

Preventing Workplace Violence

A Toolkit for Vermont Hospitals

December 2025

Vermont Program for Quality in Health Care



Acknowledgements

The author thanks Liz Couto (Copley Hospital/Vermont Emergency Nurses Association), Betsy Hassan (University of Vermont Health/American Nurses Association-Vermont), Otelah Perry (Dartmouth Health), Jody Xuereb (Lamoille County Mental Health Services), and Chief Jason Luneau (Morristown Police Department) for their subject matter expertise. Additional thanks to the Vermont Association of Hospitals and Health Systems for resources and the Vermont Department of Health for funding support. The views expressed are those of the author and do not necessarily reflect the positions of any supporting organization.

Disclaimer

This toolkit and its contents are provided for informational and educational purposes only and do not constitute legal or other professional advice. They summarize applicable law as of the date of publication; however, laws, regulations, and judicial interpretations are subject to change, and their application may vary based on specific facts and circumstances. The recommendations in this toolkit are general in nature, are not a substitute for advice from qualified professionals, and are not tailored to any particular organization. Each organization should make its own decisions based on its specific circumstances, resources, risks, and needs.



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Overview

Rationale and Statistics

People working in hospitals are experiencing unacceptable levels of violence while carrying out daily responsibilities. In 2023, an estimated 400 cases of serious work-related injury or illness[1] occurred in Vermont hospitals.[2] Vermont's rate of injuries and illnesses is 4.0 per 100 full-time equivalent hospital workers, which compares to the U.S. rate of 5.2 (Injuries, Illnesses, and Fatalities Program, Bureau of Labor Statistics, personal communication, September 16, 2025).

Healthcare facilities have some of the highest total reportable cases in Vermont. Workplace violence, slips/trips, and ergonomic issues are the three most common reasons for days away from work/injuries in the healthcare industries (VOSHA Program, Vermont Labor Department, personal communication, September 12, 2025).

Act 9 Legislation

Act 9, An act relating to preventing workplace violence in hospitals[3], went into effect on July 1, 2025. The law requires licensed hospitals to develop and implement comprehensive security plans to prevent workplace violence. The law mandates that security plan development teams conduct risk assessments of high-risk areas, including all patient care areas. Key elements of these plans include de-escalation training for staff, trauma-informed care liaisons, options for less-identifying employee name badges, a reporting system for workplace violence incidents, and guidelines for law enforcement involvement.

Toolkit Purpose

This toolkit is intended to help hospitals comply with Act 9. It contains resources to support hospital security plan development teams in assessing compliance and filling any gaps identified. The toolkit is designed to assist hospitals in improving workplace safety and managing aggressive behaviors.



Tool 1. Act 9 of 2025 as Enacted

[1] U.S. Department of Labor, Occupational Safety and Health Administration. *Recordkeeping forms*. <https://www.osha.gov/recordkeeping/forms>. Defined as resulting in loss of consciousness, days away from work, restricted work activity or job transfer, or medical treatment beyond first aid as recorded by employers.

[2] U.S. Bureau of Labor Statistics. *State occupational injuries, illnesses, and fatalities*. Retrieved September 11, 2025, from <https://www.bls.gov/iif/state-data.htm#VT>.

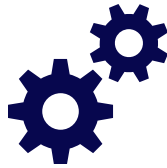
[3] Vermont Legislature. (2025, April 29). *Act No. 9: An act relating to preventing workplace violence in hospitals (H.259) [As enacted]*. [https://legislature.vermont.gov/Documents/2026/Docs/ACTS/ACT009/ACT009 As Enacted.pdf](https://legislature.vermont.gov/Documents/2026/Docs/ACTS/ACT009/ACT009%20As%20Enacted.pdf).



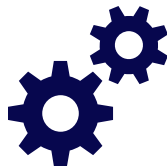
Security Plan Development Team

A hospital is required to establish a team to advise on the development of the security plan. Individuals from the following groups must serve on the security plan development team:

- healthcare employees providing direct patient care at the hospital;
- representatives from the designated agency serving the region; and
- representatives of relevant law enforcement agencies.



Tool 2. Act 9 Compliance Assessment



Tool 3. Security Plan Development Team



Security Risk Assessment

A hospital is required to conduct a security risk assessment that addresses all high-risk areas, including the Emergency Department (ED) and all patient care areas.

Certain individuals must consult on performing the security risk assessment:

- medical directors of each department;
- nursing directors of each department; and
- hospital employees supervising other high-risk areas.

The following information must be considered:

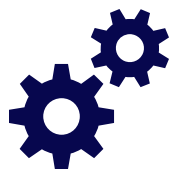
- overall patient volume;
- crime rates in the community; and
- the availability of law enforcement to respond to violent incidents at the hospital.

While not specifically required by Act 9, the assessment is recommended to include:

- Secluded locations (e.g., satellite clinics, isolated patient exam rooms, and areas with no direct line of sight or panic switches);
- Offsite locations (e.g., home health services), if applicable; and
- Screening homes for safety prior to visiting (e.g., [Western Health Risk Assessment Screening Tool](#)), if applicable.

Certain types of statistics could be useful in drafting and monitoring a hospital safety plan:

- Violent crime rates: Overall and specific violent crimes like murder, rape, robbery, and aggravated assault. (To indicate the potential for violent incidents involving patients, visitors, and staff.)
- Arrest and charge data: How often a legal charge is filed for incidents involving healthcare workers. (To assessing the effectiveness of the safety plan.)



Tool 4. Security Risk Assessment



Tool 5. Sample Letter for Public Records Request



Security Plan

A hospital is required to establish and implement a security plan for preventing workplace violence and managing aggressive behaviors.

The security plan must be based on the results of a security risk assessment (see previous section).

ID Badges

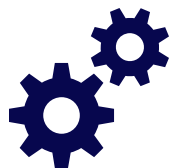
The security plan must include an option for healthcare employees who provide direct patient care to request an identification badge containing only their first name or their first name and last initial.

Review, Revision & Distribution

A hospital must review and evaluate the security plan with the data collected through the security risk assessment process. If necessary, the hospital must revise the security plan.

The security plan and any annual revisions to the security plan shall be distributed annually to:

- all hospital employees,
- volunteers,
- the hospital's board of directors,
- relevant law enforcement agencies, and
- any other partners identified by the security plan development team.



Tool 6. Security Plan Assessment



Preventing Workplace Violence

Staffing Requirements

Presence of Employees Trained in De-Escalation

The security plan must require at least one hospital employee trained in de-escalation strategies to be present at all times in the hospital's emergency department and all other patient care areas.

Trauma Informed Care Law Enforcement Liaison

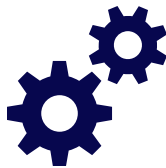
The security plan must require that a hospital employee trained in trauma-informed care and victim support serve as a liaison to law enforcement, support victims through the legal process, and ensure that the response to incidents of violence at the hospital prioritize the safety and retention of hospital employees providing healthcare services to the extent permitted under State and federal law.



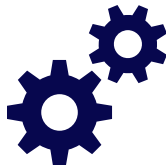
Training Requirements

The security plan must establish training requirements for appropriate hospital employees on the following topics:

- the culture of safety as determined by the hospital;
- response to the presence or use of weapons;
- defensive tactics;
- de-escalation techniques;
- appropriate physical restraint and seclusion techniques;
- crisis intervention;
- trauma-informed care and strategies;
- clinician well-being practices;
- presence and intervention of law enforcement; and
- safely addressing situations involving patients, family members, or other individuals who pose a risk of self-harm or harm to others.



Tool 7. Training Resources



Tool 8. Security Training Assessment



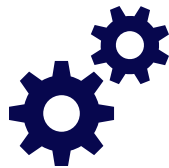
Public Notice

A hospital is required to post a notice in a conspicuous location, either electronically or in print, indicating that hospital employees do not tolerate an unsafe work environment where any type of threatening or aggressive behavior is present.

The notice must remind hospital patrons of the serious legal consequences of assaulting a hospital employee.

“Conspicuous” could include the hospital’s website, waiting room areas, or any other areas of the hospital that the hospital deems appropriate.

Vermont Association of Hospitals and Health Systems has a resource for model signage recommendations.[4]



Tool 9. Workplace Violence Prevention Poster

[4] Vermont Association of Hospitals and Health Systems. (2022, August 4). *Model signage for workplace violence prevention*.
<https://static1.squarespace.com/static/639a73d959ef743694b822d0/t/63c55fc307aafd29bb67c372/1759258489827/VAH+HS+WPV+Model+Signage+8+4+22.pdf>



Law Enforcement Guidelines

Act 9 of 2025 requires the hospital's security plan to include guidelines indicating when a law enforcement officer should remain with a patient who has demonstrated violence or harm to others.

The guidelines must be developed jointly by a healthcare provider representative and law enforcement.

When a law enforcement officer responds to an alleged crime committed by a patient at a hospital, 18 VSA § 1883 mandates that the hospital disclose specific information to the officer before removing the patient. The statute also requires the law enforcement officer not to remove the patient from the hospital if an authorized representative of the hospital informs the officer that the patient is not stabilized, has not yet been evaluated, or is awaiting inpatient care.[5]

The Vermont Department of Public Safety Law Enforcement Advisory Board's *Model Policy for Crimes Against Health Care Workers* addresses arrests for non-witnessed misdemeanor crimes against healthcare workers and emergency medical personnel, including the procedures for law enforcement officers to follow to arrest and/or remove individuals from hospitals without a warrant when there is probable cause to believe such individuals have committed simple assault, criminal threatening, or disorderly conduct.[6]

While not required by Act 9, the following parties are recommended to be included in the law enforcement guideline development process:

- The internal security teams that may respond to actual or potential instances of workplace violence.
- Skilled and experienced facilitators who understand the roles of healthcare professionals and other workforce members and the specific issues that can contribute to the occurrence of violence in the healthcare workplace.

[5] Vermont Statutes Annotated. (2023). 18 V.S.A. § 1883. Disclosure of protected health information required.
<https://legislature.vermont.gov/statutes/section/18/042B/01883>

[6] Vermont Department of Public Safety. (2024, June 17). LEAB model policy: Crimes against health-care workers.
<https://dps.vermont.gov/document/leab-model-policy-crimes-against-health-car-workers>



Law Enforcement Guidelines (cont'd)

While not required by Act 9, the law enforcement guidelines are recommended to include:

- Security's typical response protocol, including attempted de-escalation, behavioral control, and termination of care relationship (if necessary).
- Informing employees as to when law enforcement should be contacted in response to a workplace violence incident or even a potential workplace violence incident.
- Establishing example scenarios where law enforcement should be contacted (e.g., the presence of weapons, injury to an employee caused by a patient or visitor, a situation where a patient or visitor has stated they have a weapon and intend on using that weapon to harm an employee or other patients or visitors).
- Recognition that Administrators on Call or managers should also rely on their own knowledge and experience to determine whether law enforcement should be contacted.
- In the event of law enforcement involvement, a description of: the minimum necessary PHI for law enforcement notification; a plan to ensure ongoing medical needs are communicated to law enforcement medical clinic or physician; a process for discharge or transfer to law enforcement; and how restraining orders will be disclosed and enforced.
- A recommendation that the law enforcement investigations of violent patient-to-staff events include:
 - Employee statement in real time for police citation;
 - Witness interviews;
 - Preserving security video footage; and
 - Rendering formal charges.



Tool 10. Resources for Law Enforcement Guidelines



Incident Reporting System and Policy

Act 9 of 2025 requires hospitals to establish and use a workplace violence incident reporting system to document, track, analyze, and evaluate incidents of workplace violence at the hospital.

Data Collection and Use

Data collection through the reporting system and resulting analysis must be used to improve workplace safety and to manage aggressive behaviors, including improvements achieved through continuing education in targeted areas such as de-escalation training, risk identification, and prevention planning.

Training

All hospital employees must be notified about the existence of the reporting system and receive training on how to report incidents of workplace violence to the hospital, hospital security, law enforcement, or any other entity the hospital deems appropriate.

Data Monitoring

A hospital must use its reporting system to track the number of reported incidents and the number of incidents reported to law enforcement.

Policy Prohibiting Discrimination

A hospital must adopt a policy prohibiting discrimination or retaliation for:

- reporting an incidence of workplace violence;
- seeking assistance or intervention from the hospital, hospital security, law enforcement, or any other appropriate entity; or
- participating or refusing to participate in an investigation of workplace violence.



Tool 11. Workplace Violence: What, How, & When to Report



Tool 12. Incident Reporting System Resources



Tool 13. Incident Reporting System Assessment



Tool 14. Anti-Discrimination Policy Example



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Preventing Workplace Violence

TOOLS

[Tool 1. Act 9 of 2025 as Enacted](#)

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Tool 1. Act 9 of 2025 as Enacted

No. 9. An act relating to preventing workplace violence in hospitals. (H.259)

It is hereby enacted by the General Assembly of the State of Vermont:
Sec. 1. 18 V.S.A. § 1911b is added to read:

§ 1911b. WORKPLACE VIOLENCE PREVENTION PLANNING

(a)(1) A hospital licensed pursuant to this chapter shall establish and implement a security plan for preventing workplace violence and managing aggressive behaviors. Each hospital shall establish a team for the purpose of providing advice during the development of the hospital's security plan. The hospital shall select individuals from the following groups to serve on its security plan development team:

- (A) health care employees providing direct patient care at the hospital;
- (B) representatives from the designated agency serving the region where the hospital is located; and
- (C) representatives of relevant law enforcement agencies.

(2) The security plan shall be based on the results of a security risk assessment that addresses all high-risk areas of the hospital, including the emergency department, and all patient care areas. The security risk assessment shall be conducted in consultation with the medical and nursing directors of each department and those hospital employees supervising other high-risk areas of the hospital. The security risk assessment shall consider overall patient volume, crime rates in the community, and the availability of law enforcement to respond to violent incidents at the hospital.

(3) The security plan shall include an option for health care employees who provide direct patient care to request an identification badge containing only their first name or their first name and last initial.

(4)(A) The security plan shall require at least one hospital employee trained in de-escalation strategies to be present at all times in the hospital's emergency department and all other patient care areas.

(B) The security plan shall require that a hospital employee trained in trauma-informed care and victim support serve as a liaison to law enforcement, support victims through the legal process, and ensure that the response to incidents of violence at the hospital prioritize the safety and retention of hospital employees providing health care services to the extent permitted under State and federal law.



Tool 1. Act 9 of 2025 as Enacted (cont'd)

(5) The security plan shall establish training requirements for appropriate hospital employees on the following:

- (A) the culture of safety as determined by the hospital;
- (B) response to the presence or use of weapons;
- (C) defensive tactics;
- (D) de-escalation techniques;
- (E) appropriate physical restraint and seclusion techniques;
- (F) crisis intervention
- (G) trauma-informed care and strategies;
- (H) clinician well-being practices;
- (I) presence and intervention of law enforcement; and
- (J) safely addressing situations involving patients, family members, or other individuals who pose a risk of self-harm or harm to others.

(6) The security plan shall include guidelines indicating when a law enforcement officer should remain with a patient who has demonstrated violence or harm to others. The guidelines shall be developed jointly by a health care provider representative and law enforcement.

(7)(A) A hospital shall review and evaluate the security plan developed pursuant to this subsection annually in conjunction with the data collected pursuant to subdivision (b)(3) of this section. If necessary, the hospital shall revise the security plan.

(B) The security plan and any annual revisions to the security plan shall be distributed annually to all hospital employees, volunteers, the hospital's board of directors, relevant law enforcement agencies, and any other partners identified by the security plan development team.

(b)(1) A hospital licensed pursuant to this chapter shall establish and utilize a workplace violence incident reporting system to document, track, analyze, and evaluate incidents of workplace violence at the hospital. Data collection through the reporting system and resulting analysis shall be used to improve workplace safety and to manage aggressive behaviors, including improvements achieved through continuing education in targeted areas such as de-escalation training, risk identification, and prevention planning.

(2) All hospital employees shall be notified about the existence of the reporting system and shall receive training on how to report incidents of workplace violence to the hospital, hospital security, law enforcement, or any other entity the hospital deems appropriate.

(3) A hospital shall use its reporting system to track the following:

- (A) the number of reported incidents; and
- (B) the number of incidents reported to law enforcement.



Tool 1. Act 9 of 2025 as Enacted (cont'd)

(c) A hospital shall adopt a policy prohibiting discrimination or retaliation for:

- (1) reporting an incidence of workplace violence;
- (2) seeking assistance or intervention from the hospital, hospital security, law enforcement, or any other appropriate entity; or
- (3) participating or refusing to participate in an investigation of workplace violence.

(d)(1) A hospital shall post a notice in a conspicuous location, either electronically or in print, indicating that hospital employees do not tolerate an unsafe work environment where any type of threatening or aggressive behavior is present. The notice shall remind hospital patrons of the serious legal consequences of assaulting a hospital employee.

(2) As used in this subsection, “conspicuous” could include the hospital’s website, waiting room areas, or any other areas of the hospital that the hospital deems appropriate.

(e) The Agency of Human Services shall collaborate with hospitals to identify incentives, funding sources, and other means to support the development and operation of workplace violence prevention programs at hospitals.

(f) Nothing in this section shall require a hospital to make capital investments to implement its security plan.

Sec. 2. 18 V.S.A. § 9435 is amended to read:
§ 9435. EXCLUSIONS

* * *

(i) Excluded from this subchapter are expenditures by a hospital that are necessary to implement the security plan required pursuant to section 1911b of this title.



Tool 1. Act 9 of 2025 as Enacted (cont'd)

Sec. 3. 18 V.S.A. § 9454 is amended to read:
§ 9454. HOSPITALS; DUTIES

(a) Hospitals shall file the following information at the time and place and in the manner established by the Board

- (1) a budget for the forthcoming fiscal year;
- (2) financial information, including costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges, units of services, and wage and salary data;
- (3) scope-of-service and volume-of-service information, including inpatient services, outpatient services, and ancillary services by type of service provided;
- (4) utilization information;
- (5) new hospital services and programs proposed for the forthcoming fiscal year;
- (6) costs associated with implementing their security plan pursuant to section 1911b of this title, including capital investments, program operation, and staff;
- (7) known depreciation schedules on existing buildings, a four-year capital expenditure projection, and a one-year capital expenditure plan; and
- (8) such other information as the Board may require.

Sec. 4. 18 V.S.A. § 9456 is amended to read:
§ 9456. BUDGET REVIEW

(a) The Board shall conduct reviews of each hospital's proposed budget based on the information provided pursuant to this subchapter and in accordance with a schedule established by the Board.

* * *

(c) Individual hospital budgets established under this section shall:

- (5) include a finding that the analysis provided in subdivision (b)(9) of this section is a reasonable methodology for reflecting a reduction in net revenues for non-Medicaid payers; and
- (6) demonstrate that they support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care; and
- (7) take into consideration the costs associated with implementing a security plan pursuant to section 1911b of this title.

* * *

Sec. 5. EFFECTIVE DATE

This act shall take effect on July 1, 2025.

Date Governor signed bill: April 29, 2025



Tool 2. Act 9 Compliance Assessment

This assessment tool is designed to capture the minimum requirements of Act 9 of 2025. Other assessment tools in this toolkit are available to support a robust workplace violence prevention program based on best practice.

Disclaimer: This assessment tool is intended to help hospitals self-assess their compliance with Act 9 of 2025. Hospitals are encouraged to perform their own legal counsel review.

Security Plan Development Team

Question	Yes	No	In Process	Notes & Action Items
Has the organization established a team for the purpose of providing advice during the development of the security plan?				
Do individuals from the following groups serve on the organization's security plan development team:				
Health care employees providing direct patient care at the hospital?				
Representatives from the designated agency serving the region where the hospital is located?				
Representatives of relevant law enforcement agencies?				



Tool 2. Act 9 Compliance Assessment

Security Risk Assessment

Question	Yes	No	In Process	Notes & Action Items
Has the organization performed a security risk assessment that addresses all high-risk areas of the hospital, including the emergency department, and all patient care areas?				
Has the security risk assessment been conducted in consultation with the medical and nursing directors of each department and those hospital employees supervising other high-risk areas of the hospital?				
Does the security risk assessment consider overall patient volume, crime rates in the community, and the availability of law enforcement to respond to violent incidents at the hospital?				

Security Plan

General

Question	Yes	No	In Process	Notes & Action Items
Has the organization established and implemented a security plan for preventing workplace violence and managing aggressive behaviors?				
Does the organization have a security plan based on the results of a security risk assessment that addresses all high-risk areas of the hospital, including the emergency department, and all patient care areas?				



Tool 2. Act 9 Compliance Assessment

ID Badges

Question	Yes	No	In Process	Notes & Action Items
Does the security plan include an option for health care employees who provide direct patient care to request an identification badge containing only their first name or their first name and last initial?				

Review, Revision & Distribution

Question	Yes	No	In Process	Notes & Action Items
Does the hospital review and evaluate the security plan annually in conjunction with the data collected with the incident reporting system?				
Does the hospital revise the security plan if necessary?				
Does the hospital annually distribute the security plan and any revisions to all hospital employees, volunteers, the hospital's board of directors, relevant law enforcement agencies, and any other partners identified by the security plan development team?				



Tool 2. Act 9 Compliance Assessment

Staffing Requirements

Question	Yes	No	In Process	Notes & Action Items
Does the security plan require at least one hospital employee trained in de-escalation strategies to be present at all times in the hospital's emergency department and all other patient care areas?				
Does the security plan require that a hospital employee trained in trauma-informed care and victim support serve as a liaison to law enforcement, support victims through the legal process, and ensure that the response to incidents of violence at the hospital prioritize the safety and retention of hospital employees providing health care services to the extent permitted under State and federal law?				



Tool 2. Act 9 Compliance Assessment

Training Requirements

Question	Yes	No	In Process	Notes & Action Items
Does the security plan establish training requirements for appropriate hospital employees on the following:				
The culture of safety as determined by the hospital?				
Response to the presence or use of weapons?				
Defensive tactics?				
De-escalation techniques?				
Appropriate physical restraint and seclusion techniques?				
Crisis intervention?				
Trauma-informed care and strategies?				
Clinician well-being practices?				
Presence and intervention of law enforcement?				
Safely addressing situations involving patients, family members, or other individuals who pose a risk of self-harm or harm to others?				



Tool 2. Act 9 Compliance Assessment

Public Notice

Question	Yes	No	In Process	Notes & Action Items
Has the organization posted a notice in a conspicuous location, either electronically or in print, indicating that hospital employees do not tolerate an unsafe work environment where any type of threatening or aggressive behavior is present? ("Conspicuous" could include the hospital's website, waiting room areas, or any other areas of the hospital that the hospital deems appropriate.)				
Does the notice remind hospital patrons of the serious legal consequences of assaulting a hospital employee?				



Tool 2. Act 9 Compliance Assessment

Law Enforcement Guidelines

Question	Yes	No	In Process	Notes & Action Items
Does the security plan include guidelines indicating when a law enforcement officer should remain with a patient who has demonstrated violence or harm to others?				
Have these guidelines been developed jointly by a health care provider representative and law enforcement?				

Incident Reporting System and Policy

General

Question	Yes	No	In Process	Notes & Action Items
Has the organization established a workplace violence incident reporting system to document, track, analyze, and evaluate incidents of workplace violence at the hospital?				



Tool 2. Act 9 Compliance Assessment

Data Collection and Use

Question	Yes	No	In Process	Notes & Action Items
Does the organization use a workplace violence incident reporting system to document, track, analyze, and evaluate incidents of workplace violence at the hospital?				
Is data collection through the reporting system and resulting analysis used to improve workplace safety?				
Is data collection through the reporting system and resulting analysis used to manage aggressive behaviors?				
Is data collection through the reporting system and resulting analysis used to document improvements achieved through continuing education in targeted areas such as de-escalation training, risk identification, and prevention planning?				



Preventing Workplace Violence

Tool 2. Act 9 Compliance Assessment

Training

Question	Yes	No	In Process	Notes & Action Items
Are all hospital employees notified about the existence of the reporting system?				
Do all hospital employees receive training on how to report incidents of workplace violence to the hospital, hospital security, law enforcement, or any other entity the hospital deems appropriate?				

Data Monitoring

Question	Yes	No	In Process	Notes & Action Items
Does the hospital use its reporting system to track the number of reported incidents?				
Does the hospital use its reporting system to track the number of incidents reported to law enforcement?				

Policy Prohibiting Discrimination

Question	Yes	No	In Process	Notes & Action Items
Has the hospital adopted a policy prohibiting discrimination or retaliation for: (1) reporting an incidence of workplace violence; (2) seeking assistance or intervention from the hospital, hospital security, law enforcement, or any other appropriate entity; or (3) participating or refusing to participate in an investigation of workplace violence?				



Tool 3. Security Plan Development Team Assessment

Team Scope

Question	Yes	No	In Process	Notes & Action Items
Does the organization have a multidisciplinary team focused on decreasing workplace violence, enhanced interventions, and educating the organization as to what is being done?				
Has the organization designated an executive leader and an interprofessional team to be responsible for policy enactment and resolution of conflicts and infractions?				
Does the organization have individuals or a business unit designated as responsible for reviewing and responding to incidents of violence?				
Is the organization's security plan developed with input from all levels of the workforce?				

Team Composition

Question	Yes	No	In Process	Notes & Action Items
Does the organization's Security Plan Development Team include:				
Healthcare employees providing direct patient care at the hospital?				
Representatives from the designated agency serving the region?				
Representatives of relevant law enforcement agencies?				



Tool 4. Security Risk Assessment

Disclaimer: This assessment tool is intended to help hospitals comply with Act 9 of 2025; it does not meet all Joint Commission requirements.

General Information

Patient Volume

In the past year, what was the volume of inpatient admissions to the hospital?	
What was the volume of inpatient admissions to the hospital from the Emergency Department?	
What was the volume of Emergency Department visits, total?	

Crime Rates

In the past year, how many calls for service for police support occurred for incidents involving healthcare workers?	
What percentage of those are threats of violence or verbal assaults on employees?	
What percentage of those are physical assaults on employees?	
What additional types of calls for service were responded to?	
In the past year, how many charges were filed for incidents involving healthcare workers?	
In general, what type(s) of charges were filed for incidents involving healthcare workers?	



Tool 4. Security Risk Assessment

Law Enforcement

Does current staffing allow for the consistent ability of law enforcement agencies to respond to incidents at the hospital?	
Does current staffing allow for the consistent ability of law enforcement agencies to remain at the hospital for an extended period of time should the situation need continued law enforcement presence.	

Strategic Plan

Question	Yes	No	In Process	Notes & Action Items
Has the organization identified workplace violence as a top priority risk through a risk management / quality survey process?				
If so, does that process identify and define the types of violence: threat, verbal, versus physical?				
Is workplace violence prevention identified as an organizational strategic priority?				
Is the organization committed to providing a safe working environment for the workforce?				



Tool 4. Security Risk Assessment

Prevention

Patients

Question	Yes	No	In Process	Notes & Action Items
Does the intake assessment include screening for risk of violence/aggression and documenting in the medical record?				
Is a patient's history of violence or aggression clearly communicated to all team members (e.g., electronic alert, care plan)?				
Is a unique patient safety plan developed based upon known risks for violence or aggression?				
If so, how is that safety plan shared with all care providers?				



Tool 4. Security Risk Assessment

Staff

Question	Yes	No	In Process	Notes & Action Items
Is pre-employment background screening performed?				
Does the organization provide and encourage use of EAP to deal with potential stressors?				
Does the organization provide and encourage use of chain of command to report concerns and frustrations before they escalate?				
Does the organization consistently emphasize expectations of staff regarding safety practices?				
Is there a safety plan for highly disgruntled or violent employees (e.g., security escort, exclusion from campus, notification of remaining team members to report/return to campus)?				
Does the organization address workplace violence as a part of new employee/provider onboarding and at routine intervals?				



Tool 4. Security Risk Assessment

Physicians and Third-Party Professionals

Question	Yes	No	In Process	Notes & Action Items
Is pre-employment background screening performed?				
Does the organization provide and encourage physicians and third-party professionals to use the facility contact or incident reporting system to report concerns and frustrations before they escalate?				
Do any contracts or agreements with on-campus third-party contractors or vendors clearly address workplace violence/harassment, including language that provides explicit expectations re. workplace violence and a termination clause protecting facility interests?				
Does the organization address workplace violence as a part of new employee/ provider onboarding and at routine intervals?				



Tool 4. Security Risk Assessment

Strangers and Non-Employees

Question	Yes	No	In Process	Notes & Action Items
Does the organization have a process for staff to report to Security any personal issues impacting safety while at work (e.g., protective order, restraining order, domestic violence at home, stalker, threats from non-employees), including:				
Security assessing risk of violence and recommending safety plan while at work?				
Security, employee and supervisor working together to implement safety plan?				
Employee leave related to domestic violence, assault, or stalking?				



Tool 4. Security Risk Assessment

Environment of Care (EOC)

Area/Department Name				
Question	Yes	No	In Process	Notes & Action Items
Is access to the area locked/restricted (e.g., infants, intensive care, ED, ability to "lock down")?				
Does Security perform rounds in the area?				
Are panic switches installed in the area?				
Is the lighting adequate?				
Does the area have emergency phones?				
Are alarms available to broadcast messages facility-wide?				
Is video surveillance used to monitor patients, staff and visitors in common areas?				
Is that video surveillance recorded?				
Is video surveillance used for camera observation of patients anywhere (non-recorded)?				
Are metal detectors used?				
Does EOC surveillance include reviewing staff-to-staff violence/harassment reports/trends, identifying high-risk areas, and intervening?				
Does EOC surveillance include reviewing physician- and third-party professional-to-staff violence/harassment reports/trends, identifying high-risk areas, and intervening?				



Tool 4. Security Risk Assessment

Employee Support

Question	Yes	No	In Process	Notes & Action Items
Does the organization provide support to individuals who have experienced workplace violence (e.g., peer support, employee assistance programs (EAP))?				
Does the organization encourage reporting threats of violence[7]?				
Does the organization encourage reporting verbal violence[8]?				
Does the organization encourage reporting physical violence[9],[10]?				
In the event of staff-to-staff violence or harassment, does the organization ensure victim support, including:				
Confidential medical screening and treatment?				
Temporary administrative leave and release from duty?				
EAP support?				
Critical Incident Team debrief (if necessary)?				
In the event of physician- or third-party professional-to-staff violence or harassment, does the organization ensure victim support, including:				
Confidential medical screening and treatment?				
Temporary administrative leave and release from duty?				
EAP support?				
Critical Incident Team debrief (if necessary)?				

[7] Per [13 VSA § 1702](#), a person shall not, by words or conduct, knowingly threaten a healthcare worker because of the worker's action or inaction taken in the provision of healthcare services; and as a result of the threat, place the worker in reasonable apprehension of death, serious bodily injury, or sexual assault.

[8] [Act 24 of 2023](#) defines 'disorderly conduct' for the purposes of hospital warrantless arrests in [Rule 3 of the Rules of Criminal Procedure](#) as follows: The person has committed a violation of [13 VSA § 1026\(a\)\(1\)](#) (disorderly conduct for engaging in fighting or in violent, tumultuous, or threatening behavior) that interfered with the provision of medically necessary health care services: (A) in a hospital as defined in [18 VSA § 1902\(1\)](#); or (B) by a person providing emergency medical treatment as defined in [24 VSA § 2651\(9\)](#).

[9] Per [13 VSA § 1028](#), no person shall intentionally cause blood, vomitus, excrement, mucus, saliva, semen, or urine to come in contact with a healthcare worker while the person is performing a lawful duty.

[10] Per [13 VSA § 1023](#), a person is guilty of simple assault if he or she attempts to cause or purposely, knowingly, or recklessly causes bodily injury to another; or negligently causes bodily injury to another with a deadly weapon; or attempts by physical menace to put another in fear of imminent serious bodily injury.



Tool 4. Security Risk Assessment

Sources of Crime Data

Federal Bureau of Investigation. [Crime trend explorer](#). U.S. Department of Justice, Criminal Justice Information Services.

Vermont Crime Information Center. [Calendar years 2021-2029 crime statistics](#). Vermont Secretary of State.

Sources of Healthcare Workplace Violence Data

Bureau of Labor Statistics. [State occupational injuries, illnesses, and fatalities: Vermont](#). U.S. Department of Labor.

Vermont Department of Labor. [Vermont Occupational Safety and Health Administration \(VOSHA\)](#).



Tool 5. Sample Letter for Public Records Request

(Hospital)

(Street address)

(City, state, zip code)

(Today's date)

(Recipient's name)

(Recipient's organization)

(Recipient's street address)

(Recipient's city, state, zip code)

Dear (Record Custodian):

Pursuant to Vermont's Public Records Act, 1 V.S.A. 315-320, I hereby request copies of the following records for the time period (beginning date) to (end date):

The number and type of Calls for Service for incidents involving healthcare workers.

The number and type of charges for incidents involving healthcare workers.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of who that person is.

I hereby agree to pay reasonable and customary costs for these copies.

If the law does not allow me to have access to some of these records, please inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, please redact the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the redacted portion.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of the appeal procedures available to me and the name of the person to whom appeal may be made.

If you have questions about this request, please contact me at (email or phone).

Thank you for your help.

Best regards,
(Name and signature)



Tool 6. Security Plan Assessment

Zero Tolerance

Question	Yes	No	In Process	Notes & Action Items
Does the organization prohibit violence, regardless of role or position of authority (i.e., the standard of behavior is the same for physicians, nurses, staff, and administration)?				
Does the organization have a Zero Tolerance policy for physician- and third-party professional-to-staff violence and harassment?				
Has the organization adopted clearly defined policies, procedures, and consequences equally understood and observed by every person in the organization, including, but not limited to:				
Board members?				
Organizational leadership?				
Interprofessional teams?				
Organizational staff?				
Patients?				
Visitors?				
Law enforcement?				
Security?				
Contracted staff?				
Volunteers?				
Others?				
Is each person in the organization, including patients and visitors, held equally accountable to comply with universal standards of nonviolent behavior?				



Preventing Workplace Violence

Tool 6. Security Plan Assessment

Definitions

Question	Yes	No	In Process	Notes & Action Items
Does the organization clearly define universal standards of nonviolent behavior with every person in the organization, including patients and visitors?				

Content

Question	Yes	No	In Process	Notes & Action Items
Does the organization have a security plan that clearly defines workplace violence, harassment, sexual harassment, code of professional conduct, and fitness for duty?				
Does the security plan require at least one hospital employee trained in de-escalation strategies to be present at all times in the hospital's emergency department and all other patient care areas?				
Does the security plan require that a hospital employee trained in trauma-informed care and victim support serve as a liaison to law enforcement, support victims through the legal process, and ensure that the response to incidents of violence at the hospital prioritize the safety and retention of hospital employees providing health care services to the extent permitted under State and federal law?				



Tool 6. Security Plan Assessment

Content

Question	Yes	No	In Process	Notes & Action Items
Does the security plan include:				
Victim support?				
Calls to law enforcement?				
Exclusion from building?				
Documenting actions and exclusions in the medical record?				
How to post alerts to future caregivers and future security officers?				
How to inform patient(s) of reason(s) for visitor or family exclusion?				
How to document continued updates, contact, and consent achieved via phone if an excluded person is a surrogate decision-maker?				
Does the policy for responding to violent patient-to-staff events include:				
Notifying Public Relations of potential media exposure re: arrest?				
Ensuring victim support				
Ensuring safe transfer of patient care?				
Attempted de-escalation?				
Behavioral control?				
Termination of care relationship?				
Law enforcement notification, sharing minimum necessary PHI?				
Assurance that ongoing medical needs of patients taken into police custody are communicated?				
Process for discharge, transfer to law enforcement, and restraining orders?				



Preventing Workplace Violence

Tool 6. Security Plan Assessment

Content

Question	Yes	No	In Process	Notes & Action Items
Does the policy for responding to violent visitor-or family-to-staff events include:				
Exclusion from the building?				
Documenting actions and exclusions in the medical record?				
Posting an alert to future caregivers and future security officers?				
Informing the patient of the reason for the visitor/family exclusion?				
Documenting continued updates, contact, and consent achieved via phone if the excluded person is a surrogate decision-maker?				
Ensuring victim support?				
Calls to law enforcement?				
Does the policy for responding to staff-to-staff violence or harassment include:				
Timeline and scope?				
Investigative lead being a leader other than direct supervisor?				
HR and Labor Relations Involvement?				
A way to ensure employee rights?				
Administrative leave during investigation?				
Post-event background check to evaluate and changes compared to pre-employment screening?				



Tool 6. Security Plan Assessment

Content

Question	Yes	No	In Process	Notes & Action Items
Does the policy for responding to physician- or third-party professional-to-staff violence or harassment include:				
Timeline and scope?				
Clear, transparent peer review and other accountability structure led by leader from facility and leader from vendor/medical group?				
Administrative leave during investigation?				
Post-event background check to evaluate any changes compared to pre-employment screening?				
How to document all communications throughout each step of the investigation and review process?				
A consideration of contract protections, termination clauses, and contract quality metrics related to behavior?				



Tool 6. Security Plan Assessment

Patient Rights and Responsibilities

Question	Yes	No	In Process	Notes & Action Items
Do the Patient Rights and Responsibilities clearly outline expectations regarding violence, weapons, illicit substances, and exclusion of visitors who are aggressive/violent?				
Do the Patient Rights and Responsibilities include a process for Security escorts off campus?				
Are all inpatients provided a copy of the Patient Rights and Responsibilities?				

Family and Visitor Guidelines

Question	Yes	No	In Process	Notes & Action Items
Are Family and Visitor Guidelines published and posted?				



Tool 7. Training Resources

Disclaimer: The mention of specific brands, products, or services is for educational and informational purposes only and does not imply endorsement, affiliation, or support by Vermont Program for Quality in Health Care, Inc.

Training

Vermont Association of Hospitals and Health Systems. (2022, August 4). *Workplace violence resources* [PDF].

Culture of Safety

American College of Healthcare Executives. (2023, December). *Healthcare Executives' Role in Mitigating Workplace Violence* [Policy Statement].

American Hospital Association. (2022, April 25). *A message from America's Hospitals & Health Systems: Supporting the Health Workers Who Support All of Us* [Advertorial].

American Nurses Association. (2015, July 22). *Incivility, Bullying, and Workplace Violence: Position Statement*.

American Organization for Nursing Leadership & Emergency Nurses Association. (2022). *Toolkit for Mitigating Violence in the Workplace*.

The Joint Commission. (2021, June 18). *Physical and Verbal Violence Against Health Care Workers* (Sentinel Event Alert, Issue 59, revised).

The Joint Commission. (n.d.). *Workforce safety and well-being: Education & training. In Knowledge Library: Workplace violence prevention*.

Response to Weapons

Federal Bureau of Investigation. (n.d.). *Active shooter safety resources: Run. Hide. Fight. Surviving an Active Shooter Event*. FBI.

U.S. Department of Health & Human Services; U.S. Department of Homeland Security; U.S. Department of Justice; Federal Bureau of Investigation; Federal Emergency Management Agency. (2014). *Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans*.

Defensive Tactics

Defensive Tactics for Escaping, Mitigating, and Surviving Violent Encounters. (n.d.). *Escaping Violent Encounters for Healthcare Providers (EVE4HP)*.

Personal Safety Training Inc. (n.d.). *Healthcare Defensive Tactics System™*. AVADE® Training.



Tool 7. Training Resources

De-Escalation

Agency for Healthcare Research and Quality. (2023). *TeamSTEPPS 3.0*. U.S. Department of Health & Human Services.

Crisis Prevention Institute. (2022, June 28). *CPI's Top 10 De-escalation Tips Revisited*.

The Joint Commission. (2019, January 28). *Quick Safety Issue 47: De-escalation in health care*.

Physical Restraint and Seclusion

Gorby, D. (2024, October 14). *Detecting blind spots in your restraint process*. National Rural Health Association.

Crisis Intervention

Crisis Prevention Institute. (n.d.). *Training for health care facilities*.

Vermont Care Partners. (n.d.). *Team Two: Training for law enforcement and mental health crisis workers*.

Trauma Informed Care

Vermont Program for Quality in Health Care. (n.d.). *Trauma Responsive Care in Emergency Departments*.

Clinician Wellbeing

National Academy of Medicine. (n.d.). *Organizational evidence-based and promising practices for improving clinician well-being*.

Law Enforcement Involvement

American Hospital Association. (2018). *Guidelines for releasing information on patients*.

Situations With Risk of Self-Harm or Harm to Others

Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2013). *Workplace violence prevention for nurses* (NIOSH Publication No. 2013-155).

Cybersecurity and Infrastructure Security Agency. (2019). *Action guide for hospitals and healthcare facilities: Security awareness for soft targets and crowded places*.



Tool 8. Security Training Assessment

Disclaimer: The mention of specific brands, products, or services is for educational and informational purposes only and does not imply endorsement, affiliation, or support by Vermont Program for Quality in Health Care, Inc.

Training

Culture of Safety

Question	Yes	No	In Process	Notes & Action Items
Does training for physicians, APPs, and staff include medical record documentation expectations for patients with a high risk of violence or aggression?				
Are all staff trained to recognize and report staff-to-staff violence/harassment?				
Are leaders trained to recognize and mitigate high-stress work environments and danger zones?				
Are facility leaders trained to recognize and mitigate as they liaise with contractors and medical groups?				

Response to Weapons

Question	Yes	No	In Process	Notes & Action Items
Does the security plan establish training requirements for appropriate hospital employees on responding to the presence or use of weapons?				



Tool 8. Security Training Assessment

Defensive Tactics

Question	Yes	No	In Process	Notes & Action Items
Does training for physicians, APPs, and staff include self-defense?				
Does training for physicians, APPs, and staff include how to recognize precursor signals of violence, such as:				
Divorced or estranged patients?				
Parental loss of custody?				
Victim of gang violence or other criminal activity (confidential patient process)?				
Domestic violence survivor?				
Agitated, impaired, or aggressive visitors of ICU/ED patients?				



Tool 8. Security Training Assessment

De-escalation

Question	Yes	No	In Process	Notes & Action Items
Does training for physicians, APPs, and staff include de-escalation techniques?				
Is there organizational and personal readiness to learn violence risk reduction, skills and institute preventive practices, such as de-escalation techniques?				
Does the organization have a policy that requires individuals who work in identified high risk areas to undergo hands-on simulation training in de-escalation techniques and violence risk reduction skills training?				
Does the organization offer training on early recognition and de-escalation of workplace violence, including ongoing risk assessments, threat management, implementation of evidence-based strategies, evaluation of incidents of violence, and response effectiveness?				



Tool 8. Security Training Assessment

De-escalation

Question	Yes	No	In Process	Notes & Action Items
Are evidence-based tools and interventions for de-escalation and violence risk reduction readily accessible and organizationally supported?				
Does the workforce know how to access the available tools for de-escalation and violence risk reduction?				
Are all team members trained in de-escalation techniques and encouraged to use respectful communication?				
Are physicians and third-party professionals trained in de-escalation techniques and respectful communication (e.g., TeamSTEPPS®, CPI, etc.)?				

Physical Restraint and Seclusion

Question	Yes	No	In Process	Notes & Action Items
Does training for physicians, APPs, and staff include safe restraint use / ordering providers?				



Tool 8. Security Training Assessment

Crisis Intervention

Question	Yes	No	In Process	Notes & Action Items
Does the organization use health care-specific case studies with simulations to demonstrate recognition of risk, appropriate actions, and effective response in situations of violence?				

Trauma Informed Care

Question	Yes	No	In Process	Notes & Action Items
Does the security plan establish training requirements for appropriate hospital employees on trauma-informed care and strategies?				

Clinician Wellbeing

Question	Yes	No	In Process	Notes & Action Items
Does the security plan establish training requirements for appropriate hospital employees on clinician well-being practices?				



Tool 8. Security Training Assessment

Law Enforcement Involvement

Question	Yes	No	In Process	Notes & Action Items
Does the security plan establish training requirements for appropriate hospital employees on the presence and intervention of law enforcement?				

Situations With Risk of Self-Harm or Harm to Others

Question	Yes	No	In Process	Notes & Action Items
Does the security plan establish training requirements for appropriate hospital employees on safely addressing situations involving patients, family members, or other individuals who pose a risk of self-harm or harm to others?				



Tool 9. Workplace Violence Prevention Poster

**RESPECT
KEEPS
EVERYONE
SAFE**



**THIS HOSPITAL IS A PLACE OF CARE,
HEALING, AND SAFETY—FOR EVERYONE.**

We do not tolerate:

- Threatening language
- Aggressive behavior
- Violence of any kind

Please know: **Assaulting a hospital employee is a serious crime and may result in legal consequences.**

If you're feeling overwhelmed, we're here to help.
Let's work together to keep this a safe space.



Tool 10. Resources for Law Enforcement Guidelines

Law Enforcement Guidelines

American College of Emergency Physicians. (2024, October 3). *Law enforcement presence in the emergency department: A toolkit*.

American Hospital Association. (2018, March). *Guidelines for releasing patient information to law enforcement*.

Vermont Department of Public Safety. (2024, June 17). *LEAB model policy: Crimes against health-care workers*. Retrieved from Vermont Department of Public Safety

Virginia Hospital & Healthcare Association. (2022, February 1). *VHHA Hospital Workplace Violence Prevention Toolkit*. Virginia Hospital & Healthcare Association.

Washington State Hospital Association. (2023, August). *Hospital and law enforcement: Guide to health care related disclosure (9th ed.)*.



Tool 11. Workplace Violence: What, How, and When to Report

Reporting Entity	What to Report	Examples	When to Report	References
Hospital Incident Reporting System	Actual incident of violence (physical assaults, use of weapons, intentional exposure to bodily fluids); credible threat of violence (verbal intimidation); harassment or intimidation linked to violence; or near miss or safety risk (e.g., patient tried to strike an employee but was restrained)	Assault near miss threat	Immediately	33 VSA § 8201 Act 9 (H.259, 2025)
Law Enforcement	Criminal events (disorderly conduct for engaging in fighting or in violent, tumultuous, or threatening behavior, including verbal violence; sexual assault; physical assault causing injury/death; bodily fluid exposure)	Threatening spitting hitting	Immediately	13 VSA § 1023 13 VSA § 1026 13 VSA § 1028 13 VSA § 1702



Tool 11. Workplace Violence: What, How, and When to Report

Reporting Entity	What to Report	Examples	When to Report	References
Vermont Department of Health Patient Safety Surveillance and Improvement System (PSSIS)	Sexual abuse/assault; death or serious injury resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting	Unwelcome sexual advances or conduct, staff member shoved by a patient falls and breaks an arm or hip	No later than (7) seven calendar days from discovery of event	18 VSA § 1915 Patient Safety Surveillance and Improvement System Rule National Quality Forum (NQF), <i>Serious Reportable Events In Healthcare—2011 Update: A Consensus Report</i> , Washington, DC: NQF; 2011. [11]
OSHA / VOSHA	Work-related injury or illness that results in death, loss of consciousness, days away from work, restricted work activity or job transfer, or medical treatment beyond first aid	Worker hospitalized after attack	Employee death (report in 8 hrs) Inpatient hospitalization, amputation, or eye loss (report in 24 hrs)	29 CFR 1904.7

[11]NQF is in the process of updating the list of the Serious Reportable Events (SREs). For more information, refer to National Quality Forum. (n.d.). [Updating the serious reportable events \(SRE\) list](#).



Tool 11. Workplace Violence: What, How, and When to Report

Reporting Entity	What to Report	Examples	When to Report	References
The Joint Commission	Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence	(Same as Internal Hospital System, above)	Not per incident; must track, analyze, and show data during surveys	Hospital and Critical Access Hospital Programs Standard EC.04.01.01, EP 1 Hospital Program Standard EC.04.01.01, EP 6



Tool 12. Incident Reporting System Resources

Incident Reporting System Resources

Boord J, Weckman A, Martinez N. (2025). *Framework for Standardized Data Collection of Workplace Violence Incidents in Health Care*. Institute for Healthcare Improvement.

Figure 3 outlines the Framework for Standardized Data Collection of Workplace Violence Incidents in Health Care, including key data elements to collect in three phases: 1) Reporting, 2) Investigation, and 3) Follow Up.

Department of State's Attorneys & Sheriffs. (n.d.). *State's Attorneys Offices*.

If an incident occurs, Vermont's prosecutors are typically available 24/7.

International Association for Healthcare Security and Safety. (2022). *International Association for Healthcare Security and Safety (IAHSS) Glossary of Terms*.

Contains information on more than 200 terms, phrases and abbreviations used by the healthcare security industry.

Vermont Center for Crime Victim Services. (n.d.). *Vermont Center for Crime Victim Services*.

The Center for Crime Victim Services joins with victims, survivors, and those who interact with victims and offenders to provide, sustain, and support a collaborative system of direct services across Vermont that is comprehensive, victim-centered, trauma-informed and accessible to all populations. Call 1-802-241-1250.



Tool 13. Incident Reporting System Assessment

Organizational Strategy

Question	Yes	No	In Process	Notes & Action Items
Does the organization expect personal accountability, meaning everyone in the organization is responsible for reporting incidents of violence?				
Is there an organizational structure to report incidents of violence immediately using equitable, nonpunitive, and accessible procedures, ensuring options of anonymity, immediate enforcement of the workplace violence policy, and appropriate incident response (e.g., risk management information system, internal hotline)?				



Tool 13. Incident Reporting System Assessment

Organizational Outcome Metrics

Question	Yes	No	In Process	Notes & Action Items
Do the organizational outcome metrics include improvement in morale of workforce (verbal feedback, surveyed responses)?				
Do the organizational outcome metrics include decreased incidence of workplace violence and associated harm (e.g., number and type of injuries, days away from work, resignations due to violent episodes)?				
Do the organizational outcome metrics include improvements in risk assessment analyses to demonstrate timely investigation of violence incidents, successful implementation of mitigation policies and procedures, ongoing training and education, and support in accessing necessary resources?				
Do the organizational outcome metrics include improvements in collection and reporting of data on incidents of violence, including injury data, occurrence location, time of event, workforce member(s) involved, response, and outcome?				
Do the organizational outcome metrics include routine reporting to varied committees at specified intervals (transparency of data)?				



Tool 13. Incident Reporting System Assessment

Organizational Outcome Metrics

Question	Yes	No	In Process	Notes & Action Items
Do the organizational outcome metrics include evaluation of data to track program outcomes, measure effectiveness, and modify programs on a regular basis?				
Do the organizational outcome metrics include improvements in staff and leadership confidence in the use of de-escalation and conflict resolution techniques?				

Staff-to-Staff Violence

Question	Yes	No	In Process	Notes & Action Items
Does the organization have a confidential incident reporting system for incidents of staff-to-staff violence/harassment?				
In the event of staff-to-staff violence or harassment, does the organization follow potential regulatory reporting requirements, including:				
OSHA?				
State of Vermont Department of Labor?				
Worker's Compensation?				
Professional Licensing Board?				
Local law enforcement?				



Tool 13. Incident Reporting System Assessment

Third-Party Professional-To-Staff Violence

Question	Yes	No	In Process	Notes & Action Items
In the event of physician- or third-party professional-to-staff violence or harassment, does the organization follow potential regulatory reporting requirements, including:				
Leadership at the vendor company or medical group?				
Credentialing/Privileging Board?				
OSHA?				
State of Vermont Department of Labor?				
Worker's Compensation?				
Professional Licensing Board?				
Local law enforcement?				



Tool 14. Anti-Discrimination Policy Example

Disclaimer: This assessment tool is intended to help hospitals comply with Act 9 of 2025. Policymakers should adapt this example using their hospital's structure, existing Human Resources and Compliance policies, union contracts, and legal counsel review.

Non-Retaliation / Anti-Discrimination Related to Workplace Violence Reporting and Participation in Investigations

Purpose

To promote a safe, transparent, and supportive environment in which employees can report incidents or threats of workplace violence, request assistance or intervention, or participate in investigations without fear of retaliation or discrimination. This policy complements the hospital's broader security plan and shall be read in conjunction with that plan.

Applicability

This policy applies to:

- All hospital employees (full-time, part-time, temporary, contract, per diem);
- Medical staff and credentialed practitioners (for matters relating to hospital staff interactions);
- Volunteers, trainees, students (for acts directed toward staff);
- Contractors or vendors whose personnel interact with hospital operations (to the extent of workplace violence matters); and
- All hospital departments, units, and locations (on-site, off-site, satellite campuses, hospital-sponsored events).

Definitions

For purposes of this policy:

Workplace Violence — Any act or threat of physical violence, harassment, intimidation, or threatening behavior occurring in connection with one's employment, that results in, or is likely to result in, injury, psychological trauma, or harm. (Consult the security plan.)

Retaliation — Any negative employment or professional consequence imposed because of a protected activity. Examples include, but are not limited to: demotion, discipline, reduction in hours or pay, termination, reassignment, denial of privileges, unfavorable performance evaluation, exclusion from training or advancement, threat of such consequences, or other forms of intimidation or harassment.



Tool 14. Anti-Discrimination Policy Example

Definitions

For purposes of this policy:

Protected Activity — For purposes of this policy, protected activity includes: Reporting or attempting to report an incident or threat of workplace violence (whether internally or to external authorities);

Seeking assistance or intervention from hospital security, law enforcement, or other appropriate entities;

Participating in (or refusing to participate in) an investigation of workplace violence; and

Acting as a witness or providing information in a proceeding or inquiry regarding workplace violence.

Good Faith — The employee (or individual) making the report or participating in investigation reasonably believes the information is true, even if the final investigation determines otherwise.

Policy Statement

The Hospital prohibits any form of retaliation or discrimination against any employee (or covered individual) who engages in a protected activity as defined above.

The prohibition includes retaliation for reporting, seeking help or intervention, participating in investigations, refusing to participate (e.g., due to conflict of interest or other valid reason), or providing relevant information.

Retaliatory acts are strictly forbidden, whether overt or covert, direct or indirect, threatened or actual.

All reports of retaliation will be taken seriously, promptly reviewed, and appropriately remedied when substantiated.

Individuals who engage in retaliation or discrimination shall be subject to disciplinary action, up to and including termination or loss of privileges.

The Hospital will make reasonable efforts to maintain confidentiality of the identity of the reporting or participating individual(s), except as necessary for investigation, resolution, or required by law.



Tool 14. Anti-Discrimination Policy Example

Procedure

Reporting Retaliation

Any employee who believes they have been retaliated against may report the concern to HR, the Compliance / Integrity Office, or another designated non-retaliation liaison.

Reports can be made verbally or in writing and may be anonymous if permitted under hospital policy.

The hospital shall not require the complainant to first submit the complaint to their direct supervisor if that supervisor is implicated in the retaliation.

Investigation

The hospital will promptly and impartially investigate all allegations of retaliation, either through internal resources or an external investigator if warranted.

The investigation will include interviews, review of documents, and other relevant evidence.

The complainant and the alleged retaliator shall each have the opportunity to present evidence or respond.

Investigations should be completed within a reasonable timeframe (e.g., 30–60 days), unless a documented reason for extension is necessary.

Corrective Action

If retaliation is substantiated, prompt corrective actions will be taken, which may include reversing or remediating any negative employment consequences, reinstatement if applicable, training, disciplinary action, and other appropriate measures.

The hospital shall also take steps to prevent further retaliation (e.g. monitoring, follow-up checks, imposing “no contact” orders, etc.).

Protection During Process

The hospital will ensure that complainants and witnesses are protected from any further retaliation or harassment during the investigative process. The hospital may reassign parties temporarily or take protective measures (e.g. separation of shifts) if needed, taking care not to penalize the protected individual.



Tool 14. Anti-Discrimination Policy Example

Documentation

Records of reports, investigations, findings, and remedial action shall be maintained in a secure fashion in accordance with applicable privacy, confidentiality, and record retention policies.

Appropriate summary data (without personal identifiers) shall be reported to the hospital's Workplace Violence Prevention Committee / Safety Committee for trend monitoring and corrective planning.

Training & Awareness

All new hires and existing staff (including leaders) shall receive training on non-retaliation protections, how to report, and investigator roles.

The hospital will periodically remind staff of their rights under this policy (e.g. via newsletters, posters, intranet).

Notices about the non-retaliation policy shall be posted in conspicuous locations (physical or digital) in accordance with state law. (Vermont's H.259 requires posting in conspicuous locations.)

Responsibilities

Leadership — Promote a culture of safety and non-retaliation; ensure supervisors are trained and held accountable for compliance.

Supervisors — Must not retaliate and must escalate any retaliation concerns; must cooperate in investigations.

HR / Compliance — Intake of complaints, oversight of investigations and corrective actions, recordkeeping, training coordination.

Workplace Violence Prevention Committee / Safety Committee — Monitor data, trends, recommend systemic changes, review policy effectiveness.

All Employees / Staff — Report incidents, cooperate in investigations, comply with non-retaliation policy.

Enforcement

Violations of this policy may result in disciplinary action, up to and including termination of employment or revocation of privileges. Third parties, such as contractors or vendors, may face termination of their contract or other consequences.