

## **Workplace Violence Prevention Awareness Training Expectations and Student Attestation Form**

By signing below, I attest that I completed the assigned CommonSpirit Workplace Violence Prevention (WPVP) Awareness training and understand the content. Further, I agree to comply with the expectations listed below and to promptly respond to any WPVP direction provided by CommonSpirit staff.

In the healthcare setting, the highest risk areas for violence are in Emergency Services and Behavioral Health. As a result, the following expectations have been established to limit the risk of experiencing WPV when in these locations:

- **I agree to not enter a patient's room without my preceptor, the patient's primary care nurse, or another member of the health care team prior to a violence risk assessment of the patient by qualified staff.**
- I will trust my instincts and ask for help if I feel vulnerable or at risk for harm.
- I can recognize the potential for violent behavior (e.g. sudden changes in behavior, increase in tension or a statement of intent to commit violence, previous history of violent behavior, refusal to communicate, or sudden outbursts).
- I will be aware of how items on or around my person may be used to harm me or others (scissors or pens in my pocket, badge lanyards that are not breakaway, jewelry, etc).
- I acknowledge that I will follow the chain of command (CoC) and notify unit staff and provide accurate and complete information so an WPV incident can be completed.

First and Last Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

School/Program: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Completion: \_\_\_\_\_