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SUPERIOR HEALTH Quality Alliance

Great Lakes Region

Workplace Violence Prevention: Protecting Our Health Care Workforce

April 30, 2026

Who is Superior Health Quality Alliance (Superior Health^{1,2})

Joint venture comprised of eight member organizations with experience achieving Medicare quality improvement goals and improving outcomes for Medicare beneficiaries.

Strategic partnerships with Qsource and Quality Insights brings together expertise and insights.



Today's Presenters



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Objectives

- Identify and describe the four recognized types of workplace violence, with emphasis on the two most prevalent forms encountered in health care settings.
- Examine the essential components of an effective workplace violence prevention program, risk assessment, and explain their role in enhancing workforce safety and organizational readiness.
- Review and outline hospital policy requirements, guidelines, and recommended practices related to workplace violence prevention and response.

Workplace Violence in Health Care

- Definition workplace violence (WPV) in health care includes any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from verbal abuse to physical assaults and even homicide. (2023)



Source: [U.S. Department of Labor, Occupational Safety and Health Administration \(OSHA\), Workplace Violence](#)

Workplace violence (WPV) can include any of the following:

- Biting • Kicking • Punching • Pushing • Pinching • Shoving
- Scratching • Spitting • Name calling • Intimidating
- Threatening • Yelling • Harassing • Stalking
- Beating • Choking • Stabbing • Killing



Source: [U.S. Department of Labor, Occupational Safety and Health Administration \(OSHA\), Workplace Violence](#)

Incidence Rates and Trends

- In a 2022 report by the American Hospital Association (AHA), 44% of nurses reported experiencing physical violence, and 68% experienced verbal abuse during the COVID-19 pandemic.
- A survey conducted by National Nurses United in 2021 found that 31% of hospital registered nurses (RNs) experienced an increase in workplace violence—often linked to staffing shortages and patient frustration during the pandemic.

Source: [American Hospital Association \(AHA\), AHA Urges DOJ to protect Health Care Workers from Workplace Violence](#) and [National Nurses United, National nurse survey reveals that health care employers need to do more to comply with OSHA emergency temporary standard](#)

Incidence Rates and Trends

- Health care and social service workers are five times more likely to experience workplace violence than workers in other industries.
- The rate of nonfatal intentional injuries by another person in the health care and social assistance sector was 10.4 per 10,000 full-time workers, compared to 2.1 per 10,000 workers in all private industries.

Understanding Workplace Violence In Health Care

Nature and Scope of Violence

- Workplace violence in health care includes physical assaults and verbal threats affecting hospitals and clinics.

Health Care Vulnerabilities

- Emergency and behavioral health units face higher risks due to patient stress and high acuity.

Impact on Staff and Care

- Violence leads to injury, burnout, job dissatisfaction, absenteeism, and reduced patient care quality.

Prevention and Responsibility

- Proactive organizational efforts include leadership accountability and staff training to prevent violence.

Most Prevalent Forms of Violence In Health Care Settings

Type II Violence in Healthcare

- Type II violence involves patients or visitors exhibiting aggression due to pain, fear, or cognitive issues, increasing risks for health care workers.

Type III Worker-on-Worker Violence

- Type III violence includes bullying and harassment among staff, driven by workload pressures and hierarchical workplace structures.

Impact on Patient Safety

- Violence impacts patient safety by disrupting communication, increasing errors, and causing staff to hesitate during care.

Strategies to Address Violence

- Tailored strategies like de-escalation training and respectful workplace programs help reduce violence and improve safety.

Essential Components Of An Effective Workplace Violence Prevention Program

Leadership Commitment

- Visible executive support prioritizes staff safety by allocating resources and enforcing policies consistently.

Risk Assessment and Hazard Control

- Identifying high-risk areas and implementing environmental and administrative controls reduces violence risk.

Staff Education and Training

- Training equips staff with skills to recognize warning signs, de-escalate conflicts, and respond safely.

Incident Reporting and Post-Incident Support

- Clear reporting systems and supportive post-incident care enhance recovery and organizational learning.

Management Commitment and Worker Engagement

- Acknowledge the value of a violence prevention program
- Allocate appropriate authority and resources to all parties
- Have clear roles/responsibilities for managers and supervisors
- Maintain a system of accountability
- Implement quality improvement (QI) standards
- Provide support staff (medical and psychological counseling and debriefing)
- Create a structured reporting system

Source: [OSHA, Workplace Violence](#)

Worksite Analysis and Hazard Identification

This workplace violence prevention hazard assessment template helps organizations evaluate risk factors, security measures, and policies that reduce threats at work. It covers operations, security features, staffing patterns, lone work procedures, and authorization protocols.

	YES	NO	Notes/Follow-up Action
Do employees have contact with the public?			
Do they exchange money with the public?			
Do they work alone?			
Do they work late at night or during early morning hours?			
Is the workplace often understaffed?			
Is the workplace located in an area with a high crime rate?			
Do employees enter areas with a high crime rate?			
Do they have a mobile workplace (patrol vehicle, work van, etc.)?			
Do they deliver passengers or goods?			
Do employees perform jobs that might put them in conflict with others?			
Do they ever perform duties that could upset people (deny benefits, confiscate property, terminate child custody, etc.)?			
Do they deal with people known or suspected of having a history of violence?			
Do any employees or supervisors have a history of assault, verbal abuse, harassment, or other threatening behavior?			
Other risk factors – please describe:			

	Yes	No	NOTES/FOLLOW-UP ACTION
Do workers feel safe walking to and from the workplace?			
Are the entrances to the building clearly visible from the street?			
Is the area surrounding the building free of bushes or other hiding places?			
Is lighting bright and effective in outside areas?			
Are security personnel provided outside the building?			
Is video surveillance provided outside the building?			
Are remote areas secured during off shifts?			
Is a buddy escort system required to remote areas during off shifts?			
Are all exterior walkways visible to security personnel?			

Source: [OSHA, Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)

Hazard Prevention and Control

	Hospital	Residential Treatment	Non-residential Treatment/ Service	Community Care	Field Workers (Home Healthcare, Social Service)
Security/silenced alarm systems	<ul style="list-style-type: none"> • Panic buttons or paging system at workstations or personal alarm devices worn by employees 			<ul style="list-style-type: none"> • Paging system • GPS tracking⁷ • Cell phones 	
	<ul style="list-style-type: none"> • Security/silenced alarm systems should be regularly maintained and managers and staff should fully understand the range and limitations of the system. 				
Exit routes	<ul style="list-style-type: none"> • Where possible, rooms should have two exits • Provide employee 'safe room' for emergencies • Arrange furniture so workers have a clear exit route 		<ul style="list-style-type: none"> • Where possible, counseling rooms should have two exits • Arrange furniture so workers have a clear exit route 	<ul style="list-style-type: none"> • Managers and workers should assess homes for exit routes 	
	<ul style="list-style-type: none"> • Workers should be familiar with a site and identify the different exit routes available. 				
Metal detectors – hand-held or installed	<ul style="list-style-type: none"> • Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for services being provided and the types of barriers put in place. • Metal detectors should be regularly maintained and assessed for effectiveness in reducing the weapons brought into a facility. • Staff should be appropriately assigned, and trained to use the equipment and remove weapons. 				
Monitoring systems & natural surveillance	<ul style="list-style-type: none"> • Closed-circuit video – inside and outside • Curved mirrors • Proper placement of nurses' stations to allow visual scanning of areas • Glass panels in doors/walls for better monitoring 		<ul style="list-style-type: none"> • Closed-circuit video – inside and outside • Curved mirrors • Glass panels in doors for better monitoring 		

Engineering controls and workplace adaptations to minimize risk.

Hospital Policy Requirements and Recommended Practices

Clear Definitions and Zero-Tolerance

- Policies begin with clear definitions of workplace violence and a firm zero-tolerance stance for violence and harassment.

Reporting and Response Procedures

- Standardized, accessible reporting mechanisms ensure timely incident response and define roles during workplace violence events.

Training and Compliance

- Mandatory training tailored to roles supports awareness, with policies aligned to OSHA and regulatory standards.

Continuous Improvement

- Regular policy reviews and staff involvement ensure ongoing improvements and a safer health care environment.

Staff Education and Training

- Workplace violence prevention policy
- Risk factors that cause or contribute to assaults
- Ways to recognize, prevent or diffuse volatile situations
- Ways to deal with hostile people **other** than patients (relatives/visitors)
- Ways to protect oneself and coworkers
- Location, operation, and converge of safety devices

Workplace Violence in Health Care Scenarios

- A patient physically assaults a nurse during a restraint procedure (Type II).
- A visitor threatens staff after being denied access to a restricted area (Type II).
- A staff member verbally harasses a coworker, escalating to intimidation (Type III).
- An employee's partner shows up at the workplace and engages in threatening behavior (Type IV).

How to Respond to Each Type of Workplace Violence Incident

Type II: Patient physically assaults a nurse during a restraint procedure - **Immediate Actions**

- **Ensure personal safety first**—create distance if possible and call for assistance using panic buttons, overhead alerts, or unit protocols.
 - OSHA identifies patient-to-worker violence as a recognized hazard and emphasizes hazard prevention and rapid response measures.
- **Initiate team-based clinical response** (e.g., Code Grey/Code Behavioral Emergency).
- **Use trained de-escalation techniques:** calm voice, non-threatening posture, clear and simple instructions.
 - OSHA guidelines stress the need for safety and health training in de-escalation and hazard mitigation.

Type II: Patient physically assaults a nurse during a restraint procedure – **After the Incident**

- **Provide medical evaluation for injured staff** and behavioral assessment for the patient.
- **Complete incident reporting immediately**—critical for trend analysis and compliance.
 - The Joint Commission (TJC) requires WPV reporting, data collection, and analysis as part of a compliant program.
- **Conduct a debrief:** What led to the event? What safety improvements are needed?
- **Offer post-incident support**, including counseling and follow-up.
 - TJC standards emphasize post-incident strategies and staff support.

Type II: Visitor threatens staff after being denied access to a restricted area – **Immediate Actions**

- **Maintain composure and communicate boundaries clearly**, explaining the safety policy.
- **Do not engage alone:** notify security immediately and position yourself near an exit.
 - OSHA guidance recommends identifying risks from clients/visitors and using hazard control procedures.
- **If threat escalates**, activate emergency response per facility policy.

Type II: Visitor threatens staff after being denied access to a restricted area – **After the Incident**

- **Document the threat** with as much detail as possible (words used, body language, witnesses).
 - Reporting systems and documentation are required by TJC's revised WPV standards.
- **Restrict future access** if appropriate (e.g., visitor restrictions, security flag).
- **Review environmental controls**, such as access points, visitor screening processes, and security staffing.

Type III, Worker-on-Worker: Staff member verbally harasses a coworker – **Immediate Actions**

- **Remove yourself from the situation** if possible and avoid engaging emotionally.
- **Report the incident promptly** to a supervisor, human resources (HR), or via the anonymous reporting system.
 - OSHA's General Duty Clause requires employers to maintain a workplace free from recognized hazards—including interpersonal aggression.
- **Supervisors must intervene quickly**, following the organization's zero-tolerance policy for staff-to-staff harassment.

Type III, Worker-on-Worker: Staff member verbally harasses a coworker – **After the Incident**

- **HR or management conducts an investigation**—interviews, documentation review, corrective actions.
 - TJC requires leadership oversight and formal policies for WPV, including worker-on-worker behaviors.
- **Implement coaching, discipline, or mediation** depending on severity and patterns.
- **Monitor for retaliation**, ensuring a safe reporting culture.

Type IV, Domestic Violence Spillover: An employee's partner shows up and engages in threatening behavior – **Immediate Actions**

- **Notify security immediately**—this is a high-risk scenario with potential for rapid escalation.
 - OSHA guidelines recognize external parties (including personal relations) as a WPV threat category requiring control measures.
- **Move the threatened employee to a secure location** if possible.
- **Lockdown or restrict area access** according to facility procedure.

Type IV, Domestic Violence Spillover: An employee's partner shows up and engages in threatening behavior – After the Incident

- **File a detailed incident report** and ensure leadership is aware of the situation.
- **Support the affected employee**, which may include:
 - Adjusted schedules or temporary relocation
 - Escort protocols
 - Assistance with restraining orders
 - TJC emphasizes post-incident support and leadership accountability in WPV cases, especially those involving intimidation or harassment.
- **Review and strengthen facility access controls**, including visitor management systems and badge-restricted zones.

Recordkeeping and Program Evaluation

- OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300)
- Medical reports of work injury, workers' compensation reports and supervisors' reports for each recorded assault
- Records of incidents of abuse, reports conducted by security personnel, verbal attacks or aggressive behavior that may be threatening
- Information on patients with a history of past violence, drug abuse or criminal activity recorded on the patient's chart
- Uniform violence reporting system (and regular review)
- Reviewing staff safety and security issues
- Analyzing trends and rates in illnesses, injuries or fatalities caused by violence
- Measuring improvement – reduction in frequency and severity of workplace violence
- Surveying workers before/after making job or worksite changes
- Tracking recommendations
- Best practice research
- Complying with OSHA/state standards

States With Laws That Increase Criminal Penalties for Violence Against Health Care Workers

According to a 2024–2026 multi-state review, the following states have enacted laws that **specifically criminalize or increase penalties** for violence committed against health care workers, often elevating assault to a **higher-level misdemeanor or felony**.

States with established or pending laws increasing penalties:

- Alabama, Alaska, Arkansas, Colorado, Delaware, Florida, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Mississippi, Montana, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wisconsin
- Additionally—Texas and New York also elevate health care-worker assault penalties under state criminal codes.

Source: [HealthExec, What is your state doing to protect healthcare workers who are potentially in harm's way every day?](#) and [LegalClarity, In What States Is It a Felony to Assault a Nurse](#)

Posters

PATIENTS & VISITORS

We have **zero** tolerance for acts of aggression:

- Physical assault or threats of harm
- Abusive or disrespectful language
- Verbal harassment or bullying
- Refusing to respond to staff instructions

Aggressive behavior prevents us from providing quality care.

VIOLENCE AGAINST HEALTH CARE WORKERS IS A FELONY.

Kentucky Hospital Association

Caring for you **shouldn't hurt us.**

ASSAULTING A HEALTHCARE WORKER IS A CRIME.

That means actions like hitting, biting or making threats could give you a criminal record instead of the care you need.

NMC

Thank you for supporting a **Healing Environment** for our patients and staff.

Violence and aggressive behavior against healthcare workers is unacceptable and will not be permitted.

Aggressive behavior includes:

- > Physical assault on staff
- > Physical assault on patients
- > Verbal harassment
- > Abusive behavior
- > Sexual language
- > Threats
- > Destroying property

We have a ZERO tolerance policy on all forms of aggression. We support any staff member who wishes to press charges against aggressive behavior they encounter. **Incidents may result in removal from our property and/or prosecution.**

Northern Light Health.

Source: [Kentucky Hospital Association](#), [NMC](#), and [Northern Light Health](#)

States Where Assaulting a Health Care Worker Is a Felony

A 2025 legal review reports that **at least 32 states** now classify assault on a health care worker (often defined as nurses, emergency medical staff, or hospital personnel) as a **felony offense**. Examples include:

- **Texas** – Assault on hospital personnel is a third-degree felony.
- **Florida** – Battery on emergency medical care providers (including nurses) is reclassified to a felony.
- **California** – Battery against health care workers may result in state-prison terms.
- **Wisconsin** – Threatening a health care worker is a felony.
- **Missouri, Maine, Nebraska, New Jersey, New Mexico, Vermont, Tennessee** – All elevate assaults on health care workers to felony-level crimes.

Note: Although the exact full list of all 32 is not published in a single searchable source, the above represent confirmed examples from recent legislative reviews.

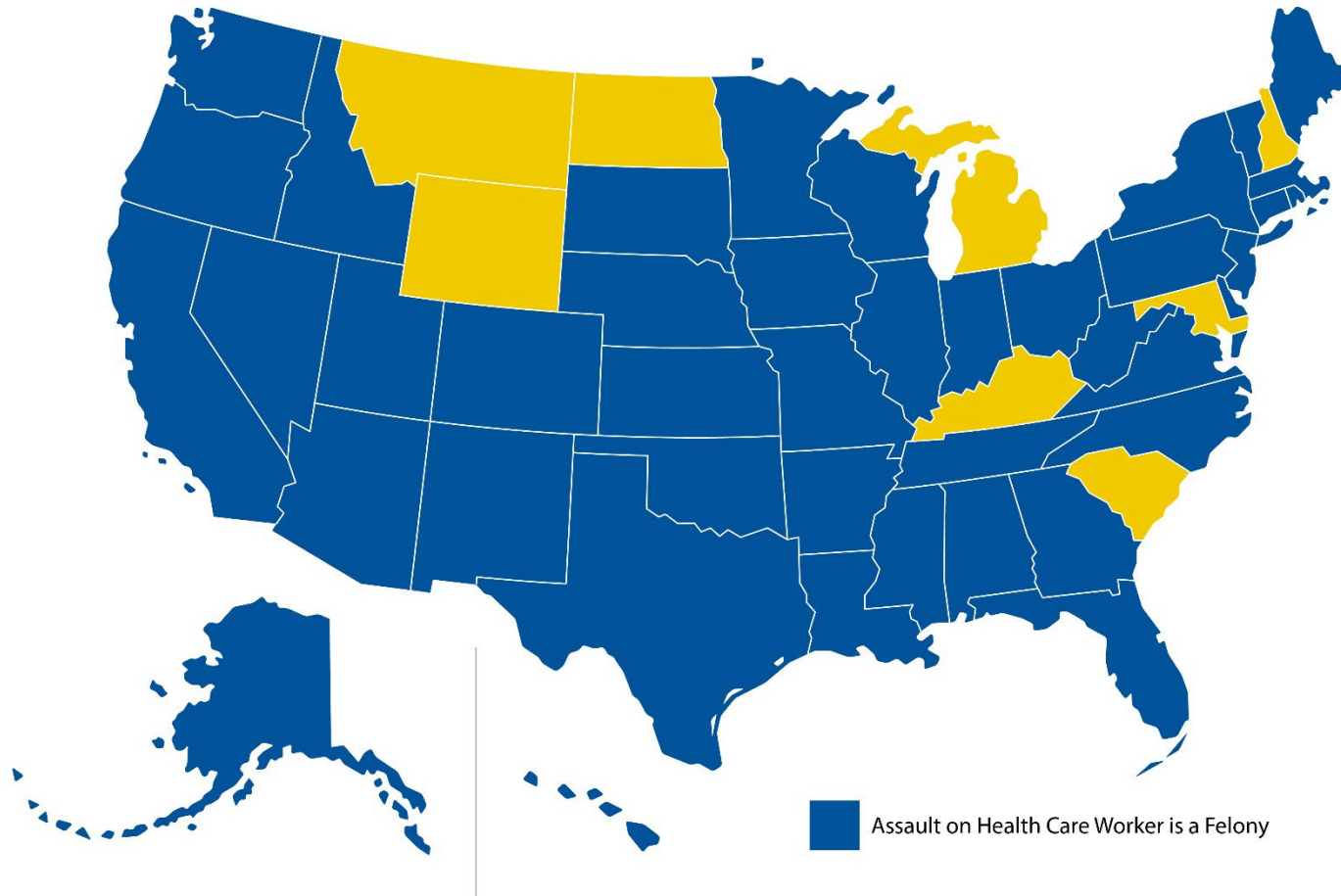
States With Workplace Violence Prevention Laws That Indirectly Criminalize Violence

A 2026 comprehensive review found 48 states had enacted at least one workplace-violence-related law protecting health care workers, including those that:

- Penalize perpetrators
- Require prevention programs
- Require reporting systems or facility protections

This indicates that nearly all U.S. states now criminalize violence toward health care workers in some form—either through enhanced assault penalties or facility-level violence-prevention mandates.

Assault on Health Care Worker Laws by State



In the states colored blue, statutes **either automatically classify the offense as a felony or elevate a normally misdemeanor assault to a felony** when the victim is a health care worker.

Next Steps

- Review your department's current workplace violence prevention policies.
- Ensure all staff complete required WPV training and refreshers.
- Report all incidents and near-misses using the designated reporting system.
- Engage leadership and safety teams to address identified risks.
- Promote a culture of safety through communication and mutual support.

Additional Resources

- [Joint Commission National Performance Goal #2A – Preventing Workplace Violence](#) (Effective July 1, 2025) — Includes formal definitions, leadership oversight, worksite analysis, reporting, and post-incident strategies.
- OSHA. 2023. [Workplace Violence - Overview | Occupational Safety and Health Administration](#)
- Centers for Medicare & Medicaid Services (CMS) [Workplace Violence - Hospitals](#)
- [Workplace Violence Prevention Assessment-Checklist](#), The Compliance Store

Not Yet Enrolled?

- Simply complete the [enrollment form](#).
- After submission, a quality improvement advisor (QIA) will reach out with next steps.
- Questions?
Send to info@superiorhealthqa.org
- Find additional resources in the [online Resource Library](#).



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