

# WORKPLACE VIOLENCE IN THE EMERGENCY DEPARTMENT



TOOLKIT FOR SOLUTIONS

# TABLE OF CONTENTS

## STATE-LEVEL LEGISLATIVE SOLUTIONS

Provide Risk Assessments and Violence Prevention Plans.....	01
Increase Training of Healthcare Workers .....	02
Create Incident Reporting Systems .....	03
Increase Penalties For Those Who Commit Violence.....	05
Prevent Retaliation Against Healthcare Workers Who Report Violence.....	06
Provide Paid Leave For Victims of Violence.....	06
Ensure Appropriately Trained Security Personnel Are Present in the Emergency Department .....	07
Create Grants For Workplace Violence Prevention Programs .....	07
Ensure Appropriate Signage Requirements For Workplace Violence .....	07
Create Threat Flagging Systems.....	08
Create State Workgroups For Further Evaluation and Recommendations.....	08
Allow First Names Only on Nursing Badges.....	08
Protect Healthcare Worker Privacy .....	09

<b>TALKING POINTS</b> .....	10
-----------------------------	----

<b>HOW SAFE IS YOUR WORKPLACE? CHECKLIST FOR ASSESSMENT</b> .....	12
---	----

---

# STATE-LEVEL LEGISLATIVE SOLUTIONS

## Provide Risk Assessments and Violence Prevention Plans

**ACEP policy:** Provide an ED security system based upon ongoing institution-specific risk assessment that may include signage, adequate security personnel, timely personnel training, physical barriers, surveillance equipment, and other security components. Individual healthcare institutions must address workforce safety as a priority on their property while maintaining every patient’s healthcare rights. Develop written ED protocols with input from staff and the community for violent situations occurring in the ED to ensure the safety of patients, visitors, and healthcare workers alike. Provide institutional and public-facing education and support academic research to decrease workplace violence, including firearm-related morbidity and mortality. Promote a culture of safety by promoting continuous and open reporting of safety concerns by staff and visitors. The “see something, say something” approach works best with receptive leadership. Adopt a zero-tolerance policy for employees, patients, families, and visitors that states that any violence in the ED is not acceptable. This should include a process to safely treat, or, if indicated, discharge patients who threaten or commit acts of violence toward ED staff. Educate employees that assault and battery is not “part of the job.” [June 2022.](#)

### Legislation Examples:



[Massachusetts HD.1856, HD.3502 / SD.1639](#), introduced



[Louisiana HB 312](#), enacted 2022



[New York A S29/ 5\(A\) 203](#), enacted 2025



[Minnesota Law since 2016, updated via SB 1384](#), effective since 2023



[Oregon HB 2552 \(failed\), SB 537](#), enacted July 2025



[New Hampshire SB 459](#), enacted 2022



[Ohio HB 452](#), enacted Jan 2025



[Oregon HB 2022](#), enacted 2007



[Virginia HB 1919](#), enacted, but vetoed



[Rhode Island Hospital Workplace Violence Protection Act](#), enacted 2021



[Arizona SB 1311](#), enacted 2022



[Texas SB 240](#), enacted 2023



[Georgia SR 281](#), enacted 2021



[Washington HB 1931](#), enacted 2019



[Kentucky HB 176](#), enacted 2023

**Additional Resources**

- [Research linking violence prevention plan with reduced incidents.](#)
- Existing Joint Commission Regulation:
- Standard EC.02.01.01:
 

The hospital manages safety and security risks.

“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.”
- Standard LD.03.01.01:
 

Leaders create and maintain a culture of safety and quality throughout the hospital.

“The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:

  - Policies and procedures to prevent and respond to workplace violence
  - A process to report incidents in order to analyze incidents and trends
  - A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
  - Reporting of workplace violence incidents to the governing body”

## Increase Training of Healthcare Workers

**ACEP policy:** Educate staff through formal, regular training on early recognition of individuals with potential to become violent, techniques for de-escalation, non-violent crisis intervention, and the importance of seeking assistance. [June 2022.](#)

**Legislation Examples:**



[Massachusetts HD.1856 HD.3502 SD.1639](#), introduced



[Georgia SR 281](#), enacted 2021



[Oregon HB 2552, SB 537](#), introduced



[New Hampshire SB 459](#), enacted 2022



[Washington Substitute HB 1162, SB 5162](#), enacted May 2025



[Rhode Island Hospital Workplace Violence Protection Act](#), enacted 2021

## Additional Resources

- Existing Joint Commission Regulation: Standard HR.01.05.03:

Staff participate in ongoing education and training.

As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

## Create Incident Reporting Systems

**ACEP policy:** Promote a culture of safety by promoting continuous and open reporting of safety concerns by staff and visitors. The “see something, say something” approach works best with receptive leadership. Protect and support physicians who take personal safety precautions to prevent harm and who raise safety concerns. Develop and enforce a mandatory reporting policy that requires employees to promptly report any verbal assault or physical battery. Such policies should clearly state that reporting will not result in any adverse action by the hospital such as termination, threatening to terminate, demoting, suspending, or in any manner discriminating against an employee who reports any assault or battery. [June 2022](#).

### Legislation Examples:



[Massachusetts HD.1856, HD.3502 / SD.1639](#), introduced



[Arizona SB 1311](#), enacted 2022



[Oregon HB 2552, SB 537](#), introduced



[Connecticut SB 970](#), enacted 2011



[Wyoming HB No. HB0155: monthly reporting to the state](#), introduced



[Minnesota Law](#), since 2016



[Ohio HB 452](#), enacted Jan 2025



[Montana HB 590](#), enacted 2023

**Legislation Examples** (continued):



[New Hampshire SB 459](#), enacted 2022



[Rhode Island Hospital Workplace Violence Protection Act](#), enacted 2021



[New Hampshire SB 29](#), enacted 2025



[Virginia SB 1260/HB 2269](#), enacted 2025



[Oklahoma HB 2154](#), enacted 2023



[Washington HB 1931](#), enacted 2019



[Oregon HB 2022](#), enacted 2007

**Additional Resources**

- Existing Joint Commission Regulation: Standard EC.04.01.01:

The hospital collects information to monitor conditions in the environment.

“The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the hospital’s facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Based on its process(es), the hospital reports and investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.”

## Increase Penalties For Those Who Commit Violence

**ACEP policy:** Pursue maximum criminal prosecution, when deemed appropriate, against those individuals who threaten and commit violent acts against healthcare workers. Additionally, ACEP recognizes that the EMS system is an integral component of emergency care and supports and encourages efforts to protect EMS personnel against physical violence in the prehospital environment. [June 2022.](#)

### Legislation Examples:



[Alabama HB 51](#), prefiled Jan 2026: increases penalties



[Maine HB 465](#), enacted 2022: to study process for bringing criminal cases



[Alaska SB 49](#), introduced 2025: employers could file protective orders against individuals who commit or threaten violence



Michigan [HB 4520](#), [HB 4521](#), passed 2024: doubles financial penalties



[Indiana SB 419](#), introduced 2025



[New Jersey A 3199](#)



[California AB 977](#), enacted September 2024: \$2,000 fine and up to one year imprisonment or both for violent act in the emergency department



[Utah HB 32](#), enacted 2022



[Connecticut SB 970](#), enacted 2011: Class C felony



[Vermont S. 36](#), enacted May 2023



[Delaware HB 324](#), enacted 2021: EM employees and docs: Class D felony, EMS 2nd degree felony



[Virginia SB 1395](#), enacted 2019



[Georgia SR 281](#), enacted 2021: felony w/ >10 year minimum



[Indiana SB 419](#), introduced 2025

## Prevent Retaliation Against Healthcare Workers Who Report Violence

**ACEP policy:** Protect and support physicians who take personal safety precautions to prevent harm and who raise safety concerns. Develop and enforce a mandatory reporting policy that requires employees to promptly report any verbal assault or physical battery. Such policies should clearly state that reporting will not result in any adverse action by the hospital such as termination, threatening to terminate, demoting, suspending, or in any manner discriminating against an employee who reports any assault or battery. [June 2022.](#)

### Legislation Examples:



[Massachusetts HD.1856, HD.3502 / SD.1639](#), introduced



[Louisiana HB 312](#), enacted 2022



[Ohio HB 452](#), enacted Jan 2025



[Minnesota Law](#), since 2016



[Vermont H 259](#), enacted 2025



[Rhode Island Hospital Workplace Violence Protection Act](#), enacted 2021



[Virginia HB 1919](#), enacted, but vetoed

## Provide Paid Leave For Victims of Violence

**ACEP policy:** ACEP Policy: Provide appropriate post-incident support for employees involved in violent events, including prompt medical treatment, debriefing, counseling, and employee assistance. [June 2022.](#)

### Legislation Examples:



[Massachusetts HD.1856, HD.3502 /SD.1639](#): allows for paid time off to “obtain victim services or legal assistance,” introduced

[Massachusetts HD 4767](#): requires annual assessments, rights of employees, paid leave for affected employees.

[Massachusetts SB 1718](#): employee training, incident report system, paid leave for affected employees

## Ensure Appropriately Trained Security Personnel Are Present in the Emergency Department

**ACEP policy:** Provide an ED security system based upon ongoing institution-specific risk assessment that may include signage, adequate security personnel, timely personnel training, physical barriers, surveillance equipment, and other security components. Individual healthcare institutions must address workforce safety as a priority on their property while maintaining every patient’s healthcare rights. [June 2022.](#)

**ACEP Policy:** Adequate safety, planning, reporting, and training. Trained and empowered security officer or equivalent coverage 24/7/365. Non-staff solutions such as installation of metal detectors, security alarms, other forms of technological security/alert systems, and agreements with local law enforcement agencies. [April 2021.](#)

### Legislation Examples:



[New York A 203](#), enacted into law: would require off-duty law enforcement officer or trained security personnel



[Ohio HB 452](#), enacted Jan 2025: “at least one hospital employee trained in de-escalation practices [is] present at all times in the hospital’s emergency department and psychiatric department.”

## Create Grants For WPV Prevention Programs

### Legislation Examples:



[Colorado SB 25-166](#), introduced 2025



[Oregon HB 2552, SB 537](#), enacted 2025

## Ensure Appropriate Signage Requirements For Workplace Violence

**ACEP policy:** Erect signage and provide for appropriate securing of firearms outside of the ED, designating the ED a ‘Firearm Free Zone.’ [June 2022.](#)

### Legislation Examples:



[Oregon HB 2552, SB 537](#), introduced



[Louisiana HB 312](#), enacted 2022



[Arizona SB 1311](#), enacted 2022

## Create Threat Flagging Systems

ACEP policy: Violence and safety alerts incorporated into the electronic health record. [April 2021](#).

### Legislation Examples:



[Oregon HB 2552, SB 537](#), introduced

## Create State Workgroups For Further Evaluation and Recommendations

### Legislation Examples:



[Virginia HB 1620](#), introduced



[New Hampshire SB 459](#), enacted 2022



[Georgia SR 281](#), enacted 2021



[Illinois HB 1863](#), enacted 2025



[Maine HB 465](#), enacted 2022: to study process for bringing criminal cases

## Allow First Names Only on Nursing Badges

### Legislation Examples:



[Pennsylvania SB 842](#), enacted 2020



[Ohio HB 452](#), enacted Jan 2025

## Protect Healthcare Worker Privacy

A novel approach some states are taking to prevent workplace violence outside of the workplace is preventing the public listing of information for emergency medicine physicians and their families. Certain states require public records of designated public service workers (including EMT, medical director, dispatcher) to be confidential.

### Legislation Examples:



[Florida HB 251](#)



[Ohio Code Section 149.43](#)

# TALKING POINTS

## Violence against emergency physicians, nurses, and staff is more common than many people think.

- **91%** of emergency physicians said that they, or a colleague, were a victim of violence in the past year. ([ACEP poll, 2024](#))
- **Nearly half (48%)** of emergency physicians said that legislation to strengthen workforce protections would make them feel safer on the job. ([ACEP poll, 2024](#))

## The rate of violence against healthcare workers is higher than many other occupations.

- Workers in the healthcare sector are four times more likely to experience serious workplace violence than those in private industry, on average. (“Workplace Violence in Healthcare: Understanding the Challenge, Occupational Safety and Health Administration,” 2015)
- **85%** of emergency physicians said they believe the rate of violence experienced in emergency departments has increased over the past five years. ([ACEP survey, 2022](#))
- Assaults causing injuries increased from a quarter to a third of assaults in the past several years. ([ACEP survey, 2022](#))
- The rate of injuries from workplace violence against healthcare professionals has grown by more than **60%** since 2011. ([Boyle, 2022](#)).

## Assaults against healthcare workers create lasting injuries.

- Injuries have caused nearly twice as many missed shifts in the last few years. ([ACEP poll, 2022](#))
- Although healthcare workers are just 10 percent of the national workforce, they account for 48 percent of missed workdays due to assault. ([Emergency Nurses Association \(ENA\), May 2025](#))

## Assaults are typically committed by patients and patients’ family members.

- **31%** of assaults were committed by family members or friends. ([2022 ACEP survey](#))

## Hospitals and physician employers can do more to respond to violent incidents.

- **68%** of emergency physicians believe the hospital response was inappropriate, with half saying nothing was done. ([ACEP poll, 2024](#))
- Tracking emergency department violence is challenging because many healthcare workers do not report incidents, whether out of fear of retaliation against them, or because they repeatedly see that reporting rarely leads to meaningful action.

**The most common forms of assault are verbal threats of violence, hitting, spitting, punching, kicking, scratching, and biting. [2022 ACEP survey](#)**

**Emergency physicians have submitted countless [stories of their assaults](#). Some painful highlights:**

- “I’ll meet you in the parking lot and kill you”
- “They ran out of the ED, throwing urine on everyone”
- “They kicked a nurse and put another patient’s mother in a choke hold”
- “Police felt they were too violent for jail and did not arrest them.”
- “Our employer did nothing.”

**Violence in the ED is unacceptable. Physicians and care teams deserve a support system that helps prevent these incidents and protects them when they occur.**

**ACEP is leading a comprehensive, multi-year campaign to strengthen protections for healthcare workers.**

- Gathering hundreds of [stories](#) directly from the people on the frontlines.
- Calling for federal guidance on ED signage —a practical, immediate step to help.
- ACEP led a coalition of healthcare groups [urging CMS to issue clear guidance](#) that enables EDs to post signage discouraging violence against healthcare workers.
- Developing legislation that would make assaulting a healthcare worker a federal crime, such as the bipartisan Save Healthcare Workers Act.
- Raising the bar for emergency departments through ACEP’s Emergency Department Accreditation Program [criteria](#) requiring hospitals to address ED violence.
- Partnering with the Emergency Nurses Association on the No Silence on ED Violence [campaign](#).
- Pursuing solutions that work in the communities where emergency physicians live and work, led by ACEP chapters.

# HOW SAFE IS YOUR WORKPLACE?

## Checklist for Assessment

This sample checklist, created from national accreditation standards and ACEP policies, includes items, controls, and protocols that emergency physicians can ask their workplace about in order to understand what safety and violence prevention measures are in place.

**NOTE:** Every facility is different and the individual needs for a particular hospital, facility, or community may vary significantly, with some of these listed factors less appropriate for a particular location. Exclusions should therefore not necessarily be construed as a failing or shortcoming, but rather as a starting point to begin the conversation with your facility's administration to ensure emergency physicians and other healthcare personnel in the ED are protected from harm. If you'd like to help inform ACEP's ongoing advocacy, you can anonymously share your experiences (whether good or bad) with violence prevention policies in your workplace by [clicking here](#) or scanning the QR code on the reverse.

### Prevention Plans

- Protocols are pre-established and in place for handling violent episodes (both physical and verbal assaults) from patients, patient families, or other visitors, and coordinated with local law enforcement prior to violent events.
- Staff are made aware of and familiar with these protocols as part of new employee onboarding and reinforcement in periodic trainings.
- Protocols are in place for violence from other healthcare workers/staff.
- Policies have been implemented to ensure firearms and/or other weapons are appropriately secured prior to the patient being triaged or outside the ED.
- The hospital/facility/system has a mechanism in place to flag potentially violent patients, patient families, or other visitors.
- Easily accessible processes are in place that empower staff to report incidents.
- Staff are surveyed regularly and/or offered mechanisms to provide anonymous feedback.
- The hospital/facility/system administration acknowledges potential threats or workplace safety challenges.

### Transparency

- Results of the worksite analysis required annually by The Joint Commission are readily available to healthcare workers/staff.
- (Appropriately deidentified) Logs of incidents are available to healthcare workers/staff.
- Other transparency measures are in place so that healthcare workers/staff are aware of overall workplace safety, such as incident frequency, reported physical injuries, facility responses, and law enforcement involvement/actions.

## Analysis & Response

- The hospital/facility/system has taken specific actions and made institutional level investments to improve workplace violence prevention efforts.
- Improvements have been made in response to previous incidents or in response to healthcare workers'/staff requests.
- The hospital/facility/system provides individual victims with follow-up and support resources (e.g., trauma/psychological counseling, time off for recovery, etc.).
- Specific threats, common types of violence, or patterns unique to the location/department inform preparedness training for healthcare workers/staff.

## Personnel & Law Enforcement

- The hospital/facility/system has a workplace violence prevention program led by a multidisciplinary team.
- The selection process for this team is transparent and accessible.
- The hospital/facility/system coordinates with local law enforcement to prevent or respond to assaults.
- The hospital/facility/system follows up with law enforcement and the judicial system to ensure that assaults are appropriately investigated, charged, and prosecuted as appropriate to ensure that perpetrators are held responsible.



Scan the code if you'd like to help inform ACEP's ongoing advocacy, you can anonymously share your experiences (whether good or bad) with violence prevention policies in your workplace.