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CADTH Reference List

Deflection, Evasion, Disengagement, or Breakaway Training for Health Care Staff

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Summary of Abstracts

CADTH

Authors: Holly Gunn, Caitlyn Ford, Charlene Argáez, Nicole Askin

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Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

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Key Messages

- No comparative evidence was identified regarding violence or assault response training programs with deflection, evasion, disengagement, or breakaway training compared with violence or assault response training programs without deflection training for staff in any health care setting.
- No comparative evidence was identified regarding PART–Professional Assault Response Training, intermediate, versus Workplace Assessment Violence Education (WAVE) training for the de-escalation and prevention of violence in health care settings.

Research Questions

1. What is the comparative evidence for violence or assault response training programs with deflection, evasion, disengagement, or breakaway training compared with violence or assault response training programs without deflection training for staff in any health care setting?
2. What is the comparative evidence of PART, intermediate, versus WAVE training for the de-escalation and prevention of violence in health care settings?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were assault and violence training, and health care staff. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English-language documents published between January 1, 2011 and January 7, 2021. Internet links were provided, where available.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. The Overall Summary of Findings section was based on information available in the abstracts of selected publications.

Table 1: Selection Criteria

Criteria	Description
Population	Staff members caring for residents, clients, or patients in any health care setting (e.g., acute care, emergency care, mental health services, long-term care)
Intervention	Q1: Workplace violence or assault response training programs with deflection, evasion, disengagement, or breakaway training (e.g., PART — intermediate and advanced, EVE4HP, Caring for Care breakaway training, Nonviolent Crisis Intervention training) Q2: PART
Comparator	Q1: Workplace violence or assault response training programs without deflection, evasion, disengagement, or breakaway training (e.g., only de-escalation training) Q2: WAVE
Outcomes	Clinical evidence (e.g., decrease in violence between residents and staff, harms, safety, decrease in injury rates among staff or fellow patients)
Study Designs	HTAs, SRs, RCTs, non-randomized studies

EVE4HP = Escaping Violent Encounters for Healthcare Providers; HTA = health technology assessment; PART = Professional Assault Response Training; RCT = randomized controlled trial; SR = systematic review; WAVE = Workplace Assessment Violence Education.

Results

No health technology assessments, systematic reviews, randomized controlled trials, or non-randomized studies were identified regarding the comparative evidence of violence or assault response training programs with deflection, evasion, disengagement, or breakaway training compared with violence or assault response training programs without deflection training for staff in any health care setting. No health technology assessments, systematic reviews, randomized controlled trials, or non-randomized studies were identified regarding the comparative evidence of PART versus WAVE training for the de-escalation and prevention of violence in health care settings.

References of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

Overall Summary of Findings

No relevant literature was found regarding the comparative evidence of violence or assault response training programs with deflection, evasion, disengagement, or breakaway training compared with violence or assault response training programs without deflection training for staff in any health care setting; therefore, no summary can be provided. No relevant literature was identified regarding PART versus WAVE training for the de-escalation and prevention of violence in health care settings; therefore, no summary can be provided.

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References

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

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Appendix 1: References of Potential Interest

Previous CADTH Reports

1. Prevention and management of violence in long-term care: clinical evidence and guidelines (*CADTH rapid response report: summary of abstracts*). Ottawa (ON): CADTH; 2013 Oct. https://www.cadth.ca/media/pdf/htis/nov-2013/RB0619%20Violence%20in%20LTC%20Final.pdf Accessed 2021 Jan 12.

Systematic Reviews and Meta-Analyses

Relevant Training Programs Not Specified

2. Fernández-Costa D, Gómez-Salgado J, Fagundo-Rivera J, et al. Alternatives to the use of mechanical restraints in the management of agitation or aggressions of psychiatric patients: a scoping review. *J Clin Med*. 2020 Aug 29;9(9):2791. Medline
3. Geoffrion S, Hills DJ, Ross HM, et al. Education and training for preventing and minimizing workplace aggression directed toward healthcare workers. *Cochrane Database Syst Rev*. 2020 Sep 8;9:CD01180. Medline
4. Spelten E, Thomas B, O'Meara PF, et al. Organisational interventions for preventing and minimising aggression directed towards healthcare workers by patients and patient advocates. *Cochrane Database Syst Rev.* 2020 Apr;4:CD012662. Medline
5. Raveel A, Schoenmakers B. Interventions to prevent aggression against doctors: a systematic review. *BMJ Open*. 2019 Sep 17;9(9):e028465. Medline

Non-Randomized Studies

No Comparator

6. Buterakos R, Keiser MM, Littler S, Turkelson C. Report and prevent: a quality improvement project to protect nurses from violence in the emergency department. *J Emerg Nurs*. 2020 May;46(3):338-344.e337. Medline

Relevant Training Programs Not Specified

7. Brown RG, Anderson S, Brunt B, Enos T, Blough K, Kropp D. Workplace violence training using simulation. *Am J Nurs*. 2018 Oct;118(10):56-68. Medline
8. Gillam SW. Nonviolent crisis intervention training and the incidence of violent events in a large hospital emergency department: an observational quality improvement study. *Adv Emerg Nurs J*. 2014 Apr-Jun;36(2):177-188. Medline

Alternative Outcomes

9. Lamont S, Brunero S. The effect of a workplace violence training program for generalist nurses in the acute hospital setting: A quasi-experimental study. *Nurse Educ Today*. 2018 Sep;68:45-52. Medline

Guidelines and Recommendations

10. Registered Nurses' Association of Ontario (RNAO). Preventing violence, harassment and bullying against health workers (*best practice guideline*). 2nd Ed. Toronto (ON): RNAO; 2019 Jul. https://rnao.ca/sites/rnao-ca/files/bpg/VPW_FINAL_WEB_UPDATED_Sept_12.pdf Accessed 2021 Jan 12. *See: Summary of Recommendations (p. 14-17)*
11. National Collaborating Centre for Mental Health, National Institute for Health and Care Excellence. Violence and aggression: short-term management in mental health, health and community settings (*NICE guideline NG10*). London, England: The British Psychological Society and The Royal College of Psychiatrists; 2015. https://www.nice.org.uk/guidance/ng10/evidence/full-guideline-pdf-70830253 Accessed 2021 Jan 12.

Additional References

12. Arbury S, Hodgson M, Zankowski D, et al. Workplace violence training programs for health care workers: an analysis of program elements. *Workplace Health Saf*. 2017 Jun;65(6):266-272. https://journals.sagepub.com/doi/pdf/10.1177/2165079916671534 Accessed 2021 Jan 13. Medline
13. ECRI Institute. Violence in healthcare facilities (*guidance*). Plymouth Meeting (PA): ECRI; 2017 May. www.ecri.org ***Access by subscription only***
14. McDade Y. Effectiveness of The Mandt System Aggression Management Training in an inpatient behavioral health program (*Mississippi State University dissertation*). Mississippi State (MS): Mississippi State University; 2017. https://ir.library.msstate.edu/handle/11668/17631 Accessed 2021 Jan 12.
15. Nova Scotia Health Research Foundation. Asset map: workplace violence training/education programs. Halifax (NS): Nova Scotia Health Research Foundation; 2017 May. https://awarens.ca/wp-content/uploads/AssetMap_TrainingPrograms-Final-Draft-1.pdf Accessed 2021 Jan 12.

16. NICE. Violent and aggressive behaviours in people with mental health problems (*NICE quality standard QS154*). London, England: National Institute for Health and Care Excellence; 2017 Jun. https://www.nice.org.uk/guidance/qs154/resources/violent-and-aggressive-behaviours-in-people-with-mental-health-problems-pdf-75545539974853 Accessed 2021 Jan 13.