

Workplace Violence Prevention in Health Care: State Compliance, Labor-Management Issues, and the Role of AI



Eric J. Neiman is a Member of the Firm at Epstein Becker Green and focuses his practice on health care regulatory compliance and litigation, with particular experience in behavioral health, provider operations, medical staff and peer review, crisis management, regulation/enforcement, managed care, risk management, and health care market issues.

Eric J. Neiman

In the absence of a federal standard, states are taking the lead on legislation to prevent violence in the health care workplace. Health care employers should be proactively implementing strategies while staying current on labor-management issues, new laws and regulations, developing strategies and resources, and now, the role of AI in addressing the problem

Workplace violence is defined by the Occupational Safety and Health Administration (OSHA) as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.”¹ It can range from threats and verbal abuse to physical assaults, and it can affect employees, patients, and visitors. Statistics have shown that at least one in four health care/social service workers have experienced violence on the job; that they face greater risk of violence than prison guards or police officers; and that they are four to five times more likely to suffer a workplace violence injury than employees in other occupations.²

Some still see promise in federal legislation. One set of bills currently before Congress would require OSHA to finalize a rule requiring health care employers to establish workplace violence prevention standards. Another set of bills would address the problem with enhanced penalties for those assaulting health care employees. Yet these initiatives have stalled since being introduced in April 2025, as happened with prior efforts toward federal legislation, and the call for a national standard, starting well before the COVID-19 pandemic, has gone nowhere on its own. In the absence of federal action, states are stepping up.

This article examines the current U.S. federal and state landscape on the issue of workplace violence in health care, labor-management issues, and litigation—focusing on solutions for compliance, prevention, and response.

COMPLIANCE

■ **General duty to provide a safe workplace:**

Even without a federal standard, employers must comply with the Occupational Safety and Health Act's General Duty Clause.³ This clause requires an employer to provide employees “employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm” to employees. The law also states that employees “shall comply with occupational safety and health standards and all rules, regulations, and orders pursuant to this chapter.” OSHA has relied on the General Duty Clause as the basis for citations and enforcement actions against healthcare employers for incidents of workplace violence.

■ **Voluntary guidelines:** OSHA has long considered regulatory action to address the specific problem of workplace violence in the health care and social assistance sectors. In 2015, OSHA published voluntary guidelines establishing five components of an effective workplace program for health care and social service workers.⁴ The 2015 guidelines are cited by some state laws—as well as the current, largely Democratic-led legislation before Congress, H.R. 2531/S. 1232—as the minimum required for a workplace violence prevention program. The basic categories of the 2015 guidelines for violence prevention programs in the health care workplace include:

- management commitment and worker participation,
- worksite analysis and hazard identification,
- hazard prevention and control,
- safety and health training, and
- recordkeeping and program evaluation.

■ **Request for Information:** In 2016, OSHA published a Request for Information (RFI), Preventing Workplace Violence in Healthcare and Social Assistance,⁵ soliciting information on a potential standard. A February 2023 Issues Document on the Prevention of Workplace Violence in Healthcare and Social Assistance,⁶ issued by a Small Business Advocacy Review Panel convened by OSHA, examined what such a standard might contain.

Yet there remain no specific OSHA standards for workplace violence—in health care or otherwise. OSHA's general workplace violence website contains resources on subjects including risk factors, prevention programs, training, and enforcement, though much of it dates back a decade or more before the start of the 2020 pandemic that exacerbated the problem. According to the U.S. Bureau of Labor Statistics, between 2021 and 2022, health care professionals experienced more incidents of workplace violence than workers in any other private industry sector.⁷

There are many ideas, policies, and programs that have recently been discussed and implemented by healthcare industry stakeholders. An example is a joint initiative between the American Hospital Association and the Federal Bureau of Investigation, resulting in a publication entitled “Behavioral Threat Assessment and Management: Prevent and Protect.”⁸

STATE LEGISLATION: WORKPLACE VIOLENCE PREVENTION PLANS

In the absence of a federal standard, states have been actively legislating in recent years to address workplace violence in health care, and this activity has continued into 2026. At least 20 states have now adopted laws requiring certain health care employers—generally hospitals and some other facilities—to develop and implement workplace violence prevention plans, often with site assessments,

training requirements, and reporting and/or record-keeping obligations.⁹ Initially, state initiatives focused on mandating workplace violence prevention programs and imposing enhanced criminal penalties for assaults on healthcare workers. More recently, we have seen different solutions involving, for example, weapons detection screening policies and the requirement of law enforcement officers in hospital emergency departments. Metal detectors, once rare in hospital emergency rooms, are becoming a standard. We are also seeing innovation and efforts at the system and facility levels.

Representative samples and summaries of selected state statutes follow. Health care employers should thoroughly examine workplace violence laws in their particular states.¹⁰

Arizona

Components of plan: Arizona requires health care employers to develop, implement, and maintain a written plan that does all of the following:

- Includes components specifically tailored to the conditions and hazards of the health care employer's sites and patient-specific risk factors;
- Identifies the individual responsible for implementing and overseeing the plan;
- Requires the conspicuous posting of signs in public areas throughout the employer's sites, including all emergency facilities, that are at least 12 inches by 12 inches in size, and provide notice that assault on a health care worker may be prosecuted as a felony;
- Includes reporting, incident response and post-incident investigation procedures, including procedures
 - for health care workers to report workplace violence risks, hazards, and incidents;
 - for health care employers to respond to reports of workplace violence;

- for health care employers to perform a post-incident investigation and debriefing of all reported incidents of workplace violence with the participation of health care workers.

- Requires health care employers to provide information to health care workers about a workers' ability to report any assault to law enforcement and, on request, to assist the worker in reporting the assault.

Responding to incident: As soon as practicable after the incident is reported, a health care employer shall investigate the incident and do all of the following:

- review the circumstances of the incident;
- solicit input from involved health care workers and supervisors about the cause of the incident and whether further corrective measures could have prevented the incident;
- document the findings, recommendations, and corrective measures taken, if applicable, for each investigation conducted.

Training: Each health care employer in Arizona shall provide training and education to its health care workers who may be exposed to workplace violence hazards and risks.

Recordkeeping: Each health care employer in Arizona shall maintain

- Records that relate to each of the employer's workplace violence prevention plans, including identifying, evaluating, and correcting hazards and risks and training procedures;
- An incident log for recording all reported workplace violence incidents and records of all investigations (shall include date, time, location, names, description of incident, and nature/extent of injuries).

Annual review: The health care employer shall annually evaluate (with documentation) the implementation and effectiveness of the plan, including a review of the violent incident log and compliance with any training.¹¹

California

Weapons Detection Screening Policy: A bill approved by California Governor Gavin Newsom in 2024 charged the California Department of Occupational Safety and Health (Cal/OSHA) Standards Board (OSHSB) with amending existing standards by March 1, 2027, to require hospitals to implement a weapons detection screening policy.¹² Among other things, such a policy would require certain hospitals to use weapons detection devices that automatically screen a person's body in specified locations in the hospital; and must include security mechanisms, devices, or technology designed to screen and identify instruments capable of inflicting death or serious bodily injury. The Board is also charged with requiring a hospital to assign appropriate personnel—other than a health care provider—to implement the weapons detection screening policy. This person is to have a minimum of eight hours of training on specified topics, including de-escalation and implicit bias.

California had already established standards, effective January 1, 2024, requiring employers to “establish, implement, and maintain” an effective workplace violence prevention plan; setting forth minimum requirements for the plan; requiring a system for responding to and investigating incidents of violence or risk of violence requiring assessments at least annually; training; recordkeeping, and more.¹³

Kentucky

Assault and battery: Kentucky is one of those states that not only requires a workplace violence prevention plan but expands the offense of assault perpetrated against a variety of healthcare employees at different types of facilities. An assault in the third degree under these conditions will be considered a Class D felony for sentencing purposes. Legislation passed in 2024 amends the assault law to include not only healthcare providers but also others “employed by or under contract with a

health clinic, doctor's office, dental office, long-term care facility, hospital, or a hospital-owned or affiliate outpatient facility[.]”¹⁴ It further expanded the definition of where an assault takes place for purposes of enforcement under the new law: “If the event occurs in or on the premises of a health clinic, doctor's office, dental office, long-term care facility, hospital, or a hospital-owned or affiliate outpatient facility.”

New York

On December 19, 2025, New York became the latest state to implement workplace violence legislation in health care. Governor Kathy Hochul signed S. 5294A, requiring hospitals and nursing homes to develop a violence prevention program.¹⁵ Effective September 18, 2026, “every facility” shall establish a program; and beginning January 1, 2027, “all general hospitals shall conduct a workplace safety and security assessment and develop a safety and security plan that addresses identified workplace violence threats or hazards.”

The assessment: Among other things, the assessment

- Shall be tailored to the size, complexity, and local geographic factors affecting the general hospital;
- Shall identify and consider relevant threats and hazards, including but not limited to workplace violence incident reports and incident logs, concerns or complaints raised by employees, patients, visitors, and recognized collective bargaining representatives, safety and security considerations relating to the general hospital's layout and access points, visitor management, and protective factors such as access control, engineering controls to limit violence or protect employees, alarms and communication systems, and other relevant factors, as appropriate to the general hospital;
- Shall consider the adequacy of employee training procedures and security procedures, including the handling of

disruptive or violent patients and other persons.

The plan, based on the assessment, shall be “updated as necessary” and also shall

- Specify methods to reduce identified risks, which may include employee training, increased staffing and security, engineering controls such as barriers, lighting, alarms and communications systems, safety equipment, general hospital improvements or modifications, and other appropriate measures relevant to the general hospital.

Each general hospital is to provide a “written detailed summary” of the plan, and how to report incidents of workplace violence, to its employees and collective bargaining representatives, if applicable. Nursing homes that comply with certain federal regulations shall satisfy requirements of the section as long as their assessments and plans address workplace violence threats and hazards.¹⁶

North Carolina

Security: North Carolina’s Hospital Violence Prevention Act now requires licensed hospitals with emergency departments to conduct security risk assessments and develop/implement security plans with protocols ensuring that at least one law enforcement officer is present at all times. The security plan must include:

- training for law enforcement officers that is appropriate for populations served by the emergency department;
- training for law enforcement officers based on a trauma-informed approach to identify and safely address situations involving patients, family members, and other persons who pose a risk of harm to themselves or others;
- safety protocols based on:
 - standards established by a nationally recognized organization with experience educating and certifying professionals involved in managing and

directing security and safety programs in health care facilities;

- the results of a security risk assessment of the emergency department;
- identified risks of the emergency department, considering trauma level designation, overall patient volume, incidents of violence against staff and level of injuries sustained from such violence, and more.

- safety protocols that include at least one law enforcement officer in the emergency department or on the same campus at all times, absent an exemption; and
- training requirements for law enforcement officers in the use of/response to weapons, defensive tactics, de-escalation techniques, appropriate patient intervention activities, crisis intervention, and trauma-informed approaches.

There is an exemption to the law enforcement officer requirement if a hospital in good faith determines that a different level of security is necessary and appropriate, based on findings in the security risk assessment. In that circumstance, the security plan must be approved by the county sheriff, the county emergency management director, and the municipal police chief, if applicable.

Oregon

Healthcare employers in Oregon are required to develop and implement a workplace violence prevention and protection program based on periodic security and safety assessments.

The assessment: Assessments in Oregon shall include, but not be limited to:

- A measure of the frequency of workplace violence;
- An analysis of the root causes of consequences of workplace violence; and
- Findings on the extent to which security considerations were implemented to mitigate risks.

Security considerations:

- Physical attributes of the setting;
- Staffing plans, including security staffing;

- Personnel policies;
- First aid and emergency procedures;
- Procedures for reporting incidents of workplace violence; and
- Education and training for employees.¹⁷

Texas

Requirements of plan: In Texas, “a facility’s” Workplace Violence Prevention Plan must:

- be based on the practice setting;
- adopt a definition of “workplace violence” that includes:
 - 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; and
 - 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;
- require the facility to provide, at least annually, workplace violence prevention training or education that may be included in other required training or education;
- prescribe a system for responding to and investigating violent incidents or potentially violent incidents at the facility;
- address physical security and safety;
- require the facility to solicit information from health care providers and employees when developing and implementing a workplace violence prevention plan;
- allow health care providers and employees to report incidents of workplace violence through the facility’s existing occurrence reporting systems; and
- require the facility to adjust patient care assignments, to the extent practicable, to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee.

The plan may satisfy the above requirements by referencing other internal

facility policies and documents. A committee, at least annually, shall review and evaluate the plan and report the results to the governing body of the facility.¹⁸

Responding to incident: Following an incident of workplace violence, facilities in Texas are required to, at a minimum, offer immediate post-incident services, including any necessary acute medical treatment for each health care provider or employee of the facility who is directly involved in the incident.

Washington State

Training: Washington requires “each health care setting” to develop and implement a workplace violence prevention plan, which “must outline strategies aimed at addressing security considerations and factors that may contribute to or prevent the risk of violence”—with a list similar to Oregon’s, above.¹⁹ Washington’s law, like many, makes provision for violence prevention training, “on a regular basis,” “to all applicable employees, volunteers, and contracted security personnel.” Training must address:

- The health care setting’s workplace violence prevention plan;
- General safety procedures;
- Violence predicting behaviors and factors;
- The violence escalation cycle
- De-escalation techniques to minimize violence behavior;
- Strategies to prevent physical harm;
- Response team processes;
- Proper application and use of restraints;
- The debrief process for affected employees following violent acts; and
- Resources available to employees for coping with the effects of violence.

Note, however, that enforcement of these and similar laws—and related regulations—by state agencies has not been well studied or even much commented on in terms of impacts on workplace safety or provider operations.

FEDERAL LEGISLATION

Some organizations and associations still see promise in federal legislation.

H.R. 2531 / S. 1232: Two bills currently in the 119th Congress—also introduced in previous years—would require OSHA to finalize a rule requiring health care employers to establish workplace violence prevention standards.²⁰ It would require certain employers in the health care and social service sectors to develop a workplace violence prevention plan based, at a minimum, on the 2015 guidelines. Among other things, the plan, if passed:

- would be developed/implemented with the meaningful participation of employees;
- would be tailored and specific to conditions and hazards for the covered facility or the covered service;
- would include procedures and methods for hazard prevention, such as security and alarm systems, exit routes, etc.;
- would include procedures and methods for reporting, incident response, and post-incident investigation procedures; and
- would include procedures for communicating with and training the covered employees on workplace violence hazards, threats, and work practice controls.

The standard would further include provisions relating to a violent incident investigation as soon as practicable after a workplace violence incident; training and education; recordkeeping; recording in a violent incident log; and reporting to the Secretary of Labor. H.R. 2531/S. 1232 has received support from the American Academy of Nursing as well as 53 members of a Nursing Community Coalition.²¹

H.R. 3178 / S. 1600: The Save Healthcare Workers Act, introduced in this Congress by Rep. Madeleine Dean (D-PA) and Sen. Cindy Hyde-Smith (R-MS), aims to prevent violence against hospital personnel by imposing, for the knowing assault of such workers engaged in the performance

of their duties, a fine, imprisonment for more than 10 years, or both.²² The bill carries enhanced penalties (20 years) for acts involving dangerous weapons, acts that result in bodily injury, and acts committed during emergency declarations. It shall be an affirmative defense to prosecution if the defendant's conduct stemmed from a physical, mental, or intellectual disability rendering him or her "unable to appreciate the nature and quality or wrongfulness of such conduct."

The House version further contains a provision stating that "the Attorney General may make grants under this part to hospitals for the purpose of carrying out programs to reduce the incidents of violence at hospitals"—to be used for training; coordination with state and local law enforcement; "placement and use of hospital access control technologies, video surveillance, metal detection, panic buttons...and other violence prevention tools or measures." To request a grant, the chief executive would submit an application to the Attorney General detailing, among other things, the intended uses of the funds. The legislation also calls on the Attorney General to promulgate guidelines on a grant program and submit an annual report to Congress.

H.R. 3178 reportedly has strong bipartisan support, including from the American Hospital Association.²³ Yet the same/similar bills have stalled at the federal level for years.

LABOR-MANAGEMENT PERSPECTIVES

Increasingly, workplace violence initiatives are the subject of collective bargaining between unionized healthcare workers and their hospital employers. A guest essay in the *New York Times* on February 4, 2026, entitled "Nurses Face Horrific Violence at Work: We're Striking to Change That," framed New York's largest nurses' strike as necessary "so that nurses and patients alike can be safe."²⁴ Often, this issue is presented as a need

for increased staffing, but the connection between staffing levels and reduced violence in healthcare settings is controversial. A recent effort by the state of California to mandate nurse staffing levels in psychiatric hospitals resulted in industry pushback such that implementation of the rules was delayed.²⁵

We expect health care workplace violence prevention to remain a hot topic in labor-management relations.

THE ROLE OF AI

Though the use of artificial intelligence as a tool to prevent workplace violence is still in the nascent stages, AI technology is evolving quickly and applications for this purpose are being studied and developed.²⁶ For example, the Parkland Health and Hospital System in Dallas, Texas, and the Parkland Center for Clinical Innovation—a nonprofit data and technology research organization affiliated with the hospital—are “reimagin[ing] staff safety as a data driven-clinical priority,” according to Dr. Jacqueline Naeem, the Center’s vice president of clinical and social health.²⁷

The Parkland AI model is predicting higher-risk patient behavior through the use of electronic health records (EHR) to focus on higher-risk patient profiles. Meanwhile, hospitals continue to enhance security with, for example, AI-powered video analytics; one hospital based in Los Angeles is working with the tech company Scylla to mitigate workplace violence through AI surveillance technology, gun detection technology, detection of movement associated with aggressive behavior, and face recognition.²⁸

AI models can be more accurate at predicting violent behavior than experts—including a human psychiatry team—according to one 2024 study by Johns Hopkins University and University of Washington scholars training an AI document classification model with the contents of clinical notes.²⁹

Yet as AI models evolve, so too are legal issues including, for example, data and biometric privacy, as clinicians rely on AI meeting tools and note-takers. The risk of bias in these applications is a significant consideration.

KEY TAKEAWAYS

Healthcare providers should be aware of the ever-growing body of state laws impacting the issue of workplace violence in healthcare and closely monitor regulatory changes at the state level. Hospitals should, whether required or not, consider developing a workplace violence prevention plan with a site assessment, training, reporting, and data analysis, as described above.

Endnotes

1. See <https://www.osha.gov/healthcare/workplace-violence/>.
2. See <https://ana.quorum.us/campaign/WPV119th/>; <https://aflcio.org/workplace-violence>.
3. 29 U.S.C. §654.
4. See <https://www.osha.gov/sites/default/largefiles/OSHA3148.pdf>.
5. OSHA, Request for Information and Stakeholder Meeting: Preventing Workplace Violence in Healthcare and Social Assistance, available at <https://www.osha.gov/stakeholder/preventing-workplace-violence>.
6. Available at https://www.osha.gov/sites/default/files/WPV_SER_Materials-Issues_Document.pdf.
7. Available at <https://www.bls.gov/iif/factsheets/workplace-violence-2021-2022.htm>.
8. See <https://www.aha.org/implementing-behavioral-threat-assessment-and-management-btam>.
9. States requiring certain health care employers to adopt workplace violence prevention plans include Arizona, California, Colorado, Connecticut, Illinois, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New York, North Carolina, Ohio, Oregon, Rhode Island, Texas, Vermont, and Washington State.
10. Epstein Becker Green’s 50-state survey on Workplace Violence Laws in Health Care is available at https://resources.ebglaw.com/workplace-violence?utm_source=ebglaw-gf&utm_medium=ebglaw-gf&utm_campaign=workplace-violence-survey&utm_id=workplace-violence-survey.
11. A.R.S. § 36-420.03.
12. See <https://calhospital.org/file/ab-2975-faqs/>.
13. CA. LABOR § 6401.8-§ 6401.9.
14. K.R.S. §508.025.

15. N.Y. PUB. HEALTH § 2832; see <https://www.nysenate.gov/legislation/bills/2025/S5294/amendment/A>.
16. *Id.*
17. O.R.S. § 654.414.
18. V.C.T.A., Health and Safety Code § 331.004.
19. RCWA 49.19.020.
20. See <https://www.congress.gov/bill/119th-congress/house-bill/2531/text?s=2&r=1&q=%7B%22search%22%3A%22hr2531%22%7D>; <https://www.congress.gov/bill/119th-congress/senate-bill/1232?q=%7B%22search%22%3A%22s1232%22%7D&s=1&r=1>.
21. See <https://aannet.org/news/703875/Sign-On-Letter-in-Support-of-Workplace-Violence-Prevention-Legislation-H.R.2531S.1232.htm>; https://cdn.ymaws.com/aannet.org/resource/resmgr/policydocuments/2025policyactions/NCC_Letter_Supporting_Workpl.pdf.
22. See <https://www.congress.gov/bill/119th-congress/house-bill/3178/text?s=4&r=3&q=%7B%22search%22%3A%22%5C%22workplace+violence%5C%22%22%7D>; <https://www.congress.gov/bill/119th-congress/senate-bill/1600?q=%7B%22search%22%3A%22%5C%22workplace+violence%5C%22%22%7D&s=4&r=4>.
23. See <https://www.aha.org/lettercomment/2025-05-09-aha-supports-house-save-healthcare-workers-act-hr-3178>.
24. See <https://www.nytimes.com/2026/02/04/opinion/nurse-strike-new-york-workplace-violence.html>.
25. See <https://nursejournal.org/articles/nurse-patient-ratios/>; <https://calmatters.org/health/2026/01/emergency-psychiatric-staffing-rules-delayed/>.
26. See <https://www.shrm.org/enterprise-solutions/insights/shield-health-care-workers-from-workplace-violence-with-ai>.
27. See <https://www.mobihealthnews.com/news/using-ai-predict-and-prevent-workplace-violence-hospitals>.
28. See <https://www.shrm.org/enterprise-solutions/insights/shield-health-care-workers-from-workplace-violence-with-ai>; <https://www.scylla.ai/los-angeles-based-hospital/>.
29. See <https://www.shrm.org/enterprise-solutions/insights/shield-health-care-workers-from-workplace-violence-with-ai>; <https://pmc.ncbi.nlm.nih.gov/articles/PMC11621531/>.

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