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Addressing Workplace Violence in Healthcare Settings

It is the position of the Governor's EMS and Trauma Advisory Council (GETAC) that workplace violence in healthcare is a pervasive and escalating crisis that endangers the safety, well-being, and effectiveness of healthcare professionals and patients. Workplace violence also contributes significantly to professional burnout and drives many dedicated individuals to leave the field they once felt called to serve. Leading healthcare organizations such as the American Nurses Association (ANA), American Hospital Association (AHA), Occupational Safety and Health Administration (OSHA), and The Joint Commission have recognized the critical need to address this crisis.

GETAC urges the Texas emergency healthcare system to strengthen existing frameworks and endorse a zero-tolerance approach to violence in healthcare settings and further calls for coordinated, cross-sector efforts involving institutions, stakeholders, and communities to ensure a safer, more supportive workplace for all healthcare personnel.

1. Recognition and Definition

GETAC recognizes workplace violence as encompassing a broad spectrum of behaviors—including physical assault, verbal abuse, bullying, harassment, and threats—that occur within healthcare settings. In alignment with OSHA and The Joint Commission, GETAC defines workplace violence as:

"Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site."

Violence may originate from patients, visitors, or internal sources such as coworkers. Recognizing the full range and contextual nuances of violence is essential for effective prevention, identification, reporting, and/or intervention. It is important to adopt a definition of workplace violence to allow all staff to better understand the event and name its occurrence.

2. Prevention and Risk Assessment

GETAC affirms that workplace violence is preventable through proactive environmental design, staffing practices, and administrative controls. Drawing from existing best practices:

- Routine risk assessments should be conducted to identify vulnerable situations (e.g., behavioral or psychiatric emergencies, domestic violence or assault emergencies, presence of substance misuse, involvement of a crime scene or law enforcement requests, presence of large crowds or involvement of hostile individuals, understaffed resources or solo responders, events that contribute to high emotional tension or unpredictable environments)

- Environmental design measures—such as secure entry points or staff compartments, panic buttons, establishment of escape paths, emergency communications systems, surveillance systems, and clear signage—must be prioritized.
- Data-driven decision-making should be applied by using incident data to identify trends and target high-risk areas.

Organizational cultures should prioritize workplace violence prevention as a core operational tenet supported by adequate resources and leadership commitment.

3. Training and Education

Training and education are essential pillars in violence prevention. In alignment with ANA and OSHA guidelines, GETAC's position is that:

- All staff — patient-facing and non-patient-facing —must receive comprehensive training on de-escalation techniques, situational awareness, and personal safety.
- Training must be ongoing, scenario-based, and tailored to specific agencies, departments, and the roles of staff members.
- Leadership must be trained in trauma-informed management to support staff affected by violence. Education in trauma-informed care is recommended for all staff to foster empathy, resilience, and a culture of safety.

Educational programs should cultivate a shared understanding of violence, empower employees to respond safely, and reinforce that violence is never "part of the job."

4. Reporting and Support Systems

GETAC echoes the Joint Commission's call for a "culture of safety" that encourages transparent, blame-free reporting. To achieve this:

- Organizations must implement clear, accessible, and anonymous reporting mechanisms.
- Reports must be taken seriously, investigated promptly, and result in timely interventions.
- Affected employees must have access to psychological support, debriefing sessions, and legal assistance.
- Reporting systems should be linked to organizational learning, with regular feedback loops to inform policy and prevention efforts.

5. Incorporation of Policy Recommendations

GETAC champions the adoption of robust federal and state legislation that protects healthcare workers from violence. Building on Texas' momentum and forward action with Senate Bill 463 (2025) Definition of Facility for Purposes of Workplace Violence Prevention Requirements, Senate Bill 240 (2023) Mandatory Violence Prevention Plans, Senate Bill 840 (2023) Criminal Penalties, and the federal initiatives of the "Workplace Violence Prevention for Health Care and Social Service Workers Act" (HR 1195), GETAC supports:

- Mandating OSHA standards specific to healthcare violence.
- Ensuring legal protections for workers who report incidents.
- Funding for the implementation of violence prevention programs and staff training.

GETAC urges policymakers to recognize workplace violence in healthcare as a critical challenge and to provide regulatory frameworks that hold institutions accountable for both hospital protections and policies and parallel those efforts for first responders.

Conclusion

Workplace violence in healthcare is a systemic issue that demands a systemic response. By building on the foundational efforts of respected healthcare organizations, GETAC commits to a comprehensive, prevention-oriented approach that centers on safety and accountability, and supports and calls on healthcare institutions, professionals, legislators, and the public to work collaboratively toward a culture of zero tolerance for violence in healthcare settings.

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