



Reduce harmful work stressors.  
Improve job quality and health.

# Healthy Work Strategies

## Legislation and Regulation to Prevent Workplace Violence in Healthcare

Workplace violence is a major hazard in the healthcare industry. In 2017, the rate of injuries that resulted in days away from work due to workplace violence for *all* private-sector workers was 2.9 per 10,000 workers. However, the rate for private-sector *hospital* workers was much higher (16.6 per 10,000 workers), and, for *nursing and residential* care workers, even higher (33.4 per 10,000 workers).<sup>23,24</sup> Psychiatric hospitals had the highest rate of serious injury due to workplace violence (181.1 per 10,000 workers),<sup>23</sup> which was mostly intentional injury by other person (121.1 per 10,000 workers).<sup>24</sup> State mental health and substance abuse social workers also have very high rates of injuries due to being assaulted at 278.7 per 10,000 workers. In the last decade (2008–2017), the rate of workplace violence increased 69% in health care and social assistance (for private, non-government employers). In the last two years, workplace homicides nearly doubled for workers in health care and social assistance. Since 2008, the workplace violence injury rate in private hospitals and home health services more than doubled, with the rate in psychiatric and substance abuse hospitals increasing by 158%.<sup>23</sup>

Workplace violence and the threat of violence is both a physical health and safety issue (injuries from being assaulted) and a work stress issue. Healthcare workers who experience violence from their patients can become more cautious and on their guard when caring for patients,<sup>26</sup> potentially leading to increased detachment<sup>29</sup> and decreased quality of care.<sup>11,26</sup>

Patient violence towards hospital workers that does not result in physical injury includes verbal abuse, which involves another person yelling or swearing, engaging in name calling or using other words intended to control or hurt.<sup>31-35</sup> Such “non-physical” violence can have psychological effects, such as reduced work satisfaction, or increased sleep disorders, burnout, depression, and post-traumatic stress disorder.<sup>25,28,31,32</sup> It can also lead to restricted or modified work, transfers, leaves of absences,<sup>30,31,32</sup> or leaving the job (turnover).<sup>27</sup>

## Current State Laws

Several states (NJ, CT, NY, MN, CA, IL, NV)<sup>1-5,36</sup> have passed laws or regulations outlining basic requirements for Workplace Violence Prevention in Healthcare. All detail a requirement of developing and implementing a comprehensive workplace violence prevention plan. In addition, the laws specify that this plan should establish effective procedures to obtain assistance from law enforcement, outline policies regarding the process of reporting workplace violence, developing and providing proper training to employees, identifying and evaluating specific workplace- and patient-specific risk factors for workplace violence, as well as a plan to correct identified risk factors. All also mandate a requirement for record keeping of all workplace violence incidents. The Nevada law passed in June 2019 through the efforts of Service Employees International Union (SEIU) Local 1107.<sup>36</sup>

Some states, such as California, require reporting of incidents of workplace violence to Cal/OSHA. These annual reports are available at <https://www.dir.ca.gov/>. Furthermore, the requirements of the workplace violence prevention plan include a clause prohibiting the employer from retaliation against an employee for reporting workplace violence.

The Illinois Health Care Violence Prevention Act that went into effect in 2018 also outlines provisions for immediate post-incident services, including acute treatment and access to psychological evaluation, for any healthcare worker involved in the incident.<sup>2</sup>

Minnesota's Violence Against Health Care Workers Law enacted in 2015 also specifies that anyone failing to comply with the requirements of the law will be fined up to \$250.<sup>4,5</sup>

Connecticut's Public Act 11-175 concerning workplace violence prevention, enacted in 2011 specifies that "patient behavior that is a direct manifestation of the patient's condition or disability, including physical abuse or threatening behavior, shall not be considered intentional physical abuse or threatening to an employee".<sup>5</sup>

The 2015 New York law (S3621A) redefined and expanded which healthcare workers were protected by law from workplace violence. The prior workplace violence law included protection from violence for nurses, firefighters, and emergency medical technicians. The new law expanded those same protections to "any staff, other than registered nurses, whose principal responsibility is to provide direct health care for one or more patients".<sup>7</sup>

## **Proposed Federal Law**

National Nurses United (NNU) submitted a petition to federal OSHA for a workplace violence prevention in healthcare standard on July 11, 2016. Several unions within the AFL-CIO submitted a similar petition on July 12, 2016. OSHA granted the unions' petitions on January 10, 2017 at the beginning of OSHA's meeting on workplace violence

with “stakeholders” (interested groups). Later in 2017, OSHA’s efforts on the workplace violence prevention standard stalled.

The NNU then developed a bill with Rep. Khanna (CA) to require that OSHA take action quickly to protect nurses and other healthcare workers from workplace violence. This bill, HR 5223, was introduced in Congress in 2018. The bill was reintroduced by Rep. Courtney (CT) as the Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 1309) in 2019. H.R. 1309 would require employers in healthcare and social services to develop and implement a comprehensive plan for protecting employees from workplace violence, including processes for investigation of workplace violence incidents, identification of risk factors and hazards, implementation of prevention measures, processes for effective training of employees, and requirements for record keeping. The bill also prohibits employer retaliation for reporting workplace violence incidents.<sup>3</sup> H.R. 1309 was passed by the House Committee on Education and Labor on June 11, 2019.

## Evaluation of the Impact of Such Laws

We know of only one study that has examined the impact of such laws on worker injuries and illnesses, a study examining changes in hospital violent event rates before and after the enactment of the California Hospital Safety and Security Act of 1995. Assault rates in emergency departments in California decreased 48% after 1995, compared with emergency departments in New Jersey. Assault rates in psychiatric units in California also decreased 37% after 1995.<sup>21</sup>

However, there is much research showing the effectiveness of elements of the model standard as written in HR 1309/S 851 and the Cal/OSHA Workplace Violence Prevention in Health Care Standard (8 CCR §3342). The research indicates that workplace violence prevention plans should:

- Be unit-specific<sup>9,10,13</sup>
- Use direct care workers’ expertise<sup>9,13,18</sup>
- Be prevention oriented and include assessment and reduction of risk factors for workplace violence (environmental and patient-specific)<sup>12,16,17,19,14</sup>
- Provide staffing and procedures for a quick response to incidents<sup>15, 18</sup>
- Include hands-on training<sup>9,11</sup>

## How Are Such Regulations Adopted? – An Example from California

The California Nurses Association/National Nurses United (CAN/NNU) began a legislative campaign for an enforceable workplace violence prevention standard in 2010, following the tragic death of a member from preventable workplace violence. CNA/NNU continued to sponsor bills, AB 30 (Hayashi), SB 718 (Yee), until SB 1299 (Padilla) passed

in 2014, and was signed by the governor on 9/29/2014. The new law required the California Occupational Safety and Health Administration (Cal/OSHA) Standards Board, no later than July 1, 2016, to adopt standards that required specified types of hospitals to adopt a workplace violence prevention plan.

In February 2014, the Service Employees International Union (SEIU) Nurse Alliance of California and SEIU local union 121RN, as well as the CNA/NNU, filed petitions that the Cal/OSHA Standards Board adopt [a new standard](#) to provide health care workers with specific protections against workplace violence. The Standards Board initially was skeptical that such a regulation was needed. However, after a 3-year statewide campaign, which included hundreds of rank and file members from all SEIU local unions in California, from the CNA/NNU, and from other California unions, the standard was adopted.<sup>8</sup>

The following videos of the Standards Board vote to adopt the standard on 10/20/2016 include comments by Board members on the need for the standard and praising the many nurses who testified and CNA/NNU for their leadership on this campaign for the landmark workplace violence prevention standard:

- [Vote to Adopt the CalOSHA Workplace Violence Prevention in Health Care Standard, Oct 20 2016](#) (7:14 min)<sup>8</sup>;
- [CA Occupational Safety and Health Standards Board Thanks CNA](#) (0:43 min).

The following photos are from a Cal/OSHA hearing on 10/19/2016:  
<https://www.flickr.com/photos/californianurses/>.

This standard served as a model for a proposed national law—H.R. 5223 in 2018 and H.R. 1309, introduced in 2019.

## Find Out More

Find out more about efforts to pass such laws in your state, or nationally:

- <https://www.nursingworld.org/>
- <https://www.nationalnursesunited.org/workplace-violence>

## References:

1. 2017 California Violence Prevention in Health Care: Dir. “Rulemaking: Workplace Violence Prevention in Health Care.” *Organization Title*, [www.dir.ca.gov/](http://www.dir.ca.gov/).
2. Giso. *California Code of Regulations, Title 8, Section 3342. Violence Prevention in Health Care.*, [www.dir.ca.gov/Title8/3342.html](http://www.dir.ca.gov/Title8/3342.html).
3. 2018 Illinois Health Care Violence Prevention Act: “Illinois Hospitals to Face Requirements Designed to Reduce Violence Against Nurses.” *The National Law Review*, <https://www.natlawreview.com/>.

4. Federal Workplace Violence Prevention for HealthCare and Social Service Workers Act
5. 2015 Minnesota Violence against Health Care Workers Law: "Office of the Revisor of Statutes." *Sec. 144.566 MN Statutes*, <https://www.revisor.mn.gov/>.
6. 2011 Connecticut Public Act No 11-175: *State of Connecticut*. "An Act Concerning Workplace Violence Prevention and Response In Health Care Settings." [www.cga.ct.gov/](http://www.cga.ct.gov/).
7. 2008 New Jersey Violence Prevention in Health Care Facilities Act: <ftp://www.njleg.state.nj.us/>
8. 2015 New York Violence Prevention Law: Sherwood, Julie. "Law gives adds protection for healthcare workers against workplace violence." *MPNnow*. 23 Nov. 2015, <https://www.mpnnow.com/>.
9. Mark Catlin, personal correspondence, May 27, 2019
10. Adams J, et al., Assessing the effectiveness of clinical education to reduce the frequency and recurrence of workplace violence. *Australian Journal of Advanced Nursing*, 2017;34(3):6-15.
11. Arnetz, J.E., et al., Preventing Patient-to-Worker Violence in Hospitals: Outcome of a Randomized Controlled Intervention. *Journal of Occupational and Environmental Medicine*, 2017; 59(1): 18.
12. Fernandes, C., et al., The Effect of an Education Program on Violence in the Emergency Department. *Annals of Emergency Medicine*, 2002. 39(1): p. 47-55.
13. Gerberich, S. G., et al., Risk Factors for Work-Related Assaults on Nurses. *Epidemiology*, 2005. 16(5): 704-9.
14. Gillespie, G.L., et al., Implementation of a Comprehensive Intervention to Reduce Physical Assaults and Threats in the Emergency Department. *Journal of Emergency Nursing*, 2014. 40(586-91).
15. Kelen, G. D., et al., Hospital-Based Shootings in the United States: 2000 to 2011. *Annals of Emergency Medicine*, 2012. 60(6): 790-8.
16. Kelley, E. C., Reducing Violence in the Emergency Department: A Rapid Response Team Approach. *Journal of Emergency Nursing*, 2014. 40(1): 60-4.
17. Loomis, D. et al., Effectiveness of Safety Measures Recommended for Prevention of Workplace Homicide. *Journal of the American Medical Association*, 2002. 287(8): 1011-7.
18. Magnavita, N., Violence Prevention in a Small-Scale Psychiatric Unit: Program Planning and Evaluation. *International Journal of Occupational and Environmental Health*, 2011. 17: p. 336-44.
19. Rees, S., et al., A Program to Minimize ED Violence and Keep Employees Safe. *Journal of Emergency Nursing*, 2010. 36(5): p. 460.
20. Virtanen, M., et al., Overcrowding in psychiatric wards and physical assaults on staff: data-linked longitudinal study. *The British Journal of Psychiatry*, 2011. 198: 149-55.
21. Casteel C, Peek-Asa C, Nocera M, Smith JB, Blando J, Goldmacher S, O'Hagan E, Valiante D, Harrison R. Hospital employee assault rates before and after enactment of the California hospital safety and security act. *Ann Epidemiol*. 2009 Feb;19(2):125-33.

22. Office, U.S. Government Accountability. "Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence." *U.S. Government Accountability Office (U.S. GAO)*, 14 Apr. 2016, [www.gao.gov/](http://www.gao.gov/).
23. AFL-CIO Safety and Health. "Protect Workers from Violence on the Job." February 2019. <https://images.usw.org/>.
24. Bureau of Labor Statistics. TABLE R8. Incidence rates for nonfatal occupational injuries and illnesses involving days away from work per 10,000 full-time workers by industry and selected events or exposures leading to injury or illness, private industry, 2017. <https://www.bls.gov/>, accessed August 13, 2019.
25. Gates DM, Gillespie GL, Succop P. Violence against nurses and its impact on stress and productivity. *Nurs Econ*. 2011; 29:59–67.
26. Arnetz JE, Arnetz BB. Violence towards health care staff and possible effects on the quality of patient care. *Soc Sci Med*. 2001; 52:417–427.
27. Sofield L, Salmond SW. Workplace violence: a focus on verbal abuse and intent to leave the organization. *Orthop Nurs*. 2003; 22:274–283.
28. Hesketh KL, Duncan SM, Estabrooks CA, et al. Workplace violence in Alberta and British Columbia hospitals. *Health Policy*. 2003; 63:311–321.
29. Winstanley S, Whittington R. Anxiety, burnout and coping styles in general hospital staff exposed to workplace aggression: a cyclical model of burnout and vulnerability to aggression. *Work Stress*. 2002; 16:302–315
30. Gerberich SG. Verbal abuse against home care aides: another shot across the bow in violence against health care and other workers. *Occupational and Environmental Medicine* 2019; 76:593-594.
31. Gerberich SG, Church TR, McGovern PM, et al. An epidemiological study of the magnitude and consequences of work related violence: the Minnesota nurses' study. *Occup Environ Med* 2004; 61:495–503.
32. Gerberich SG, Nachreiner NM, Ryan AD, et al. Violence against educators: a population-based study. *J Occup Environ Med* 2011; 53:294–302.
33. World Health Organization (WHO), Framework guidelines for addressing workplace violence in the health sector. Geneva, Switzerland: International Labour Office (ILO), International Council of Nurses (ICN), Public Services International (PSI), 2002. <https://www.who.int/>, accessed 10 Jun 2019.
34. World Health organization (who), violence against health workers, 2015. <https://www.who.int/>, accessed 10 Jun 2019.
35. Phillips JP. Workplace violence against healthcare workers in the United States. *N Engl J Med* 2016;374:1661–9.
36. Nevada law aims to protect health care workers from on-the-job violence, *Safety and Health Magazine*, <https://www.safetyandhealthmagazine.com/>, accessed September 15, 2019.