Please Support the Workplace Violence Prevention for Health Care and Social Service Workers Act

H.R. 2531/S. 1232

Cosponsored by Representative Joe Courtney (D-Conn.), Representative Don Bacon (R-Neb.) and Senator Tammy Baldwin (D-Wisc.)

May 2025

Workplace Violence in Healthcare and Social Services is a Serious and Growing Problem

Workplace violence—threats, assaults, sexual assault, and even homicide—has been a problem in healthcare and social services for too long. 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 found that healthcare workers on average experience verbal or physical aggression at least once for every 40 hours worked.[1]

The assaults can come from patients, clients, and visitors, and often result in serious, even career-ending, injuries. Victims frequently suffer from post-traumatic stress disorder, depression, or anxiety.[2] Many assaults are never reported due to the misguided perception that violence is "part of the job." Among those at highest risk of assault are direct care providers in emergency departments, intensive care units, acute and long-term psychiatric and substance use treatment centers, residential care facilities for the cognitively impaired, and home-based services. Among emergency department workers, 78 percent report violent assault within the prior 12 months, with verbal abuse even more common.[3]

Our members, including nurses, nurse practitioners, technicians, physicians, physician assistants, and social workers can speak to their own experiences that corroborate the statistics. Our members have suffered concussions, broken bones, stabbing, choking, and sexual assault. Douglas Brant, RN, a home health nurse, was murdered by his patient's grandson in Spokane, Wash. in December 2022.

Prevention is Possible

Since 1996, the Occupational Safety and Health Administration has offered guidance and resources to healthcare and social service employers on programs to prevent violence. Research has shown that these programs can reduce the number and severity of violent incidents.[4] But because the OSHA guidance is voluntary, employers have either failed to adopt comprehensive programs or only partially implemented programs.

Without an OSHA standard, employers have little incentive to prevent workplace violence. Although OSHA may cite employers using the Occupational Safety and Health Act's general duty clause [Section 5(a)(1)], it has not been an effective deterrent. The general duty clause requires employers to establish a

workplace free from recognized hazards causing or likely to cause death or serious harm. Citations under the general duty clause must meet a high legal standard and historically have been difficult to sustain. Citations also remain relatively rare, even though OSHA issued a directive in 2011 to its field offices on how to conduct investigations into workplace violence and what recommendations should be made to employers. In fact, the Government Accountability Office found that, in spite of increased training and direction given to OSHA inspectors, staff from all ten OSHA regional offices "said it was challenging to cite employers for violating the general duty clause when workplace violence is identified as a hazard and staff from four regional offices said it was challenging to develop these cases within the six-month statutory time frame required to develop a citation."[v]

An OSHA Standard for Workplace Violence Prevention is Imperative

Research has confirmed that comprehensive workplace violence prevention programs can reduce assaults.[vi] These interventions include assessment of the data, implementation of policies and equipment to prevent specific hazards, improved training, and regular reassessment.
OSHA began work on the workplace violence standard for healthcare and social assistance workers in 2017, but the standard is years away. The average time it takes OSHA to develop a new standard is seven years, but rulemaking often takes much longer, according to the GAO,[vii].

State Efforts

Sixteen states (Arizona, California, Connecticut, Illinois, Louisiana, Maine, Maryland, Minnesota, Nevada, New Jersey, New York, Ohio, Oregon, Rhode Island, Vermont and Washington) have passed laws requiring healthcare employers to develop comprehensive workplace violence prevention programs. The laws range from strong standards enforced by state OSHA plans in New York and California to some that lack an enforcement mechanism. The New York standard, which only covers public employees and is enforced by the state's Public Employee Safety and Health Bureau, has been rigorously enforced since its implementation in 2006. In California, Cal/OSHA promulgated a standard that went into effect in 2017.

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[1] Iennaco JD, et al. *The Aggressive Incidents in Medical Settings (AIMS) Study: Advancing Measurement to Promote Prevention of Workplace Violence*. Jt Comm J Qual Patient Saf. 2024 Mar;50(3):166-176. doi: 10.1016/j.jcjq.2023.11.005. Epub 2023 Nov 26. PMID: 38158280.

[2] Havaei F. *Does the Type of Exposure to Workplace Violence Matter to Nurses' Mental Health?* Healthcare (Jan. 2021) Jan 5;9(1):41.

[3] *A Qualitative Study of Resident Physician and Health Care Worker Experiences of Verbal and Physical Abuse in the Emergency Department,* Lauren B. Querin, et al., Annals of Emergency Medicine, Vol. 79, No. 4, (April 2022): 391-396.

[4] U.S. Government Accountability Office, *Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence,* GSO-16-11; (Washington, D.C., 2016).

[v] *Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence* (Washington, D.C.: Government Accountability Office, 2016), 27-28.

[vi] *Workplace Safety and Health: Additional Efforts*, 35-38; Judith Arnetz et al., "Application and Implementation of the Hazard Risk Matrix to Identify Hospital Workplaces at Risk for Violence," *American Journal of Industrial Medicine* 57, no. 11 (2014): 1276-1284; Judith Arnetz et al., "Understanding Patient-to-Worker Violence in Hospitals: A Qualitative Analysis of Documented Incident Reports," *Journal of Advanced Nursing* 71, no. 2 (2014): 338-348; Judith Arnetz et al., "Using Database Reports to Reduce Workplace Violence: Perceptions of Hospital Stakeholders," *Work* 51, no. 1 (2015): 51-59; and Judith Arnetz et al., "Development and Application of a Population-Based System for Workplace Violence Surveillance in Hospitals," *American Journal of Industrial Medicine* 54, no. 12 (2011): 925-934.

[vii] U.S. Government Accountability Office, Workplace Safety and Health: Multiple Challenges Lengthen OSHA's Standard Setting, GSO-12-33. (Washington, D.C. April 2012).