



# Volatile Visitor

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## Healthcare Workplace Violence Tabletop Exercise Toolkit

*Discussion-Based Exercise Package*

Developed by the Tampa Bay Health and Medical Preparedness Coalition (TBHMPC)

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This exercise is intended to support healthcare organizations in strengthening their ability to recognize, respond to, and recover from workplace violence incidents involving volatile visitors. Through structured discussion and evaluation, organizations can identify actionable improvements that enhance safety, coordination, and resilience.

## 1. Introduction

Healthcare organizations across the continuum are increasingly encountering incidents involving agitated or volatile visitors. These situations can escalate rapidly, placing patients, staff, and others at risk while disrupting operations and care delivery.

The Volatile Visitor Toolkit provides a structured, discussion-based exercise designed to help healthcare organizations evaluate and strengthen their preparedness for workplace violence incidents. This includes early recognition, de-escalation, coordinated response actions, and post-incident recovery—including the mental health impact on staff.

This toolkit is designed to be practical, scalable, and immediately deployable across healthcare settings.

## 2. Why Workplace Violence Matters

Workplace violence in healthcare is a growing operational and safety concern. Healthcare workers experience higher rates of workplace violence than most other industries. These incidents can lead to:

- Staff injury, stress, and burnout
- Disruptions to patient care and normal operations
- Increased liability and regulatory scrutiny
- Long-term workforce retention challenges

### KEY RISK INSIGHT

Workplace violence incidents in healthcare rarely begin as immediate threats—they often evolve from unmanaged agitation, frustration, fear, or perceived poor communication. Early recognition and intervention are critical to preventing escalation and ensuring safety.

### REGULATORY ALIGNMENT

Preparedness for workplace violence supports alignment with OSHA workplace violence prevention guidance, CMS emergency preparedness expectations, and Joint Commission safety and environment of care standards. This exercise can help organizations demonstrate planning, training, and evaluation efforts.

Addressing these risks strengthens both organizational resilience and staff safety culture.

## 3. Exercise Overview

### Purpose

Provide healthcare organizations with a structured opportunity to evaluate response plans, policies, and capabilities related to workplace violence incidents involving volatile visitors.

## Scope

This is a 60–75-minute discussion-based tabletop exercise. Participants engage in facilitated discussion across three progressive modules that simulate an initial encounter, escalation, and recovery.

### **EXERCISE DESIGN NOTE**

Participants should respond based on current capabilities, procedures, and decision-making practices—not ideal future states. The goal is to surface real-world strengths, gaps, and improvement opportunities.

## 4. Exercise Objectives

- Recognize early signs of escalating behavior
- Discuss de-escalation strategies and staff engagement
- Evaluate safety protocols and response actions
- Assess communication and coordination processes
- Identify operational impacts and decision points
- Explore post-incident recovery and mental health support

## 5. Target Audience

- Hospitals
- Ambulatory care and outpatient clinics
- Long-term care and assisted living facilities
- Dialysis centers
- Home health and hospice providers

## 6. Recommended Participants

- Executive leadership and administration
- Clinical leadership
- Security personnel or contracted security representatives
- Emergency management, safety, or risk staff
- Front-line staff, as appropriate
- Behavioral health or employee assistance representatives, if available

## 7. How to Use This Toolkit

This toolkit is intentionally flexible and may be used in several ways:

- Conduct the full three-module exercise in a single facilitated session
- Use individual modules as standalone tabletop exercises
- Integrate selected modules into ongoing safety, preparedness, or workplace violence training programs

### **FLEXIBLE IMPLEMENTATION**

Each appendix is designed to function independently. Organizations may use the full package for a progressive facilitated discussion or select only the module most relevant to current priorities, recent incidents, or identified capability gaps.

Facilitators are encouraged to adapt discussion depth based on participant roles, experience levels, and organizational priorities.

## 8. Exercise Structure

Module	Focus
Module 1	Initial Confrontation and Recognition
Module 2	Escalation and Crisis Response
Module 3	Recovery and Mental Health Support

## Appendix A – Module 1: Initial Confrontation and Response

*This appendix may be used as a standalone tabletop exercise scenario.*

### Focus

Recognizing and responding to the early stages of an agitated visitor's arrival.

### Scenario

An individual, Alex, arrives visibly upset regarding a family member's care and long wait times. Alex begins expressing dissatisfaction in a manner that escalates tension among staff and patients in the surrounding area.

#### **FACILITATOR CUE**

Encourage participants to focus on what staff observe, say, and do in the first 1–2 minutes of the interaction.

#### **FACILITATOR NOTE**

Keep the discussion centered on early indicators of escalation and staff response behaviors—not just the visitor's actions. Prevention often starts with how staff interpret, communicate, and respond in the first moments.

#### **WATCH FOR**

Participants should identify changes in tone, volume, pacing, posture, facial expressions, and proximity, as well as environmental stressors such as crowding, delays, communication gaps, or unmet expectations.

### Early Recognition

- What signs indicate this situation may escalate further?
- What behavioral cues should staff be trained to recognize at this stage?

### Initial Engagement

- How should staff initially approach and communicate with Alex to prevent escalation?
- What de-escalation techniques are most appropriate in this setting?

### Immediate Response

- What actions should staff take immediately?
- How should staff maintain safety for nearby patients, visitors, and personnel?

### Communication and Alerting

- How should the situation be communicated internally without causing panic?
- At what point should security be notified?
- When should law enforcement be considered?

## Suggested Activities

- Review organizational policies related to workplace violence, de-escalation, and staff reporting.
- Evaluate incident reporting processes and documentation expectations.
- Conduct role-play scenarios to practice early intervention and communication techniques.
- Document key observations and improvement opportunities for inclusion in the AAR/IP.

## Appendix B – Module 2: Escalation and Crisis Management

*This appendix may be used as a standalone tabletop exercise scenario.*

### Focus

Managing escalation and implementing protective actions to maintain safety.

### Scenario

Alex's behavior escalates and becomes more aggressive, creating a potentially threatening situation. Staff must determine how to manage the incident while prioritizing the safety of patients, visitors, and personnel.

#### **DECISION POINT**

This module represents the transition from concerning behavior to a potential safety threat. Organizations should clearly define the triggers for security activation, the thresholds for law enforcement involvement, and the decision-making authority for protective actions.

#### **OPERATIONAL REALITY**

During escalation, staff may have to balance de-escalation efforts, personal safety, patient movement, and continuity of care at the same time. Clear roles and decision points are essential.

### Managing Escalation

- What indicators suggest the situation has become a threat?
- What actions should staff take as the situation escalates?

### Safety Considerations

- How should staff balance de-escalation efforts with their own safety?
- What protective actions may be necessary, such as relocation, restricted access, or lockdown?

### Security and Law Enforcement

- What are the triggers for involving security?
- When should law enforcement be engaged?
- How should coordination occur once external responders arrive?

### Operational Impact

- How does this situation affect patient care, waiting areas, front desk operations, and clinic flow?
- What contingency actions should be considered to maintain essential operations?

### Suggested Activities

- Conduct a safety protocol drill such as restricted movement, shelter-in-place, or controlled access.
- Review internal communication systems and duress or alerting procedures.
- Evaluate coordination plans with security personnel and law enforcement.
- Document key observations and improvement opportunities for inclusion in the AAR/IP.

## Appendix C – Module 3: Post-Incident Recovery and Mental Health Support

*This appendix may be used as a standalone tabletop exercise scenario.*

### Focus

Recovery, staff support, organizational learning, and follow-through after the incident.

### Scenario

The situation involving Alex has been resolved through de-escalation, removal from the area, or intervention by security or law enforcement. Even though the immediate threat has ended, staff and patients remain affected by the incident.

#### **OFTEN OVERLOOKED**

The psychological impact of workplace violence incidents can be significant and long-lasting. Recovery should include attention to staff wellbeing, psychological safety, and support resources—not just operational reset.

#### **IMPROVEMENT OPPORTUNITY**

A useful post-incident review goes beyond discussion. It should result in documented corrective actions, assigned responsibility, realistic timelines, and follow-up to confirm improvements are completed.

### Immediate Post-Incident Actions

- What actions should occur immediately following the incident?
- How should leadership communicate with staff, patients, and others affected?

### Staff Support and Mental Health

- What resources are available to support affected staff?
- How can the organization reduce stress and prevent burnout following such incidents?

### Debriefing and Improvement

- How should the organization conduct a post-incident review or hotwash?
- What gaps, challenges, or policy issues were identified?

### Long-Term Considerations

- What longer-term changes should be implemented to improve preparedness?
- How can a culture of safety and support be reinforced following the event?

### Suggested Activities

- Assess available mental health and employee support resources.
- Conduct a structured debrief or hotwash.
- Identify, assign, and document corrective actions and improvement opportunities.
- Document key observations and improvement opportunities for inclusion in the AAR/IP.

## Appendix D – After-Action Report / Improvement Plan Template

### Purpose

Use this template to document strengths, areas for improvement, and corrective actions identified during the exercise.

#### **BEST PRACTICE**

Improvement plans are most effective when corrective actions are specific, measurable, assigned to a responsible party, and tracked to completion.

### Improvement Plan

Issue / Observation	Recommendation / Corrective Action	Responsible Party	Timeline

### Key Areas to Capture

- Major strengths and demonstrated capabilities
- Areas for improvement or resource gaps
- Policy, training, equipment, communication, or coordination issues
- Immediate next steps and longer-term actions

## Appendix E – Participant Feedback Form

Please complete this form following the exercise to provide feedback on the scenario, discussion, and overall value of the session.

### **PARTICIPANT INPUT MATTERS**

Participant feedback provides useful insight into perceived strengths, operational gaps, and future training needs. This information should inform subsequent exercises and planning efforts.

**1. The exercise met its stated objectives.**

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

**2. The scenario was realistic and relevant to my organization.**

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

**3. The facilitated discussion was valuable.**

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

**4. The exercise helped identify useful improvement opportunities.**

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

### Open Feedback

**What worked well?**

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**What could be improved?**

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**Additional comments or recommendations:**

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