



# Creating Safer Workplaces

A guide to mitigating violence  
in health care settings

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A collaboration between the American Hospital Association (AHA) and the International Association for Healthcare Security and Safety (IAHSS) to recommend action steps for hospital leaders to build a safer workplace.





## Introduction

Hospital and health system leaders who continually emphasize the importance of physical and psychological well-being promote cultures that heighten safety in their organizations. They embed procedures into daily operations to instill a safety mindset at all levels, entrench security and safety functions in their enterprise strategies, and design their organizations to maximize safety. They also collaborate broadly and creatively across their institutions to prioritize these efforts.

As part of this guide, we offer leaders and implementers case studies that exemplify how a range of organizations have addressed workplace violence using both best practices and individual solutions that can be tailored based on an organization's size, resources and culture.

Beyond this guide, we encourage leaders to follow IAHSS design and industry guidelines to create safe spaces and establish policies, procedures and programs that incorporate global safety best practices, benchmark security operations and prevent violence.

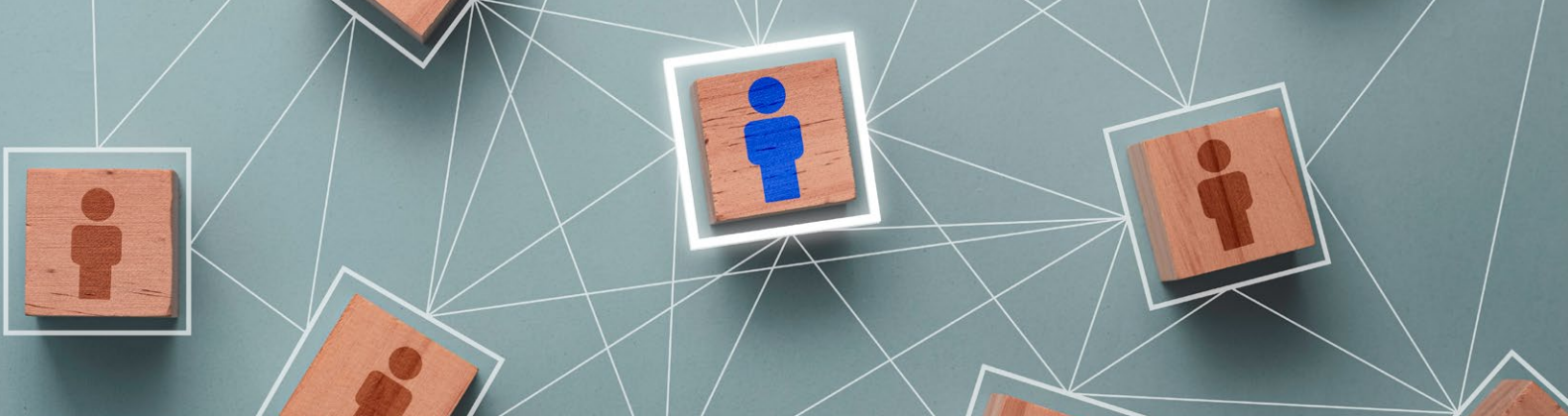
Based on a multidisciplinary strategy, the guide addresses how teams can help curb violence in health care facilities, including:

1. Focusing on well-being to promote team health and safety.
2. Forging strong and synergistic relationships between security and police departments, clinical groups and operational leaders.
3. Promoting data-driven approaches to decision-making.
4. Making the role of security staff everyone's job (i.e., engaging team members).
5. Embedding safety and security in existing workflows and electronic medical records.



“Defining workplace violence was essential, as it encompasses much more than physical injuries. Threats, bullying, undermining and harassing behavior are included in this definition.”

— [Mary Beth Kingston](#)  
chief nursing officer, Advocate Aurora Health



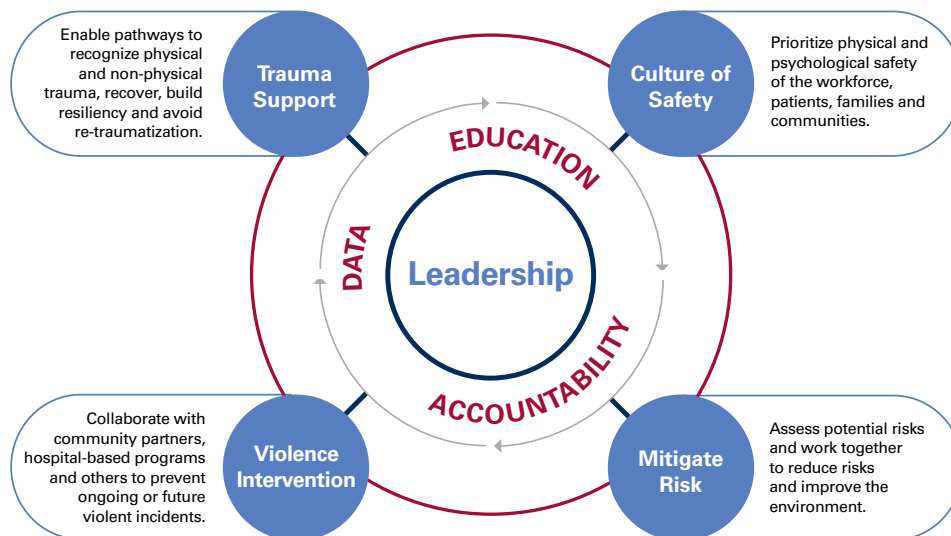
## Part 1: A Framework to Build a Safe Workplace

With an emphasis on workforce education and protection, AHA’s Hospitals Against Violence (HAV) framework helps hospital and health system leaders address violence in their workplaces and communities. The framework guides leaders in building a culture of safety, mitigating risk, violence intervention and supporting trauma survivors. We encourage safety leaders to hold all staff accountable, record metrics and promote ongoing education and training across the entire organization.

Leaders should clearly define physical safety for patients and their families, and the workforce. This includes leaders clarifying their reasoning for allocating resources toward a culture of safety.

For example, leaders can measure and share how safety is correlated with decreased turnover, reduced burnout and fewer injuries, among other benefits.

We suggest that health care leaders use the following recommendations as they create or reflect on violence reduction strategies in their organizations.



### I. Building a Culture of Safety

Important to creating safety is:

1. Reducing risk exposure to violence.
2. Gathering data.
3. Prioritizing physical and psychological safety of the workforce, patients, their families and the community.

Leaders are responsible for personalizing their organizations’ approaches to this work, ensuring that individual health care providers and staff contribute to shared goals. Ideally, individual employees should embrace their distinct responsibilities to create institutional environments that are both physically and emotionally safe for all.

## Leaders should consider the following:

### A. How should health and security executives promote physical safety and teamwork?

C-suite leaders should prioritize and value safety and violence prevention initiatives. They can inspire clinicians, external responders and administrative staff to establish relationships that precede violent events. Longstanding connections between fire and police departments and internal responders, human resources and risk management groups, for example, can dramatically sharpen a community's handling of and response to violent events. In addition, leaders could make sure their organizations offer easily accessible employee mental health services, communicated to staff before and available after a violent incident.

When staff feel comfortable owning up to missteps, the entire organization learns and improves. This fosters a communicative, collaborative culture. Such transparency can also help staff uncover insights that inform smarter violence prevention strategies, customized to their particular facilities and populations. Therefore, leaders should avoid perpetuating stigma when it comes to reporting violent incidents or lapses in procedures. They should exemplify the sharing of information, including mistakes, to promote a culture of transparency.

### B. How does one create a workplace violence prevention program?

Industry experts developed the [design guidelines](#) to help leaders create safe spaces and the more operational [industry guidelines](#) to address policies, procedures and programs that incorporate global safety best practices, benchmark security operations and prevent violence.

These regularly updated recommendations inform best practices, including mitigating violence through de-escalation training and threat assessment strategies, and incorporate research on topics such as body cameras, weapons and how to interface with incarcerated persons in health care settings.

Hospital and health system leaders should ensure that their health care safety, security and emergency management staff and leaders are credentialed by IAHS and are meeting design and industry guidelines.

### C. Action steps

#### The following steps foster a culture of safety:

1. Considering local, state, federal and other community requirements when devising safety strategies.
2. Making personal and psychological safety a priority and by collaborating internally and externally and developing a policy defining what actions will not be tolerated.
3. Standardizing institutional safety incident reporting and sharing experiences.
4. Working to eliminate stigma by encouraging transparent communication.
5. Designing facilities and workflows for safety.
6. Ensuring confidentiality of victims when possible.
7. Encouraging education and training for all providers and staff.
8. Developing crisis response plans and teams.

#### Safety leaders seeking to intervene and prevent violence in their organizations should:

1. Identify any risk associated with their organizations' particular location(s), such as area crime rates.
2. Prepare for potential risks associated with the services their organizations provide, such as the likelihood of heightened threats in the emergency department.
3. Acquaint themselves with the histories of their staff, patients and community as they relate to potential for violence.
4. Identify and evaluate the need for safe rooms or other protective areas.
5. Pinpoint current security capabilities and define expectations of staff with security response responsibilities.
6. Partner with external responders to know their availability to assist in an emergency.

## II. Mitigating Risk

Understanding potential hazards is fundamental to addressing violence in all types of health care settings. Interdisciplinary teams can be particularly impactful in assessing threats. For example, a workplace safety committee will be more effective when it includes clinicians and public safety officers who can team up and share their experiences.

### A. How do health leaders mitigate and manage threats of violence?

Annual hazard vulnerability assessments are key. These surveys help leaders identify the probability of various hazards among staff and patients, and help safety leaders gauge how an organization can respond to threats, as well as how impactful the threats might be. Measuring the potential for hazards — such as bombs, solar flares, terrorism, epidemics, tornadoes or suicide — against an organization's level of readiness enables leaders to identify weak spots and strategically delegate resources.

### B. What is the environmental design's role in risk mitigation?

Internal and external security and safety personnel should join design conversations at the outset to ensure the consideration of response efforts when designing or redesigning sensitive areas of a health care facility.

For example, room numbers should be visible within interior spaces so staff sheltering in place during active-shooter incidents can safely identify their location when speaking with security personnel.

In addition to considering risk mitigation and including multidisciplinary teams when designing or renovating facilities, leaders should also address controlled access options, lock-down policies, safe room locations and alternate employee access points.

### C. Action steps

**Leaders should consider the following action items to mitigate risk:**

1. Conduct annual hazard vulnerability assessments to identify threats and create preparedness plans.
2. Understand community and external impacts by using the CAP Index Scoring System, which uses a proprietary algorithm to generate crime risk scores, as a reference to forecast local crime.
3. Reinforce safety training and its importance. Train, test and retrain all employees, and ensure training occurs during all hours, not only weekdays and evenings.
4. Use the OSHA-based foreseeability approach, which states that past behavior is a predictor for future behavior.
5. Have a security response plan in place when patients who have caused issues in the past return to facilities. Employees can flag problematic patients, for example, in electronic medical records or by putting magnets on doors.
6. Include security and protective expertise in facility design and renovation.
7. Benchmark safety plans and results with similar facilities.

### III. Violence Intervention

Hospitals and health systems regularly reach beyond their four walls to advance the health of their communities and improve the safety of their facilities. Hospital-community collaborations are instrumental in promoting physical and emotional safety through a public health approach. When developing training and response programs, health care leaders must involve all employees who could be impacted, such as clinical and operations staff and first responders.

#### A. What is the role of hospitals and health systems in violence intervention?

Safety leaders should collaborate not only with departments inside their organizations, but also with community groups, such as social services and behavioral health organizations. These groups can provide health care leaders with vital insights and connect them to additional resources.

#### B. Who should be part of violence intervention and prevention?

Just as violence follows a continuum, so do the staff who address it. Paramedics and urgent, primary and long-term care staff are all part of the solution and should participate in the creation of comprehensive workplace violence prevention programs.

Human resource leaders have a particularly impactful position, as they can set their organization's tone regarding workplace violence. These leaders can play instrumental roles in ensuring that all departments sustain and support programs that manage all forms of workplace violence, whether it is patient-to-employee, patient-to-patient, employee-to-patient or employee-to-employee. Human resource leaders, as well as security and any law enforcement working in health care facilities, should undergo security training with organizations such as IAHSS to learn the nuances, regulations and complexities involved in leading security programs.

#### C. Action steps

**Leaders should consider the following action items regarding mitigating violence:**

1. Collaborate with local violence intervention advocacy programs.
2. Partner with patient safety advocacy groups.
3. Develop a threat management team to address interventions.
4. Set patient guidelines on zero-tolerance policies.
5. Define safe areas and processes for patient and survivor engagement.

## IV. Trauma Support

Health care leaders play an important role in building workforce and community resilience in the face of trauma.

COVID-19 has taken a heavy toll on health care workers, who were already facing record numbers of burnout before the pandemic. Many of them now struggle with post-traumatic stress from working at the center of one of the most dramatic and unprecedented health emergencies in recent history. This is compounded by the everyday trauma health care workers face as they contend with violence.

### A. How do hospitals support those impacted by trauma and build resilience after a violent incident?

Health care leaders can help by investing in recovery and counseling efforts. This includes forming a crisis team with established protocols for dealing with a range of crises and populations. This team should be ready to act when trauma occurs.

Leaders should have checklists ready to ensure that trauma survivors are treated. For example, these checklists would require crisis counselors to check in regularly with trauma survivors at 60- and 90-day intervals. When individuals do not respond in a resilient way to trauma, leaders should reinforce the importance and ensure available resources for management and staff.

Health care crisis response teams should also make use of ample community resources. While most hospitals and health systems do not have critical incident stress debriefing teams in place, organizations can access disaster recovery crisis counselors through their local or state Offices of Emergency Management, local mental health and crisis centers, and additional community resources.

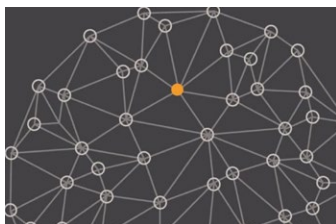
### B. Action steps

**To support traumatized staff, safety leaders should also consider developing:**

- Consistent and empathetic communication standards;
- Employee assistance programs;
- Peer support groups;
- Critical incident stress debriefing teams;
- Crime scene clean-up resources; and
- Robust coverage for mental health services.



## Part 2: Resource Highlights



### [Study: Cost of Community Violence to Hospitals and Health Systems](#)

The AHA engaged Milliman to conduct a study, Cost of Community Violence to Hospitals and Health Systems, of the financial impact to hospitals and health systems of dealing with all types of violence within their facilities and communities to better illustrate the enormity of violence as a public health problem. For the purposes of this study, we defined violence broadly and to include any intentional use of physical force to cause injury or bodily harm. This report presents the findings of our research.



### [Tool: Violence Risk Assessment](#)

Risk managers need to proactively prepare their institutions to prevent violence in the workplace. At the same time, risk managers need to know what to do when faced with an immediate situation. The American Society for Health Care Risk Management's Health Care Facility Workplace Violence Risk Assessment Tool is designed to assist in both of these areas. The resource includes a violence prevention preparation checklist and a separate tool to address it if it happens.



### [Case Study and Webinar: Urban Safety Net Hospital's Journey to Reduce Violence](#)

Grady Health System in Atlanta stands as one of the largest urban safety net providers in the United States. They recognized rising community and hospital violence and its obligation to keep employees, visitors and the community safe. Learn more in the Managing Workplace Safety and Reducing Workplace Violence in Hospitals webinar and case study.



### [Webinar: Strategies to Address Violence in Post-acute Environments](#)

Speakers address how post-acute care providers are taking a more active role to help address violence in their communities. Two Illinois rehabilitation hospitals shared how they provide care to patients who have violently acquired injuries, including issues of trust, drug and substance abuse, and lack of community-based services or family support as well as initiatives to prevent and address workplace violence.





### [Webinar: Best Practices for the Worst Case](#)

IAHSS speakers describe the elements of workplace violence prevention and response plans; how to develop an action plan for assessing active shooter risk; identifying standards and guidelines aimed at reducing workplace violence; and integrating preventative and response measures into the built environment.



### [Webinar: Discover the National Mass Violence Victimization Resource Center](#)

Mass violence and trauma each share a common need when it comes to providing access to evidence-based treatments that will serve victims and survivors in the immediate aftermath of the event and throughout their entire, as survivors often go through a lengthy recovery process.



### [Podcast: UT MD Anderson Cancer Center's 2-STOP Program to Prevent Workplace Violence](#)

The 2-STOP program is a multidisciplinary response team acting as a resource to patients, families, visitors and employees. The team is made up of individuals from the UT Police Department, risk management, employee health, employee assistance program and human resources, who respond to any threat of violence.



### [Podcast: De-escalating Workplace Violence in Behavioral Health Settings](#)

Parkview Health's efforts to improve the physical environment, engage its clinical staff and increase training contributed to improved patient perception and a decrease in reported workplace violence. Learn from Parkview Health's leadership on how this culture shift created compassionate connections between the workforce and improved safety for patients.



### [Case Study: Tactical Training/Casualty Care Program at Mercyhealth](#)

Mercyhealth in Janesville, Wis., partnered with local EMS providers, law enforcement, fire departments and school districts to create and deploy a casualty care training program with a specially designed emergency kit for local school districts and other organizations to impart vital emergency training.



### [Blog: Three Steps Every Hospital Leader Can Take to Prevent Human Trafficking](#)

Implementing a human trafficking prevention program may seem daunting during the COVID-19 pandemic, but simple steps can get every hospital started.

## **IAHSS guidelines for hospital safety and security leaders**

IAHSS has certified tens of thousands of dedicated professionals who keep health care facilities, patients, staff and visitors safe. IAHSS offers basic, advanced and supervisor certifications, a safety certificate program, and maintains the prestigious Certified Healthcare Protection Administrator certification, the standard for the health care security leader dedicated to the profession.

IAHSS Guideline 01.01 — Security Master Plan

IAHSS Guideline 01.02 — Security Management Plan

IAHSS Guideline 01.09 — Violence in Healthcare

IAHSS Guideline 01.09.03 — Threat Management

IAHSS Guideline 01.05 — Program Measurement and Improvement

IAHSS Guideline (under development) — Incident Categories

IAHSS Guideline 01.05 — Crime Prevention/Safety Awareness

IAHSS Guideline 02.20.04 — De-Escalation Training

View the complete list of guidelines [here](#).

In spring 2021, IAHS&S met with the AHA's HAV Advisory Group — comprised of clinicians and hospital leaders from across the nation, along with experts within the AHA — to develop this guide.

Special thanks to the contributors.

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