

Recent US regulatory changes regarding healthcare workplace violence

Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R.1195)	This legislation, introduced in 2021, mandates that the Occupational Safety and Health Administration (OSHA) establish enforceable standards to prevent WPV in healthcare and social services. These standards include requiring healthcare organizations to develop and implement WPV prevention plans, conduct hazard assessments, provide employee training and establish protocols for reporting and responding to incidents. While the Act passed in the House, it is currently pending further action in the Senate.
The Joint Commission's Revised Standards (2022)	The Joint Commission introduced revised WPV standards for accredited healthcare organizations, which took effect in 2022. These changes require facilities to implement structured WPV prevention strategies, including leadership involvement in WPV mitigation, employee education on recognizing and addressing WPV and systems for reporting and analyzing incidents. The standards emphasize a proactive approach to WPV, incorporating regular risk assessments and intervention procedures to improve workplace safety.
SAVE Act Proposal (Safety from Violence for Healthcare Employees)	Supported by healthcare advocates like the American Hospital Association (AHA), the SAVE Act aims to offer federal protections for healthcare workers similar to those granted to airline employees. The Act would criminalize assaults on healthcare personnel, creating a legal deterrent to violence in healthcare settings. While not yet passed, it demonstrates the push for more federal involvement in reducing healthcare WPV.
California Senate Bill 1299 (2014)	Known as the "Workplace Violence Prevention in Healthcare (Cal/OSHA,)" serve as a model for WPV laws. Cal/OSHA enforces regulations requiring healthcare employers to implement violence prevention plans, conduct risk assessments and train employees on handling potential violence. Under these guidelines, employers must address specific hazards associated with patient care, such as treating individuals with mental health or behavioral conditions. This law mandates robust record-keeping and reporting to better understand the incidence of violence in healthcare and to develop tailored responses.
California Assembly Bill 2975	Known as the "Secure Hospitals for All" Act, in 2024, this Act was passed by the California legislature. This law mandates that hospitals install metal detectors at key entrances, such as the main public entrance, emergency department and labor and delivery unit entrances, to prevent weapons from entering the facilities. The bill also stipulates that trained security personnel—not healthcare workers—must oversee metal detector screenings and handle searches of patients' belongings to reduce risks for frontline healthcare staff, who frequently face threats of violence. Additionally, hospitals are required to establish protocols for handling situations when patients, families, or visitors refuse weapons screening, ensuring that these protocols are respectful and sensitive to individuals' needs without compromising security.
Colorado Senate Bill 21-058 (2021)	Requires hospitals and other healthcare facilities to implement WPV prevention programs and training that covers de-escalation, self-defense and recognizing WPV triggers. Involves annual assessments and a safety plan specifically tailored to high-risk areas. It also requires facilities to assess WPV risks annually in Colorado healthcare settings.
Illinois HB 158 (2021)	Part of the Illinois Healthcare and Human Services Reform Act, this bill mandates WPV prevention plans, including training on de-escalation techniques, mandatory reporting of WPV incidents and a mental health support system for affected employees.
Massachusetts HB 2012/ SB 1357 (2021)	This bill mandates WPV prevention programs in hospitals, including risk assessments and WPV prevention training. It also establishes reporting protocols for incidents of violence and provides additional protections for healthcare staff reporting WPV incidents.
New Jersey SB 2898 (2022)	Expands on existing WPV requirements for healthcare facilities, mandating WPV prevention programs, risk assessments, incident reporting and comprehensive training.

	Facilities must track WPV incidents and implement environmental and administrative controls to prevent WPV.
New York SB 2503 (2021)	Increase penalties for assaults on healthcare workers. Classifies violence against nurses and certain other healthcare professionals as a second-degree assault, which is a felony.
North Carolina HB 809 (2023)	This legislation mandates hospitals with emergency departments to conduct security risk assessments and implement security plans. These plans require the continuous presence of at least one law enforcement officer in emergency departments unless an exemption is granted based on the hospital's specific security needs. Additionally, hospitals must provide workplace violence prevention training and resources to staff, including de-escalation and crisis intervention training, especially for personnel dealing with mental health and substance use issues. Hospitals are also required to report violent incidents to the state, allowing for ongoing tracking and analysis of WPV in healthcare settings to enhance security protocols further.
Ohio House Bill 452 (2022)	This bill adds penalties for assaults against healthcare professionals and establishes WPV prevention guidelines for hospitals. Requires hospitals to create WPV training programs, ensure security measures, and review incidents to identify areas for improvement.
Virginia Senate Bill 1395 (2019)	This law, championed by Virginia's healthcare community and signed in 2019, makes it a Class 1 misdemeanor to issue verbal threats of bodily harm or death against healthcare workers in hospital emergency departments or while they are providing care. The legislation was developed in response to increasing violence in healthcare settings, particularly in emergency departments where threats and physical aggression had been rising. This measure gives law enforcement clearer authority to intervene in cases of verbal threats, adding a layer of protection for healthcare staff under immediate threat.
Washington HB 1931 (2021)	Requires WPV training programs in healthcare and social service settings, focused on identifying, preventing, and responding to WPV incidents. Annual refresher training and expanded scope to include in-home healthcare providers.