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Workplace Violence and Protecting Healthcare Workers

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VOICES | Opinion This piece expresses the views of its author(s), separate from those of this publication.

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Nurses get spit on, kicked, assaulted. Stop hurting us. We are here to help you.

Health care workers are already vulnerable to COVID-19 exposure. We shouldn't have to worry about assaults and violence, too.

PBS NEWS WEEKEND

What's behind an alarming rise in violent incidents in health care facilities

Sep 17, 2023 5:40 PM EDT



By —
John Yang



Transcript Audio

Health care workers are five times as likely to experience workplace violence as other workers, according to government data. In a National Nurses United survey in 2022, 40 percent of hospital nurses said they'd seen an increase in violent incidents. Karen Coughlin, chair of the Massachusetts Nurses Association's workplace violence and abuse...

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U.S. News & World Report NEWS

COMMENTARY

Health Care Workers Face More Workplace Violence Than Other Professions. We Need to Act.

Nurses treat people during incredibly stressful moments in their lives.

By Jason Blomquist | Contributor March 4, 2025, at 6:16 p.m.

Impacts of Violence in Healthcare Settings

Head of the Texas Nurses Association:

“Many members of the general public, they're like, 'Are you kidding me? People assault nurses?' They don't understand that it's a problem.”

President of the American Nurses Association:

“Workplace violence is a longstanding and unresolved issue in healthcare. It is a growing public health crisis that demands urgent attention. It worsened during the COVID-19 pandemic, overburdening an already strained healthcare system.”

Statistics Show a Real and Increasing Problem

National Nurses United survey: 8 in 10 health care workers reported in a that they had experienced at least one type of workplace violence during the pandemic (2022)

American College of Emergency Physicians survey: 8 in 10 emergency physicians believe the rate of violence in emergency departments has increased (2022)

Occupational Safety and Health Administration (“OSHA”): the rate of work-related injuries and illnesses in hospitals is almost twice that of the entire private industry (2019)

U.S. Bureau of Labor Statistics: health care workers accounted for 73 percent of all nonfatal workplace violence-related injuries and illnesses (2018)

Security Industry Association Study: workers in health care are four times more likely to be victimized than workers in other industries (2017)

Overview

- According to the National Institute for Occupational Safety and Health (“NIOSH”), homicide is a leading cause of occupational fatalities. Shootings account for the majority of homicides in the workplace.
- According to OSHA, almost 2 million workers are victims of workplace violence every year.
- Random, mass shootings are still extremely rare.
- In most workplaces, violence of any sort is rare.

What is Workplace Violence?

OSHA's definition of "workplace violence:"

Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.



What is Workplace Violence?

“OSHA has no intention of including **violence that is solely verbal** in a potential regulation,” but OSHA is interested “in threats that could reasonably be expected to result in violent acts.

These threats could be verbal or written, or could be marked by body language.”



OSHA & Workplace Violence

The potential for violence exists in every workplace, but the risks are higher in certain industries or workplaces:

- ***Healthcare and social services, particularly hospitals, mental health facilities and home health care.***
- Late-night retail establishments.
- Taxi Drivers (20x more likely to be murdered on the job than other workers).
- Corrections Officers.
- Education.

OSHA is focusing its education, guidance, rulemaking and enforcement resources on these industries.



Inside and Outside Threats

POLL Question: Using the OSHA Definition, from what source do you see violence towards employees:



Visitor



Patient



Employee

High Profile Examples in Texas



Two employees killed by shooter at Dallas hospital

🕒 Oct 24, 2022 - 04:16 PM



Man arrested after threatening to stab nurse at northeast Houston hospital, officials say

📅 Monday, July 18, 2022



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LOCAL NEWS

WFPD addresses gun, bomb threat at North Texas State Hospital, Scott Avenue

by: [Joshua Hoggard](#)
Posted: Jan 23, 2025 / 02:35 PM CST
Updated: Jan 23, 2025 / 08:15 PM CST



Hostages say Naurmanchi targeted doctors in standoff that killed beloved Austin pediatrician

[Ryan Autullo](#), [Tony Plohetski](#), [Kelsey Bradshaw](#) and [Katie Hall](#)
Austin American-Statesman

Published 11:58 a.m. CT Jan. 27, 2021 | Updated 12:12 p.m. CT Jan. 28, 2021

Legislative Solutions - National

Safety from Violence for Healthcare Employees (SAVE) Act (2023)

New criminal offense for knowingly assaulting or intimidating hospital personnel during the performance of their official duties in a manner that interferes with their performance of the duties or limits their ability to perform the duties.

- *Authorizes grants to reduce the incidence of violence at hospitals.*

Bipartisan legislation, Introduced 2023 – Referred to House Judiciary Committee, Senate Judiciary Committee

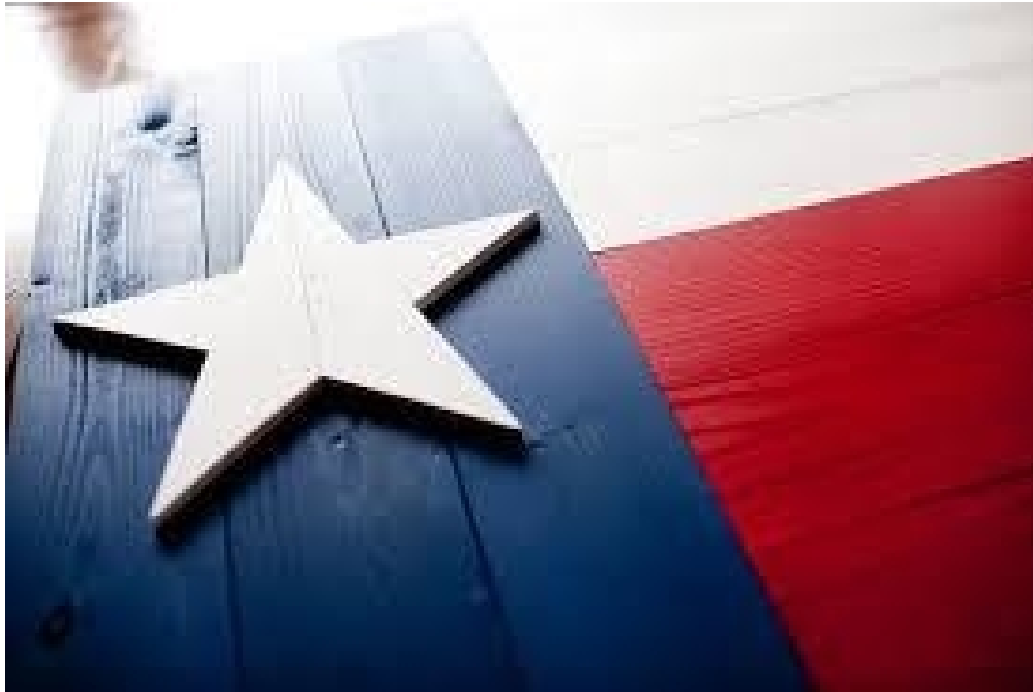
Legislative Solutions - Texas

Workplace Violence Prevention (2023 SB 240; Tex. Health & Safety Code Ann. § 331.001-006)

- Applied to health facilities, including but not limited to, licensed hospitals, nursing facilities with at least 2 registered nurses, ambulatory surgical centers, and home health services with at least 2 registered nurses
- Mandated adoption of workplace violence prevention committees, policies, and plans in accordance with the statute
- Provided licensing agencies with authority to take disciplinary actions against persons violating the statute
- Defined “workplace violence” to include “an incident involving the use of a firearm or other dangerous weapon, regardless of whether a health care provider or employee is injured by the weapon,” and “an act or threat of physical force against a health care provider or employee that results in, or is likely to result in, physical injury or psychological trauma”
- Required a system to investigate violent incidents at the facility and provide immediate post-incident services to affected health care providers and employees

Policies and Procedures Relating to Workplace Safety (Tex. Health & Safety Code § 241.029)

- Required a governing body of a hospital to adopt policies and procedures to improve workplace safety and reduce the risk of injury, occupational illness, and violence towards nurses
- Instituted a minimum safety policy standard that included, among other things:
 - conducting workplace audits to identify areas of risk of injury, occupational illness, or violence and recommending ways to reduce those risks;
 - controlling access to those areas identified as having a high risk of violence; and
 - promptly reporting crimes committed against nurses to appropriate law enforcement agencies.



Legislative action to finance programs to reduce workplace violence against nurses left pending in House Public Health Committee

November 12, 2024, House Bill 827 was introduced, sponsored by Representative Donna Howard (D). The Bill instituted a grant program funding development of innovative approaches and best practices for reducing verbal and physical violence against nurses in health care settings.

After testimony was taken and registrations were recorded, this action was left pending in committee on March 17, 2025.

First Level Measures

Must-Haves

1. Workplace Prevention Policy

- Zero-tolerance
- No retaliation for reports

2. A detailed workplace violence prevention plan

- Addresses engineering controls and administrative controls

3. Workplace violence log

4. Training

- Not just a plan on a shelf
- Train multiple layers
 - Workplace safety team
 - Managers
 - All employees



Must-Haves

OSHA: “One of the best protections healthcare employers can offer their workers is to establish a **zero-tolerance policy** toward workplace violence. The policy should cover all workers, patients, clients, visitors, contractors, and anyone else who may come in contact with workers of the facility.”

If your facility does not have a policy related to workplace violence, must implement ASAP.

Workplace Violence Prevention Plan

- **Management commitment and employee participation** – will provide motivation and resources necessary for a successful initiative.
- **Worksite analysis** – conducting a needs assessment to evaluate vulnerability to violence.
- **Hazard prevention and control** – after hazards are identified, then need to identify and implement controls to eliminate or reduce those hazards.
- **Safety and health training** – provide to all levels of the organization.
- **Record-keeping and program evaluation** – must maintain records.

What is the Solution?

Workplace Violence Prevention Plan

- **Use engineering controls** – take steps to keep the workplace secure.
- **Use administrative controls** – controls to change work practices and management policies in order to reduce exposure to hazards.

Engineering Controls and Administrative Controls

OSHA's roadmap to what is needed in any workplace violence plan.

Appendix A – Possible Abatement Methods

CSHOs should identify abatement methods based on the hazards identified during the inspection. Besides the list of abatement methods listed below, CSHOs, in consultation with workplace violence coordinators and potential experts, should review other references to determine the most effective methods applicable to the hazards identified at the workplace.

General recommendations for all industries and administrative workplaces:

Implement Engineering Controls, such as:

- Assess any plans for new construction or physical changes to the facility or workplace to eliminate or reduce security hazards.
- Install and regularly maintain alarm systems and other security devices, panic buttons, hand-held alarms or noise devices, cellular phones and private channel radios where risk is apparent or may be anticipated. Arrange for a reliable response system when an alarm is triggered.
- Provide metal detectors—installed or hand-held, where appropriate—to detect guns, knives or other weapons, according to the recommendations of security consultants.
- Use a closed-circuit recording on a 24-hour basis for high-risk areas.
- Place curved mirrors at hallway intersections or concealed areas.
- Lock all unused doors to limit access, in accordance with local fire codes.
- Install bright, effective lighting, both indoors and outdoors.
- Replace burned-out lights and broken windows and locks.
- Keep automobiles well maintained if they are used in the field.
- Lock automobiles at all times.

Implement Administrative Controls to change work practices and management policies in order to reduce exposure to hazards. Such controls include:

- Conduct a workplace violence hazard analysis (this includes analyzing vehicles used to transport clients).
- Provide employees with training on workplace violence.
- Establish liaisons with local police and state prosecutors. Report all incidents of violence. Give police physical layouts of facilities to expedite investigations.
- Require employees to report all assaults or threats to a supervisor or manager (in

Workplace Violence Plan

Best practices:

1. Listen and **follow up** on complaints and reports regarding expressions of anger, swearing, threatening behavior.
2. Verbal abuse can be as **volatile as physical attacks**.
3. Have specific guidelines written into **Employee Handbook** regarding the types of behavior which will not be accepted.
4. Have the ability to **lock down the facility**.
5. Set forth **policies** for the possession of weapons, firearms or otherwise, in the workplace (this will differ from state to state and this area of the law is evolving).
6. Have an **Emergency Action Plan (EAP)**. Active shooter training is becoming a norm in many states.
7. Offer **counseling services** through healthcare services or independently, if not available otherwise.
8. Have a **procedure** in place for contacting local law enforcement without delay.

Must-Haves

Training

01

Educate employees on what conduct is not acceptable and what they should do if they witness workplace violence.

02

Encourage employees to not enter a location where they feel unsafe.

03

Have procedures for employees to notify their supervisor if they feel unsafe or have concerns about potential workplace violence.

04

Incorporate de-escalation training

05

Emphasize no retaliation for reports of violence.

Second Level Measures

Working with Law Enforcement

Report to Law Enforcement

- Assault and Battery
- Stalking
- Sexual Assault

Temporary Restraining Orders

Nursing Homes

- Discharge (particularly emergency) easier to justify if you have reported

Encourage Employees to Report and Press Charges

What if Law Enforcement Won't Respond?

Restricting Weapons

Despite the state's open carry policy, Texas law may prohibit a person from possessing firearms on premises.



Tex. Penal Code § 46.03. **Places Weapons Prohibited.**

(a) A person commits an offense if the person intentionally, knowingly, or recklessly possesses or goes with a firearm, location-restricted knife, club, or prohibited weapon...:

(11) on the premises of a hospital ... or on the premises of a nursing facility... unless the person has written authorization of the hospital or nursing facility administration, as appropriate; or

(12) on the premises of a mental hospital... unless the person has written authorization of the mental hospital administration

Discharge/Transfer the Patient



Hospital Inpatient

- **Discharge** – risk of early discharge
- **Transfer** – most hospitals won't take an inpatient transferred for violence issues
- **Swing bed** – generally have to follow SNF/NF discharge/transfer requirements



Nursing Home

- Can discharge patients that are a danger to themselves or others
- Emergency discharge

Discharge/Transfer The Patient

EMTALA

- Medicare-participating Hospitals are required to provide care to level of resources available to ED.
- Resources include security guards.
- If the hospital doesn't have the resources available (ie. security) to provide safe care, then transferring to a hospital with sufficient resources (ie. security guards) is acceptable.
- Medicare-participating hospitals with a higher level of resources are obligated to accept transfer if they have the capacity.





Questions?