**Topic Collection: Workplace Violence**

Workplace violence may occur with minimal or no advanced notice and can have devastating consequences. It is vitally important for emergency planners to have policies and procedures to prevent, mitigate and respond to incidents of workplace violence. Healthcare settings have unique vulnerabilities and obligations to patients and the public which require careful planning, education, and exercising. The resources in this Topic Collection highlight some of the most current information and guidance that can assist emergency managers tasked with developing and maintaining workplace violence prevention programs and other guidelines to ensure the resiliency of their facilities.

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category.

**Must Reads**

**Active Shooter/ Mass Shooting**

**Education and Training**

**Emergency Medical Services/Prehospital Resources**

**Healthcare Settings**

**Plans, Tools and Templates**

**Prevention Resources**

**Statistics and Data**

**Agencies and Organizations**

**Must Reads**


The authors describe a three-phase approach used by responders to a mass shooting event that happened in Minneapolis (MN) in 2012: Enter, Evaluate, and Evacuate (or 3 Echo). 3 Echo stresses early, multi-disciplinary coordination and teaches participants about unified command, swift victim evacuation, how to establish corridors of safety, and other critical skills.


This short course is based on Occupational Safety and Health Administration guidance and can help healthcare providers understand, prevent, prepare for, and respond to workplace violence. Participants can earn continuing education credits.

This brochure can increase healthcare facility employee and employer awareness of the risk factors for violence in these settings. The brochure also includes strategies for reducing exposure to risks.


This toolkit is designed specifically to help an emergency department manager or designated team leader develop and implement a comprehensive plan that addresses needs related to managing violent behaviors in the emergency department and protecting staff.


The Hartford Consensus suggests that first responders to an active shooter scene should apply the actions in the acronym THREAT: 1) Threat suppression, 2) Hemorrhage control, 3) Rapid Extrication to safety, 4) Assessment by medical providers, and 5) Transport to definitive care.


The authors provide an overview of violence against emergency medical services providers. They stress the need for: better reporting; changes in organizational culture to make it more acceptable to report; and changes in training responders on how to protect themselves from violent individuals.


The authors reviewed literature on emergency department workplace violence and found that staff face higher risk of physical assaults compared to other health settings. They offer suggestions for preventing and reducing violent incidents.


This video provides information on preparing for and responding to an active shooter event in a healthcare setting.

This study explores how emergency primary health care organization personnel have dealt with threats and violence in the workplace.


This presentation provides an overview of the Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers published by the Occupational Safety and Health Administration (“OSHA 3148”).


The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five “building blocks” for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.


This website provides information on the extent of violence in the workplace, assessing the hazards in different settings and developing workplace violence prevention plans for individual worksites.


This research study examines the results of a workgroup that developed a workplace violence survey and reporting tool.


The author discusses workplace violence in healthcare settings and provides an overview of proposed legislation to protect healthcare workers.


This document provides active shooter guidance tailored specifically to the healthcare setting.

This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.


This document comprehensively describes the Department of Labor’s Workplace Violence Program including policies and procedures, identification, prevention and response.


The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five “building blocks” for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

**Active Shooter/ Mass Shooting**


The authors describe a three-phase approach used by responders to a mass shooting event that happened in Minneapolis (MN) in 2012: Enter, Evaluate, and Evacuate (or 3 Echo). 3 Echo stresses early, multi-disciplinary coordination and teaches participants about unified command, swift victim evacuation, how to establish corridors of safety, and other critical skills.


In this summary of active shooter events, the authors share research findings (e.g., location, shooter and victim demographics) and emergency healthcare training and equipment implications for first responders (primarily law enforcement in these incidents).

This webpage describes the incidents and the agency’s efforts at prevention. The page provides links to in-depth reports, statistics, guides, after-action reports of recent incidents (including the school shooting at Sandy Hook Elementary), planning guides, and the video geared towards the general public: “Run, Hide, Fight.”


The Hartford Consensus suggests that first responders to an active shooter scene should apply the actions in the acronym THREAT: 1) Threat suppression, 2) Hemorrhage control, 3) Rapid Extrication to safety, 4) Assessment by medical providers, and 5) Transport to definitive care.


This report provides summary and detailed information for 281 active shooter events and includes related policy and other recommendations.


This video depicts active shooter scenarios and shares strategies for responding to and surviving such events.


This video provides information on preparing for and responding to an active shooter event in a healthcare setting.


This short video depicts active shooter scenarios and demonstrates how those affected can increase their chances of survival. Though developed for Houston, it does not contain jurisdiction-specific information, allowing it to serve as a valuable resource for all.


This resource summarizes findings from a meeting of The Hartford Consensus on active shooter and mass casualty events. The group emphasizes the need for on-scene
collaboration between emergency medical services and law enforcement, and highlights the supportive role that uninjured bystanders can also play in the response effort.


The principles of Tactical Combat Casualty Care (TCCC) can also be applied by first responders when responding to bomb and mass shooting incidents. TCCC has three goals: 1) treat the casualty, 2) prevent additional casualties, and 3) complete the mission.


This document provides active shooter guidance tailored specifically to the healthcare setting.


This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.


This webpage includes information on the subject including tips for what to do in an active shooter situation, and links to webinars, reports, training events, and informational materials (e.g., pamphlets, posters and wallet cards) in English and Spanish.

**Education and Training**


This short course is based on Occupational Safety and Health Administration guidance and can help healthcare providers understand, prevent, prepare for, and respond to workplace violence. Participants can earn continuing education credits.


The goal of this hour-long course is to teach employees how to recognize the types of workplace violence, their warning signs, and what actions they can take to prevent or minimize violence.

This webinar is geared toward healthcare professionals. The speaker discusses how to identify potential risk factors in the work setting and develop a response plan in the event of a violent situation.


This e-learning training is broken into ten chapters (with links to videos and other resources) and designed to help healthcare personnel understand: the effects of violence on health care, their own rights and responsibilities, and ethical dilemmas they may face in emergencies.


This video provides information on preparing for and responding to an active shooter event in a healthcare setting.

Emergency Medical Services/Prehospital Resources


An analysis of more than 4,000 calls in one month showed that some sort of violence occurred in close to 9% of encounters, half of which was directed at prehospital care providers. The authors stress the need for training, protective gear, and protocols for dealing with violent situations.


The authors provide an overview of violence against emergency medical services providers. They stress the need for: better reporting; changes in organizational culture to make it more acceptable to report; and changes in training responders on how to protect themselves from violent individuals.


The author conducted a literature review (and a local survey) on the nature of violence against firefighters and provides a variety of suggestions for training and standard operating procedures.

The authors reviewed 769 "non-fire emergency event" reports from the data system and categorized them. The most frequent emergency medical call was made for assaults, primarily by someone wielding a firearm.


This white paper includes checklists and step-by-step considerations for active shooter event planning and response by pre-hospital providers, and references the framework suggested by the Hartford Consensus.

**Healthcare Settings**


The authors discuss: workplace violence in healthcare settings, the extent of the problem, the importance of staff training, key training content, and models of training evaluation.


This report highlights findings from a “Violence in the Workplace” symposium which featured representatives from law enforcement, private industry, healthcare, victim services, the military, academia, mental health, and others. Section VII is devoted to violence against healthcare workers.


The authors measured the effectiveness of a workplace violence reduction program against emergency department workers. While their original hypothesis was not supported, two intervention sites did see significant decreases in violence.


This article examines occupational injuries in the health care sector including those injuries resulting from workplace violence.

The authors surveyed 25 U.S. pediatric residency program directors to determine the prevalence of workplace violence in pediatric residency training programs.


The authors analyzed reports on acute care hospital shooting events in the U.S. from 2000-2011 and found 154 incidents in 40 states, resulting in 235 injured or dead victims. They provide additional demographic data (e.g., perpetrator characteristics, location of shooting).


The authors reviewed literature on emergency department workplace violence and found that staff face higher risk of physical assaults compared to other health settings. They offer suggestions for preventing and reducing violent incidents.

*MESH Coalition. (2014). **Responding to an Active Shooter in a Healthcare Setting.**

This video provides information on preparing for and responding to an active shooter event in a healthcare setting.


This study explores how emergency primary health care organization personnel have dealt with threats and violence in the workplace.


This study identified rates of violence against nurses in the State of Minnesota, and their perceptions of the work environment.


This report highlights workplace violence prevention programs in 50 emergency departments in New Jersey hospitals. The authors identified several challenges, including uncoordinated surveillance of workplace violence events and unsatisfactory interactions between nursing staff and security personnel.
The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five “building blocks” for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.


This presentation provides an overview of the Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers published by the Occupational Safety and Health Administration (“OSHA 3148”).


This article provides a brief overview of workplace violence, and discusses the settings where it often occurs. The authors examine the direct and indirect financial impact of workplace violence (e.g., jury awards for injuries; staff turnover rates, and increased requests for medical leave) and suggest legislative advocacy, workplace policy, and education strategies for countering violence in the workplace.


This research study examines the results of a workgroup that developed a workplace violence survey and reporting tool.


The objective of the study was to investigate the types of workplace health and safety issues rural community nurses encounter and the impact these issues have on providing care to rural consumers.


The author discusses workplace violence in healthcare settings and provides an overview of proposed legislation to protect healthcare workers.

This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.


This policy directive was developed as a result of legislation mandating violence prevention in Washington State hospitals. Guidance is provided in a question and answer format.

Plans, Tools and Templates


This white paper provides supporting documentation and other information for healthcare security professionals to create and sustain a violence prevention program.


This toolkit is designed specifically to help an emergency department manager or designated team leader develop and implement a comprehensive plan that addresses needs related to managing violent behaviors in the emergency department and protecting staff.


The author provides a comprehensive overview of workplace violence, including chapters on how incidents affect victims, witnesses, the workforce, family members, and management. Additional chapters can help organizations to form action and response plans to manage incidents of any size.

The Minnesota Department of Labor and Industry has established a Workplace Violence Prevention Resource Center to assist the public by offering a resource library, plan templates, and other resources to assist with implementing a workplace violence prevention program.


This fact sheet identifies workplace violence, describes actions that employers and employees can take to protect themselves, and lists additional resources.


The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five “building blocks” for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.


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This white paper includes checklists and step-by-step considerations for active shooter event planning and response by pre-hospital providers, and references the framework suggested by the Hartford Consensus.

This policy statement mandates that Washington State psychiatric hospitals develop a plan to “reasonably prevent and protect employees from violence at the state hospital.” The statement includes plan components, such as staffing/security staffing, first aid procedures, reporting, and education and training.

**Prevention Resources**


The authors examine several studies regarding workplace violence in the mental health setting (e.g., what precipitates it, populations more likely to become violent) and discuss possible methods of preventing violence.


This presentation highlights violence prevention strategies taught by the Crisis Prevention Institute.


This brochure can increase healthcare facility employee and employer awareness of the risk factors for violence in these settings. The brochure also includes strategies for reducing exposure to risks.


The authors examined workplace violence prevention programs in 40 California home health and hospice agencies and discuss their findings.


The author provides a comprehensive overview of workplace violence, including chapters on how incidents affect victims, witnesses, the workforce, family members, and management. Additional chapters can help organizations to form action and response plans to manage incidents of any size.

This article provides background information about workplace violence and offers a framework for developing comprehensive workplace violence prevention programs built on the existing scientific evidence and regulatory guidance.


The Minnesota Department of Labor and Industry has established a Workplace Violence Prevention Resource Center to assist the public by offering a resource library, plan templates, and other resources to assist with implementing a workplace violence prevention program.


The authors investigated the extent to which general practitioners work alone in emergency primary care centers in Norway, and estimated the prevalence of preventive measures against workplace violence.


These conference proceedings are categorized into three categories: 1) overcoming current barriers and gaps that impede collaborative research, prevention, and communication work; 2) characteristics of effective workplace violence prevention programs; and 3) research and partnerships needed to further advance prevention.


This webpage of references provides guidance for preventing violence in the workplace. References are grouped into three categories: Occupational Health and Safety Administration Guidance, Other Federal Agency Guidance, and State and Local Guidance.


This document is an update of the Occupational Safety and Health Administration’s 1996 and 2004 voluntary guidelines for preventing workplace violence for healthcare and social service workers.

This website provides information on the extent of violence in the workplace, assessing the hazards in different settings and developing workplace violence prevention plans for individual worksites.


This webpage provides access to the U.S. Department of Agriculture policies and procedures to address and prevent workplace violence. It also includes informational reports, national hotline resources, and information on reporting situations of imminent danger.


The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five “building blocks” for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

**Statistics and Data**


This webpage has links to tables, charts, reports, issue papers and articles in TXT or PDF formats for data on fatal occupational injuries. Data for “Assaults and Violent Acts” are included.


This study examines emergency department workplace violence and staff perceptions of physical safety.


The authors highlight the development process and evaluation of an instrument created to collect data relevant to violence against healthcare workers.
The Occupational Health and Safety Network (OHSN) is a voluntary and secure electronic occupational safety and health surveillance system developed by the National Institute for Occupational Safety and Health. The network currently focuses on occupational safety and health issues in the healthcare sector. The first three modules address traumatic injury risks among healthcare personnel. Healthcare facilities can share data they already collect to track their rates and compare findings to other OHSN participants.

Agencies and Organizations

Note: The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.

Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health.

Federal Bureau of Investigation: Active Shooter Incidents.


This ASPR TRACIE Topic Collection was comprehensively reviewed in September 2015 by the following subject matter experts (listed in alphabetical order): Scott Cormier, CHEP, NRP, Vice President, Emergency Management, EOC, and Safety, Medxcel Facilities Management; Robert B. Dunne, MD, FACEP, Team Medical Director, MI-1 DMAT, Regional Deputy Chief Medical Officer, HHS/NDMS Region V; John Hick, MD, HHS ASPR and Hennepin County Medical Center; and Mary Russell, EdD, MSN, Emergency Services, Boca Raton Regional Hospital.