

Workplace Violence in the Healthcare Environment

05/07/25

Geisinger

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IAHSS Board, Member-at-Large

IAHSS Education Council

Recent Healthcare Violence



July 2024: Man used a painted water gun to steal computers at an Arkansas hospital
July 2024: Patient stabbed multiple employees with a used syringe at Temple Episcopal Hospital
July 2024: Man attempted to shoot security officers while attempting to enter secure area at a Missouri hospital
June 2024: Patient assaulted multiple staff and damaged room at Wilkes-Barre General Hospital
June 2024: Behavioral health patient assaulted security officer at Lower Bucks Hospital
June 2024: A domestic incident evolved into a law enforcement involved shooting outside of an Ohio hospital
June 2024: Man arrested for sexually assaulting unconscious female patient at Washington hospital
June 2024: Delaware hospital security officer was run over by patient driving a stolen vehicle
April 2024: North Dakota ED nurse stabbed by patient
April 2024: Michigan hospital employees fired upon during suicide attempt by patient with firearm
April 2024: Two security officers were stabbed by disruptive man in hospital ED waiting room
April 2024: Man commits suicide via firearm outside of Indiana hospital
April 2024: Utah hospital security officer dragged by vehicle stolen by eloping behavioral health patient
March 2024: Correctional officers ambushed during prisoner escape from Idaho hospital
March 2024: Employee of Montgomery County urgent care posed as nurse performed sexually-related exams
March 2024: Discharged Williamsport ED patient knocks out security officer's teeth
February 2024: Michigan hospital nurse stabbed by behavioral health patient
February 2024: Tennessee hospital employee was carjacked at gunpoint while departing work
February 2024: Virginia hospital employees threatened by man with a firearm
February 2024: A Wisconsin hospital security officer was stabbed by a patient
February 2024: Missouri hospital security officer was shot by a patient while being escorted from facility
January 2024: A man discharged a firearm while attempting to enter an Alaska hospital ED
January 2024: Man faked being struck by a vehicle at a New York hospital and stabbed a patient in ED waiting room
January 2024: Texas hospital patient commits suicide via firearm
June 2023: More than 40 rounds were fired outside Temple University Hospital ED, resulting in three people shot
December 2022: A phlebotomist was fatally shot walking to vehicle at end of shift at Geisinger Medical Center
June 2022: A high school student was fatally stabbed by another student in a Geisinger clinic parking lot



Geisinger WPV Timeline



Workplace Violence Influences and Initiatives:

<u>2020 - COVID</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
<i>Societal Stress</i>	<i>COVID Continuation</i>	<i>January: TJC WPV Regs</i>	<i>Nurse Liaison</i>	<i>Act 501</i>
<i>No Inpatient Visitation</i>	<i>Implemented TJC Processes</i>	<i>June: Clinic Homicide</i>	<i>Training Expansion</i>	<i>Dashboard</i>
<i>Masking/Screening</i>	<i>WPV Committees Expanded</i>	<i>December: GMC Homicide</i>	<i>ED Magnetometers</i>	
<i>Escalation Increased</i>		<i>Resolver RMS System</i>	<i>FTO Program</i>	
		<i>Strongline</i>		

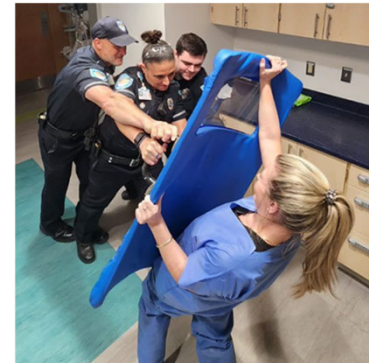
Workplace Violence in Healthcare

Occupational Safety and Health Administration:



Workplace violence (WPV) is a recognized hazard in the healthcare industry. WPV is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It can affect and involve workers, clients, customers and visitors. WPV ranges from threats and verbal abuse to physical assaults and even homicide.

<https://www.osha.gov/healthcare/workplace-violence>



Workplace Violence in Healthcare



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.

Categories of Workplace Violence

Type 1: Criminal

Type 2: Customer/Client (**Patient**)

Type 3: Worker-on-Worker

Type 4: Personal Relationship



National Institute for Occupational Safety and Health (NIOSH)

Type 2 (Patient Involved WPV) is the most common (85%) within the healthcare environment, per the 2021 IAHSS Healthcare Crime Survey.

Workplace Violence Statistics

- ➔ As of June 2023, 40% of healthcare workers have experienced at least one incident of workplace violence in the past two years, with the majority of offenders being males between 35 and 65 years of age.
- ➔ Per OSHA, 75% of all workplace assaults occur within the healthcare environment.
- ➔ Per Press Ganey, 5,200 nursing professionals were assaulted in the second quarter of 2022, 57 each day, averaging two nurses per hour.



Note: These statistics are expectedly low due to lack of reporting and staff expectation of violence as “part of the job”.



Types of Workplace Violence in Healthcare



Centers for Disease Control and Prevention (CDC):

Workplace violence is the act or threat of violence, ranging from verbal abuse and threats to physical assaults directed toward persons at work or on duty. Workplace violence has even occurred offsite when perpetrators stalk victims in anger and revenge.

The two types of violence that most often lead to nonfatal injuries in the healthcare industry are:

- ➡ Violence that is directed at a healthcare worker from the patient, patient's family member, or visitors.
- ➡ Violence that is directed at a healthcare worker from a colleague, supervisor, or other co-worker.

Another type of violence that can occur in the healthcare industry is:

- ➡ Violence that is directed at a healthcare worker from someone they have a personal relationship with, such as an intimate partner or family member.

Who, When and Where...



- Healthcare staff with direct patient interaction are at most risk.
- Areas with the highest potential for violence are psychiatric units, emergency departments, waiting rooms, and geriatric units.
- Per the National Institute of Occupational Safety and Health (NIOSH), violence typically occurs:
 - ➔ At times of high activity
 - ➔ During interaction with patients



Underreporting

Common explanations why healthcare employees fail to report WPV incidents:

- ➡ Patients are not in their “right mind” and may not be held accountable for their actions; related to patients under the influence of drugs or alcohol, or individuals suffering from mental illness, cognitive impairment, dementia, or delirium.
- ➡ Reporting can be time consuming and difficult for healthcare employees working under high-stress conditions.
- ➡ Fear of retaliation from management and/or colleagues who are concerned that reports of violence can reflect poorly on a healthcare team/workplace.
- ➡ There was no injury or time lost because of the incident, or the violence wasn't physical.
- ➡ Varying definitions of what comprises “violence”.
- ➡ Employee perceptions that reporting never leads to any improvements or changes.
- ➡ The widespread belief that violence is simply “part of the job.”

Workplace Violence Regulations

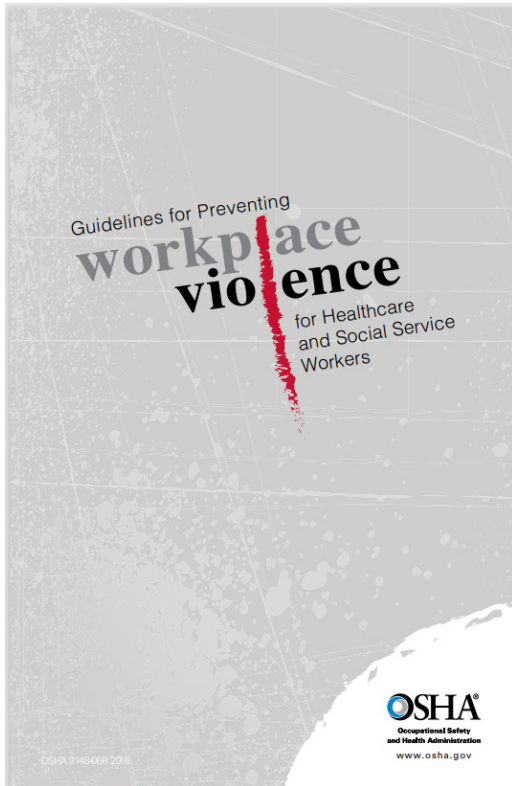


On January 1, 2022, the Joint Commission established new regulations regarding workplace violence within the healthcare environment.

These regulations mandate organizational documentation and tracking of workplace violence incidents, the establishment of workplace violence committees, annual workplace violence training for all employees, and an annual workplace violence assessment for all Joint Commission accredited campuses.



Workplace Violence Regulations



DNV utilizes the OSHA 3148-04R and NFPA-99 Chapter 13 standards:

These regulations include multidisciplinary healthcare facility risk assessments and workplace violence training.



Pennsylvania Legislation

On July 1, 2020, Pennsylvania Act 51 was signed.

Strengthens penalties for assaults against healthcare practitioners and technicians. Existing state law provided stiff penalties for assaults against certain healthcare professionals, including doctors, residents, nurses and paramedics. Act 51 of 2020 extends the same protections to a broader range of healthcare practitioners and healthcare technicians.

Under the new law, the penalty for an assault against a healthcare practitioner in which there is bodily injury would be upgraded from a misdemeanor of the second degree to a felony of the second degree.



2020 Act 51

Text Size: A A A Print

CRIMES CODE (18 PA.C.S.) - OFFENSE OF AGGRAVATED ASSAULT
Act of Jul. 1, 2020, P.L. 571, No. 51 Cl. 18
Session of 2020
No. 2020-51

SB 351

AN ACT

Amending Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, in assault, further providing for the offense of aggravated assault.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 2702(d) of Title 18 of the Pennsylvania Consolidated Statutes is amended and subsection (c) is amended by adding a paragraph to read:

§ 2702. Aggravated assault.

(c) Officers, employees, etc., enumerated.--The officers, agents, employees and other persons referred to in subsection (a) shall be as follows:

(39) A health care practitioner or technician.

(d) Definitions.--As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

"Electric or electronic incapacitation device." A portable device which is designed or intended by the manufacturer to be used, offensively or defensively, to temporarily immobilize or incapacitate persons by means of electric pulse or current, including devices operated by means of carbon dioxide propellant. The term does not include cattle prods, electric fences or other electric devices when used in agricultural, animal husbandry or food production activities.

"Emergency medical services personnel." The term includes, but is not limited to, doctors, residents, interns, registered nurses, licensed practical nurses, nurse aides, ambulance attendants and operators, paramedics, emergency medical technicians and members of a hospital security force while working within the scope of their employment.

"Health care practitioner." As defined in section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"Technician." As defined in section 2 of the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985.

Section 2. This act shall take effect in 60 days.

APPROVED--The 1st day of July, A.D. 2020.

TOM WOLF

General Duty Clause of the Occupational Safety and Health Act of 1970



The only federal regulation addressing healthcare workplace violence.

- ➔ Requires employers to provide a work environment “free from recognized hazards that are causing or likely to cause death or serious physical harm.”
- ➔ Offers no specific recommendations regarding management of workplace violence.

Federal Legislative Proposals

The Workplace Violence Prevention for Health Care and Social Service Workers Act” (H.R. 1195) would direct the Department of Labor to issue standards requiring employers to protect health care sector workers from workplace violence. Passed by the House in April 2021. Has not been brought to a vote in the Senate.

 **American Hospital Association**
Advancing Health in America

Fact Sheet: Workplace Violence and Intimidation, and the Need for a Federal Legislative Response

The Issue

Since the beginning of the COVID-19 pandemic, the health care field has experienced an increase in workplace violence. The pandemic has placed significant stress on the entire health care system, and unfortunately, in some situations, patients, visitors and family members have attacked health care staff and jeopardized our workforce's ability to provide care. Hospitals, health systems and their employees have expressed a strong interest in the enactment of federal law that would protect health care workers from violence and intimidation, just as current federal law protects airline and airport workers.

Background

Hospitals and health systems have long had robust protocols in place to detect and deter violence against their team members. Since the onset of the pandemic, however, violence against hospital employees has markedly increased – and there is no sign it is receding.

On the media reports about patients or family members physically or verbally abusing hospital staff. For example, a patient recently grabbed a nurse in Georgia by the wrist and kicked her in the ribs: “A nurse in South Dakota was thrown against a wall and dragged by a patient.” A medical student in New York who cared for a patient in Thailand was called “China Virus,” kicked, and beaten to the ground, leaving her hands bleeding and lips bruised.”

Data supports these news reports. Recent studies indicate, for example, that 44% of nurses reported experiencing physical violence and 60% reported experiencing verbal abuse during the COVID-19 pandemic. Workplace violence has severe consequences for the entire health care system. Not only does violence cause physical and psychological injury for health care workers, workplace violence and intimidation make it more difficult for nurses, doctors and other clinical staff to provide quality patient care. Nurses and physicians can’t give their full attention when they are afraid for their personal safety, distracted by disruptive patients and employees, or traumatized from prior violent interactions. In addition, violent interactions at health care facilities tie up valuable resources and can delay urgent needed care for other patients. Studies show that workplace violence reduces patient satisfaction and employee productivity, and increases the potential for adverse medical events.

AHA Take

Despite the incidence of workplace violence and its harmful effects on our health care system, no federal law protects health care workers from workplace assault or intimidation. By contrast, there are federal laws that protect airline, police, and postal workers from workplace violence and intimidation. The American Hospital Association (AHA) has long advocated for federal legislation to protect health care workers. In 2019, AHA’s then President, Rick Warren, testified before the Senate Committee on Labor and Human Resources, stating that “the current patchwork of state laws is not sufficient to protect health care workers from workplace violence and intimidation.”


Shashank Upadhyay, MD, and Earl Warren, House of Representatives, testified before the Senate Committee on Labor and Human Resources, Subcommittee on Health, on May 16, 2019, at <https://www.hhs.gov/press/20190516/000001>.

Richard P. Rosenberg, Acting Assistant Secretary for Health Care Workforce Policy, testified before the Senate Committee on Labor and Human Resources, Subcommittee on Health, on May 16, 2019, at <https://www.hhs.gov/press/20190516/000002>.

Robbie Pearson, White House Don't Protect Us: AHA's Health Care Workers Speak Out Against Risky Work Conditions, *Healthcare Executive*, July 2, 2019, at <https://www.healthcareexecutive.com/dont-protect-us-aha-health-care-workers-speak-out-against-risky-work-conditions/>.

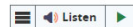
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 **American Hospital Association**
Advancing Health in America

Summary: H.R.1195 — 117th Congress (2021-2022)

All Information (Except Text)



There are 3 summaries for H.R.1195.

Passed House (04/16/2021)

• [Bill summaries](#) are authored by [CRS](#).

Shown Here:

Passed House (04/16/2021)

Workplace Violence Prevention for Health Care and Social Service Workers Act

This bill requires the Department of Labor to address workplace violence in health care, social service, and other sectors

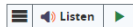
Specifically, Labor must issue an interim occupational safety and health standard that requires certain employers to take actions to protect workers and other personnel from workplace violence. The standard applies to employers in the health care sector, in the social service sector, and in sectors that conduct activities similar to those in the health care and social service sectors.

In addition, Labor must promulgate a final standard within a specified time line.

The “Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 7961), which provides protections similar to those that exist for flight crews, flight attendants and airport workers.” Was forward to HR Subcommittee for review in 2022.

Summary: H.R.7961 — 117th Congress (2021-2022)

All Information (Except Text)



There is one summary for H.R.7961. [Bill summaries](#) are authored by CRS.

Shown Here:

Introduced in House (06/07/2022)

Safety From Violence for Healthcare Employees Act or the SAVE Act

This bill establishes a 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.

Additionally, the bill authorizes grants to reduce the incidence of violence at hospitals, including violence or intimidation against hospital personnel in the performance of their duties.

Leverage Your Resources...

Physical Security Assets:

Staff

Technology

Organizational and Security Processes:

Training

Leadership support and multidisciplinary involvement

“Community Policing”



How can healthcare organizations address workplace violence?

1. Creation of WPV policies and procedures
2. Staff training
3. Staff reporting processes
4. Respond to and address WPV incidents
5. Reporting structure to address issues and trends
6. Analysis and trending of WPV incidents
7. Support mechanism for victims of WPV



Workplace Violence Reporting and Tracking

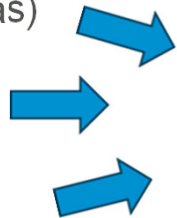
The organization may have multiple processes for reporting of WPV incidents.

**The organization should utilize one
“source of truth” for WPV statistics.**

Patient Safety Reports (Midas)

Injury Reports

Security Incident Reports



Which one is most accurate?

Patient and Visitor Misconduct Process

Patient and Visitor Misconduct Policy

Creating a SAFER place for employees and patients is our top priority

Geisinger is a place of healing, where we value kindness and safety and show respect for one another. These values guide our interactions with our patients, visitors, members and one another.

What is SAFER?

SAFER is an acronym that helps guide Geisinger employees through verbal or physical harassing and discriminatory behavior from patients and visitors.

S Step Up
Be vigilant and quick to recognize behavior before it escalates and alert others that help might be needed.

A Address
Utilizing de-escalation practices address the behavior and ensure the patient understands the behavior is unacceptable.

F Formalize documenting the incident
Issues that cannot be resolved in the moment should be reported utilizing MIDAS or NAVEX, our confidential hotline.

E Evaluate, reflect and learn
Convene the team to discuss the incident and ensure all team members are aware of the outcomes and discuss lessons learned.

R Restore dignity and respect
Ensure affected employees have the resources and support needed to deal with the incident.

Policy

Geisinger

Patient and Visitor Misconduct Policy	
Joint Commission Chapter Section: 10.D Provisions of Care, Treat/Service	Date (CIC/HRM policy was created): August 22, 2022
This policy belongs to: Quality and Safety Department	
Committee/Council Approval: Clinical Leadership Committee	Date of (CIC/HRM) Approval(s): Month, DD, YYYY
This Policy contains one or more PROCEDURES outlining the methods and applicability of this Policy.	
This policy applies to the following Geisinger Entities:	
CLINICAL ENTITIES (includes Geisinger entities providing health care services, i.e., hospitals, group practices, clinics)	
<input checked="" type="checkbox"/> Community Medical Center (CMC or GCMC)	<input checked="" type="checkbox"/> Geisinger Lewistown Hospital (GLH)
<input checked="" type="checkbox"/> Endoscopy Center of Geisinger Lewistown Hospital	<input checked="" type="checkbox"/> Geisinger Medical Center (GMC)
<input checked="" type="checkbox"/> Geisinger Bloomsburg Hospital (GBH)	<input checked="" type="checkbox"/> Geisinger Medical Center Muncy (GCMC)
<input checked="" type="checkbox"/> Geisinger Clinic (GC)	<input checked="" type="checkbox"/> Geisinger Pharmacy, LLC
<input checked="" type="checkbox"/> Geisinger Community Health Services (GCHS)	<input checked="" type="checkbox"/> Geisinger Wyoming Valley Medical Center (GWV)
<input checked="" type="checkbox"/> Geisinger Encompass Health, LLC	<input checked="" type="checkbox"/> GMC Outpatient Surgery - Woodbine
<input checked="" type="checkbox"/> Geisinger Endoscopy-Montoursville (a facility of G-HM)	<input checked="" type="checkbox"/> GWV Outpatient Surgery - CenterPoint
<input checked="" type="checkbox"/> Geisinger-HM Joint Venture (G-HM)	<input checked="" type="checkbox"/> Marworth
<input checked="" type="checkbox"/> Geisinger Healthplex State College Outpatient Surgery and Endoscopy Center, a department of Geisinger Lewistown Hospital	<input checked="" type="checkbox"/> West Shore Advanced Life Support Services, Inc. (WSALS or Geisinger EMS)
<input checked="" type="checkbox"/> Geisinger Jersey Shore Hospital (GJSH)	
NON-CLINICAL ENTITIES (includes Geisinger Business/Corporate entities not providing health care services)	
<input checked="" type="checkbox"/> Geisinger Commonwealth School of Medicine (GCSOM)	<input checked="" type="checkbox"/> Geisinger System Services (GSS)
<input checked="" type="checkbox"/> Geisinger Health (GH or GHP)	<input checked="" type="checkbox"/> GNU Physicians Group (GNU)
<input checked="" type="checkbox"/> Geisinger Health Plan (GHP)	<input checked="" type="checkbox"/> ISS Solutions, Inc. (ISS)
<input checked="" type="checkbox"/> Geisinger Quality Options, Inc. (QOO)	<input checked="" type="checkbox"/> Keystone Health Information Exchange, Inc. (KeyHIE)

PURPOSE

Geisinger's Patient and Visitor Misconduct Policy ("Policy") is intended to provide guidance to Clinicians, staff, Learners, and Volunteers (collectively the "Geisinger Family" and each a "Geisinger Family Member") on the appropriate methods for responding to patients or their family members, significant others, or guests (each a "visitor"), as appropriate, who exhibit Misconduct, so that term is defined herein. Although singular instances of Misconduct may not be grounds for termination of a provider-patient relationship with a patient, each instance of Misconduct shall be reviewed in the context of the patient's clinical condition and decision-making capacity.

¹ Geisinger-HM Joint Venture is an LLC representing a joint venture between Geisinger Medical Center and Highmark Health.

Dual Training Audiences

Security / Police Staff:

Violence in the Workplace (Online Training)(Annual)
Security Guidelines (Online Training)
New Hire Field Training (160 Hours)
Restraint Training and Competency (Annual)
Management of Aggressive Behavior (Physical)(Annual)
Positional Asphyxiation (Annual)
Security Leadership Development School (Supervisor and Above)

Optional Officer Training:

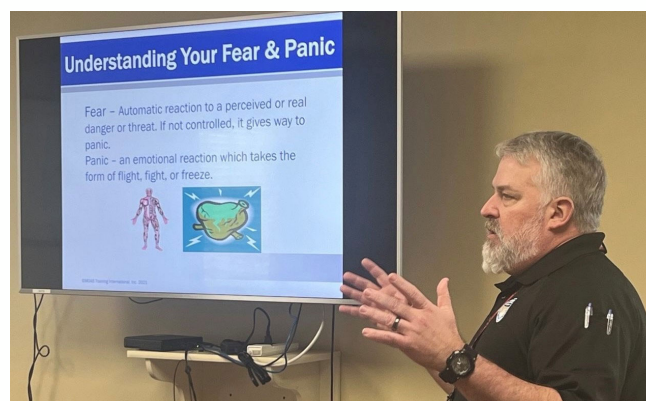
IAHSS Basic Officer Certification (Promotion Requirement)
IAHSS Advanced Officer Certification (Promotion Requirement)
IAHSS Supervisor Certification
Verbal Judo
Report Writing
First Aid / CPR / AED
Court Order Training
Forensic Patient Awareness Training
Non-Violent Shield Training
Practical and Tactical Handcuffing (PATH)
Oleoresin Capsicum Aerosol Training (OCAT)
Drug Diversion Investigation Training
Active Shooter Training
Clery Act Awareness Training
Contracted Officer Orientation Training
Field Training Officer School
PA Act 235 Lethal Weapons Training
Act 501 Special Police Officer Training

All Other Staff:

Violence in the Workplace (Online Training)(Annual)
Security Guidelines (Online Training)

Optional Training:

Management of Aggressive Behavior (Verbal)
Management of Aggressive Behavior (Physical)
Verbal Judo
Personal Safety Training
Active Shooter Training
Drug Diversion Awareness Training
Clery Act Awareness Training
Forensic Patient Awareness Training
Security Awareness Training
Oleoresin Capsicum Aerosol Training (OCAT)



Technology

Magnetometer and Weapon Detection Implementation:

Locations:

Emergency Department Entrances
or
All Public Entrances

Considerations:

Staffing Cost (Proprietary vs. Contracted)
Screen Public or Public/Staff
Screening of Ambulance Arrivals and Traumas
Disposition of Identified Weapons
EMTALA



During 2023, it was identified that approximately 4% of screened Geisinger ED patients and visitors carried some form of weapon.

Technology

Implementation of duress alarm systems:

Considerations:

- Mobile vs. Static Devices
- General Staff Deployment vs. Targeted Audience
- Designated Responders (All Staff, Behavioral Response Team or Security)
- Monitoring Location / Staff Direct Notification



Geisinger's Strongline mobile duress alarm system:

The Strongline system enables any staff member wearing a duress alarm pendant to instantly summon help from nearby staff and security personnel to their exact location for early intervention and de-escalation at any Geisinger facility covered by Strongline's services.



Geisinger Security Projects

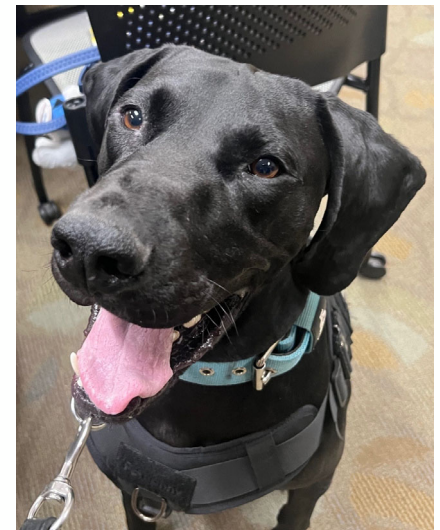
Geisinger Security K9:

Two regional K9's and their handlers have been established, based out of Danville and Wilkes-Barre.

Trained in explosive and firearm detection.

Completed rigorous residential training prior to implementation and participate in regular training with other law enforcement agency K9 teams.

Participate via mutual aid throughout the community, perform patrol duties and take part in community activities.

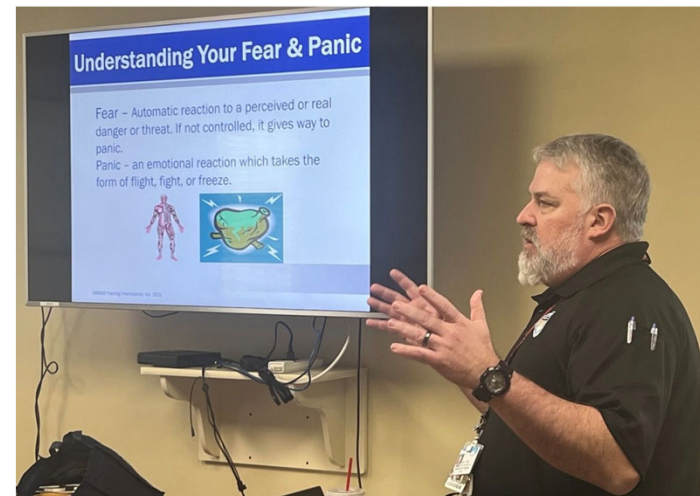


All activities and incidents involving K9 are documented with trending review.

Security – Nursing Partnership

Geisinger Security – Nursing Liaison:

During 2023, Geisinger established a Security-Nursing Liaison program, in which RN's are assigned to the Security Department to assist with interdepartmental communication and education.



Act 501 Special Police

Development of Special Police Officers within Geisinger Security

Geisinger has recently established a sworn law enforcement element to the existing Security Department.

Sworn officers have special police authority established under Pennsylvania Act 501.

The sworn officer cohort is staffed by experienced municipal and state law enforcement officers.

Sworn officers carry a combination of lethal and less-lethal devices.





Geisinger



Strategic Priorities	Strategic Objectives	Key Results	Baseline	Target	Results
OPERATIONAL EXCELLENCE	Geisinger Family – Top Experience	Reduce Code Gray's by 3%	1,814 (2023 data)	1,026	758 (2024 thru July) ◆
OPERATIONAL EXCELLENCE GEISINGER FAMILY	Geisinger Family – Top Experience	Cut assaultive injuries to ED staff by 3%	Incidence of 2.4 per 10K ED visitors (2023)	2.3 per 10K ED visitors	1.43 (2024 thru July) ◆
OPERATIONAL EXCELLENCE GEISINGER FAMILY	Geisinger Family	Lower assaultive injuries to all staff by 3%	183 (2023)	111	111 (2024 thru July) ◆

KPI: SECURITY SCORECARD

Questions...

Geisinger