

Comprehensive 50-State Survey on Workplace Violence Laws in Health Care

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“The incidence of workplace violence against health care workers is increasing in both frequency and severity.”

Epstein Becker Green is pleased to provide the following 50-state survey of workplace violence laws in the U.S. health care arena.

In today’s dynamic work environments, ensuring the safety and well-being of employees is critical. Workplace violence poses a significant challenge for organizations nationwide, particularly in health care settings.

In recent years, health care employers have faced an unprecedented and complicated workforce management challenge. The incidence of workplace violence against health care workers is increasing in both frequency and severity. The impacts are significant—state and federal Occupational Safety and Health Administration enforcement actions, decreased employee retention, and collective bargaining pressures, to name a few. Workplace violence law is now evolving more rapidly than ever, and businesses, human resources professionals, legal practitioners, and others need to stay informed on key issues and developments.

To better understand these issues, Epstein Becker Green has compiled a 50-state survey examining the landscape of workplace violence laws across the country. Our *50-State Workplace Violence Health Care Survey* aims to provide a clear summary of current and proposed workplace violence laws in the United States specific to the health care industry. By reviewing the survey, with information from all 50 states, users can ascertain the various approaches to addressing workplace violence that can inform policies, procedures, and preventive measures through site assessments, reporting, recordkeeping, and more.

Employees in the health care and social assistance sectors face workplace violence far more often than those in other industries. While problems with a current or past employee or domestic abuser entering a workplace are familiar concerns, violence in the health care context often comes from a patient or a close relation of the patient facing a challenging illness in unfamiliar surroundings. While graver incidents, such as mass shootings, continue to make headlines, it is perhaps the daily threats and assaults on health care workers that have the greatest impact. Those common occurrences

of workplace violence often go unreported, as the employee considers them simply part of the job. This makes it that much harder for employers to address the safety challenges.

With recently enacted state and proposed federal legislative responses to this growing concern, many health care employers and facilities are now required to take specific steps, including the creation of workplace violence prevention plans, site assessments, training, recordkeeping, and more. Compliance with safety regulations and an affirmative, proactive approach are essential. While violence at a work site cannot always be prevented, the risks can be lessened through an appropriate strategy.

Although this survey offers a quick understanding of these issues, it does not constitute legal advice and should not replace thorough legal consultation regarding specific circumstances and their legal implications. Epstein Becker Green can assist organizations in mitigating the risk of workplace violence while staying compliant. In addition to our cross-disciplinary legal and regulatory experience and our deep industry knowledge, we are skilled at counseling health care clients on workplace violence prevention and response, as well as defending health care facilities in agency enforcement actions and private lawsuits involving workplace violence. We offer strategic and informed advice to help clients follow the best course of action when complying with applicable laws and regulations, preparing a workplace violence prevention program, and responding to incidents.

We hope you find this resource useful, and we invite you to subscribe to our [HEAL[®]: Health Employment and Labor](#) blog to stay updated on important developments related to workplace violence.

To get in touch with a member of our Workplace Violence team for advice on navigating these complex issues, visit us at <https://www.ebglaw.com/trending-issues/violence-prevention-in-the-health-care-workplace>.

State	Citation/Date	Title	General Workplace Violence or Health-Related?	Criminalization of Assault—Health Care Workers?	Description of Plan/Other	Prevention Assessment?	Reporting?	Recordkeeping?	Training?
ALABAMA	Ala. Code 1975 § 13A-6-21	Assault in the second degree	Emergency medical personnel; health care worker, including nurse, physician, technician, or any other person employed by/practicing at a hospital, care facility etc., during the performance of duties	Class C Felony					
ALASKA	AS § 12.61.017	Interference by victim's employer	General		An employer may not penalize or threaten to penalize the victim of an offense because the victim (1) is subpoenaed or requested to attend a court proceeding for the purpose of giving testimony or (2) reports the offense to law enforcement or participates in the investigation of the offense.				
ARIZONA	A.R.S. § 36-420.03	Health care employers; workplace violence prevention plan; investigation; reporting; nondiscrimination; definitions	Health care employers		A health care employer shall develop, implement, and maintain a written plan that must (1) include components specifically tailored to the conditions and hazards of the health care employer's sites and patient-specific risk factors and (2) identify the individual responsible for implementing/overseeing the plan.	The health care employer shall annually evaluate the implementation and effectiveness of the workplace violence prevention plan (to be documented), including review of violent incident log and compliance with training.	Yes	Yes	Yes
	A.R.S. § 36-420.03, A.R.S. § 13-1204(A)(8)(e)	Aggravated assault	Health care worker engaged in work duties, certified/licensed health care practitioner, person summoned/directed by licensed health care practitioner. Exception for mental, developmental, cognitive disability/ mental illness	Felony	(3) Requires the conspicuous posting of signs in public areas throughout the health care employer's sites, including all emergency facilities, that are at least 12 inches by 12 inches in size and that provide notice that assault on a health care worker may be prosecuted as a felony.		Yes		
	A.R.S. § 13-1210	Assaults on hospital employees	Hospital employees, state hospital employees		May petition court for order authorizing testing for HIV, etc., if biting, scratching, spitting, or transferring blood or other bodily fluids.				
ARKANSAS	A.C.A. § 11-5-115	Prevention of workplace violence	General		Describes action court may take if employer/employee has suffered unlawful violence, received threat, been stalked or harassed, etc.				
	A.C.A. § 11-3-204	Job information about current or former employees—protection for employers	General		Current or former employer may disclose information about current or former employee (with consent) to prospective employer about threats of violence, harassing acts, or threatening behavior related to the workplace.				
	A.C.A. § 5-13-213	Aggravated assault	First responder	Class C Felony					
	A.C.A. § 5-13-202	Battery in the second degree	Physician, emergency medical services personnel, licensed or certified health care professional, any other health care provider	Class C, D Felony					

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CALIFORNIA	Enacted SB 553 (effective January 1, 2025)	Occupational safety: workplace violence: restraining orders and workplace violence prevention plan	General		Employer shall establish, implement, and maintain effective workplace violence prevention plan in effect at all times in every unit, service, and operation. Plan shall be in writing, specific to the hazards and corrective measures for the unit, service, or operation, and available to employees at all times.	9) Includes assessment procedures to identify and evaluate environmental risk factors, including community-based risk factors, for each facility, unit, service, or operation. Includes review of all workplace violence incidents in facility, service, or operation within previous year. Environmental risk factors include poor illumination, blocked visibility, lack of physical barriers, lack of escape routes, alarm systems, entryways, etc.; also procedures to identify and evaluate patient-specific risk factors and assess visitors or other persons who are not employees. Procedures to correct hazards in a timely manner.	Must record information in a violent incident log for every workplace violence incident	Violent incident logs shall be maintained for a minimum of five years	Yes
	8 CCR § 3342	Violence Prevention in Health Care	Health care facilities, home health care, home-based hospice; emergency medical services; medical transport; drug treatment programs; outpatient medical services		Employer shall provide all safeguards required by this section, including provision of personal protective equipment, training, and medical services, at no cost to employee, at a reasonable time and place, and during the employee's paid time.		Yes	Yes	Yes
	CA LABOR § 6332	Definitions; record of violence against community health care workers	Every employer		Must keep a record of any violence committed against a community health care worker and file a copy with the department.		Yes	Yes	
	CA LABOR § 6401.8	Adoption of a workplace violence prevention plan; required content of standards; posting of reports	Licensed hospitals		Standards board shall adopt standards that require a hospital to adopt a workplace violence prevention plan as part of its injury and illness prevention plan to protect health care workers and other facility personnel. Plan must be in effect at all times; must include definition of workplace violence; etc.	Plan must include (1) a system for responding to and investigating violent incidents and situations involving violence or risk of violence and (2) a system to at least annually assess and improve upon factors that may contribute to, or help prevent workplace violence, including staffing, security, job design, equipment, facilities, security risks. Plans must be developed in conjunction with affected employees, and temporary personnel must be oriented.	Plan must include training on how to report violent incidents to law enforcement.	Hospitals must document, retain for five years, written record of any violent incident against hospital employee. Hospital must report violent incidents to the Division within 72 hours; within 24 hours if injury, firearm, dangerous weapon, urgent/emergent threat to welfare, health, safety	Yes
	CA LABOR § 6401.9	Employer establishment, implementation, and maintenance of effective workplace violence prevention plan; application of section; recording information in violent incident log; employee training; maintenance of records; enforcement; adoption of standards	General (exempts health care facilities, service categories, and operations covered by 8 CCR 3342)		(c)(1)(a) An employer shall establish, implement, and maintain an effective workplace violence prevention plan. (b) In writing; available/easily accessible; in effect at all times/in all areas; specific to hazards/corrective measures for each work area/operation. May be incorporated as a stand-alone section in the written injury and illness prevention program required by 8 CCR § 3203, Injury and Illness Prevention Program, or maintained as a separate document.				

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CALIFORNIA	CA WEL and INST § 4141	Update of state hospital injury and illness prevention plan; patient assaults on employees; injury and illness prevention committee; incident reporting procedure	State hospitals		Each state hospital shall update injury and illness prevention plan at least once a year to include necessary safeguards to prevent workplace safety hazards in connection with workplace violence associated with patient assaults on employees.	Updated injury and illness prevention plans shall address, but not be limited to, (a) control of physical access throughout hospital and grounds; (b) alarm systems; (c) security personnel; (d) training; (e) buddy systems; (f) communication; (g) emergency responses (department shall submit updated injury and illness prevention plans to legislature every two years).	Yes			
	8 CCR § 3203	Injury and Illness Prevention Program	General		Every employer shall establish, implement, and maintain effective written injury and illness prevention program (orally, if fewer than 10 employees), identifying person(s) implementing the program; with a system for insuring employees comply with safe and healthy work practices; with a system for communicating with employees on matters relating to occupational safety and health; etc.	The program should include procedures for identifying and evaluating workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices; procedures to investigate injury or illness; methods and procedures for correcting unsafe or unhealthy conditions, practices, and procedures.		Yes	Yes	
	CA PENAL § 241	Assault; punishment	Emergency medical technician (defined at § 245.1), mobile intensive care paramedic, physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health facility; or a physician or nurse engaged in rendering emergency medical care	Enhanced fine and punishment						
	CA PENAL § 243	Battery; punishment	Emergency medical technician; physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health care facility; or a physician or nurse engaged in rendering emergency medical care	Enhanced fine and punishment						
	CA PENAL § 11160	Injuries by firearm; assaultive or abusive conduct; reporting duties by health facilities, clinics, physician's offices, or local or state public health department; contents of report	Health practitioners		Requirements of report.		Yes			
	CA HLTH & S § 1257.7	Security and safety assessment; development of security plan; security personnel; assault and battery; reports to law enforcement; liability; violation; penalty	Licensed hospitals		Develop and annually update a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior.	Security and safety assessment not less than annually.	Yes	Yes	Yes	

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CALIFORNIA	CA HLTH & S § 1257.8	Security training and education; emergency department employees and medical staff	All hospital employees		Security education and training on a continuing basis as provided for in the security plan developed pursuant to § 1257.7.				Yes
	CA HLTH & S § 1444.6	Transfer of unstable and assaultive patients; informing ambulance personnel	Mental health patients		Director of hospital or designee shall inform the ambulance personnel of the instability and potential assaultiveness of the mental health patient.				
COLORADO	C.R.S.A. § 25-3-128	Hospitals—nurses, nurse aides, and EMS providers	Nurses, nurse aides, and EMS providers		Nurse staffing committee must include a designated leader of workplace violence prevention and reduction efforts. Shall annually develop and oversee a master nurse staffing plan including strategies that promote health, safety, and welfare of employees and patients.		Yes		
	C.R.S.A. § 8-14.4.102	Prohibition against discrimination based on claims related to health and safety	General—principals		Shall not discriminate, take adverse action, or retaliate against any worker raising reasonable concerns about a significant workplace threat to health or safety if the principal controls the workplace conditions.				
	C.R.S.A. § 18-3-202, § 18-3-203, § 18-3-204	Assault in the first degree, assault in the second degree, assault in the third degree	Emergency medical care provider, emergency medical service provider	Felony/Misdemeanor					
CONNECTICUT	C.G.S.A. § 19a-490q	Health care employer: Workplace safety committee; risk assessment; workplace violence prevention and response plan; adjustment to patient care assignment. Regulations	Health care employers		Establish and convene an ongoing workplace safety committee; develop and implement a written workplace violence prevention and response plan.	Yes			
	C.G.S.A. § 19a-490r, § 19a-490s	Health care employer: Records and report re incidents of workplace violence; report of assault or related offense to local law enforcement agency	Health care employers		Shall maintain records that detail incidents of workplace violence.	Include specific area or department of employer's premises where incident occurred.	Report annually to Department of Public Health the number of workplace violence incidents occurring on premises and specific area or department where incidents occurred. Report to local law enforcement.	Maintain records that detail incidents of workplace violence, including specific area or department.	
	C.G.S.A. § 53a-167c	Assault of public safety, emergency medical, public transit, or health care personnel	Emergency medical, health care personnel	Class C Felony					

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DELAWARE	19 Del.C. § 2379	Workplace safety program	General		Workers' Compensation—lower insurance premiums for qualifying employers, safe workplace credit if annual premium is \$3,161 or more.				
	19 Del.C. § 708	Special employment practices relating to health care and child care facilities	Health care facilities		Employer must obtain service letter(s) from persons seeking employment from current or most recent employer on a form provided by the Department of Labor documenting any reasonably substantiated incidents involving violence, threat of violence, abuse, or neglect.				
	19 Del. Admin. Code 1323	Special employment practices relating to health care and child care facilities	Health care facilities		Refers to 19 Del.C. § 708 requiring service letter, and also requires a registry search to ensure that employers are not hiring persons with a past history of violent behavior in the workplace.				
	16 Del.C. § 5402 (2018)	Duty of mental health services providers to take precautions against threatened patient violence; duty to warn	Mental health services provider		When a person may bring a cause of action against a mental health services provider; when duty is discharged as a matter of law.				
	11 Del. C. § 612, 613	Assault in the first, second degree	Emergency medical technician, paramedic, hospital security officer, ambulance operator, rescue squad member, licensed practical nurse, registered nurse, paramedic, licensed medical doctor, any other person while such person is rendering emergency medical care	Class B, Class D Felony					
	11 Del. C. § 601	Offensive touching; unclassified misdemeanor; class A misdemeanor	Hospital or nursing home employee, physician, medical professional, ambulance attendant, emergency medical technician, advanced emergency medical technician, paramedic	Class A Misdemeanor					
DISTRICT OF COLUMBIA	DC Code § 7-2415	Violence prevention, interruption, and response services	General		Supporting initiatives, programs, and interventions that aim to prevent, interrupt, or respond to violence in the District of Columbia.				
	DC Code § 23-1904b	Task Force on Hospital-Based Violence Intervention Programs	Hospitals		Beginning October 1, 2022, the Office of Victim Services and Justice Grants shall establish a Task Force on Hospital-Based Violence Intervention Programs to study nationally recognized best practices and develop recommendations.				

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DISTRICT OF COLUMBIA	DC Code § 23-1904c	Hospital-based violence intervention policy and training pilot	Hospitals		Office of Victim Services and Justice Grants shall, in fiscal year 2023-24, issue grants for pilot programs to develop evidence-based policies, protocols, and training for hospital staff, medical providers, and law enforcement to guide interactions when operating as part of a hospital-based violence intervention program.				Yes
	DC Code § 32-808	Employer to furnish safe place of employment, information required by Board, report of employees' injury or death, and record of employees	General		Every employer shall furnish a place of employment that shall be reasonably safe for employees; shall furnish and use safety devices and safeguards; and shall adopt and use practices, means, methods, operations, and processes that are reasonably safe and adequate.		Every employer shall submit to the Minimum Wage and Industrial Safety Board within 10 days from the date of any injury/death a duplicate copy of the report in 33 U.S.C. § 930.		
	D.C. Mun. Regs. Subt. 22-B, § 9004	Workplace Violence	District of Columbia Health and Hospitals Public Benefit Corporation		Procedures to prevent workplace violence		Yes		
	DC ST § 22-405	Assault on member of police force or fire department	Emergency medical technician, paramedic, intermediate paramedic, or other member of emergency medical services department	Misdemeanor/Felony					
FLORIDA	F.S.A. § 784.07	Assault or battery of law enforcement officers and other specified personnel	Emergency medical care provider, firefighter, hospital personnel	Misdemeanor/Felony					
	F.S.A. § 784.076	Battery on Health Services Personnel	Juveniles committed to or detained by the Department of Juvenile Justice upon a person who provides health services	Third-Degree Felony	"Health services" includes preventive, diagnostic, curative, or rehabilitative services and includes alcohol treatment, drug abuse treatment, and mental health services.				
GEORGIA	Ga. Code Ann., § 34-1-7	Temporary restraining order and injunction by employer to prohibit further violence at employee's workplace	General		Steps an employer can take if an employee has suffered unlawful violence or a credible threat of violence from any individual, carried out at the employee's workplace (temporary restraining order and injunction).				
	Ga. Code Ann., § 16-5-21, § 16-5-24	Aggravated assault, aggravated battery	Emergency health care worker or health care worker while on a hospital campus to perform official duties	Imprisonment for not less than three nor more than 20 years					
HAWAII	HRS 431:14A-117	Workplace safety and health programs	General (Insurers—Hawaii Employers' Mutual Insurance Company)		A company shall work with policyholders, health care providers, and employees to develop, implement, and monitor workplace safety and health and return-to-work programs. Programs shall include the development of a workplace accident and injury reduction plan that promotes safe working conditions.	A company shall promote safety programs to policyholders through programs and activities that may include (i) conducting studies for risk and hazard identification and assessments by safety and medical professionals, and (ii) inspecting work sites and investigating unsafe working conditions to promote job safety and eliminate hazards.			

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HAWAII	Haw. Admin. Rules (HAR) § 12-60-2	Safety and health programs	General—every employer		(1) Every employer shall comply with state laws, standards, and rules regarding a safe place of employment and safe practices and shall do everything reasonable and necessary to protect the life, safety, and health of employees. (2) Every employer shall provide safe work places and practices by the elimination/reduction of existing/potential hazards. Employers with more than 25 employees shall have a written safety and health program, eliminate/control all existing/potential hazards, etc.				Yes
	HRS § 707-711	Assault in the second degree	Emergency medical services provider in emergency room of hospital; person employed at state-operated or -contracted mental health facility; person engaged in performance of duty at health care facility	Class C Felony					
	HRS § 707-712.7	Assault against an emergency worker	General	Class B Felony					
IDAHO	I.C. § 18-915C	Battery against health care workers	Licensed, certified, registered to provide health care, or employee of hospital, medical clinic, medical practice	Imprisonment not to exceed three years					
	I.C. ST § 18-915	Assault or battery upon certain personnel—Punishment	Emergency medical services personnel	Battery with intent to commit serious felony—imprisonment not to exceed 25 years; any other crime—punishment doubled					
ILLINOIS	77 Ill. Adm. Code 250.445	Workplace Violence Prevention Program	Licensed hospitals that must also comply with the Health Care Violence Prevention Act		Each hospital shall create a workplace violence prevention plan that complies with OSHA's <i>Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers</i> . The workplace violence prevention plan shall include the following classification of workplace violence: (a) "Type 1 violence"—workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace with intent to commit a crime; (b) "Type 2"—workplace violence directed at employees by customers, clients, patients, students, inmates, visitors, or others accompanying a patient; (c) "Type 3"—workplace violence against an employee by present/former employee, supervisor, or manager; and (d) "Type 4"—workplace violence committed in the workplace by someone who does not work there but has been or is known to have had a personal relationship with an employee. The program shall also include measures to prevent sexual violence.	(3) worksite analysis and identification of potential hazards; (4) hazard prevention and control.		Yes	Yes

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ILLINOIS	210 ILCS 160/1 to 160/35 (2019) (former HB4100)	Health Care Violence Prevention Act	Health care providers and custodial agencies (not owners that lease space used by lessee to operate retail health care facility)		A health care provider shall create a workplace violence prevention plan that complies with OSHA's <i>Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers</i> . The workplace violence prevention plan shall include the following classification of workplace violence: (a) "Type 1 violence"—workplace violence committed by a person who has no legitimate business at work site and includes violent acts by anyone who enters workplace with intent to commit a crime; (b) "Type 2"—workplace violence directed at employees by customers, clients, patients, students, inmates, visitors, or others accompanying patient; (c) "Type 3"—workplace violence against an employee by a present/former employee, supervisor, or manager; and (d) "Type 4"—workplace violence committed in the workplace by someone who does not work there but has been or is known to have had a personal relationship with an employee. The plan shall also include management commitment and worker participation, including, but not limited to, nurses.	Worksite analysis and identification of potential hazards; hazard prevention and control.		Yes	Yes
	820 ILCS 275	Workplace Violence Prevention Act	General—employers		Employer's right to a workplace protection restraining order, employee notification, employer remedies, action, etc.				
	405 ILCS 90/15	Workplace Violence Plan	Health care workplace		(a) Every health care workplace must adopt and implement a plan to reasonably prevent and protect employees from violence. The plan must address security related to the following, as appropriate to a particular workplace, based on hazards identified in the assessment required under subsection (b): (1) physical attributes of the workplace; (2) staffing, including security; (3) personnel policies; (4) first aid and emergency procedures; (5) reporting of violent acts; and (6) employee education and training.	Before adopting the required plan required under subsection (a), a health care workplace must conduct a security and safety assessment to identify existing or potential hazards for violence and determine appropriate preventive action. These must include, but are not limited to, measure or frequency of, and identification of causes for and consequences of, violent acts during at least the preceding five years or the years for which records are available. (c) In adopting the plan, a health care workplace may consider any guidelines on workplace violence. (d) A plan must be appropriate to its setting, and a health care workplace can be flexible.	Yes	Yes	Yes
	720 ILCS 5/12-2	Aggravated assault	Emergency medical services personnel	Misdemeanor/ Felony					
	720 ILCS 5/12-3.05	Aggravated Battery	Emergency medical services personnel, nurse	Felony					

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INDIANA	IC 34-26-6-0 <i>et seq.</i>	Workplace Violence Restraining Orders	General—employers		Steps employers can take on behalf of employee to prohibit further violence/threats (restraining order or injunction).				
	IC 35-42-2-1	Battery	Public safety official (emergency medical services provider)	Felony/Misdemeanor					
IOWA	I.C.A. ST § 708.3A	Assaults on persons engaged in certain occupations	Health care provider, employee of the Department of Health and Human Services	Class D Felony/Aggravated Misdemeanor/Serious Misdemeanor					
	I.C.A. ST § 708.1	Assault defined	Health care professionals		Exception for health care professionals using lasers in the performance of official duties.				
	IA ADC 875-3.9	Imminent danger	General—any place of employment		When a compliance safety and health officer concludes that conditions or practices exist in any place of employment that could reasonably be expected to cause death or serious physical harm immediately, or before imminence of such danger can be eliminated, affected employees and employers shall be notified.				
KANSAS	K.S.A. 21-5413	Battery; aggravated battery; battery against certain persons; aggravated battery against certain persons	Mental health employee; health care provider	Felony (mental health employee); Class A Misdemeanor (health care provider)					
KENTUCKY	HB 194 (enacted)	An Act relating to workplace violence against health care workers	“Health care providers,” as defined in KRS 311.821, or other person employed by/ under contract with health clinic, doctor’s/dental office, long-term care facility, hospital, hospital-owned or affiliate outpatient facility, if event occurs in or on premises; paid or volunteer emergency medical services personnel (certified or licensed, while performing job-related duties)	Assault in the third degree is Class D Felony unless offense occurs during declared emergency arising from natural or manmade disaster (Class C Felony)					
	KRS § 216.703	Cabinet for Health and Family Services to establish guidelines for developing workplace safety assessment; cabinet to audit health facilities for compliance; standards for compliance	Health facilities		Cabinet shall develop and disperse to health facilities guidelines for developing workplace safety assessment; examples of workplace safety plans; and examples of workplace safety standards specific to preventing workplace violence against health care workers.		Beginning January 1, 2025, cabinet shall annually audit health facilities for compliance with KRS 216.701 to 216.709.		

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KENTUCKY	KRS § 216.705	Health facilities to develop and execute workplace safety assessment; requirements	Health facilities		A health facility shall create a workplace safety plan to address risks identified in workplace safety assessment. Appropriate representation from different types of health care workers. Annually review incidents from the previous year for patterns that indicate risk, annually review plan, and make any necessary adjustments.	A health facility shall develop and execute an annual workplace safety assessment to identify the risk of workplace violence against health care workers. The assessment shall outline strategies aimed at addressing security considerations and factors that may contribute to or present the risk of workplace violence, including, but not limited to, (a) physical attributes of health facility setting; (b) staffing; (c) job design, equipment, and facilities; (d) first aid and emergency procedures; (g) security risks associated with specific units, areas, shifts, security, etc.; (h) intervention procedures for providing assistance to a health care worker directly affected.			
	KRS § 216.707	Annual violence prevention training; guidelines; requirements; basic protective skills competency test for health care works	Health facilities		(1) Each health facility shall provide violence prevention training (2) within 90 days. (3) The training's method and frequency may vary. The training (4) may include, but not be limited to, interactive, hands-on, etc., training, and (5) shall address certain topics, based on hazards identified in the workplace safety assessment. (6) Health facilities shall develop/execute a basic protective skills competency test and shall develop hiring practices requiring applicants to demonstrate competency.	Trainings shall address the following topics as appropriate to the particular setting ... based on hazards identified in workplace safety assessment: (a) health facility's workplace safety plan, including general safety procedures; (b) behavioral predictors of violence; (c) violence escalation cycle; (d) de-escalation techniques; (e) strategies to prevent physical harm with hands-on practice/role-play; (f) response team processes; (g) proper application of restraints (h) process to document/report incidents; (i) debrief process for affected employees; and (j) resources available to employees.			Yes
	KRS § 216.709	Reporting system for acts of workplace violence; recordkeeping; procedures to follow up with and support victims of workplace violence	Health facilities		A health facility shall develop an internal reporting system for acts of workplace violence committed against a health care worker, patient, or visitor on the premises and shall train health care workers on the proper reporting procedure. A health facility shall maintain for five years records of reported acts of workplace violence committed against health care workers, patients, or visitors on the premises. The records shall include specific information, including a facility's name and address; the date/time/location of event; the name, title, department, and staff ID of the victim; a description of the victim, the perpetrator, the incident, injuries, weapons, and number of people in the vicinity; and the response. Facilities shall develop follow-up procedures for victims and support, including physical and mental health resources.		Yes	Yes	Yes
	KRS § 508.025 (eff. to July 2024)	Assault in the third degree	Health care provider, emergency medical services personnel	Misdemeanor/Felony					

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LOUISIANA	HB 592 (enacted)	To amend and reenact R.S. 40-2199.12(3), relative to health care workplace violence prevention; to require certain health care providers to implement workplace violence mitigation initiatives; and to provide for related matters.	Modifies definition of “regulated entity” to include any health care entity, such as a licensed health care facility, federally qualified health center, pharmacy, or health care provider’s office. No health care entity, with five or fewer licensed medical providers, such as a physician, physician assistant, advanced practice registered nurse, pharmacist, or dentist, shall be considered a regulated entity.						
	LSA-R.S. 14:38.5	Assault on emergency room personnel, emergency services personnel, or a health care professional	Emergency room personnel, emergency services personnel, health care professional	Fine/Imprisonment					
	LSA-R.S. § 34.8	Battery of emergency room personnel, emergency services personnel, or a health care professional	Emergency room personnel, emergency services personnel, health care professional	Fine/imprisonment					
	LA R.S. § 40:2199.11-19	Health care workplace violence prevention plans	“Regulated entities”—any licensed health care facility listed in R.S. 40:2006(A)(2), federally qualified health centers defined in R.S. 40:1185.3, certain pharmacies, and offices of a health care provider with five or more health care professionals treating patients		Regulated entities shall develop and maintain a workplace violence prevention plan that includes resources for ongoing education, prevention, incident response, and debriefing. Regulated entities must display signage indicating that abuse or violence against health care staff will not be tolerated and could result in a felony conviction under R.S. 14.38 (simple assault) or other applicable criminal laws.	A plan must address and encompass (a) personnel education, policies, and training; (b) the system for responding to and investigating violent incidents and situations involving violence; (c) the system for regularly, and not less than annually, assessing and improving upon factors that may contribute/help in preventing workplace violence. This system shall address (i) staffing; (ii) sufficiency of security systems; (iii) job design, equipment, and facilities; (iv) security risks. A regulated entity must make available to employees a written safety and security plan; shall orient permanent and temporary employees of the plan; and shall maintain the plan in effect at all times.	Yes	The department shall develop, publish, and maintain public information regarding the issue of health care workplace violence on website.	Yes
	La. Admin. Code tit. 48, Pt. 1, § 4603	Health Care Facility Sanctions, Definitions	Regulated entities		Failure by a regulated entity to develop a workplace violence prevention plan is a class C violation.	Yes	Yes	Yes	Yes
MAINE	39-A.M.R.S.A. § 104	Maine Workers’ Compensation Act—Insurance and self insurance—Liability of employer	All employers in the state are required to secure payment of compensation in conformity with this title.		An employer shall submit a workplace health and safety plan to the Department of Labor for review and comment, complete the elements of the plan, and notify the Department of Labor of its completion.				
	12-170 CMR Ch. 8, § C	Elements of an employer’s health and safety plan	General—employers		The employer shall submit a written occupational health and safety plan.	Yes			Yes

State	Citation/Date	Title	General Workplace Violence or Health-Related?	Criminalization of Assault—Health Care Workers?	Description of Plan/Other	Prevention Assessment?	Reporting?	Recordkeeping?	Training?
MAINE	22 M.R.S.A. § 1724	Criminal background checks	A facility or health care provider subject to certain licensing provisions		Direct contact with a consumer or consumer's property, information, or resources—comprehensive background check.				
	22 M.R.S.A. § 2137	Criminal background checks	Temporary nurse agencies		Direct contact with a consumer or consumer's property, information, or resources—comprehensive background check.				
	17 A.M.S.R.A. § 752-C	Assault on an emergency medical services person	Emergency medical services person	Class C Crime					
	17 A.M.S.R.A. § 752-F	Assault in an emergency room	Person employed or contracted by a hospital	Class C Crime					
MARYLAND	MD LABOR & EMPLOY § 5-1101 <i>et seq.</i>	2022 Maryland Statutes Labor and Employment Title 5 Occupational Safety and Health Subtitle 11 Health Care Facilities - Workplace Safety Program Section 5-1103 Workplace Safety Program	Health care facilities		A workplace safety committee shall establish a workplace safety program that is appropriate for the size and complexity of the health care facility. The program shall include a written policy describing how the health care facility provides for the safety of health care workers.	A health care facility shall conduct an annual assessment to (i) identify hazards, conditions, operations, and situations that could lead to workplace injuries, and (ii) be used to develop recommendations to reduce risk of workplace injuries.	A process for reporting, responding to, and tracking incidences of workplace injuries.	Yes	Yes
	MD LABOR & EMPLOY § 5-104	General duties of employers and employees	General		Employers shall provide employees with employment and a place of employment that is (1) safe and healthful and (2) free from recognized hazards causing/likely to cause death or serious physical harm.				
	Md. Cts. and Jud. Pro. § 3-1503	Peace Orders/Petitions (Workplace Violence Act)	Employers		Steps employer may take respecting acts against it or an employee at workplace (within 30 days).				
	MD CRIM LAW § 3-203	Assault in the second degree	Emergency medical technician, first responder providing emergency medical care or rescue services	Misdemeanor, assault in the second degree, imprisonment not exceeding 10 years or fine not exceeding \$2,500, or both					
	Md. Cts. and Jud. Pro. § 5-609	Mental health care providers or administrators	Mental health care providers, administrators		Cause of action/disciplinary action may not arise against any mental health care provider for failing to predict, warn, or take precautions regarding a patient's violent behavior, with exceptions.				
MASSACHUSETTS	M.G.L.A. 265 § 13i (2010)	Assault or assault and battery on emergency medical technician, ambulance operator, ambulance attendant, or health care provider	Emergency medical technician, ambulance operator, ambulance attendant, or health care provider	Imprisonment for not less than 90 days nor more than 2 1/2 years or a fine of not less than \$500 nor more than \$5,000, or both					

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MASSACHUSETTS	101 CMR 19:00 <i>et seq.</i>	Workplace Violence Prevention and Crisis Response Plan Requirements	Executive Office of Health and Human Services		All programs must develop and maintain a workplace violence prevention and crisis response plan using existing staff resources. Must contain a clear description of procedures for reporting, a system for centrally recording incidents, response measures, and more.	Yes	Yes	Yes	Yes
	MA ST 123 § 36B	Duty to warn patient's potential victims; cause of action	Licensed mental health professionals		No duty owed by a licensed mental health professional to take reasonable precautions to warn/protect victims of patient, with exceptions.				
MICHIGAN	M.C.L.A. 408.1011	Duties of employer	General—employers		An employer shall furnish to each employee employment and a place of employment free from recognized hazards causing, or likely to cause, death or serious physical harm to the employee.				
	M.C.L.A. 750.82	Felony assaults; penalties; signage regarding enhanced fine for assaults on health professionals	Health facility or agency, hospital, psychiatric hospital, health professional, medical volunteer	Felony	The operator of a health facility, agency, hospital, or psychiatric hospital shall post signage in a prominent and visible location that a person, other than a patient receiving treatment, who assaults a health professional or medical volunteer in violation of this section is subject to an enhanced fine, and that a patient receiving treatment who assaults a health professional or medical volunteer may still be subject to prosecution.				
	M.C.L.A. 750.81a, b, d	Assault and battery; penalties; prior convictions; signage regarding enhanced fine for assaults on health professionals	Health professionals, medical volunteers, emergency medical service personnel	Misdemeanor/Felony					
	MI ST 330.1946	Mental health professionals; duty to warn third parties; discharge of duty	Mental health professionals		Mental health professional does not have a duty to warn a third person of a threat of violence, with exceptions.				
MINNESOTA	M.S.A. § 144.566	Violence against health care workers	Health care workers		All hospitals must design and implement preparedness and incident response action plans to acts of violence and review and update plans at least annually. Such plans must be written; specific to workplace violence hazards and corrective measures for the units, services, operations of the hospital; and available to health care workers at all times. The plans shall be implemented with action plan committees and must include effective procedures to obtain the involvement of health care workers and representatives.	Plans must include assessment procedures to identify and evaluate workplace violence hazards; assessment tools, environmental checklists, or other effective means to identify workplace violence hazards; and procedures for reviewing all workplace violence incidents.	Yes	Yes	Yes

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MINNESOTA	M.S.A. § 148.975	Duty to warn; limitation on liability; violent behavior of patient	Psychologists		Conditions under which duty to predict/warn/take precautions of patient violence arises.				
	M.S.A. § 609.2231	Assault in the fourth degree	Emergency medical services personnel, physician, nurse, other person providing health care services in hospital emergency department. Also secure treatment facility personnel; public employees, including public health nurse.	Felony—imprisonment for not more than two years or payment of a fine of not more than \$4,000 or both; gross misdemeanor if public employee					
MISSISSIPPI	27 Miss. Admin. Code Pt. 120, R. 5.10	Mississippi State Employee Handbook—Workplace Violence	“Each appointing authority”		Each appointing authority must take appropriate steps to provide a safe workplace environment for employees that is free from violence. Employers must immediately respond to acts of violence, intentional damage to property, and acts of aggression or intimidation in the workplace. Any threat of workplace violence to employees or general public is strictly prohibited and should be immediately reported to agency management.				
	24 Miss. Admin. Code Pt. 2, R.13.9	Disaster Preparedness and Response	Mental health, intellectual/developmental disabilities, and substance use community service providers		Agency providers must develop and maintain an Emergency/Disaster Response/Continuity of Operations Plan for each facility/service location (regarding threatening situations, such as workplace violence).	Yes		Yes	Yes
	Miss. Code Ann. § 97-3-7	Simple and aggravated assault	Emergency medical personnel; health care provider; employees of health care provider or health care facility	Simple assault, a fine of not more than \$1,000 or imprisonment for not more than five years, or both. Aggravated assault, a fine of not more than \$5,000 or by imprisonment for not more than 30 years, or both					
MISSOURI	V.A.M.S. 574.203	Interference with health care facility, offense of—workplace violence, hospital duties—violation—penalty	Health care facilities, employees, hospitals providing health care services directly to patients	Class D Misdemeanor (first offense); Class C Misdemeanor for any subsequent offense	Causing a peace disturbance; refusing order to vacate a health care facility; or threatening to inflict injury on patients or employees or damage to the property of the health care facility. Hospital policies shall address incidents of workplace violence against employees, including protecting employees from retaliation when such employees comply with hospital policies in seeking assistance/intervention from local emergency services/law enforcement.				
	V.A.M.S. 565.050	Assault, first degree, penalty	“Special victims” under 565.002 (emergency personnel, firefighters, emergency room, hospital, or trauma center personnel, or emergency medical technician)	Class A Felony					

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MONTANA	MCA 39-2-221	Reporting of violence against health care employee	Health care employers		If a health care employee suffers an act of violence while on duty, the employer shall ensure that the employee and witnesses provide oral reports to the employer not later than 24 hours after the act of violence.	After the health care employer receives the oral report, the employer shall produce a written report that includes a detailed description of the act of violence and other information.	The health care employer shall retain a copy of the written report for five years and provide copies to the Department of Justice quarterly or on request by the Department of Justice.	Yes	
	MCA 27-1-1102, 1103	Duty to warn of violent behavior, Immunity from liability	Mental health professionals		Conditions under which a mental health professional has a duty to warn or take reasonable precautions to provide protection from violent behavior.				
NEBRASKA	Neb. Rev. Stat. 48-446	Workplace Safety Consultation Program	General—employers		All employers shall be subject to occupational safety and health inspections covering Nebraska operations.				
	Neb. Rev. Stat. 38-2137	Mental Health Practitioner; duty to warn of patient's threatened behavior; limitation on liability	Persons licensed/certified pursuant to Mental Health Practice Act or professional counselor under Licensed Professional Counselors Interstate Compact		No monetary liability and no cause of action for failing to warn of and protect from a patient's threatened violent behavior or failing to predict and warn, except when a patient has communicated a serious threat of physical violence against self or reasonably identifiable victim(s).				
	Neb. Rev. Stat. 28-929.01	Assault on officer, emergency responder, certain employees, or a health care professional in the first degree; penalty	Emergency responders, Department of Health and Human Services employee, "health care professional" (defined in 28-929.01)	First Degree, Class ID Felony					
	Neb. Rev. Stat. 28-929.02	Assault on a health care professional; hospital and health clinic; sign required	Hospitals, health clinics		Assaulting a health care professional is a serious crime that may be punishable as a felony.				
	Neb. Rev. Stat. 28-930	Assault on an officer, emergency responder, certain employees, or a health care professional in the second degree; penalty	Emergency responders, Department of Health and Human Services employee, "health care professional" (defined in 28-929.01)	Second Degree, Class II Felony					
	Neb. Rev. Stat. 28-931	Assault on an officer, emergency responder, certain employees, or a health care professional in the third degree; penalty	Emergency responders, Department of Health and Human Services employee, "health care professional" (defined in 28-929.01)	Third Degree, Class IIIA Felony					

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NEVADA	N.R.S. 613.7301 to 618.7318	Workplace Violence at Medical Facilities	Medical facilities		618.7312 Medical facility required to establish committee on workplace safety and develop plan relating to workplace violence; contents of plan.	Develop and maintain a plan with specific factors: procedures that meet requirements of NRS 618.7314 for responding to and investigating incidents of workplace violence; procedures that meet requirements of NRS 618.7317 for assessing and responding to situations that create potential for workplace violence; procedures for correcting hazards that increase risk of workplace violence; procedures for obtaining assistance from security guards or public safety agencies; procedures for responding to active shooter or mass casualties; procedures for annually assessing effectiveness of the plan. NRS 618.7314 lists requirements for procedures relating to response and investigation, and NRS 618.7315 lists the duties of a medical facility.	Yes	Yes	Yes
	NAC R044-20 § 3,4,5,6	Section 3, 4, 5,6 of LCB File No. R044-20	Medical facilities		Medical facility regulations relating to 618.7312 plans.	Yes	Yes	Yes	
	N.R.S. 200.471	Assault: Definitions; penalties	Provider of health care	Gross Misdemeanor/ Felony					
	N.R.S. 200.481	Battery: Definitions; penalties	Provider of health care	Gross Misdemeanor/ Felony					
NEW HAMPSHIRE	N.H. Rev. Stat. § 277-C	Health Care Workplace Violence Prevention Program	Health facilities		Health facilities shall implement and maintain a workplace violence prevention plan; (a) Policies and procedures to prevent and respond to workplace violence and hostile words.	Shall consider size and complexity of health facility and have process to conduct annual facility-specific risk assessment.	Yes	Yes	Yes
NEW JERSEY	N.J.S.A. 2C:12-1	Assault	Persons engaged in emergency first aid/medical services, health care workers, health care professionals, direct care workers at state or county psychiatric hospital, state developmental center or veterans home, with exceptions	Aggravated Assault					
	N.J.S.A. 26:2H-5.23a	Written notice; assault of health care worker; health care facility to display	Health care facility		Health care facilities shall display a written notice in a conspicuous public location to the effect that it is a crime to assault health care professionals, volunteers, staff members, employees.				

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NEW JERSEY	N.J.S.A. 26:2H-5:17 <i>et seq.</i>	Violence Prevention in Health Care Facilities Act: Creation and implementation of violence prevention program; program contents; violence prevention committee and plan; annual training; record of violent acts	Covered health care facilities, health care workers		Covered health care facilities shall establish violence prevention programs to protect health care workers. Such a program shall contain requirements set forth in this section, including that a violence prevention committee shall develop and maintain a detailed written violence prevention plan that identifies risks and specific methods to address them.	Such a plan shall, at a minimum, provide an annual comprehensive violence risk assessment that considers layout, access restrictions, crime rate in the area, lighting, alarms, staffing, security personnel, presence of individuals who may pose a risk, review of any records relating to violent incidents. Identify policies, specify methods to reduce risks, and more.	Yes	Yes	Yes
	N.J.S.A. 26:2:198	Hospital-Based Violence Intervention Program Initiative	Hospitals		Commissioner of Health to establish the Hospital-Based Violence Intervention Program Initiative.				
	N.J.A.C. 8:43E-11.1 <i>et seq.</i>	Violence Prevention in Health Care Facilities	Health care facilities		Regulations surrounding health care facility violence prevention program, written violence prevention plan, risk assessment, reduction of risks, etc.	Yes	Yes	Yes	Yes
NEW MEXICO	N.M.S.A. 1978 § 30-3.9.2	Assault; battery; health care personnel	Health care workers	Aggravated assault, Third Degree Felony; Assault with intent to commit violent felony, Second Degree Felony; Battery, Fourth Degree Felony; Aggravated Battery, Third, Fourth Degree Felony					
NEW YORK	NY LABOR § 27-b	Duty of public employers to develop and implement programs to prevent workplace violence	General—public employers with at least 20 full-time permanent employees		Written workplace violence prevention plan, including a list of risk factors, methods the employer will use to prevent assaults and homicides, including, but not limited to, making high-risk areas more visible, installing lighting, providing training, establishing/implementing reporting systems for incidents of aggressive behavior.	Yes	Commissioner inspections upon notice and request to commissioner.		Yes
	12 NYCRR 800.6	Public employer workplace violence prevention programs	General—public employers with at least 20 full-time permanent employees		Regulations pursuant to NY LABOR § 27-b.	Yes	Yes	Yes	Yes
	NY PENAL § 120.05	Assault in the second degree	List of health care professionals, including nurses, paramedics, emergency medical technicians, hospital emergency department, employees providing direct patient care in a number of facilities	Class D Felony					
	NY PENAL § 120.08	Assault on a peace officer, police officer, firefighter, or emergency medical services professional	Emergency medical services professional	Class C Felony					

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NORTH CAROLINA	N.C.G.S.A. § 95-260	Article 23. Workplace Violence Prevention (§ 95-260 to § 95-271)	General—employers		Employers may file civil no-contact orders on behalf of an employee who has suffered unlawful conduct from any individual at the workplace.				
	N.C.G.S.A. § 131E-88.2 (eff. 10/1/2024)	Hospital Violence Protection Act	Reports		Department of Health and Human Services to collect data from hospitals annually regarding workplace violence.		Yes	Yes	
	N.C.G.S.A. § 131E-88 (eff. 10/1/2024)	Hospital Violence Protection Act	Licensed hospitals with emergency departments		Hospitals with emergency departments shall conduct a security risk assessment and develop and implement a security plan with protocols to ensure that at least one law enforcement officer is present at all times, with exceptions.	Yes	Yes		Yes
	N.C.G.S.A. § 14-34.6	Assault or affray on a firefighter, an emergency medical technician, medical responder, and medical practice and hospital personnel	Emergency medical technician, medical responder, and medical practice and hospital personnel	Felony					
NORTH DAKOTA	NDCC, 12.1-17-01	Simple assault	Employee of state hospital, emergency medical services personnel	Class C Felony					
OHIO	OH ST § 4101.11, R.C. § 4101.11	Duty of employer to protect employees and frequenters	General—every employer		Every employer shall furnish employment that is safe for employees/frequenters, shall furnish and use safety devices and safeguards, shall adopt and use methods and practices, and shall do every other thing reasonably necessary to protect life, health, safety, and welfare.				
	OH ST § 2903.13, R.C. § 2903.13	Assault	Emergency medical service; emergency service responder; health care professional of a hospital, health care worker of a hospital, security officer of a hospital	Emergency service responder, Felony in the Fourth Degree; hospital employee, Misdemeanor or Felony	If the offender previously has been convicted of or pleaded guilty to one or more assault/homicide offenses committed against hospital personnel, the assault is a felony of the fifth degree.				
OKLAHOMA	74 Okl. St. Ann. § 840-2.10(a)	Violent or traumatic workplace events—debriefing and counseling services	State employees		State agencies shall provide, or contract to provide through the State Employee Assistance Program, debriefing and counseling services for state employees who are involved in, witness, or are otherwise exposed to violent or traumatic event in workplace.				
	21 Okl. St. Ann. § 650.4	Assault and battery upon medical care provider	Medical care provider	Felony					

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OREGON	O.R.S. § 654.414	Health care employer; duties; assessment; assault prevention training	Health care employer		A health care employer shall develop and implement an assault prevention and protection program for employees based on assessments conducted under paragraph (a)(3). The employer shall assess security considerations related to physical attributes of setting; staffing plans, including security; personnel policies; first aid and emergency procedures; procedures for reporting assaults; and education and training for employees. The employer shall review the program at least once every two years.	The assessment shall include, but need not be limited to, (a) a measure of the frequency of assaults committed against employees on the premises of a health care employer or in the home of a patient receiving home health care services during the preceding five years, or for the years that records are available if fewer than five years of records are available; (b) an identification of the causes and consequences of assaults against employees.			(4)(a) Assault prevention and protection training shall address general safety and personal safety procedures; escalation cycles for assaultive behaviors; factors that predict assaultive behaviors; techniques for obtaining medical history from a patient with assaultive behavior; techniques to de-escalate and minimize assaultive behaviors; strategies for avoiding physical harm and minimizing use of restraints; restraint techniques; self-defense; procedures for documenting and reporting incidents; programs for post-incident counseling and follow-up; resources available to employees; and health care employer's workplace assault prevention and protection program. The health care employer shall provide training to new employee within 90 days of hiring—may use classes, video, brochures, etc.
	OAR 437-001-0765	Safety Committees and Safety Meetings (Rules for Administration of Oregon Safe Employment Act)	Public or private employers subject to Oregon OSHA jurisdiction, with exceptions		Employers are required to establish and administer a safety committee or hold safety meetings to communicate safety and health issues. The committee must have at least two members for 20 or fewer employees; more than 20 employees must have at least four members. There shall be an equal number of employer-selected members and employee-elected or volunteer members (or more of the latter if both parties agree). A majority of committee must agree on a chairperson. Committee members must serve a minimum of one year. The committee shall meet quarterly or monthly. Safety meetings must include all available employees, at least one employer representative.	The committee must establish procedures for conducting workplace safety and health inspections. The committee must work with management to establish, amend, or adopt accident investigation procedures to identify/correct hazards. Safety meetings must include discussions of safety/health issues, accident investigations, causes, suggested corrective measures.	The committee must have a system that allows employees an opportunity to report hazards and safety/health-related suggestions; establish procedures for reviewing inspection reports and for making recommendations to management; and evaluate all accident and related investigations and make recommendations for ways to prevent similar events from occurring.	The committee must keep written records of safety committee meetings for three years that include names of attendees; meeting date; all safety and health issues discussed; recommendations for corrective action by a reasonable date; the person responsible for follow-up; and all reports, evaluations, and recommendations made by committee. The committee shall make its meeting minutes available for all employees to review. Safety meetings: certain entities must keep written record of each meeting that includes hazards, dates, names.	

State	Citation/Date	Title	General Workplace Violence or Health-Related?	Criminalization of Assault—Health Care Workers?	Description of Plan/Other	Prevention Assessment?	Reporting?	Recordkeeping?	Training?
OREGON	OAR 437-001-0706	Recordkeeping for Health Care Assaults	Health care employers (hospitals and ambulatory surgical centers) and home health care services provided by health care employers				Health care employers must meet general recordkeeping requirements in OAR 437-001-0700, Recordkeeping and Reporting; must also use Health Care Assault Log, or equivalent, to record assaults (ORS 654.412 through 654.423). The following sections of OAR 437-001-0700 apply to health care assault recordkeeping and reporting: Section (6) Work-Relatedness; Section (14)(b) Forms; Section (15) Multiple Business Establishments; Section (16) Covered Employees; Section (19) Change of Business Ownership.	See ORS 654.412 through 654.423 for details required to be recorded.	
	O.R.S. § 654.416	Record of assaults; contents; retention; summarizing report; common recording form	Health care employers		Health care employers shall maintain records of assaults committed against employees that occur on premises of health care employers or in home of patient receiving home health care services. Records shall include name/address of premises, date, time, specific location of assault; name, job title, department or ward assignment of employee assaulted; description of person committing assault (patient, visitor, employee, other); description of assaultive behavior (four categories); physical injury; weapon; number of employees in immediate area; description of actions taken.		Upon request of an employee or workplace safety committee conducting review pursuant to O.R.S. 654.414, a health care employer shall generate or make available to the requesting party a report summarizing the information required under subsection (1) and information regarding work-related injuries and illnesses recorded by the health care employer to comply with applicable federal health/safety recordkeeping requirements. The report may not include personally identifiable information and may be used only for purposes of conducting review of assault prevention and protection program under O.R.S. 654.414 or for other purposes that are related to improving the program.	The health care employer shall maintain the record of assaults described in subsection (1) for no fewer than five years following the reported assault.	
	O.R.S. § 654.418	Assistance or protection to health care employee during treatment of a patient	Health care employers		If a health care employer directs an employee who has been assaulted by a patient on the premises of the employer to provide further treatment to the patient, the employee may request that a second employee accompany them when treating the patient. If the health care employer declines the employee's request, the health care employer may not require the employee to treat the patient.				

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OREGON	O.R.S. § 654.423	Physical self-defense used by health care employee; imposition of sanctions; exceptions	Health care employers		A health care employer may not impose sanctions against employee who used physical force in self-defense against assault if the health care employer finds employee was acting in self-defense in response to use/imminent use of physical force; used an amount reasonably necessary to protect employee/third person; and used least restrictive procedures necessary, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer.				
	O.R.S. § 163.165	Assault in the third degree		Class C Felony	Intentionally, knowingly, or recklessly causes physical injury to emergency medical services provider performing official duties.				
PENNSYLVANIA	34 Pa. Code § 129.1 et seq.	Workers' Compensation Health and Safety, Accident and Illness Prevention Programs, Workplace Safety Committees	General		§ 129.402: Individual Self-Insured Employer's Accident and Illness Prevention Program. § 129.1001: Certification criteria for operation of workplace safety committees established for accident and illness prevention.	The program shall include a safety policy statement, program coordinator, assignment of responsibilities, goals and objectives, methods for identifying and evaluating hazards and developing corrective actions for mitigation, etc.	Yes	Yes	Yes
	18 Pa. C.S.A. § 2702	Aggravated assault	Emergency medical services personnel, psychiatric aide, health care practitioner or technician	Felony					
RHODE ISLAND	R.I. Gen. Laws 1956 § 23-17.28	Hospital Workplace Violence Protection Act	Hospitals		§ 23-17.28-5 Safety assessments. (a) (1) All licensed hospitals shall create workplace safety committee to conduct periodic security and safety assessments to identify existing/potential hazards for assaults against employees; (2) develop and implement assault prevention and protection program for employees based on assessments conducted under subsection (a)(1). At least once every two years, hospital shall establish, in coordination with safety committee, process by which committee shall review hospital's assault prevention and protection program developed and implemented under (a)(2).	§ 23.17.28-5: Safety Assessments. (b) Assessment conducted under subsection (a)(1) shall include (1) keeping track of frequency of assaults committed against employees on the premises and (2) identifying causes and consequences of assaults against employees. (c) An assault prevention and protection program shall be based on assessment and shall address security considerations related to (1) physical attributes of hospital setting; (2) staffing plans, including security staffing; (3) personnel policies; (4) first aid and emergency procedures; (5) procedures for reporting assaults; and (6) education and training for employees.	Yes	Yes	Yes
	R.I. Gen. Laws 1956 § 28-52	Workplace violence protection: (steps an employer, employee, or invitee may take if they have suffered unlawful violence, received a threat of violence, or been stalked or harassed at the worksite)	General						
	R.I. Gen. Laws 1956 § 11-5-16	Assault of health care providers or emergency services medical personnel	Health care provider, emergency medical services personnel	Felony					

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SOUTH CAROLINA	SC Code 1976 § 44-61-80	Emergency medical technician certificate; ... misconduct	Emergency medical technician		Contains provisions regarding EMT abuse/assault on vulnerable adults/residents of health care facilities.				
	SDCL § 22-18-1.05	Simple or aggravated assault against law enforcement officer ... ambulance personnel ... health care personnel, or other public officer	Ambulance personnel, health care personnel, or other public officer	Class 6, Class 2 Felony					
TENNESSEE	T.C.A. § 20-14-101	Violence in the Workplace	General		Procedures to obtain a temporary restraining order and injunction; duties of employer, etc.				
	T.C.A. § 39-13-101, 102	Assault, aggravated assault	Health care providers	Felony	§ 39-13-101 defines health care provider; 39-13-102 discusses health care workers in sentencing enhancement, health care providers.				
	T.C.A. § 39-13-116	Assault or aggravated assault against a first responder or nurse	First responder, nurse	Class A Misdemeanor or Class C Felony	Class C Felony if aggravated assault against first responder/nurse in official duties if knowingly assaults resulting in serious bodily injury, death; involved use or display of deadly weapon; or involved strangulation/attempted strangulation.				
TEXAS	V.T.C.A., Health and Safety Code § 331.002	Workplace Violence Prevention Committee	"Facility": Defined in 331.001 as certain home and community support services agencies; hospitals; nursing facilities; ambulatory surgical centers, freestanding emergency medical care facilities; mental hospitals		A facility shall establish a workplace violence prevention committee or authorize an existing facility in accordance with 331.002 to develop a workplace violence prevention plan required under 331.004. A health care system that owns/operates more than one facility may establish a single committee if (1) the committee develops a workplace violence prevention plan for implementation at each facility and (2) data related to violence prevention remains identifiable for each facility.				
	V.T.C.A., Health and Safety Code § 331.003	Workplace Violence Prevention Policy	Facility		A facility shall adopt, implement, enforce written workplace violence prevention plan to protect health care providers and employees from violent behavior and threats of violent behavior occurring at facility.	Policy must (1) require facility to (a) provide significant consideration of violence prevention plan recommended by facility's committee and (b) evaluate any existing facility violence prevention plan; (2) encourage health care providers and employees of facility to provide info on workplace violence to committee; (3) include process to protect from retaliation facility health care providers/employees who provide information to committee; and (4) comply with commission rules relating to workplace violence.			

State	Citation/Date	Title	General Workplace Violence or Health-Related?	Criminalization of Assault—Health Care Workers?	Description of Plan/Other	Prevention Assessment?	Reporting?	Recordkeeping?	Training?
TEXAS	V.T.C.A., Health and Safety Code § 331.004	Workplace Violence Prevention Plan	Facility		A facility shall adopt, implement, enforce a written workplace violence prevention plan to protect health care providers and employees from violent behavior and threats of violent behavior occurring at the facility.	Plan must (1) be based on practice setting; (2) adopt definition of workplace violence that includes (a) an act or threat of force against a health care provider or employee that results in, or is likely to result in, physical injury/psychological trauma; (b) incident involving firearm or other dangerous weapon, regardless of whether a health care provider or employee is injured; (3) require the facility to provide annual training; (4) prescribe system for responding to and investigating violent incidents or potentially violent incidents at facility; (5) address physical security and safety.	Yes		Yes
	V.T.C.A., Health and Safety Code § 31.005	Responding to Incident of Workplace Violence	Facility		(a) Following an incident of workplace violence, a facility shall offer immediate post-incident services, including necessary acute medical treatment for each health care provider or employee directly involved.	Facility may not discourage a health care provider or employee from exercising their right to contact or file report with law enforcement regarding incident. A person may not discipline, discriminate against, or retaliate against another who (1) in good faith reports an incident or (2) advises a health care provider or employee of the provider's or employee's right to report an incident.			
	V.T.C.A., Penal Code § 22.01	Assault	Hospital personnel, emergency medical services personnel	Misdemeanor/Felony					
UTAH	U.C.A. 1953 § 78B-7-1101 <i>et seq.</i>	Workplace Violence Protective Orders; petition for a workplace violence protective order—notice to known targets of workplace violence	Employers, employees		An employer may seek a protective order if it reasonably believes workplace violence has occurred against the employer or an employee. If an employer has knowledge that a specific individual is the target of workplace violence, the employer shall make a good-faith effort to notify the targeted individual that the employer is seeking a workplace violence protective order.				
	U.C.A. 1953 § 76-5-102.7	Assault or threat of violence against a health care provider, emergency medical service worker, or health facility employee, owner, or contractor	Health care providers; emergency medical service workers; health facility employee, owner, contractor	Class A Misdemeanor; Third Degree Felony if actor (1) causes substantial bodily injury and (2) acts intentionally/ knowingly	Assault generally if (1) actor is not a prisoner or detained individual; (2) actor commits assault or threat of violence; (3) actor knew victim was a health care provider, emergency medical service worker, or health facility employee; (4) victim was performing emergency/ lifesaving duties within scope of authority or acting within scope of duties				

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VERMONT	33 V.S.A. § 8201	Safety policies for employees delivering direct social or mental health services	Direct social or mental health services/providers		The Secretary of Human Services shall establish and maintain a written workplace violence prevention and crisis response policy that meets or exceeds the requirements of this chapter for benefit of employees delivering direct social or mental health services. The Secretary shall ensure that agency's contracts with providers whose employees deliver direct social or mental health services include the same requirement.	The written workplace violence prevention and crisis response policy prepared with input from employees delivering direct social or mental health services shall include measures the provider intends to take to respond to an incident or threat of workplace violence against an employee delivering direct social or mental health services, and development and maintenance of violence prevention and crisis response committee that includes employees. The written policy shall be evaluated annually and updated as necessary.		The policy shall include a system for centrally recording all incidents or credible threats of workplace violence against employee delivering direct social/mental health services.	The policy shall include (3) training program to educate employees delivering direct social/mental health services about workplace violence and ways to reduce risks.
	18 V.S.A. § 7114	Safety policies for employees delivering direct social or mental health services	Direct social or mental health services/providers		The Secretary of Human Services shall establish and maintain a workplace violence prevention and crisis response policy for the benefit of employees delivering direct social or mental health services pursuant to 33 V.S.A. § 8201. The Secretary shall ensure that the agency's contracts with providers described in 33 V.S.A. § 8201(a)(2) require the providers to establish and maintain a written workplace violence prevention and crisis response policy for the benefit of employees delivering direct social or mental health services pursuant to 33 V.S.A. § 8201.				
	18 V.S.A. § 1882	Disclosures of protected health information to avert a serious risk of danger	Mental health professionals		Duty of mental health professionals when patient poses a serious risk of danger to an identifiable victim.				
	13 V.S.A. § 1028	Assault of protected professional; assault with bodily fluids	Health care worker; emergency medical personnel	First offense, imprisonment not more than one year; second and subsequent offenses, not more than 10 years	A person convicted of a simple/aggravated assault against a protected professional performing a lawful duty, or with intent to prevent protected professional from performing lawful duty, shall, for the first offence, be imprisoned not more than one year, and for the second and subsequent offenses, not more than 10 years. "Protected professional" means health care worker; an employee, contractor, or grantee of the Department for Children and Families; or any emergency medical personnel defined in 24 V.S.A. § 2651(6).				
VIRGINIA	Va. Code Ann. § 9.1-116.6	Virginia Gun Violence Intervention and Prevention Fund; purpose; guidelines	Hospitals		A fund shall be administered by the Department of Criminal Justice Services, which shall adopt guidelines to make funds available to agencies of local government, community-based organizations and hospitals to support evidence-informed gun violence intervention and prevention efforts, including street outreach, hospital-based violence intervention, and group violence intervention programs.				

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VIRGINIA	Va. Code Ann. § 54.1-2400.6	Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against ... health professionals	Hospitals, other health care institutions, home health and hospice organizations, assisted living facilities		Includes unprofessional conduct; intentional or negligent conduct that causes or is likely to cause injury to a patient or patients.				
	Va. Code Ann. § 32.1-125.4	Retaliation or discrimination against complainants	Hospitals		No hospital may retaliate or discriminate against any person who complains, provides information to, or cooperates with a government agency having responsibility for protecting the rights of patients of hospitals.				
	Va. Code Ann. § 18.2-57 (2023), as amended by 2024 Virginia Laws Ch. 266 (HB 18)(Virginia Human Rights Act)	Assault and battery; penalty	Health care provider, emergency medical services personnel	Battery on health care provider, Class 1 Misdemeanor; assault/battery on emergency medical services personnel, Class 6 Felony					
WASHINGTON	RCW § 49.19.020	Workplace violence plan—security and safety assessment	Health care setting		Every three years, a health care setting shall develop and implement a plan to protect employees from violence at the setting. The committee must develop, implement, and monitor progress on the plan and must be composed of 50 percent of employee-selected members.	The plan shall outline strategies addressing security considerations and factors contributing to or preventing the risk of violence, including, but not limited to, security systems; staffing, including staffing patterns, patient classifications, and procedures to mitigate lone employees in high-risk areas; job design, equipment, and facilities; first aid and emergency procedures; reporting of violent acts; employee education/training and implementation strategy; security risks; processes to assist affected employees. Annual review/adjustment.			
	WAC 296-800-13020	Establish and conduct safety committees	11 or more employees on the same shift at the same location must establish a safety committee.		The committee must have employee-elected and employer-selected members, the end number of employee-elected members must equal or exceed the number of employer-selected members. The term of elected members is one year maximum. The committee must have an elected chairperson.	The committee must review safety/health inspection reports to correct safety hazards, evaluate accident investigations, evaluate workplace accident/illness prevention program, document attendance, and write down subjects.		The committee must record meetings, prepare minutes from each safety committee, preserve them for one year, and make them available for review by safety/health consultation personnel of Department of Labor and Industries.	
	WAC 296-800-13025 (2018)	Follow these rules to conduct safety meetings	May conduct safety meetings instead of a safety committee if (1) 10 or fewer employees; 11 or more employees but work on different shifts with 10 or fewer employees on each shift; work in widely separate locations with 10 or fewer employees at each location		Safety meetings held at least monthly; at least one management representative.	The safety committee must (a) review safety and health inspection reports to help correct hazards; (b) evaluate accident investigations conducted since the last meeting to determine if the cause(s) have been identified/corrected; (c) evaluate the workplace accident and illness prevention program, discuss recommendations for improvement; document attendance; (e) write down the subjects discussed.		No formal documentation requirements for safety meetings except writing down who attended and the topics discussed.	

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WASHINGTON	RCW § 49.19.030	Violence Prevention Training	Health care settings			On a regular basis, as set forth in the plan developed under RCW 49.19.020, each health care setting shall provide violence prevention training to all applicable employees, volunteers, and contracted security personnel, as determined by the plan.			Yes
	RCW § 49.19.040	Violent Acts—Records	Health care settings			Each health care setting shall keep a record of any violent act against an employee, patient, or visitor occurring at the setting.		Kept at least five years following act reported, available for inspection upon request.	
	RCW § 9A.36.031	Assault in the third degree	Nurse, physician, health care provider performing duties at time of assault	Class C Felony					
WEST VIRGINIA	W. Va. Code St. R. § 42-15-5	West Virginia Occupational Safety and Health Act—Duties of Employers and Employees	Employers		Employer shall furnish to each employee employment and a place of employment free from recognized hazards causing or likely to cause death or serious physical harm; comply with all safety and health standards as adopted by this rule; and comply with all orders and directives issued by the commissioner.		The employer shall notify the commissioner within eight hours of any workplace fatality and any single accident that requires emergency room treatment or hospitalization of three or more employees. Employees must immediately notify the employer of any known safety and health hazard or other violation of safety and health standards.	The employer shall maintain records of occupational injuries and illnesses in accordance with the requirements of 29 CFR §§ 1900-1999 and shall keep a written record of employee notifications for a period of not less than two years.	Yes
	W. Va. Code § 61-2-10b (2017)	Malicious assault; unlawful assault; battery; and assault on health care providers; definitions; penalties	Health care workers (nurse, nurse practitioners, physician, etc.)	Felony					
WISCONSIN	W.S.A. § 101.11	Employer's duty to furnish safe employment and place	General—employers		Every employer shall furnish employment that shall be safe for the employees.				
	W.S.A. 940.204 (2022)	Battery or threat to health care providers and staff	Health care providers, persons who work in a health care facility	Class H Felony					
WYOMING	W.S. 1977 § 27-11-105	Occupational health and safety commission; powers and duties of commission and department	General—employers		Each employer shall furnish to employees a place of employment and employment free from recognized hazards that are causing or that are likely to cause death or serious physical harm.				