

Workplace Violence: Prevention, Response, and Compliance

Sharon C. Peters
speters@ebqlaw.com
503.343.6479

Boiling Point

Workplace Violence, Particularly in the Healthcare Industry, Is Increasing at an Alarming Rate

Ohio Hospital Exposed Nurses and Other Staff to Workplace Violence

Posted By [Steve Alder](#) on May 30, 2023

The Occupational Safety and Health Administration (OSHA) has determined a children's hospital in

AAMCNEWS

Threats against health care workers are rising. Here's how hospitals are protecting their staffs

Identifying security risks, calling in de-escalation teams, and training staff in violence prevention are among strategies hospitals are employing to keep workers and patients safe.

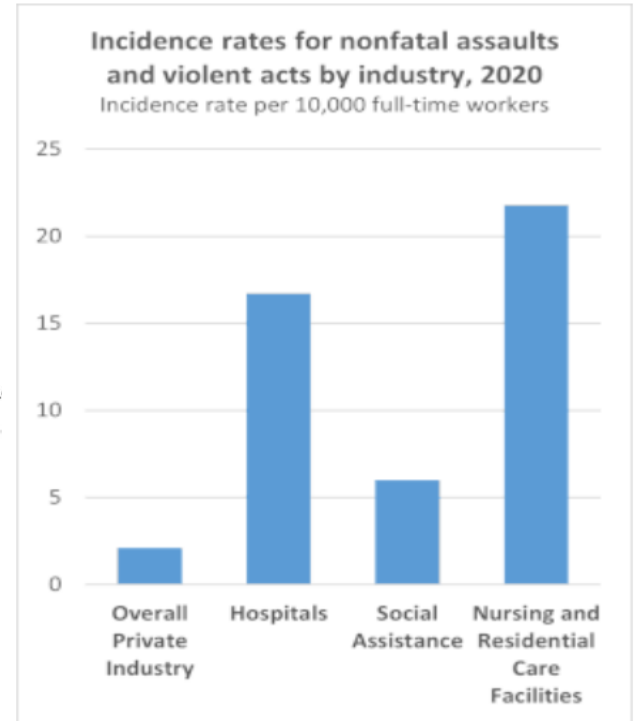


abc NEWS

Once hailed as heroes, health care workers now face a rash of violence

Tensions from an exhausting pandemic are spilling over into hospitals.

By [Bram Sable-Smith](#) and [Andy Miller](#) | KHN and Georgia Health News
October 10, 2021, 5:01 AM • 9 min read



Source: Bureau of Labor Statistics, U.S. Department of Labor ([BLS, 2021](#))

Data Shows Incidents are *still* Increasing

- Healthcare setting long recognized for risk of patient aggression/situation violence
- Increasing number of incidents
- Office settings and outpatient care, but most significant in hospital settings
- Certain areas of the hospital typically see more violence than others
 - Emergency departments
 - Waiting areas
 - Psych units
 - Long-term care
 - Geriatric units

Emergency Departments



Why?

- Increasing behavioral health encounters
- Wide range of patient conditions
- Long wait times and increasing acuity
- Security measures are difficult

Poll: ED Violence is on the Rise

An **August 2022 survey** of emergency physicians from the American College of Emergency Physicians (ACEP) shows that violence in the emergency department (ED) is on the rise and is increasing rates of health care worker burnout and harming patient care.

85% of emergency physicians believe the rate of violence experienced in emergency departments has increased over the past five years, with 45% indicating it has greatly increased.

- Two-thirds of emergency physicians report being assaulted in the past year alone (66%), while

Impact on Employers

- AMA survey of nurses: **32%** reported they plan to leave their employment
 - Workload concerns
 - Emotional exhaustion
 - Abusive/violent environment
- Retention challenges
 - Costly: *the average cost of turnover for an individual RN increased by **7.5%** in the past year to **\$56,300***
 - Patient care
 - Morale

NNU statement on workplace violence in health care settings

National Nurses United February 25, 2025



In response to recent tragedies at UPMC Memorial in Pennsylvania and HCA Florida Palms West Hospital, the nation's largest union and professional association of registered nurses, National Nurses United (NNU), issued the following statement:

"We strongly condemn the senseless, unacceptable violence at UPMC Memorial and HCA Florida Palms West Hospital. Our hearts are with the victims, and all health care professionals, emergency responders, patients, community members, and their families who have been impacted.

"Hospitals should be sites of healing and, critically, employers must do their part to ensure safe staffing and prevent conditions that lead to workplace violence. But as health care employers disregard prevention, rates of workplace violence have dramatically increased in health care settings across the country. All incidents of workplace violence are unacceptable, as is the hospital industry's failure to prioritize the safety of their patients and staff over their bottom line. Extensive [research](https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0221_HS_WPV_InjuryToNone_Brief.pdf) (https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0221_HS_WPV_InjuryToNone_Brief.pdf) and scientific evidence show that unit-specific workplace violence prevention plans created with the expertise of direct care nurses and other health care workers



The Workplace Violence Prevention for Health Care and Social Service Workers Act

S. 1176 Senator Tammy Baldwin

H.R. 2663 Representative Joe Courtney

Violence against nurses and other health care workers in hospitals and other health care facilities is a growing epidemic across the United States. Nurses report being punched, kicked, bitten, beaten, choked, and assaulted on the job — and some have faced stabbings and shootings. The Covid-19 pandemic has exacerbated the hazard of workplace violence, with nurses reporting an increase of violent incidents on the job since the beginning of the pandemic. The Workplace Violence Prevention for Health Care and Social Service Workers Act would mandate OSHA to promulgate a standard that would require all covered employers to develop and implement prevention plans to reduce workplace violence incidents. The Workplace Violence Prevention bill passed the House of Representatives in both the 116th and 117th Congress with significant bipartisan support.



Health care workers frequently experience dangerous workplace violence incidents »

- » In 2019, health care and social service workers reported five times the rate of injuries due to workplace violence than workers overall.¹
- » A 2022 study found that on average, two nurses are assaulted every hour.²
- » A study published in 2021 found that nearly 85 percent of nurse respondents said they experienced more than one type of workplace violence over the previous year.³
- » Workplace violence is underreported by hospital employees. In a 2015 study, 88 percent of respondents had not documented in their employer's electronic system an incident of violence that they had experienced in the previous year.⁴
- » In NNU's April 2022 survey, 48 percent of hospital nurses reported an increase in workplace violence, up from 30.6 percent in September 2021 and from 21.9 percent in March 2021.⁵



Workplace violence is bad for patients and hospitals »

- » Workplace violence experienced by nurses has been associated with decreased productivity⁶ and increased employee turnover.⁷
- » Workplace violence also reduced the quality of patient care.⁸

Main Sources of Workplace Violence

1. Violence from a third-party outsider
2. Violence from an employee's known relation
 - Often domestic violence and/or stalking
3. Violence from patients/families/visitors
 - Source of violence is connected with the care provided

Original Investigation | Emergency Medicine

Workplace Violence in a Large Urban Emergency Department

JAMA Network Open. 2024;7(11):e2443160. doi:10.1001/jamanetworkopen.2024.43160

November 5, 2024

Key Points

Question How frequently do health care workers (HCWs) in the emergency department (ED) experience workplace violence (WPV), and are there HCW demographics associated with increased odds of experiencing WPV?

Findings In this cross-sectional study of 72 HCWs in a large urban ED, HCWs experienced WPV once every 3.7 shifts, 25% of which involved physical violence. The odds of experiencing WPV were independently associated with the nursing role and younger age, and participants reported being affected moderately or severely in 24% of events.

Meaning Results of this study suggest that there is an urgent need to identify interventions to support and protect HCWs, especially those at highest risk.

Box. Representative Comments by Incident Type

Type 1 (Shouting, Yelling, and Insults)

1. Patient repeatedly yelling in room. Called nurse "mother f---r" and "fat b---h" while the nurse was attempting to assist the patient.
2. Patient called staff a "Stupid white ass b---h. I said I am in pain; Tylenol is not going to do s--t." then yelled "Stupid little b---h don't come back in my room until you have some real pain meds."
3. Angry and hostile toward staff, refused care then loudly screamed at staff for not doing anything, cussed at staff multiple times.

Type 2 (Threats of Physical or Sexual Violence, Death Threats, Use of Slurs)

1. Patient told staff "I'll f-----g kill you."
2. Pt called me a b---h said we all need bedside manner classes; said I was lucky he didn't beat my ass.
3. As I was placing the line the patient continued to make comments like "I bet you like getting poked with big things. I got a big thing to poke you with."

Type 3 (Physical Violence Such as Kicking, Punching, Biting, Spitting)

1. Patient agitated, lunged toward provider while attempting to rip out IV.
2. Patient physically assaulted CIU employee and broke computers.
3. The patient twice tried to bite staff, hit the nurse on rib cage, and pinched skin on her arm.

Sexist

1. Patient was asking for restraints to be removed because "I can get my hands on your body. You have a nice ass. I bet you taste good baby."
2. Patient repeatedly screamed "F--k you..." calling staff..., "4 eyed nerd," "bimbo b---h," and "gutter slur." Patient physically aggressive and physically fighting security.
3. "Little young ass m-----s don't know s--t. Rude little b-----s need taught a lesson, like you! Women don't know s--t."

Racist

1. Pt intoxicated and using racial slurs like n----r and being aggressive toward staff.
2. Visitor rolling eyes at Hispanic RN and then walked over to registration and asked if they spoke English and continued to engage in conversation with them and disregarded efforts made to assist visitor with locating patient by RN, who was speaking in English.
3. Patient states, "I have an emergency." Patient then states "I matter too. I am American" (nurse was registering a different patient who was Latinx). The nurse asks patient to stop interrupting. Patient states "You are rude...you shouldn't be working up here."

Legal Framework – Recent Federal Legislative Activity

Safety from Violence for Healthcare Employees (SAVE Act)(H.R. 2584/S. 2768)

- Criminalizes violence against HC workers
- Hospital groups have supported, unions of HC workers have strongly supported
- Carve out for mental incapacity (concern re: criminalizing mental illness)
- Referred to House Committee in April 2023, Senate Committee in September 2023
- Supported by the AHA

Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1309)

- Intended to require Secretary of Labor and OSHA to issue a national standard
- Passed the House in 2021, never come to a vote
- Opposed by the AHA

Unlikely to see action this (election) year



The Workplace Violence Prevention for Health Care and Social Service Workers Act

S. 1176 Senator Tammy Baldwin

H.R. 2663 Representative Joe Courtney

Violence against nurses and other health care workers in hospitals and other health care facilities is a growing epidemic across the United States. Nurses report being punched, kicked, bitten, beaten, choked, and assaulted on the job — and some have faced stabbings and shootings. The Covid-19 pandemic has exacerbated the hazard of workplace violence, with nurses reporting an increase of violent incidents on the job since the beginning of the pandemic. The Workplace Violence Prevention for Health Care and Social Service Workers Act would mandate OSHA to promulgate a standard that would require all covered employers to develop and implement prevention plans to reduce workplace violence incidents. The Workplace Violence Prevention bill passed the House of Representatives in both the 116th and 117th Congress with significant bipartisan support.



Health care workers frequently experience dangerous workplace violence incidents »

- » In 2019, health care and social service workers reported five times the rate of injuries due to workplace violence than workers overall.¹
- » A 2022 study found that on average, two nurses are assaulted every hour.²
- » A study published in 2021 found that nearly 85 percent of nurse respondents said they experienced more than one type of workplace violence over the previous year.³
- » Workplace violence is underreported by hospital employees. In a 2015 study, 88 percent of respondents had not documented in their employer's electronic system an incident of violence that they had experienced in the previous year.⁴
- » In NNU's April 2022 survey, 48 percent of hospital nurses reported an increase in workplace violence, up from 30.6 percent in September 2021 and from 21.9 percent in March 2021.⁵



Workplace violence is bad for patients and hospitals »

- » Workplace violence experienced by nurses has been associated with decreased productivity⁶ and increased employee turnover.⁷
- » Workplace violence also reduced the quality of patient care.⁸



Legal Framework – Other Federal Activity

CMS Memorandum QSO-23-04-Hospitals

- November 28, 2022
- CMS will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare
- Medicare certified hospitals have a regulatory obligation to care for patients in a safe setting under the Medicare Hospital Conditions of Participation at §482.13(c)(2)
- A hospital's emergency preparedness plan must be based on, and include, a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. Conditions of Participation at §482.15(a).

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

Ref: QSO-23-04-Hospitals

DATE: November 28, 2022

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Workplace Violence-Hospitals

Legal Framework – Accreditation

Joint Commission Accreditation Standards

- The high incidence of workplace violence prompted the creation of new Joint Commission accreditation requirements implemented in 2022
- These requirements provide a framework to guide organizations in developing effective workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease workplace violence

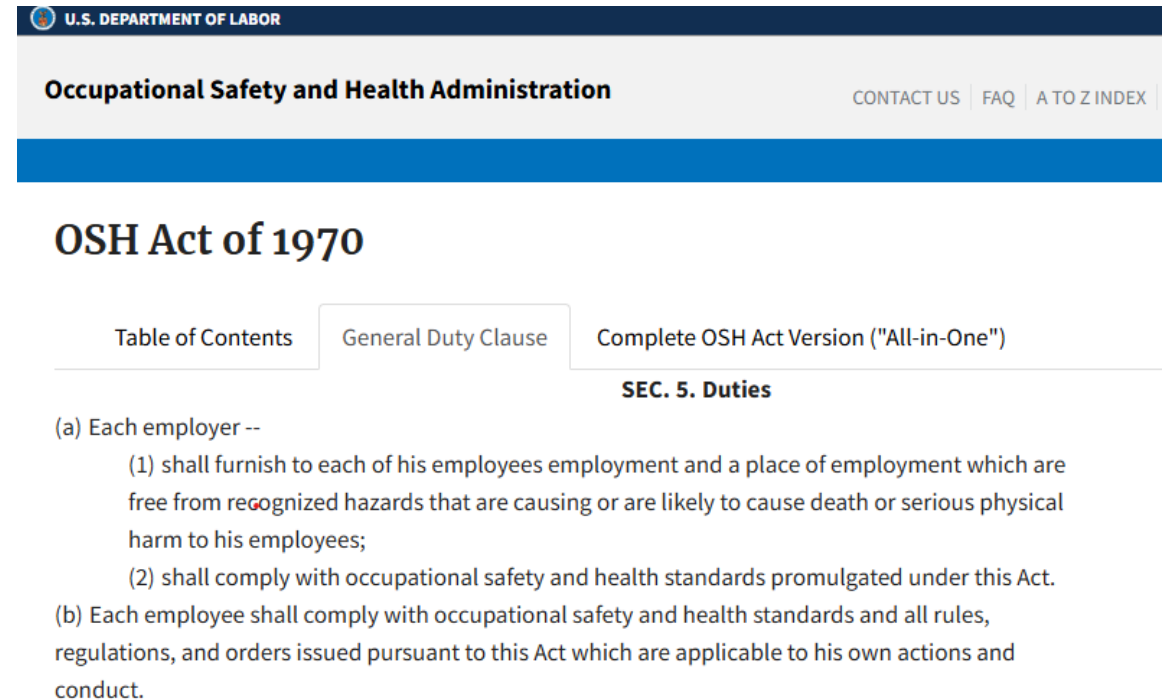
Standard EC.02.01.01: The hospital manages safety and security risks.

Requirement	<p>EP 17: The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. (See also EC.04.01.01, EP 1)</p> <p>Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.</p>
--------------------	---

Domain	Standards	Requirements	Description
Environment of Care (EC)	EC.02.01.01	EP17	Annual worksite analysis and management of risks
	EC.04.01.01	EP1	Continuous data monitoring and reporting
		EP6	Risks related to WPV
Human Resources (HR)	HR.01.05.08	EP29	Staff education and training
Leadership (LD)	LD.03.01.01	EP9	WPV prevention program

Legal Framework – OSHA

- No specific OSHA regulation directed to workplace violence prevention
- Hospitals are cited for General Duty Clause violations
 - Section 5(a)(1) of the Occupational Safety and Health Act (the “General Duty Clause”) requires employers to furnish a workplace which is free from recognized hazards which may cause or are likely to cause death or serious physical harm
 - Very broad; no direct guidance



The screenshot shows the OSHA website header with the U.S. Department of Labor logo and navigation links for 'CONTACT US', 'FAQ', and 'A TO Z INDEX'. Below the header, the title 'OSH Act of 1970' is displayed. A navigation bar contains three tabs: 'Table of Contents', 'General Duty Clause' (which is selected), and 'Complete OSH Act Version ("All-in-One")'. The main content area is titled 'SEC. 5. Duties' and contains the following text:

(a) Each employer --

- (1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;
- (2) shall comply with occupational safety and health standards promulgated under this Act.

(b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.

2024 OSHA Citations

DEPARTMENT OF LABOR INVESTIGATION INTO WORKER'S SERIOUS INJURIES FINDS HEALTHCARE FACILITY'S OPERATOR AGAIN FAILED TO PROTECT EMPLOYEES FROM PATIENT VIOLENCE

Circles of Care cited for failing to keep workers safe after patient attacked health tech

ORLANDO, FL – For the third time in five years, a federal investigation has found the operator of multiple psychiatric and rehabilitation facilities, has had workers seriously injured or killed in violent patient attacks, including an employee who suffered serious injuries caused by a patient at a Melbourne location.

The U.S. Department of Labor's [Occupational Safety and Health Administration](#) began an investigation into the Nov. 7, 2023, incident after Circles of Care Inc. reported the worker's hospitalization two days after a patient used a metal hole punch to strike a mental health technician at a nurse's workstation in the head, face, hands and arms. A second employee suffered a hand laceration as they assisted in restraining the patient.

OSHA cited the company with a repeat violation for not providing a workplace free of recognized safety and health hazards — such as workplace violence — at its Sheridan West Unit at 400 E. Sheridan Road. The agency found Circles of Care failed to provide sufficient controls to prevent the escalation of acts of aggression toward professional staff. OSHA also issued a citation for an other-than-serious violation for the company's failure to report an employee's work-related hospitalization within 24 hours, as required by law.

2024 OSHA Citations

July 2, 2024

US Department of Labor finds Northern Arizona VA Healthcare System again failed to protect employees from serious, potentially deadly patient violence

OSHA cited the Bob Stump VA Medical Center in 2019 for similar violations

PRESCOTT, AZ – For the second time in four years, federal investigators have determined a Prescott veterans' medical center failed to protect healthcare workers from unit residents who kicked, bit, struck, punched, slapped and sexually harassed them.

In December 2023, the U.S. Department of Labor's [Occupational Safety and Health Administration](#) concluded that Northern Arizona VA Healthcare System's Bob Stump VA Medical Center again exposed nurses, nursing assistants and housekeeping staff to patient violence. Federal regulations require employers to provide a workplace free of hazards that are causing or are likely to cause employees to suffer serious physical harm or worse.

2024 OSHA Citations

SIGNATURE HEALTH TAKES MULTIPLE ACTIONS TO IMPROVE SAFETY AFTER US DEPARTMENT OF LABOR INVESTIGATION OF MAPLE HEIGHTS STABBING

Nurse practitioner suffered stab wounds in April 2024 patient attack

MAPLE HEIGHTS, OH – An Ohio outpatient mental health treatment facility has taken numerous steps to improve workplace safety, including employing a weapons screening process, enhancing security and implementing staff training, after a patient attacked a nurse practitioner violently in April 2024.

Responding to the incident, investigators with the U.S. Department of Labor’s [Occupational Safety and Health Administration](#) learned the patient stabbed an employee repeatedly with a knife the patient brought into a Signature Health Inc. facility in Maple Heights. Despite the risk of injury, the facility’s lone security guard and other co-workers were able to stop the attack from continuing.

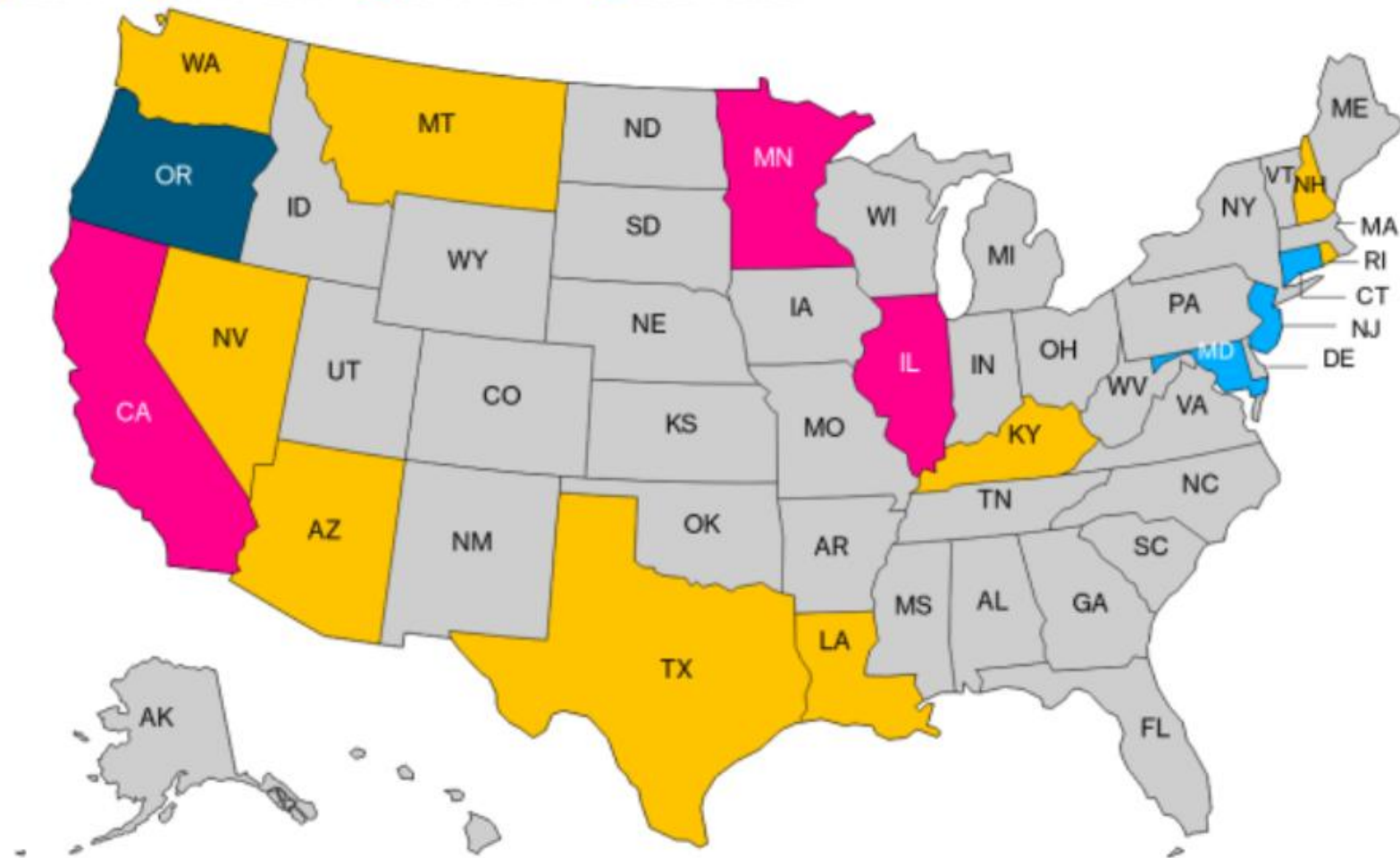
“Since this disturbing incident, Signature Health has worked diligently with OSHA to improve its safety programs and has enacted measures to reduce the likelihood of future incidents,” said OSHA Area Director Howard Eberts in Cleveland. “A comprehensive workplace violence prevention program requires screening procedures, effective employee training and immediate reviews of incidents and near-misses to address risks and ensure continual process improvement.”

After the OSHA investigation, [Signature Health received a citation involving a serious violation under the OSH Act’s general duty clause for failing to protect employees against workplace violence](#). Signature Health entered into a settlement agreement with OSHA, in which it has agreed to pay a penalty of \$16,131 by Nov. 30, 2024.

Health Care Workplace Violence Laws Proliferate in Pandemic Era

State laws with requirements for health care employers

■ 2007 ■ 2010–2014 ■ 2015–2019 ■ 2020–2023



Source: Bloomberg Law

Bloomberg Law

Although these state laws have proliferated quickly, they share numerous common threads—a silver lining for employers with operations in multiple states that have to comply with a patchwork of requirements.

EBG 50-State Legislative Survey Workplace Violence in Health Care



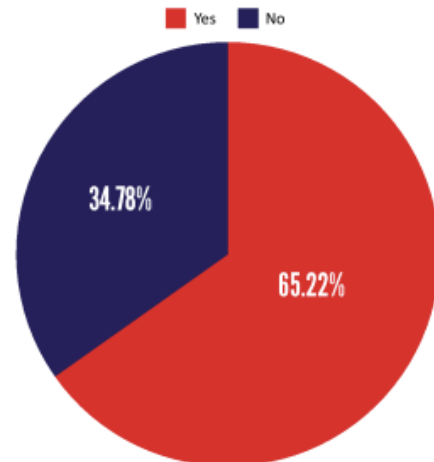
Ohio

Ohio Nurses Association Survey of all Ohio Nurses: 2024 Staffing Findings

WORKPLACE VIOLENCE INCREASING IN HEALTHCARE ENVIRONMENT

65.22% of direct care nurses experienced workplace violence in the last 12 months.

Have you experienced workplace violence in the last 12 months?*Workplace violence includes, but is not limited to, being a victim of verbal threats, verbal abuse, harassment, intimidation, disruptive behavior, unwanted sexual advances, verbal or physical conduct of a sexual nature, attempted physical assault, actual physical assault with or without a weapon.

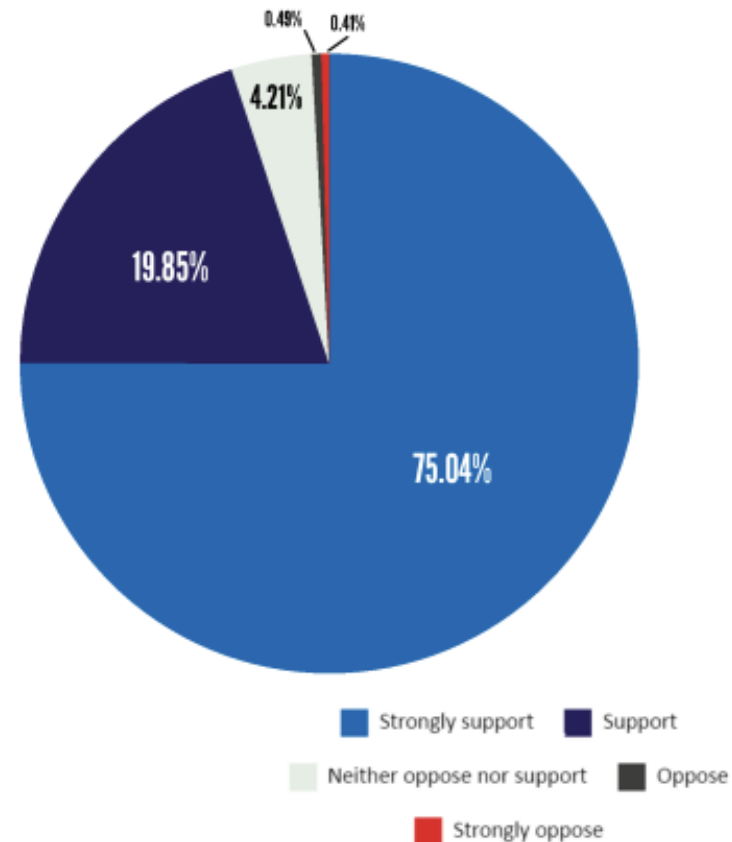


Ohio

Ohio Nurses Association Survey of all Ohio Nurses: 2024 Staffing Findings

When asked about reporting workplace violence, only 18.6% of the respondents reported all of their workplace violence incidents, citing “I did not feel reporting would make a difference” as the most common reason for not reporting.

94.89% of nurses strongly support or support increasing criminal penalties, including potential felony charges, for individuals who knowingly cause harm to healthcare workers, including using bodily fluids as a weapon.



Healthcare Workplace Safety Act Passes Ohio Senate, Heads to Governor for Signature

December 19, 2024

Andrea White News



Northeast Ohio nurses celebrate law targeting workplace violence

Ideastream Public Media | By Taylor Wizner
Published January 14, 2025 at 4:57 PM EST



GagliardiPhotography / Shutterstock

Nurses say the job is becoming increasingly dangerous. A new law will require hospitals to get buy-in from frontline staffers on security plans, which also must be approved by the state.

Northeast Ohio nurses are cheering the passage of a new law that will help improve workplace safety for care providers in hospitals.

In one of the last bills to be passed in 2024, Gov. Mike DeWine signed H.B. 452 into law.

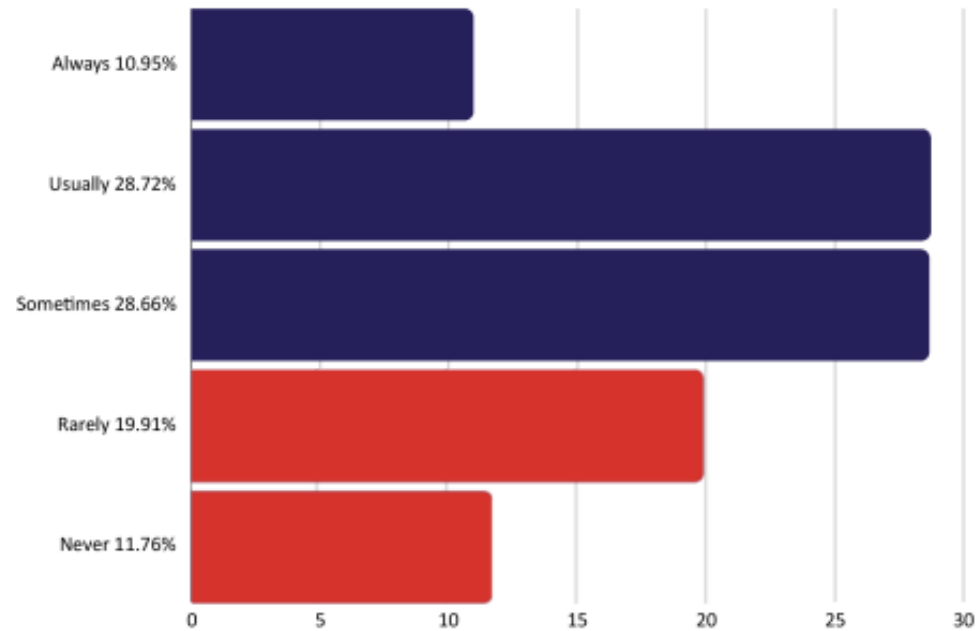
COLUMBUS – Legislation introduced by State Representatives Andrea White (R-Kettering) and Rachel Baker (D-Cincinnati) to better support hospital health care workers by providing a framework for addressing the increase in workplace violence through prevention strategies, workplace safety plans, training and reporting standards throughout Ohio, has passed the Ohio Senate and is headed to the Governor for signing.

“I support our frontline health care workers who are so often serving our most mentally struggling citizens,” said White.

Ohio

Ohio Nurses Association Survey of all Ohio Nurses: 2024 Staffing Findings

Are there enough safety measures in place at your workplace to keep you and your patients safe? *Examples of safety measures include, but are not limited to, adequate security personnel, metal detectors, posted zero tolerance policies that are absolutely enforced, safe patient restraint devices, PPE.



Ohio

ORC 4101.11 Duty of Employer to Protect Employees and Frequenters

Section 4101.11 | Duty of employer to protect employees and frequenters.

Ohio Revised Code / Title 41 Labor and Industry / Chapter 4101 Safety In The Workplace

◀ Previous

Next ▶

Effective: October 1, 1953 Latest Legislation: House Bill 1 - 100th General Assembly PDF: Download Authenticated PDF

Every employer shall furnish employment which is safe for the employees engaged therein, shall furnish a place of employment which shall be safe for the employees therein and for frequenters thereof, shall furnish and use safety devices and safeguards, shall adopt and use methods and processes, follow and obey orders, and prescribe hours of labor reasonably adequate to render such employment and places of employment safe, and shall do every other thing reasonably necessary to protect the life, health, safety, and welfare of such employees and frequenters.



AUTHENTICATED,
OHIO LEGISLATIVE SERVICE
COMMISSION
DOCUMENT #332382

Ohio Revised Code

Section 3727.18 Hospital security plans.

Effective: April 9, 2025

Legislation: House Bill 452

(A) Each hospital system, and each hospital that is not part of a hospital system, shall establish a security plan for preventing workplace violence. In developing the plan, the hospital system or hospital shall involve a team consisting of members selected by the hospital system or hospital, subject to both of the following:

(1) At least one member of the team shall be a current or former patient of the hospital system or hospital or a family member of such a patient.

(2) At least fifty per cent of the team's total membership shall be comprised of health care employees who provide direct patient care for the hospital system or hospital.

(B) All of the following apply to a security plan established under this section:

(1) The plan shall be based on the results of a security risk assessment, which, in the case of a hospital system, shall be conducted for each hospital in the system. The assessment shall address all high-risk areas of the hospital, including its emergency department and psychiatric department, if the hospital has such departments. The assessment shall be conducted in consultation with the medical

Ohio

Ohio House Bill 452

- Requires each hospital system:
 - Have a security plan for preventing workplace violence and managing aggressive behaviors
 - Team should include a patient (current or former or family member)
 - 50% of team are patient care employees
 - Conduct security assessment
 - Annual review and attestation
 - Establish workplace violence incident reporting system
 - Training requirements
 - Allow first-name only badges
 - Guidelines for when law enforcement or security shall remain with patient

Section 3727.181 | Hospital workplace violence incident reporting system.

Ohio Revised Code / Title 37 Health-Safety-Morals / Chapter 3727 Hospitals

[◀ Previous](#) [Next ▶](#)

Effective: April 9, 2025 *Latest Legislation:* House Bill 452 - 135th General Assembly *PDF:* [Download Authenticated PDF](#)

Each hospital system, and each hospital that is not part of a hospital system, shall establish a workplace violence incident reporting system, which shall be documented, tracked, and analyzed. The results of the analysis shall be used to make improvements in preventing workplace violence, including improvements achieved through continuing education in targeted areas such as de-escalation training, risk identification, and prevention planning.

The reporting system shall be clearly communicated to employees, including to all new employees during orientation, and shall include guidelines for when and how to report incidents to the employer, security agencies, law enforcement authorities, including hospital police departments, local emergency service organizations, or government agencies.

Each hospital system, and each hospital that is not part of a hospital system, shall adopt a policy that prohibits any person from discriminating or retaliating against any health care employee for reporting to, or seeking assistance or intervention from, the employer, security agencies, law enforcement authorities, including hospital police departments, local emergency service organizations, or government agencies, or for participating in an incident investigation.

All hospital systems and hospitals shall use their reporting systems to track the following: the number of incidents reported through their respective reporting systems; the number of incidents reported to law enforcement authorities, including those reported to a hospital police department; and the number of individuals involved in the incidents who are criminally charged as a result. The data shall be shared with the team involved in developing the security plan under section [3727.18](#) of the Revised Code or in conducting the annual review and evaluation of the plan under that section.

Last updated March 26, 2025 at 3:50 PM

Ohio

ORC 2903.13 Assault

(A) No person shall knowingly cause or attempt to cause physical harm to another or to another's unborn.

(B) No person shall recklessly cause serious physical harm to another or to another's unborn.

(C)(1) Whoever violates this section is guilty of assault, and the court shall sentence the offender as provided in this division... Except as otherwise provided in ...this section, assault is a misdemeanor of the first degree.

...

(8) If the victim of the offense is a health care professional of a hospital, a health care worker of a hospital, or a security officer of a hospital whom the offender knows or has reasonable cause to know is a health care professional of a hospital, a health care worker of a hospital, or a security officer of a hospital, if the victim is engaged in the performance of the victim's duties, and if the hospital offers de-escalation or crisis intervention training for such professionals, workers, or officers, assault is one of the following:

(a) Except as otherwise provided in division (C)(8)(b) of this section, **assault committed in the specified circumstances is a misdemeanor of the first degree**. Notwithstanding the fine specified in division (A)(2)(a) of section [2929.28](#) of the Revised Code for a misdemeanor of the first degree, in sentencing the offender under this division and if the court decides to impose a fine, the court may impose upon the offender a fine of not more than five thousand dollars.

(b) **If the offender previously has been convicted of or pleaded guilty** to one or more assault or homicide offenses committed against hospital personnel, assault committed in the specified circumstances is a **felony of the fifth degree**.

Trends in Other States

- Consequence Approach
 - Law makes it a crime to assault a health care workers
 - Critics question whether this is really a deterrent in the moment
 - But usually easy to pass, broad bipartisan support, raises public awareness
- Compliance Approach
 - Prevention, assessment, record keeping, reporting
 - Some states have very specific requirements, others are more vague
 - Some employers balk at administrative burden but other appreciate the guidance and authority to point to when incidents occur
- Prevention and Response
 - Restraining orders

Recommendations

Prevention, Response, and Compliance

Actively conduct safety assessments

- Utilize safety committee to review, identify, mitigate risks
 - Safety committees should meet regularly, at least monthly
 - Ensure safety committee includes workplace violence as a specific part of its review
- Physical review of facilities
 - Each facility
 - Each unit
- Involve employees
 - Benefits: raises awareness, encourages reporting, employees feel supported, culture evolves

Recommendations

Prevention, Response, and Compliance

Develop reporting mechanisms

- Specific to workplace violence
- Ensure reports are reviewed regularly, both immediately after and for trends
- Analyze reports for risks and potential additional mitigations
- Recordkeeping is important; be sure to tag workplace violence incidents

Recommendations

Prevention, Response, and Compliance

Proactive training

- De-escalation techniques
- How to call for help
- How to identify/avoid a risky situation
- Training about facility plan
- Benefits: raises awareness, de-stigmatizes, encourages reporting, employees feel supported, culture evolves

Recommendations

Prevention, Response, and Compliance

Develop a response plan for incidents (crisis management)

- Reporting obligations
- Quality review and protecting confidentiality
- Agency investigations
- Media management
- Workforce management
 - Injured workers
 - Accommodations and leaves of absence
 - Managing employee burnout
 - Staffing models

Recommendations

Prevention, Response, and Compliance

Manage active threat or potential threat

- Coordination between security, facility, landlord, neighbors, local law enforcement
- Trespass notices or cease/desist letters
- Restraining order
- Drills
- Leave of absence
- Teamwork with local law enforcement
- Other ideas: adjust hours, facility closure, offer escorts, visitor limitation, additional lighting
- Ask employees how they would feel safe
- Creative patient management strategies

What's Next

OSHA Regulations

DOL/OSHA

RIN: 1218-AD08

Publication ID: Spring 2024

Title: Prevention of Workplace Violence in Health Care and Social Assistance

Abstract:

The Request for Information (RFI) (published on December 7, 2016, (81 FR 88147)) provides the Occupational Safety and Health Administration's (OSHA) history with the issue of workplace violence in health care and social assistance, including a discussion of the Guidelines that were initially published in 1996, a 2014 update to the Guidelines, and the agency's use of 5(a)(1) in enforcement cases in health care. The RFI solicited information primarily from health care employers, workers and other subject matter experts on impacts of violence, prevention strategies, and other information that will be useful to the agency. OSHA was petitioned for a standard preventing workplace violence in health care by a broad coalition of labor unions, and in a separate petition by the National Nurses United. On January 10, 2017, OSHA granted the petitions. In accordance with the requirements of the Small Business Regulatory Enforcement Fairness Act (SBREFA) OSHA convened a Small Business Advocacy Review (SBAR) panel in March 2023. OSHA issued the SBREFA Panel report on May 1, 2023.

Agency: Department of Labor(DOL)

Priority: Other Significant

RIN Status: Previously published in the Unified Agenda

Agenda Stage of Rulemaking: Proposed Rule Stage

Major: Undetermined

Unfunded Mandates: Undetermined

CFR Citation: Not Yet Determined (To search for a specific CFR, visit the [Code of Federal Regulations](#).)

Legal Authority: [29 U.S.C. 655\(b\)](#) [5 U.S.C. 609](#)

Legal Deadline: None

Timetable:

Action	Date	FR Cite
Request for Information (RFI)	12/07/2016	81 FR 88147
RFI Comment Period End	04/06/2017	
Initiate SBREFA	12/29/2022	
Complete SBREFA	05/01/2023	
NPRM	12/00/2024	

Resources

- Ohio Hospital Association [Hospital Violence Prevention Toolkit](#)
 - Collection of resources (policies, documentation, signage) from Ohio hospitals
- Oregon Workplace Safety Initiative [Stop Violence in Health Care](#)
 - *A Toolkit for Prevention and Management of Workplace Violence in Hospitals*
- American Hospital Association's [Hospitals Against Violence](#) Initiative
 - [AHA / FBI Special Bulletin](#) *Mitigating Targeted Violence in Health Care Settings*



Questions?