






Workplace violence prevention committees bring your program to life. The following outline shares examples of committee types, the purpose and demographics of each, best practices for meeting frequency, and more.

Committee Name	Workplace Violence Committee or Workplace Violence Policy Committee	Threat Assessment Team (TAT) or Threat Management Team	Internal Response Team (IRT)	Occupational Safety and Health (OSH) Committee
 Purpose	To create and establish workplace violence policies, initiatives, and strategies for an organization. This team also determines educational needs and identifies and assesses risk reviews and other injury and incident data and implements action plans.	To investigate and manage threats and determine risk to an organization or individual. This team will receive, validate, assess, and interpret threats to determine follow-up and overall risk. This team will investigate concerns prior to/immediately after a workplace violence event.	To respond to active situations of violence or escalation to remediate individuals in behavioral crisis. Also often called Behavioral Escalation Support Team (BEST) or Behavioral Emergency Response Team (BERT).	To identify and mitigate safety hazards and risks to prevent injury and illness on the job. This team will conduct accident investigation and conduct hazard surveillance to identify health and safety issues/gaps and develop strategies to make the work environment safe.
 Committee Members	Senior Leadership (Chair), Public Safety (Co-chair), Human Resources, Clinical Educators, Risk Management, Emergency Dept. Management, Mental Health Leader, Nursing Leadership, Legal, Critical Care, Patient Experience, and Ambulatory Leadership, and Marketing.	Risk Management (Chair), Public Safety (Cochair), Psychologist, Chief Nursing Officer, Risk Management, Patient Experience, Medical Staff, Social Services, Human Resources, and/or department representatives as needed.	Clinical staff trained in de-escalation, mental health, and/or trauma-informed care, medical staff, clinical social worker, and public safety. Consider: Nurse Supervisor, Public Safety, Mental Health Advocate, Charge Nurse of Unit.	Health and Safety Representative (Chair), Senior Leadership, Public Safety, Building Facilities, Human Resources, Employee Injury Coordinator, Quality Coordinator, Risk Manager, Engineering, and any other department representatives.
 Role	<ul style="list-style-type: none"> ✓ Develop, implement, and measure workplace violence prevention program ✓ Policy compliance ✓ Recommend and vet training programs ✓ Conduct hazard/leader rounding ✓ Review event data trends ✓ Oversee action plan implementation and effectiveness 	<ul style="list-style-type: none"> ✓ Educates and promotes reporting ✓ Conducts assessments and investigations ✓ Implements response plans ✓ Creates and monitors safety plans ✓ Conducts after-action debriefing sessions to review ✓ Evaluates and initiates action plans ✓ Supports victim advocacy 	<ul style="list-style-type: none"> ✓ Provides de-escalation options and intervention assistance ✓ Provides staff support ✓ Considers medical indications 	<ul style="list-style-type: none"> ✓ Investigates accidents and incidents ✓ Makes recommendations for corrective actions ✓ Promotes reporting of incidents and near-misses ✓ Identifies, evaluates, and controls hazards in the workplace ✓ Manages data collection and tracks and trends data ✓ Provides overview to other committees
 Meeting Frequency	Monthly	Monthly	As needed	Quarterly
 Performance Measures	Decrease incidents and workplace violence injuries, decrease risk, increase preparedness, increase staff sense of safety.	Reduction in risk, events resulting in de-escalation without injuries or use of force application, increase in staff sense of safety.	Activations, safe and timely intervention, education, and consults, staff ability to de-escalate.	Decrease in number of workplace injuries, increase in reporting.