

Taking Action Against Workplace Violence

May 2025

Workplace Violence Is a Severe and Growing Threat

Our members and healthcare workers everywhere have suffered threats, broken bones, concussions, bites, sexual assaults, stabbings, and other injuries at the hands of patients and visitors. Many develop post-traumatic stress disorder from these experiences.

Hospitals 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. Healthcare and social service workers in other settings are also at high risk, especially those who work alone in patients' homes. Washington State Nurses Association member Douglas Brant, RN, and Joyce Grayson, an LPN in Connecticut, were killed in patients' homes in 2022 and 2024, respectively.

The rate of injuries from workplace violence has been growing for many years, and is not just a by-product of the COVID-19 pandemic. Between 2007 and 2022, the rate of injuries from workplace violence rose 181 percent in private hospitals, 143 percent in psychiatric

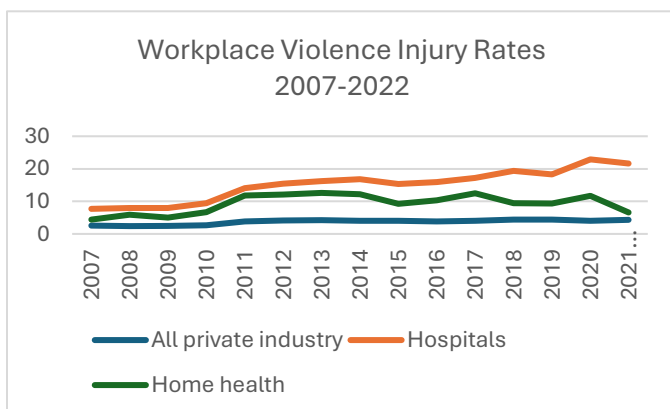
and substance use facilities, and 50 percent in home health agencies.¹

Inadequate Staffing and Workplace Violence Are Linked

Inadequate staffing and other destabilizing impacts of corporatization in healthcare are often at the root of violence against these workers. Patients and their family members grow frustrated waiting to be helped. Nurses and other healthcare workers may be too busy to notice or unable to address escalating behavior. Poor staffing also increases the risk of serious injury when too few workers are available to safely restrain violent patients.

A study published by *the Joint Commission Journal on Quality and Patient Safety* found that nurses and patient care aides experience physical or verbal aggression at least once for every 40 hours worked. The study also found *the number of patients assigned to patient care staff was significantly greater during shifts when aggressive events occurred* compared with shifts when no event occurred.²

Results from the 2024 National Nursing Workforce Study demonstrate that inadequate staffing and concern over workplace violence are among the top five leading reasons nurses cite for leaving the profession. Workplace violence was the fifth most-cited problem, preceded by stress, burnout, workload and understaffing





We Are Fighting Back

The AFT has fought for enforceable protections from workplace violence on the federal level for many years, pressing Congress and the Occupational Safety and Health Administration for action. OSHA made progress toward issuing a workplace violence standard under the Biden administration, but we will not see a completed standard in the near future.

The Workplace Violence Prevention for Health Care and Social Service Workers Act has been reintroduced in Congress. The bill passed in the House of Representatives in 2019 and 2021, but not in the Senate. If passed, the law would require OSHA to develop a temporary standard within a year and finalize a permanent one within 3.5 years. The AFT has been a leading voice driving this bill. We will continue to work toward its passage, but the bill is not expected to pass in this Congress.

Progress in the States

Because a federal standard is years away, we are focusing on state- and local-level protections for our members. Through the Code Red campaign, AFT healthcare affiliates are addressing workplace violence by working for new or strengthened state laws, strong collective bargaining language, and training resources.

Since the inception of the Code Red campaign, the Connecticut AFT, Oregon Nurses Association, Health Professionals and Allied Employees, Washington State Nurses Association, and AFT-Maryland have strengthened existing state workplace violence laws. The Montana Nurses Association, Ohio Nurses Association and AFT Vermont have won new laws.

Code Red Resources

Legislative, bargaining and training resources for state and local leaders are available through the Code Red Workplace Violence Prevention Toolkit. For more information, see the [HC Staffing Material Google Drive](#). Resources Include:

- Model legislative language;
- Statutory language and analysis from state bills and laws that require employers to develop comprehensive workplace violence prevention programs with genuine input from workers;
- Sample and model contract language requiring workplace violence prevention programs to be developed and implemented through joint labor-management committees;
- National guidance documents from OSHA and the National Institute for Occupational Safety and Health;
- Joint Commission and Centers for Medicare & Medicaid Services requirements for hospitals;
- Resources for home health agencies;
- Examples of successful workplace violence prevention programs;
- Examples of OSHA citations against healthcare employers;
- Prevention program resources, such as program checklists, root-cause analysis instructions, and site-assessment templates.

Safety Committee Training

AFT Health Issues is committed to helping locals improve safety and health through effective joint committee training. These sessions empower members and leaders who participate in labor-management safety committees. Training resources can also be found in the Code Red Workplace Violence folders. For more information on training, please email 4healthandsafety@aft.org.



¹ U.S. Department of Labor, Bureau of Labor Statistics, 2007, 2021-2022.

² J.D. Iennaco et al., "The Aggressive Incidents in Medical Settings (AIMS) Study: Advancing Measurement to Promote Prevention of

Workplace Violence," *Joint Commission Journal on Quality and Patient Safety*, 50, issue 3 (2024):166-176, <https://doi.org/10.1016/j.jcjq.2023.11.005>.