



CMS and Joint Commission Requirements to Prevent Workplace Violence in Hospitals

Dec. 8, 2022

The Centers for Medicare and Medicaid Services and the Joint Commission have requirements for hospitals and critical access hospitals to address workplace violence prevention to protect patients and staff. These regulations are a condition of participation in Medicare and Medicaid for hospitals.

The requirements are similar to guidance from the Occupational Safety and Health Administration but are less specific and do not require input from frontline workers. While the CMS and Joint Commission rules do not provide the step-by-step assistance that OSHA's guidance does, they are mandatory and enforceable, providing unions with an excellent opportunity to engage with the employer to bargain for a strong comprehensive workplace violence prevention program.

AFT Nurses and Health Professionals continues to press OSHA to complete the enforceable workplace violence prevention standard, but progress on the standard has stalled. The U.S. House of Representatives has passed a bill twice that would require OSHA to issue a standard within a year, but the bill has not advanced in the Senate. AFT NHP will continue to use every pathway possible to get a federal standard. In the meantime, the CMS and Joint Commission standards offer union locals tools to hold hospital employers accountable.

Centers for Medicare and Medicaid Services Regulation

On Nov. 28, 2022, CMS issued a memo to state survey agency directors (state departments of health) referencing an existing condition of participation regulation [§482.13(c)(2)] requiring hospital employers to provide patients and staff with an environment safe from violence.

Under this regulation, CMS asserts:

- Healthcare workers have a right to work in a safe environment. CMS requirements “do not preclude healthcare workers from taking appropriate action to protect themselves from workplace violence.”
- Employers must provide “adequate training, sufficient staffing levels, and ongoing assessment of patients and residents for aggressive behavior.”
- All hospitals are expected to implement a patient risk assessment and mitigation strategy.
- Hospitals must provide education and training at orientation and whenever policies and procedures change. CMS recommends ongoing training at least every two years. Employers may tailor training for staff based on the patient population.

CMS has cited hospitals previously for systemic failures to provide a safe environment, including cases resulting in sexual assault of a nurse by a patient and patient fatalities after improper holds.

Link to the memo: [QSO-23-04-Hospitals](#)

Joint Commission Standards

New workplace violence prevention standards went into effect on Jan. 1, 2022, for all accredited hospitals and critical access hospitals. The definition of workplace violence is comprehensive:

An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.

Employers must create structured workplace violence prevention programs to meet accreditation requirements, including developing reporting systems, gathering and analyzing data and incidents of workplace violence, training leaders and staff to recognize and report incidents of workplace violence and how to respond, and creating a response program to provide support to victims and witnesses.

Accredited hospitals and critical access hospitals must implement these standards:

Standard EC.02.01.01: The hospital manages safety and security risks.

- EP17: The hospital conducts an annual work-site analysis, including a proactive analysis of the work site, investigation of workplace violence incidents, and evaluation of whether current policies and procedures, training, education and environmental design meet best practices and conform to laws and regulations.
- The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based on findings from the analysis.

Standard EC.04.01.01: The hospital collects information to monitor conditions in the environment.

- EP 1: The hospital establishes a process for continually monitoring, internally reporting and investigating safety and security incidents involving patients, staff or others within the facilities, including those related to workplace violence. This standard applies to other hazards and staff occupational illnesses and injuries.

Standard HR.01.05.03: Staff participate in ongoing education and training.

- EP 29: The hospital provides training, education and resources to leadership, staff and licensed practitioners at the time of hire, annually and when changes are made to the workplace violence prevention program.
- The hospital determines appropriate training based on roles and responsibilities.
- Training, education and resources must address prevention, recognition, response and reporting, including:
 - What constitutes workplace violence.
 - Roles and responsibilities of leaders, staff, security personnel and the police.
 - De-escalation, physical and non-physical intervention, and response protocols.
 - The reporting process.

Standard LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.

- EP9: The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team:
 - Policies and procedures to prevent and respond to workplace violence.
 - A reporting process and analysis of the data and incidents.
 - A response program to provide follow-up and support to victims and witnesses, including counseling.
 - Reporting to the governing body.

Link to the Joint Commission Resources:

[R3 Report, Issue 30: Workplace Violence Prevention Standards](#)

[Workplace Violence Prevention Resources](#)

OSHA Voluntary Guidance

OSHA's [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#) and [Preventing Workplace Violence: A Roadmap for Healthcare Facilities](#) provide assistance to employers and emphasize the need for genuine worker input in the development, implementation and ongoing assessment of comprehensive violence prevention programs in hospitals, clinics, home health agencies and other settings. Other key recommendations from OSHA include:

- Using the hierarchy of controls from the National Institute for Occupational Safety and

Health to select prevention tools in order of effectiveness.ⁱ For example, personal alarms for staff can be effective prevention methods in some settings, but policies and protocols that prevent staff from working in isolation may be more feasible in others.

- Workplace violence prevention training should offer opportunities for staff to ask questions and get feedback from an instructor and should be conducted in a language and at an educational level appropriate for the staff being trained.

ⁱ [NIOSH, Hierarchy of Controls](#)