Workplace Violence Toolkit

Violent acts toward the health care workforce continue to plague all areas of the health care industry. Workplace violence (WPV) in health care has been well documented for several decades. The COVID-19 pandemic brought this issue to the forefront when violence against health care workers was widely reported in several professional journals and media outlets. Due to the increased focus on workplace violence and efforts of the workforce who have endured physical and psychological injuries, several health care oversight agencies have stepped forward, publishing standards and/or regulations for health care organizations to ensure the safety of their workforce.

The Joint Commission defines workplace violence as "an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."[1] Incidents of violence in health care have a wide range, including obvious and hidden acts of violence, bullying and aggression, which can originate from patients, visitors/family, staff, or physicians/third-party professionals.

ASHRM's risk assessment looks at the following proactive and reactive areas:

- Patient-to-Staff Violence: proactive prevention, reactive response
- Visitor/Family-to-Staff Violence: proactive prevention, reactive response
- Staff-to-Staff Violence/Harassment: proactive prevention, reactive response
- Physician/Third-Party-Professional–to–Staff Violence/Harassment: proactive prevention, reactive response
- Stranger/Nonemployee-to-Staff Violence: proactive prevention

The American Hospital Association identified that in 2020, almost 60% of surveyed hospitals implemented workplace violence prevention initiatives.[2] The American Organization for Nursing Leadership and the Emergency Nurses Association developed guiding principles to mitigate all types of workplace violence.[3] Additionally, oversight regulatory agencies such as the Centers for Medicare & Medicaid Services have established regulations to ensure the physical safety of patients and health care workers.[4] The Occupational Safety and Health Administration and the National Commission on Correctional Health Care have also focused on workplace violence. [5]

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[1] The Joint Commission. (2022). *R3 Report Issue 30: Workplace Violence Prevention Standards*. https://www.jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/

[2] American Hospital Association. (2020). *Violence Prevention Initiatives*. https://www.aha.org/system/files/media/file/2021/06/HAVhope_2021_infographic.pdf

[3] American Organization for Nursing Leadership & Emergency Nurses Association. (2022). *AONL & ENA Guiding Principles: Mitigating Violence in the Workplace*. https://www.aonl.org/system/files/media/file/2022/10/AONL-ENA_workplace_guiding_principles.pdf

[4] Centers for Medicare & Medicaid (2022) *Memorandum on Workplace Violence in Hospitals* issued (November 28, 2022) https://www.cms.gov/files/document/qso-23-04-hospitals.pdf

[5] National Commission on Correctional Healthcare (2013) *Violence in Correctional Settings* https://www.ncchc.org/prevention-of-violence-in-correctional-settings-2013/

The Joint Commission also developed standards and elements of performance for preventing workplace violence.[6]

ASHRM has modified the guiding principles of the American Organization for Nursing Leadership and the Emergency Nurses Association into a readiness survey regarding organizational focus priorities.

[6] The Joint Commission. (2021). New Requirements for Preventing Workplace Violence. *The Source, 19*(10), 2–7. https://www.jointcommission.org/-/media/tjc/documents/resources/workplace-violence/ts_10_2021_preventing-workplace-violence.pdf

Readiness Survey for Leadership: Priority Considerations		Notes and Action Steps
1. Foundational behaviors to make this framework work:		
• Does the organization practice respectful communication, including active listening?	☐ Yes ☐ No	
• Is mutual respect demonstrated by all (i.e., members of the interprofessional team, patients, visitors and administrators)?	☐ Yes ☐ No	
• Is the organization seen as honest, trustworthy and compassionate?	☐ Yes ☐ No	
• Does the organization routinely survey the workforce to obtain feedback on perceptions of safety, violence, and ideas for improvement?	☐ Yes ☐ No	
• Does the organization routinely communicate to the workforce the actions taken to improve the working environment?	☐ Yes ☐ No	
2. Essential framework elements for promoting a safe working environment:		
• Has workplace violence been identified as a top-priority risk through the enterprise risk management survey process?	☐ Yes ☐ No	
• Is workplace violence prevention identified as an organizational strategic priority?	☐ Yes ☐ No	
• Is the organization prepared to address all forms of workplace violence (criminal intent, customer client, worker on worker, personal relationship)XI throughout the entire organization?	☐ Yes ☐ No	
• Is the organization committed to providing a safe working environment for the workforce?	☐ Yes ☐ No	
• Is the organization's framework supported and observed by the organization's board and executive suite to ensure organizational and cultural support and provide access to the necessary resources to enable a shift in culture, if necessary?	☐ Yes ☐ No	

Readiness Survey for Leadership: Priority Considerations (continued)				Notes and Action Steps
	Work Completed	Work in Progress	Needs to Be Addressed	
• Has the organization adopted clearly defined policies, procedures and consequences equally understood and observed by every person in the organization, including but not limited to the following? ○ Board members ○ Organizational leadership ○ Interprofessional teams ○ Organizational staff ○ Patients ○ Visitors ○ Law enforcement/security ○ Contracted staff ○ Volunteers ○ Others	☐	☐	☐	
• Has the organization designated an executive leader and an interprofessional team/committee to be responsible for policy enactment and resolution of conflicts and infractions?	☐ Yes ☐ No			
• Has the organization designated an individual(s) and/or an inter-professional team responsible for policy enactment and resolution of conflicts and infractions?	☐ Yes ☐ No			
• Does the organization prohibit violence, regardless of role or position of authority (i.e., the standard of behavior is the same for physicians, nurses, staff, and administration)?	☐ Yes ☐ No			
3. Essential elements to ensure ownership and accountability:				
• Does the organization expect personal accountability, meaning everyone in the organization is responsible for reporting incidents of violence?	☐ Yes ☐ No			
• Does the organization have individuals or a business unit designated as responsible for reviewing and responding to incidents of violence?	☐ Yes ☐ No			

Readiness Survey for Leadership: Priority Considerations (continued)		Notes and Action Steps
• Was the organization's workplace violence policy developed with input from all levels of the workforce, thus ensuring the workforce has knowledge and co-ownership of the process and expectations?	☐ Yes ☐ No	
• Does the organization clearly define universal standards of nonviolent behavior with every person in the organization, including patients and visitors? Is each person involved held equally accountable?	☐ Yes ☐ No	
• Is there an organizational structure to report incidents of violence immediately using equitable, nonpunitive and accessible procedures, ensuring options of anonymity, immediate enforcement of the workplace violence policy, and appropriate incident response (e.g., risk management information system, internal hotline)?	☐ Yes ☐ No	
4. Essential elements of training and education on violence in the health care workplace:		
• Does the organization address workplace violence as a part of new employee/ provider onboarding and at routine intervals?	☐ Yes ☐ No	
• Is there organizational and personal readiness to learn violence risk reduction skills and institute preventive practices?	☐ Yes ☐ No	
• Does the organization require individuals who work in identified high-risk areas to undergo hands-on simulation training in de-escalation techniques and violence risk reduction skills training?	☐ Yes ☐ No	
• Are evidence-based tools and interventions readily accessible and organizationally supported? Does the workforce know how to access the available tools?	☐ Yes ☐ No	

Readiness Survey for Leadership: Priority Considerations (continued)		Notes and Action Steps
• Does the organization have skilled and experienced facilitators who understand the roles of health care professionals and other workforce members and the specific issues that can contribute to the occurrence of violence in the health care workplace?	☐ Yes ☐ No	
• Has the organization offered training on early recognition and de-escalation of workplace violence, including ongoing risk assessments, threat management, implementation of evidence-based strategies, evaluation of incidents of violence, and response effectiveness?	☐ Yes ☐ No	
• Has the organization used health care–specific case studies with simulations to demonstrate recognition of risk, appropriate actions, and effective response in situations of violence?	☐ Yes ☐ No	
• Does the organization provide support to individuals who have been the target of WPV (Peer Support, Employee Assistance Programs etc.)?	☐ Yes ☐ No	
5. Outcome metrics of the program's success:		
• Do the organizational outcome metrics include the following?		
○ Improvement in morale of workforce (verbal feedback, surveyed responses)	☐ Yes ☐ No	
○ Decreased incidence of workplace violence and associated harm (e.g., number and type of injuries, days away from work, resignations due to violent episodes)	☐ Yes ☐ No	
○ Improvements in risk assessment analyses to demonstrate timely investigation of violence incidents, successful implementation of mitigation policies and procedures, ongoing training and education, and support in accessing necessary resources	☐ Yes ☐ No	

Readiness Survey for Leadership: Priority Considerations (continued)		Notes and Action Steps
○ Improvements in collection and reporting of data on incidents of violence, including injury data, occurrence location, time of event, workforce member(s) involved, response and outcome	☐ Yes ☐ No	
○ Routine reporting to varied committees at specified intervals (transparency of data	☐ Yes ☐ No	
○ Evaluation of data to track program outcomes, measure effectiveness and modify programs as needed	☐ Yes ☐ No	
○ Improvements in staff and leadership confidence in the use of de-escalation and conflict resolution techniques	☐ Yes ☐ No	

Proactive Prevention: Patient to Staff Violence		Notes and Action Steps
• Pre-employment background screening	☐ Yes ☐ No	
• Patient Rights and Responsibilities clearly outline expectations re: violence, weapons, illicit substances and exclusion of visitors who are aggressive/violent ○ All inpatients provided copy of patient rights and responsibilities (outpatient equivalent?) ▪ Family and Visitor Guidelines published and posted ▪ Process for security escort off campus	☐ Yes ☐ No	
• Training: Physician, Advanced Practice Provider, and Staff: ○ Recognize precursor signals of violence ○ Medical record documentation expectations ○ De-escalation and Self-Defense training ○ Safe restraint use / ordering providers	☐ Yes ☐ No	

Proactive Prevention: Patient to Staff Violence (continued)		**Notes and Action Steps**
• Security Environmental Risk Assessment of High-Risk areas: ○ Secluded location (satellite clinics, isolated patient exam rooms, no direct line of sight or panic switches) ○ Offsite location: Home Health services ○ Screen home for safety prior to visit (i.e., Western Health Risk Assessment Screening Tool)	☐ Yes ☐ No	
• Patient Specific Proactive Prevention ○ Intake assessment includes screening for risk of violence / aggression; documentation in medical record ○ Patient past history of violence or aggression is clearly communicated to all team members (electronic alert, care plan) ○ Unique safety plan developed based upon known risks	☐ Yes ☐ No	

Reactive Response to Event: Patient to Staff Violence		**Notes and Action Steps**
• Security response ○ De-escalation attempted ○ Behavioral Control ○ Termination of care relationship ○ Law Enforcement Notification ▪ Sharing minimum necessary PHI ▪ If taken into police custody, ensure ongoing medical needs are communicated to law enforcement medical clinic / MD ▪ Process for discharge / transfer to law enforcement ▪ Restraining order	☐ Yes ☐ No	
• Law enforcement investigation ○ Witness interviews ○ Security video footage preserved ○ Formal charges rendered	☐ Yes ☐ No	

Reactive Response to Event: Patient to Staff Violence (continued)		Notes and Action Steps
• Public Relations / Media Notified of potential media exposure re: arrest	☐ Yes ☐ No	
• Ensure Victim support	☐ Yes ☐ No	
• Ensure safe transfer of patient care	☐ Yes ☐ No	
• Health system facility committee (multidisciplinary) focused on decreasing workplace violence enhanced interventions and educating the organization as to what is being done	☐ Yes ☐ No	

Reactive Response to Event: Patient to Staff Violence		Notes and Action Steps
• Suggested Policy review: ○ Patient Search / Seizure of contraband / illicit substance / Patient Belongings ○ Surrendered weapons; storage safety and process for return to patient ○ Surrendered illicit substances or contraband: Disposal v. Law enforcement release ○ Criteria for report to law enforcement / responsible person ○ Criteria for restraint / seclusion application / responsible person ○ Criteria for application of 'Behavior Alerts' ▪ Management (application and removal process) ○ Competency / Capacity / Surrogate-decision-maker / mental-health hold / involuntary confinement ○ When is forced medication admin / restraint acceptable? ○ Security use of force: handcuffs, pepper spray, etc. ○ Security video archive process / timeframe / expectations ○ Release of information to law enforcement / release of video to law enforcement ○ Law enforcement bringing weapons on-campus / no weapon zone in psychiatry ○ Show of force / Code Strong / Code Grey response processes	☐ Yes ☐ No	

○ Administrator-on-Call / RN Supervisor Responsibilities ○ Chain of Command ○ Professional discipline / Peer Review ○ Resolution of Patient Complaints and Grievances ○ Adverse Event Incident Reporting System ○ Guidelines for Environmental Protections in case of Known registered sex offender / patient in law enforcement custody ○ HIM restrictions / Patient Directory restrictions: Confidential / No-Publication / No Show / "Break the Glass" / Pt Directory ○ Patient Alert / Care Plan / Electronic mechanism to notify all staff / all locations of increased risk of violence ○ Patient Term / Termination of Care relationship ○ Narcotic Care Agreement ○ Refusal of Care Form / Process ○ Discharge AMA ○ Elopement ○ Administrative Discharge ○ Patients who will not peacefully leave campus after discharge / Security escort off campus ○ Chaperone guidelines ○ Patient / Family Request for change in caregiver		

Proactive Prevention: Visitor/Family to Staff Violence		Notes and Action Steps
• Staff Training: ○ Recognize precursor signals of violence ▪ Divorced / estranged patients ▪ Parental loss of custody ▪ Victim of gang violence or other criminal activity (confidential patient process) ▪ Domestic violence survivor ▪ Agitated / impaired / aggressive visitors (ICU/ED patients) ○ Medical record documentation expectations ○ De-escalation and self-defense training ○ Family and Visitor Guidelines published and posted ○ Policy for security escort off campus	☐ Yes ☐ No	
• Environmental Security ○ Locked / restricted access (infants / intensive care / ER / ability to "lock down") ○ Security rounds / panic switches / lighting / alarms / video monitoring ○ Risk assessment for identified areas of vulnerability	☐ Yes ☐ No	

Reactive Response to Event: Visitor/Family to Staff Violence		Notes and Action Steps
• Call to law enforcement	☐ Yes ☐ No	
• Exclusion from building	☐ Yes ☐ No	
• Pre-employment background screening	☐ Yes ☐ No	
• Document actions and exclusion in medical record	☐ Yes ☐ No	
• Post alert to future caregivers and future security officers	☐ Yes ☐ No	
• Inform patient of reason for visitor / family exclusion	☐ Yes ☐ No	
• If excluded person is surrogate decision-maker, document continued updates / contact / consent achieved via phone	☐ Yes ☐ No	
• Ensure Victim support	☐ Yes ☐ No	

Proactive Prevention: Staff to Staff Violence / Harassment		Notes and Action Steps
• Pre-employment background screening	☐ Yes ☐ No	
• Policy clearly defines: Workplace Violence / Harassment / Sexual Harassment / Code of Professional Conduct / Fitness for Duty ○ Train all staff to recognize and report ○ Provide and encourage use of EAP to deal with potential stressors ○ Provide and encourage use of chain of command to report concerns and frustrations before they escalate ○ Train leaders to recognize and mitigate high-stress work environments and danger zones ○ Train all team members in de-escalation techniques and encourage respectful communication	☐ Yes ☐ No	
• Confidential Incident Reporting system	☐ Yes ☐ No	
• Annual Culture of Safety Survey; measure staff perceptions of workplace safety	☐ Yes ☐ No	
• EOC surveillance of incident reports and trends; identify high-risk areas and intervene	☐ Yes ☐ No	
• Disciplined or Terminated Employees ○ Consistent enforcement of expectations and fair disciplinary procedures ○ Pre-discipline warnings re: consequences ○ Establish a safety plan for highly disgruntled or violent employees (security escort, exclusion from campus, notification of remaining team member to report return to campus)	☐ Yes ☐ No	

Reactive Response to Event: Staff to Staff Violence / Harassment		Notes and Action Steps
• Prompt comprehensive Incident response / investigation process ○ Investigative lead should be leader other than direct supervisor ○ HR and Labor relations involvement ○ Ensure Employee rights ○ Administrative leave during investigation ○ Post-event background check to evaluate any changes compared to pre-employment screen	☐ Yes ☐ No	
• Potential Regulatory Reporting Requirements: ○ OSHA ○ State Labor & Industries ○ Workers' Compensation program ○ Professional Licensing Board ○ Local Law Enforcement	☐ Yes ☐ No	
• Victim support ○ Confidential medical screening and treatment ○ Temporary Administrative leave / release from duty ○ EAP support ○ Critical Incident Team debrief if necessary	☐ Yes ☐ No	

Proactive Prevention: Physician or Third-Party Professional to Staff Violence / Harassment		Notes and Action Steps
• Pre-engagement background checks and screening	☐ Yes ☐ No	
• Medical Staff Bylaws / Professional Code of Conduct clearly addresses: Workplace Violence / Harassment	☐ Yes ☐ No	
• Any contracts / agreements with on-campus third-party contractors or vendors clearly addresses: Workplace Violence / Harassment ○ Contract language provides explicit expectations re: workplace violence and termination clause protects facility interests	☐ Yes ☐ No	

Proactive Prevention: Physician or Third-Party Professional to Staff Violence / Harassment (continued)		Notes and Action Steps
• Zero tolerance policy	☐ Yes ☐ No	
• Clear, transparent peer review and other accountability structure	☐ Yes ☐ No	
• Provide and encourage use of facility contact or incident reporting system to report concerns and frustrations before they escalate	☐ Yes ☐ No	
• Train facility leaders to recognize and mitigate as they liaison with contractors and Medical Groups	☐ Yes ☐ No	
• Training in de-escalation techniques and respectful communication (TeamSTEPPS®, CPI, etc.)	☐ Yes ☐ No	
• Annual Culture of Safety Survey; measure MD & vendor perceptions of workplace safety; disseminate learning from survey	☐ Yes ☐ No	
• EOC surveillance of incident reports and trends; identify high-risk and intervene	☐ Yes ☐ No	

Reactive Response to Event: Physician or Third-Party Professional to Staff Violence / Harassment		Notes and Action Steps

• Prompt comprehensive Incident response / investigation process
  ○ Clear, transparent peer review and other accountability structure
  ▪ Led by leader from facility as well as leader from vendor / medical group
  ○ Administrative leave during investigation
  ○ Post-event background checks to evaluate any changes compared to pre-employment screen
  ○ Document all communications; each step of the investigation and review process
  ○ Consider contract protections / termination clauses / contract quality metrics related to behavior
	☐ Yes ☐ No	

Reactive Response to Event: Physician or Third-Party Professional to Staff Violence / Harassment (continued)		Notes and Action Steps
• Potential Regulatory Reporting Requirements: ○ Report to leadership at vendor company / medical group ○ Credentialing / Privileging Board ○ OSHA / State Labor & Industries ○ Workers' Compensation program ○ Professional Licensing Board ○ Local Law Enforcement	☐ Yes ☐ No	
• Ensure Victim support	☐ Yes ☐ No	

Proactive Prevention: Stranger/Non-Employee to Staff Violence		Notes and Action Steps
• Non-employee ○ Process for staff to report to security any personal issues impacting safety while at work (i.e., protective order / restraining order, domestic violence at home, stalker, threats from non-employees) ▪ Security assesses risk of violence and recommend safety plan while at work ▪ Security, employee and supervisor work together to implement safety plan ▪ Employee Leave related to Domestic Violence, Assault, or Stalking	☐ Yes ☐ No	
• Stranger ○ Active shooter ○ Bomb threat ○ Child abduction ○ Suspicious persons ○ Campus safety plan ▪ Emergency phones ▪ Lighting ▪ Security escorts ▪ Security rounds ▪ Panic switches / Calls for help ▪ Locked / restricted access ▪ Video monitoring ▪ Metal detectors ○ Law Enforcement notification of trespass ○ Ensure victim support	☐ Yes ☐ No	

Additional Resources:

Active Shooter Planning and Response in a Healthcare Setting
Author: The Healthcare & Public Health Sector Coordinating Council
https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view

Department of Labor Workplace Violence Program
Author: United State Department of Labor
https://www.dol.gov/oasam/hrc/policies/dol-workplace-violence-program.htm

Guidelines for Prevent Workplace Violence for Healthcare and Social Service Workers
Author: Occupational Safety and Health Administration (OSHA)
https://www.osha.gov/Publications/osha3148.pdf

Mitigating Violence in the Workplace
Author: American Organization of Nursing Leadership (AONL) and Emergency Nurses Association
http://www.aonl.org/resources/mitigating-workplace-violence.pdf

Promoting Violence Prevention
Author: American Medical Association
https://www.ama-assn.org/delivering-care/promoting-violence-prevention

Teaming Up Against Workplace Violence
Author: Joint Commission
https://www.jointcommission.org/workplace_violence.aspx

Violence Prevention Resources
Author: American Psychiatric Nurses Association
http://www.apna.org/i4a/pages/index.cfm?pageID=6072

Workplace Violence
Author: Crisis Prevention Institute
https://www.crisisprevention.com/Resources/Knowledge-Base/Workplace-Violence

Workplace Violence
Author: U.S. Department of Justice - Federal Bureau of Investigation
https://www.fbi.gov/file-repository/stats-services-publications-workplace-violence-workplace-violence/view

Workplace Violence
Author: United State Department of Labor - Occupational Safety and Health Administration (OSHA)
https://www.osha.gov/SLTC/workplaceviolence/

Workplace Violence Continuum
Author: Crisis Prevention Institute
https://www.crisisprevention.com/Specialties/Prepare-Training/Definition-of-Workplace-Violence/Work- place-Violence-Continuum

Workplace Violence Prevention
Author: Joint Commission (FBI) – Active Shooter
https://www.jointcommission.org/wpv_healthcare_fbi/

Workplace Violence Prevention for Nurses, Online Course
Author: CDC
https://www.cdc.gov/niosh/topics/violence/training_nurses.html

Workplace Violence Workgroup Report
Author: American Psychiatric Nurses Association
https://www.apna.org/resources/cdc-workplace-violence-prevention-for-nurses/

Zero Tolerance for Workplace Violence
Author: Nonprofit Risk Management Center
https://www.nonprofitrisk.org/resources/articles/zero-tolerance-for-workplace-violence/