ leadership online focus group	• **Cultural Competence and Diversity Training:** Addressing racialized violence, unconscious biases, and promoting cultural respect. • **Recognizing Different Forms of Violence:** Covering various forms of violence, including physical, lateral, and verbal aggression. • **Situational Awareness and De-escalation:** Providing practical guidance on situational awareness, early warning signs, and effective de-escalation techniques. • **Resilience and Coping Strategies:** Equipping staff with strategies to build resilience and manage the psychological impact of violence. • **Scenario-Based Training:** Offering realistic role-playing scenarios tailored to specific roles and environments. • **Continuous Learning and Refreshers:** Emphasizing the importance of ongoing learning and regular skill refreshers. • **Teamwork and Communication:** Training on effective teamwork and communication during potentially violent situations. • **Access to Resources:** Providing information on available support systems, resources, and external agencies. • **Dynamic and Up-to-Date Content:** Keeping training content regularly updated to reflect current issues and trends. • **Prevention Strategies:** Focusing on early intervention and prevention of violent situations.
Facilitators/ Volunteers/Post-Secondary Institutions online focus group	• **Comprehensive De-Escalation Techniques**: Extensive training in de-escalation techniques, encompassing verbal and non-verbal strategies, to effectively defuse tense situations and prevent conflicts from escalating into violence. • **Early Signs Recognition:** Education on identifying early warning signs of potential violence, including nonverbal cues, changes in behaviour, and verbal indicators, enabling proactive intervention. • **Cultural Competence and Diversity Training:** Content emphasizing cultural sensitivity and understanding diverse experiences and needs. • **Communication Skills:** Training that hones effective communication skills, such as active listening, empathy, and clear and respectful communication, to reduce tension and prevent violence. • **Personal Safety Measures:** Practical guidance on maintaining personal safety, including physical distancing, positioning, and exit strategies when interacting with potentially volatile individuals.

Source	Summary
	• **Scenario-Based Learning:** Interactive scenarios and role-playing activities to provide realistic practice, allowing staff and volunteers to apply learned skills in controlled environments. • **Collaborative Team Training:** Involvement of all health care staff levels, including clinical, administrative, and security personnel, in training sessions to foster a cohesive team response to potential violence. • **Legal and Ethical Considerations:** Understanding of the legal and ethical aspects of managing violent incidents, including the appropriate use of force and documentation procedures. • **Self-Care Techniques:** Information on self-care strategies for health care workers to cope with the emotional toll of challenging interactions and reduce burnout. • **Continual Training and Refresher Courses:** Ongoing training sessions and refresher courses to maintain preparedness and confidence, as well as adapt to emerging trends in violence prevention.

b. Question 42, Questionnaire: What additional content of focus would you like to see in the training?

Summary
• **De-escalation Techniques:** Many respondents have emphasized the need for practical training in de-escalation techniques. This involves providing staff with tools to defuse tense situations, manage patient behaviours, and prevent escalation to violence. • **Trauma-Informed Care:** Several comments mention the importance of incorporating trauma-informed care principles into the training. This involves understanding the impact of trauma on patients and staff and adapting interactions and responses accordingly. • **Physical Self-Defense and Safety:** Some respondents have expressed interest in learning physical self-defense techniques for situations where they may need to protect themselves from violence. This could include techniques for safely managing aggressive individuals. • **Specific Scenarios and Populations:** There's a call for training scenarios that are more specific to different areas of practice, such as caring for dementia patients, substance use, mental health crises, and more. • **Communication Skills:** Effective communication, both with patients and among staff, is a key component of violence prevention. Respondents have highlighted the need for improved communication skills training. • **Support and Debriefing After Incidents:** Many comments suggest the need for support and debriefing sessions for staff after violent incidents occur. Addressing staff trauma and offering resources for emotional wellbeing are crucial. • **Cultural Sensitivity:** Training should address cultural competency and diversity, especially in dealing with patients from various backgrounds, and handling situations involving microaggressions and discrimination. • **Reporting and Consequences:** Clear guidelines on how to report violence, harassment, or other incidents, as well as the consequences for such behaviours, are important aspects of the training.

Summary
• **Collaboration and Teamwork:** Encouraging teamwork and collaboration among staff during violent incidents is another area for consideration. • **Community and Non-Clinical Settings:** Respondents have suggested expanding the training to cover violence prevention in community settings and non-clinical areas. • **Supervisor and Leadership Training:** There's a need to address violence within the workplace, including staff-to-staff aggression and leadership's role in promoting a safe and supportive environment. • **Empowerment:** Some comments highlight the importance of empowering staff to report incidents and prioritize their own safety, without fear of repercussions. • **Ongoing Training and Refreshers:** Several comments indicate the need for continuous training and refreshers to keep skills up to date and reinforce the importance of violence prevention. • **Resources for Emotional Support:** Providing resources for emotional support and coping strategies after violent incidents is essential for staff wellbeing. • **Addressing Specific Types of Violence:** Respondents have requested training on handling various forms of violence, including verbal abuse, sexual harassment, domestic violence, and more.

5. **What do staff need to feel confident in using violence prevention skills and knowledge to feel safe?**
    a. **In-person drop-in session/online focus group summary**

Source	Summary
Staff online focus group	• **Knowledge of Safe Locations:** Knowing the safe locations when visiting new sites provides a sense of security. • **Calmness and Quick Decision-Making:** Remaining calm and making thoughtful, quick decisions and reactions are essential in handling violent situations. • **Teamwork and Leadership:** Effective teamwork, proper tools, personal protective equipment (PPE), and clear, level-headed leadership are crucial for violence prevention. • **Debriefing and Learning:** Debriefing after incidents and taking action to prevent future occurrences is key to building confidence. • **Adequate Staffing and Respectful Management:** Having enough staff and respectful management support contributes to overall safety. • **Hands-On Safety Training:** Practical, hands-on safety training is essential for staff to feel confident in their skills. • **Understanding Others:** Empathy and understanding of others are important for conflict resolution and de-escalation. • **Role Play and Real-World Scenarios:** Role-playing scenarios, especially those based on real examples, help staff gain practical experience. • **Consistent Training for All:** Ensuring that all staff receive the same training builds a common skill set. • **Regular Refreshers and Continuous Learning:** More frequent refresher courses, continuous learning opportunities, and access to resources enhance staff readiness and confidence.

Source	Summary
Manager/ leadership online focus group	• **Continuous Learning:** Access to ongoing training and refresher courses to reinforce skills and stay up to date. • **Practice and Role-Playing:** Regular practice through role-playing scenarios in a safe environment. • **Contextual Examples:** Training that provides contextual examples relevant to different roles and settings. • **Team Collaboration:** Promoting a sense of teamwork and collaboration among staff members. • **Cultural Awareness and Sensitivity:** Training focused on cultural awareness, diversity, and sensitivity. • **Realistic Training Scenarios:** Incorporating realistic scenarios relevant to daily work. • **Resilience Building:** Strategies for building personal resilience and coping with emotional impacts. • **Supportive Resources:** Access to resources such as security personnel, code white teams, and external agencies. • **Incorporation into Workflows:** Integration of violence prevention training into staff schedules and workflows. • **Feedback and Reporting Systems:** Mechanisms for reporting incidents and receiving feedback on responses.
Facilitators/ Volunteers/Post-Secondary Institutions online focus group	• **Continuous Learning:** Access to ongoing training and refresher courses to reinforce skills and stay up-to-date. • **Practice and Role-Playing:** Regular practice through role-playing scenarios in a safe environment. • **Contextual Examples:** Training that provides contextual examples relevant to different roles and settings. • **Team Collaboration:** Promoting a sense of teamwork and collaboration among staff members. • **Cultural Awareness and Sensitivity:** Training focused on cultural awareness, diversity, and sensitivity. • **Realistic Training Scenarios:** Incorporating realistic scenarios relevant to daily work. • **Resilience Building:** Strategies for building personal resilience and coping with emotional impacts. • **Supportive Resources:** Access to resources such as security personnel, code white teams, and external agencies. • **Incorporation into Workflows:** Integration of violence prevention training into staff schedules and workflows. • **Feedback and Reporting Systems:** Mechanisms for reporting incidents and receiving feedback on responses.

6. **What is limiting access to violence prevention training?**
    a. **In-person drop-in session/online focus group summary**

Source	Summary
In-person drop-in sessions/online focus groups	• **Lack of Awareness and Recognition:** The significance of violence prevention training might be underappreciated by staff and administrators, leading to missed opportunities for accessing training resources. • **Time Constraints and Demanding Schedules:** Balancing the demands of healthcare, law enforcement, and other responsibilities with comprehensive training is a formidable challenge. Professional's unpredictable schedules make it difficult to find suitable time slots for training sessions without disrupting their duties. • **Resource Limitations and Budget Challenges:** The scarcity of resources, particularly budget allocations, impacts the availability of specialized violence prevention training programs. Limited financial support restricts the creation and delivery of effective training initiatives. • **Personnel Shortages and Staffing Struggles:** When organizations are already understaffed, scheduling employees for training while maintaining adequate patient care levels becomes a delicate balancing act, hindering training opportunities. • **Resistance to Change and Status Quo Bias:** Organizational cultures that resist change impede the implementation of new training methodologies. A reluctance to challenge established practices stifles training initiatives. • **Competing Priorities Overload:** Law enforcement agencies and healthcare organizations are besieged with multiple priorities, often relegating violence prevention training to a secondary role. • **Inadequate Training Content:** Ill-fitted or uninspiring training content dampens motivation for participation. Customized, engaging content is crucial for effective training. • **Training Format Limitations:** Offering training in restricted formats excludes individuals who can't attend in person. The lack of diverse training formats reduces accessibility. • **Cultural and Linguistic Barriers:** Multicultural environments encounter challenges due to language and cultural differences, hampering access and effectiveness. • **Bureaucracy Blockades:** Complex administrative procedures and bureaucratic obstacles hinder swift implementation of training initiatives
Manager/ leadership online focus group	• **Time Constraints:** Staff members have limited time due to their busy work schedules and various responsibilities. The duration of training sessions can be a significant barrier for staff already occupied with their regular tasks. • **Cost:** The cost associated with violence prevention training, especially if it involves paid courses or travel expenses, can be a barrier for both organizations and individual staff members. • **Staffing Shortages:** Workforce shortages make it challenging for organizations to release staff for training without causing disruptions to daily operations.

Source	Summary
	• **Inconvenient Timing:** Training sessions may be scheduled during staff members' days off, requiring additional time commitment outside of regular work hours. • **Access to Technology:** Online training modules may require access to technology, which might not be readily available to all staff members. • **Lack of Alignment with Roles:** Some staff members might feel that the training content isn't directly applicable to their specific roles, leading to a perception that the training isn't worth the time investment. • **Difficulty in Coordination:** Coordinating training sessions, especially for large teams or across different shifts, can be logistically challenging. • **Underreporting of Violence:** Staff members may question the value of violence prevention training if they perceive that incidents of violence are underreported or not taken seriously. • **Lack of Awareness:** Poor communication or limited promotional efforts can result in staff members being unaware of available training opportunities. • **Training Format:** The format of the training itself, whether online or in-person, can impact accessibility, and staff members may have preferences that affect their willingness to participate.
Facilitators/ volunteers/post-secondary institutions online focus group	• **Cultural Sensitivity:** Ensuring training is culturally sensitive and inclusive of diverse perspectives is crucial for accessibility. • **Time Constraints:** Limited time due to busy work schedules and demanding job responsibilities makes it challenging for staff to attend lengthy training sessions. • **Staffing Levels:** Short staffing and high workloads can prevent staff from participating in training, as they may be hesitant to take time away from patient care. • **Shift Work and Rotations:** Irregular shifts and rotations in healthcare make it difficult to schedule training sessions that accommodate everyone's availability. • **Geographic Locations:** Staff working in remote or community-based locations may face challenges in accessing in-person training due to travel logistics. • **Limited Resources:** Some healthcare organizations lack resources for comprehensive training, including materials, trainers, and facilities. • **Lack of Awareness:** Some staff members may not be aware of the importance and availability of violence prevention training. • **Resistance to Change:** Resistance to adopting new training programs or methods can hinder accessibility. • **Language and Literacy Barriers:** Language and literacy differences can impact engagement with training materials. • **Lack of Incentives:** The absence of incentives or recognition for completing training may reduce motivation to participate.

7. **What would improvement look or feel like for violence prevention?**
    a. **In-person drop-in session/online focus group summary**

Source	Summary
In-person drop-in sessions/online focus groups	• **Reduced Incidents of Violence:** An effective violence prevention program should prioritize a noticeable decrease in violent incidents over time, reflecting its success in enhancing safety. • **Increased Staff Confidence:** Training programs should boost staff confidence in handling and de-escalating violent situations, empowering them to act effectively. • **Better Reporting and Documentation:** Improved training should lead to better reporting and documentation of incidents, aiding in tracking progress and identifying patterns, ultimately supporting a proactive approach. • **Enhanced Organizational Support:** Organizations that prioritize prevention should provide necessary resources and foster a safety-focused culture, encouraging a collective commitment to violence prevention. • **Positive Patient Outcomes:** A successful program should result in fewer violent incidents, creating a safer and more secure environment for patients and staff alike. • **Collaborative Approach:** Improvement should involve collaboration among staff, administrators, and training providers, integrating feedback for continuous refinement and development. • **Compliance with Regulations:** Meeting or exceeding regulations ensures comprehensive training, enhancing safety in healthcare settings. • **Addressing Root Causes:** Effective training should go beyond techniques to address underlying causes of violence, addressing risk factors proactively. • **Regular Evaluation and Updates:** Continuous evaluation and updates keep training relevant and impactful, reflecting the organization's commitment to improvement. • **Creating a Supportive Environment:** Improved training should contribute to creating a supportive, safe workplace, where staff can report concerns without fear and feel valued.
Manager/ leadership online focus group	• **Specialization:** Tailoring training to different roles and situations within the healthcare environment, acknowledging that various positions may have unique risks and needs for violence prevention. • **Cultural and Racial Diversity Focus:** Addressing racial violence and cultural diversity issues more comprehensively in the training, recognizing that different racial and cultural groups may experience varying types of violence. • **Continuous Learning:** Emphasizing the need for ongoing learning beyond the initial training, where staff members take accountability for their own awareness and actively engage in staying updated on violence prevention strategies.

Source	Summary
	• **Dynamic and Engaging Content:** Creating dynamic training content that incorporates various media formats, such as videos, interactive modules, and role-playing scenarios, to keep participants engaged and interested. • **Focus on Lateral Violence:** Including content on lateral violence within the workplace, acknowledging that violence can come from colleagues and coworkers, and providing strategies to address and prevent such incidents. • **Situational Awareness:** Providing training on situational awareness and scenario-based decision-making, helping staff members anticipate and respond effectively to potential violent situations. • **Resiliency and Mental Health:** Incorporating content related to resiliency and mental health, acknowledging the potential emotional toll of experiencing or witnessing violence and providing strategies to cope and recover. • **Accountability and Organizational Response:** Ensuring that organizations take proactive steps to address incidents of violence, investigate appropriately, and provide support for affected staff members. • **Frequent Refreshers:** Offering more frequent, shorter refresher training sessions to reinforce knowledge and skills, ensuring that staff members are well-prepared even after some time has passed since their initial training. • **Inclusive Access:** Making training more accessible by offering a variety of formats (online, in-person, modules), accommodating various schedules, and providing resources for those who might have limited access to technology.
Facilitators/ volunteers/post-secondary institutions online focus group	• **Increased Effectiveness:** Improved violence prevention would result in a significant reduction in violent incidents within the organization. This could mean fewer instances of verbal or physical altercations, harassment, and bullying. • **Confident and Empowered Staff:** Staff members would feel more confident and empowered in their ability to prevent and address violence. They would have the necessary skills, knowledge, and resources to handle potentially violent situations with professionalism and assertiveness. • **Cultural Sensitivity and Awareness:** The training would address the importance of cultural sensitivity and awareness, helping staff and volunteers recognize and navigate situations where cultural differences could contribute to tensions. • **Comprehensive Training Content:** The training content would cover a wide range of scenarios and situations, equipping participants with strategies for various contexts such as conflict resolution, de-escalation, and communication. • **Regular Refresher Training:** Improvement would involve implementing a system of regular refresher training sessions. This would ensure that staff and volunteers are consistently up to date with their violence prevention skills and knowledge. • **Engaged Participation:** Training sessions would be engaging and interactive, encouraging active participation from attendees. This would help in better understanding and retention of the material.

Source	Summary
	• **Positive Organizational Culture:** Improvement in violence prevention would contribute to the creation of a positive organizational culture where respectful communication and conflict resolution are valued and practiced. • **Open Reporting System:** There would be a clear and accessible system in place for reporting potential violence or concerns. This would encourage staff and volunteers to come forward without fear of retaliation. • **Evaluation and Feedback:** Improvement would involve gathering feedback from participants about the training's effectiveness and relevance. This feedback would be used to continually enhance the training program. • **Customization to Roles:** The training content would be tailored to different roles within the organization. For example, staff working directly with clients might receive training that is specific to their interactions.

8. What has helped or prevented you from being able to use the skills taught in training?

a. Question 38, Questionnaire

Summary

• **Helped:**
  ○ Practical application on how to use de-escalation techniques.
  ○ Self-defense techniques for building confidence in dealing with potentially violent interactions.
  ○ Mental health practices for understanding and responding to patients' needs.
  ○ Communication skills for effective interaction with patients and coworkers.
  ○ Creating a culture of safety through behaviour monitoring and care planning.
  ○ Team responses and coordinated actions during violent incidents.
  ○ Learning how and who to report incidents to.
  ○ Being aware and alert to prevent escalation.
  ○ De-escalation techniques, emergency responses, and on-going PVPC education.
  ○ Point of care risk assessment to identify potential violence and escape routes.
• **Prevented:**
  ○ Lack of realistic scenarios in training.
  ○ Not enough opportunities for real practice and experience.
  ○ Unpredictable situations where patients' behaviours change rapidly.
  ○ Inadequate staffing and insufficient resources affecting the implementation of learned skills.
  ○ Training not site-specific, not tailored to individual care settings.
  ○ Lack of support from management and colleagues during violent incidents.
  ○ High workload, short-staffing, and time constraints preventing effective implementation.
  ○ The gap between training content and the chaotic reality of violent incidents.
  ○ Inconsistent application of skills and lack of practice opportunities.
  ○ Online modules not effective for some learning styles and need for in-person practice.

9. What support and opportunities have you had to practice what you learned?

a. Question 39, Questionnaire

Summary

Positive Responses:

- **Support and Opportunities for Practice:**
  - Positive experiences with supportive coordinators and managers.
  - Teamwork and supportive peers for practicing skills.
  - Peer support group.
  - Regular refreshers in my workplace.
  - Safety talks and awareness.
- **De-Escalation Strategies:**
  - Emphasis on the importance of de-escalation strategies.
  - Applying skills in different contexts, including ER and acute mental health.
  - Using practical experience and teamwork to manage violent situations.
  - Using skills in real-time situations, dealing with real violence.
  - Applying skills during daily interactions with clients.
  - Practicing de-escalation on a daily basis.
- **Regular Practice and Use:**
  - Utilizing skills daily and on every call.
  - Everyday work environment for applying skills.
  - Regular incidents of aggressive behaviours, practice with different patient types.
  - Regular code whites and debriefing afterward.
  - Regular de-escalation practice on an acute care mental health unit.
- **Community and Mental Health Context:**
  - Working with clients in active substance use with high healthcare needs.
  - Importance of tailored skills for specific patient populations.
  - Working in residents' rooms where anything can be used to harm me.
  - Practicing de-escalation on a daily basis.
- **Learning from Experience:**
  - Learning from real-life scenarios and lived experience.
  - Learning from hands-on experience and practical application.
  - Regular encounters with aggressive clients or patients.
  - Using learned tools to deal with daily situations and aggressive patients.
  - Skills gained from experience and practical application.
  - Practicing de-escalation on a daily basis.
  - Using practical experience and teamwork to manage violent situations.
- **Peer and Team Support:**
  - Support from peers, educators, and code white teams.
  - Support of peers, collaboration with colleagues.
  - Peer support workers providing assistance and preventing escalation.
  - Providing food, blankets, and conversation to prevent escalation.
- **Learning from Mistakes and Situations:**
  - Debriefing and learning from violent incidents.
  - Reviewing violence incidents to understand and improve.
  - Regular code white participation and debriefing.
  - Regular de-escalation practice on an acute care mental health unit.

Negative Responses:

Summary

- **Limited Opportunities:**
  - Little to no opportunities for practice.
  - Virtual drills or code white drills only if on shift.
  - Lack of support, barriers to proper implementation.
- **Challenges in Training Accessibility:**
  - Challenges in accessing training due to workload and time constraints.
  - Lack of time for training due to heavy workload.
- **Challenges with Management and Support:**
  - Poor support from management, lack of support during incidents.
  - Lack of support, inadequate implementation of training.
  - Lack of support and challenges in implementing skills.
- **Lack of Opportunities and Implementation Barriers:**
  - Lack of support, barriers to implementation in certain contexts.
  - Minimal training even in psychiatry, lack of training opportunities.
- **Challenges in Mental Health Settings:**
  - Challenging situations with mental health care patients, substance use, and psychosis.
  - Dealing with violent patients and communication challenges.
- **Feedback on Online Training:**
  - Online modules and zoom refresher courses for safety.
  - Online modules as part of training.
- **Lack of Support and Real-Life Challenges:**
  - Lack of support and no policy for dealing with violence.
  - Lack of support and challenges in implementing skills.
- **Need for Continuous Education:**
  - Need for continuous education and training support.
  - Need for funding and support for ongoing education.
- **Challenges in Implementation and Support:**
  - Challenges in implementing training effectively.
  - Lack of support, barriers to proper implementation.
- **Learning from Toxic Work Environments:**
  - Experience with challenging work environments and toxic conditions.
  - Working in toxic environments, experiencing trauma.
- **Negative Impact of Online Presentations:**
  - Difficulty in engaging and practicing skills during online presentations.
  - Online training is challenging to apply effectively.
- **Challenges with Management and Support:**
  - Lack of support from colleagues and leadership.
  - Everyone just watches and stands around.
  - Lack of support from administration.

10. What training delivery methods work best for you? (e.g., online modules, simulations, scenarios, discussions, in-person, videos)

a. Question 43, Questionnaire

Summary

- **In-person training:**
  - Valued for hands-on practice, interaction, and discussions.
  - Effective for role-playing, simulations, and scenarios.
  - Provides a safe environment for practicing skills.
- **Simulations and scenarios:**
  - Helpful in understanding and applying concepts.
  - Offers realistic situations for skill practice.
  - Effective for trauma-informed care, conflict resolution, and de-escalation.
- **Online modules:**
  - Convenient and flexible for individual pacing.
  - Can be completed in one's own time.
  - Should incorporate engagement through discussions, videos, and simulations.
- **Videos:**
  - Relatable and easier to absorb information.
  - Effective for visual learners.
  - Can be incorporated into online modules or in-person sessions.
- **Discussions:**
  - Essential for problem-solving, debriefing, and sharing experiences.
  - Enhances understanding through peer interaction.
  - Can be integrated into both online and in-person training.
- **Combination of methods:**
  - Blending various methods to cater to different learning styles.
  - Comprehensive approach for skill development and knowledge retention.
- **Trauma-informed care focus:**
  - Emphasizes interactive and reflective delivery methods.
  - Virtual sessions with breakout rooms for discussions.
  - Self-reflective journals and small group reflections.
- **Flexibility:**
  - Consideration for different schedules and remote locations.
  - Mix of in-person and online options.
- **Relevance and practical application:**
  - Prioritizing application of learned skills in real-life situations.
  - Incorporating practical scenarios related to the workplace.
- **Refreshers and ongoing learning:**
  - Yearly online modules with regular in-person or virtual refreshers.
  - Continuous engagement to keep skills up to date.
- **Customization:**
  - Tailoring training to specific team needs and challenges.
  - Including examples and scenarios relevant to the participants.
- **Importance of engagement:**
  - Ensuring interactive elements in online modules.
  - Encouraging participation through discussions and simulations.
- **Hands-on practice:**
  - Appreciation for opportunities to physically practice skills.
  - Emphasis on experiential learning through role-playing and simulations.

Summary

- **Safe environment:**
  - Recognition of the value of a controlled setting for skill practice.
  - Simulating challenging situations without real consequences.
- **Consideration of different learners:**
  - Acknowledging that individuals learn through various methods.
  - Creating a training program that accommodates different preferences.
- **Team collaboration:**
  - Including team members and colleagues in training for shared experiences.
  - Learning from each other's perspectives and challenges.
- **Realistic scenarios:**
  - Incorporating situations that are applicable to specific workplaces.
  - Enhancing training relevance through contextual examples.
- **Relevance of refresher training:**
  - Emphasizing the need for ongoing learning and skill reinforcement.
  - Integrating regular refreshers into the training schedule.
- **Accessibility:**
  - Considering the challenges of remote locations and shift work.
  - Providing options that cater to diverse work environments.
- **Continuous improvement:**
  - Incorporating feedback from participants to refine and enhance training methods.
  - Adapting the delivery based on effectiveness and participant needs.