



# Workplace Violence Is Not Part of the Job

## Ask your members of Congress to support the Workplace Violence Prevention for Health Care and Social Service Workers Act, H.R. 2531/S. 1232

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When you began your healthcare career, you probably did not expect assaults and threats to be part of your job description—yet incidents of violence from patients, clients or visitors have become all too common. Hospital workers are five times more likely to be assaulted at work than the rest of the labor force, according to the Bureau of Labor Statistics. Injury rates rose 181 percent in hospitals, 143 percent in psychiatric and substance use facilities, and 50 percent in home health agencies over the last 15 years. A 2024 study published by the *Joint Commission Journal on Quality and Patient Safety* found that healthcare workers on average experience verbal or physical aggression at least once for every 40 hours worked.

### Prevention Is Possible

Since 1996, the Occupational Safety and Health Administration has offered guidance to employers on how to prevent violence through comprehensive programs. The Government Accountability Office cited research demonstrating that these programs can reduce the number and severity of assaults. But because OSHA guidance is voluntary, many employers have either failed to adopt programs or only partially implemented them.

The AFT has been working toward an enforceable OSHA standard to protect workers in the healthcare and social services industries for more than a

decade. OSHA has been working on the standard, but it will be years before it will be finalized.

### Congress Can Help

U.S. Rep. Joe Courtney (D-Conn.), Rep. Don Bacon (R-Neb.) and Senator Tammy Baldwin (D-Wis.) have championed the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R.2531/S. 1232). The bill has passed in the House twice previously.

H.R. 2531/S. 1232 will direct OSHA to develop an enforceable standard within 18 months of passage. The standard will require healthcare and social services employers to implement and maintain comprehensive workplace violence prevention programs with meaningful participation of direct care employees. The bill defines workplace violence as the threat or use of physical force against an employee, regardless of whether an injury is sustained.

### What Does the Bill Do?

Employers will be responsible for implementing a plan based on an assessment of hazards in the workplace. Solutions must be site-specific and can include equipment and policies that help to protect workers, such as cameras, panic



buttons, barriers, and additional exits; posting of additional security staff; preventing staff

from working in isolation; flagging patients or clients with a history of violence; and regular training.

## Reporting Incidents of Workplace Violence

Employers must develop a process to report assaults, near misses and threats, and they must respond by investigating incidents in a timely manner. Retaliation against an employee for reporting workplace violence will be prohibited.

OSHA will require employers to keep a log of all incidents of workplace violence. Employers must evaluate the program and send a report to OSHA on an annual basis. They must also post a summary of the log where employees can see it. Employees and their representatives can request copies of the incident log at any time.

## Better Training Required

All staff, including contract staff, will receive annual workplace violence prevention training—in person from qualified instructors. Workers will have the opportunity to ask questions and request additional training. New employees will be trained prior to assignment, and workers whose job circumstances have changed have the right to additional training. Staff will receive supplemental training after significant violent incidents. Managers and supervisors will be trained to recognize hazards so they can avoid assigning employees to risky situations.

## Enforcement Matters

The standard will give OSHA a tool to protect healthcare and social service workers from violence. Employers who fail to implement the standard or who retaliate against an employee for reporting violence will be cited.

Workplace violence often results in serious, even career-ending injuries. The AFT has members who have been choked, stabbed or thrown against walls. Many have suffered fractures, brain injuries, post-traumatic stress disorder, and even death.

*“I went into the patient’s room to do vitals and give meds and he grabbed me twice, but I was able to get away. I told my manager, but nothing was done. I had to return to his room to take care of his IV. He grabbed me and I couldn’t get away. He threw the IV pole at me. I managed to activate the code blue button, but he picked up the monitor and threw it at me, hitting my leg. I still think about how scared I was, and nobody cared.”—Bev, RN, Lewistown, Mont.*

*“A patient’s tight fist to my jaw knocked me to the floor, shattering my leg bone at my hip. Excruciating pain, immediate surgery, months of rehab, residual pain, and shock of being violated resulted. The fear and angst are always with me. Within eight years, I had two more violent assaults requiring major surgeries, lengthy rehabs, and trauma counseling, ending my nursing career. Feeling vulnerable and distressed emotionally, I could no longer face the dangers at my workplace. It was just too much.”  
—Helene Andrews, RN, Danbury, Conn.*

The standard will cover most healthcare settings and many social service settings, including general and specialty hospitals; psychiatric and substance use treatment centers; hospital-licensed in-patient or outpatient clinics; skilled nursing homes, hospice, and long-term care facilities; nonresidential treatment or service settings; treatment settings in corrections; community care clinics; home healthcare services; and emergency workers. It will cover direct employees and contracted workers. Public facilities not otherwise covered by a state OSHA that accept funding for Medicare will be covered.

