

Workplace Violence Against Health Care Workers is Unacceptable.

We need your help

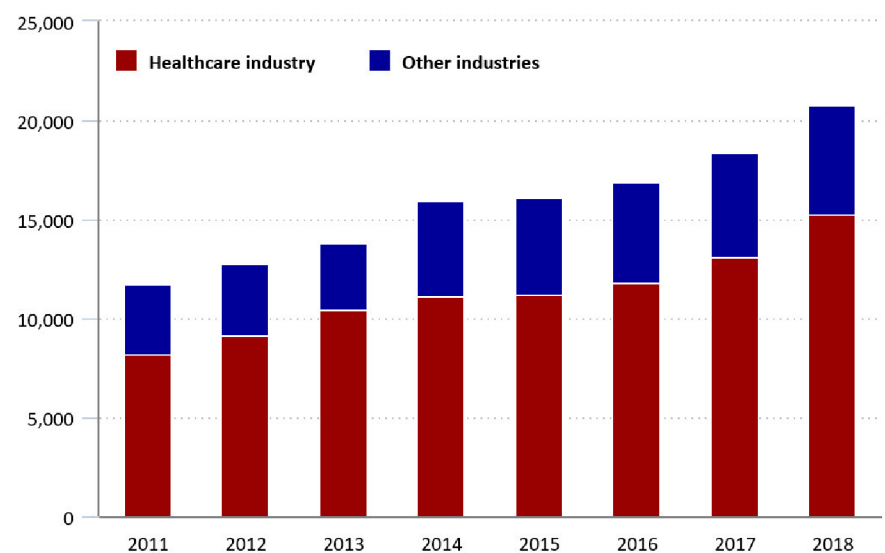
Health care is disproportionately impacted by workplace violence versus all other industries-- and workplace violence is increasing.

According to the U.S. Bureau of Labor statistics, health care workers accounted for 73% of all nonfatal workplace injuries in 2018. The amount of workplace violence incidents have been increasing at hospitals in Vermont, with our largest hospital reporting over 500 incidents last year-- that's about 1.5 incidents per day.

Health care providers need your help.

Despite implementing trainings, protocols, and infrastructure changes to reduce violence, the problem persists and harms both health care workers and patient care.

S.36 would give law enforcement the ability to immediately remove individuals who are threatening or committing violence that interferes with the provision of care.



Who is impacted by workplace violence?

Everyone. Health care workers and patients in the immediate area are impacted during and immediately after the incident. It can shut down departments, putting those who need care at risk. The physical and mental after effects also take health care workers out of the workforce, making it more difficult for Vermonters to access care.

Who perpetrates workplace violence?

Workplace violence is perpetrated by an array of visitors, family members, and patients. Incidents can stem from intoxication, medical condition, long waits for care, domestic violence, or stress. S.36 will not address all scenarios-- hospitals must medically stabilize patients-- but it provides a tool to help prevent an incident from escalating.

Why can't the hospital just use a notice against trespass?

A notice against trespass doesn't provide immediate relief. The notice must be provided to the perpetrator, and then the perpetrator must be asked to leave and refuse, or leave and return. For emergency departments, a notice against trespass can clash with the federal requirement to accept all patients.

What happens once the individual is removed?

An individual who has committed a crime should go through the criminal process.

Individuals who have not committed a crime but are medically stable, should be connected with community resources. The Public Inebriate Program (PIP) is currently [underutilized](#) with bed utilization at approximately 25% bed-days per fiscal year. An expansion of this program could provide a critical bridge to care while decompressing health care facilities.