VIOLENCE IN THE EMERGENCY CARE SETTING

Workplace violence is a serious occupational risk for the emergency nursing workforce and has been recognized as a violent crime that requires targeted responses from employers, law enforcement, and the community. Workplace violence can be defined as an act of aggression, physical assault, emotional or verbal abuse, coercive or threatening behavior that occurs in a work setting and causes physical or emotional harm. The health care industry leads all other sectors in the incidence of nonfatal workplace assaults, and the emergency department is a particularly vulnerable setting. A significant amount of workplace violence is preventable. Workplace violence prevention programs should include leadership’s commitment and employee involvement, worksite analysis of existing or potential hazards for workplace violence, measures for violence prevention and control, safety and training for staff, and record keeping and program evaluation to determine program evaluation. Health care organizations must take preventive measures to circumvent workplace violence and ensure the safety of all health care workers, their patients, and visitors.

It is the position of the Emergency Nurses Association that:

1. The risk of workplace violence is a significant occupational hazard facing emergency nurses. Health care organizations have a responsibility to provide a safe and secure environment for their employees and the public.

2. Lack of a violence prevention program is associated with an increased assault risk in hospitals. Health care organizations should implement an interdisciplinary approach to establish a workplace violence prevention program. Emergency nurses should play an integral role in all aspects of violence prevention planning and monitoring. Prevention strategies for reducing exposure to violence risk should include environmental designs to provide a safe workplace, administrative controls to ensure safe staffing patterns and adequate security measures, and training workers to recognize and manage potential assaults.

3. Emergency nurses have the responsibility to report incidents of violence and abuse to their employer, without fear of reprisal, as well as the right to report incidents to local law enforcement authorities and pursue legal action. Procedures for reporting violent incidents should be clear and consistent.

4. Health care organizations support a “zero tolerance” policy for workplace violence. Health care organizations should provide safety training programs specific to the emergency setting for health care workers to recognize, mitigate, avoid, and defuse potential violent situations.

5. Health care organizations should provide professional debriefing and medical care for employees exposed to workplace violence with the option of obtaining further counseling.
6. Emergency departments should have trained and equipped security personnel and structural/environmental controls to provide adequate and appropriate barriers against acts of violence.

7. Legislation that mandates and regulates safety standards and controls for workplace violence prevention should be strengthened and supported.

8. Stronger legislation to protect emergency nurses that have been victims of workplace violence helps to reinforce the standard that violence is not part of the job. Felony legislation and penalties for workplace violence, including assault or battery against emergency nurses and their health care colleagues, should be strengthened and supported in every state.

9. Emergency nurses should be involved in research that increases understanding of workplace violence as it relates to the emergency department and identifies effective workplace safety measures and strategies needed to prevent and mitigate violent incidents.

Resources


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