

SAFEGUARDING OUR HEALTHCARE HEROES WITH LEGISLATION ON WORKPLACE VIOLENCE PREVENTION

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The stories are not new, but they become more frequent every year. Nurses assaulted in the emergency room by a patient being evaluated for treatment,¹ surgeons shot to death in their clinics,² dental staff threatened by patients over wait times,³ hospital employees shot to death by coworkers in hospital stairwell,⁴ and countless others. While possible everywhere, emergency departments and behavioral health facilities are at the most risk for an incident to occur.⁵ According to the World Health Organization, it is estimated that between 8% and 38% of healthcare workers suffer physical violence at some point in their careers.⁶ Additionally, per the US Bureau of Labor Statistics, healthcare and social service workers were victims of 76% of all nonfatal injuries from workplace violence in 2020.⁷

The Occupational Safety and Health Administration (“OSHA”) defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. Workplace violence ranges from threats and verbal abuse to physical assaults and even homicide. Patients are the largest, but not the only source of violence as family members, visitors, intruders, or even coworkers are also potential instigators. Most incidents are created by systemic factors such as overcrowded areas, staff shortages, long wait times, inflexible visiting hours, and differences of language and culture.⁸ When healthcare workers require treatment or miss work because of an injury, employers’ workers’ compensation insurance (whether private or self-insured) will typically bear the expense of continuing to compensate the injured provider while away from work. Non-economic costs include provider stress, fatigue, burnout, and turnover, all of which have been shown to relate to decreased patient satisfaction and an increased risk of error.

¹ Samantha Kummerer, *‘I don’t remember what happened after that.’ Nurse demands change after being attacked by patient*, Raleigh-Durham ABC 11 News (Dec. 15, 2022) <https://abc11.com/nurse-attacked-patient-duke-emergency-room-multiple-injuries/12575609/>.

² Jacob Wilt and Jeanine Santucci, *Patient kills surgeon Benjamin Mauck in shooting at suburban Memphis clinic, police say*, USA Today Network (July 12, 2023) <https://www.usatoday.com/story/news/nation/2023/07/12/dr-benjamin-mauck-shooting-memphis/70405343007/>.

³ Zaria Oates, *Dental patient detained after referencing Campbell clinic doctor who was killed: ‘I see why the patient shot the doctor’*, Memphis ABC 24 News (July 19, 2023) <https://www.localmemphis.com/article/news/crime/dental-patient-i-see-why-the-patient-shot-the-doctor-campbell-clinic-shooting/522-5ff6d693-2051-4867-8382-6bb446312deb>.

⁴ Rolyann Wilson, *Jury trial begins for deadly VCU hospital shooting*, Richmond WRIC 8 News (September 19, 2023) <https://www.wric.com/news/local-news/richmond/jury-trial-begins-for-deadly-vcu-hospital-shooting/>.

⁵ Mei Ching Lim et al., *Workplace violence in healthcare settings: The risk factors, implications and collaborative preventive measures*, 78 Annals of Medicine and Surgery (2022). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9206999/pdf/main.pdf>.

⁶ *Id.*

⁷ Christopher Cheney, *Healthcare workplace violence legislation introduced in Congress*, HealthLeaders (Apr. 18, 2023) <https://www.healthleadersmedia.com/clinical-care/healthcare-workplace-violence-legislation-introduced-congress>.

⁸ See *Supra* note 4.

WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

On April 18, 2023, both the Senate and the House reintroduced the Workplace Violence Prevention for Health Care and Social Service Workers Act ([HR 2663](#) and [S 1176](#)) that was previously considered in 2021 and 2019. It has been sent by both houses for committee review. The new legislation would require the Secretary of Labor to issue a standard requiring healthcare providers to write and implement a workplace violence prevention plan. If it becomes law, it will apply to many healthcare settings, including hospitals, psychiatric treatment facilities, and substance use disorder treatment centers. The requirements include unit-specific assessments and implementations of prevention measures, including physical changes to the environment, staffing for patient care and security, hands-on training, robust record-keeping requirements, and protections for employees to report workplace violence to their employer and law enforcement. Additionally, the [Safety from Violence for Healthcare Employees Act](#), introduced in September, would make assaulting healthcare workers in hospitals a federal crime with enhanced penalties for assaults resulting in serious bodily injury.

Many states are also passing legislation surrounding workplace violence prevention in healthcare, including Virginia, which recently required every hospital to implement a heightened security plan with staffing of at least one off-duty police officer at all times, absent a waiver. Additionally, The Joint Commission revised workplace violence prevention requirements effective January 1, 2022. The increase in legislation and attention around workplace violence in healthcare recognizes that identifying risk factors and providing education can help to prevent or minimize incidents from occurring.

Hancock Daniel's [Security, Workplace Violence, and Crisis Management Team](#) provides assistance in assessing or creating a compliant program for your organization. Our team provides the full continuum of services from risk assessment to crisis management as well as handling the legal, regulatory, and operational aspects resulting from safety related events occurring in the healthcare setting.

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