2022 Council Resolution 34: Emergency Department Safety

Council Action: **ADOPTED**

Board Action: **ADOPTED**

Status: **Ongoing**

SUBMITTED BY: New York Chapter ACEP

Purpose:

Work with the American Hospital Association, other relevant stakeholders, and law enforcement officials to ensure best practices are established and promoted to protect patients and staff from weapons in the ED.

Fiscal Impact:

Budgeted staff resources for advocacy initiatives.

WHEREAS, The safety of patients and staff in the Emergency Department is of utmost importance; and

WHEREAS, A 35 year-old man was shot in the arm while in the ED waiting room at Jacobi Hospital in Bronx, NY, on January 25, 2022, at 12:30 pm; and

WHEREAS, There have since been numerous additional incidents; therefore be it

RESOLVED, That ACEP work with the American Hospital Association, other relevant stakeholders, and law enforcement officials to ensure best practices are established and promoted to protect patients and staff from weapons in the ED.

Background:

This resolution calls on ACEP to work with the American Hospital Association, other relevant stakeholders, and law enforcement officials to ensure best practices are established and promoted to protect patients and staff from weapons in the emergency department (ED).

Violence in health care is a common occurrence. An ACEP survey from 2018 showed that nearly half of emergency physicians have experienced violence and 80 percent of emergency physicians said that violence was harming patient care. These trends have not improved, and we still continuously hear stories about attacks or other violent episodes from health care workers across the country. In fact, since the onset of the pandemic, violence against hospital employees has markedly increased — and there is no sign it is receding. Studies indicate that 44 percent of nurses report experiencing physical violence and 68 percent report experiencing verbal abuse during the pandemic.1

ACEP has taken an active role in trying to address the problem of violence in the ED. In 2019, ACEP partnered with the Emergency Nurses Association (ENA) to launch an ongoing campaign called “No Silence on ED Violence” to equip and empower our respective members to effect needed safety improvements at their hospitals, while engaging state and federal policymakers, stakeholder organizations and the public at large to generate action to address this crisis. A webpage was created, stopedviolence.org, to serve as a resource and advocacy hub for violence in the ED.

Furthermore, in 2020, ACEP was part of an Action Team sponsored by the National Quality Forum to identify and propose ways to overcome key barriers to appropriately responding to and reporting violent incidents in health care settings and preventing future ones from occurring. The work of the Action Team culminated with the

release of an issue brief that included a specific set of priority challenges for policymakers and other stakeholders to address.

ACEP supports the "Workplace Violence Prevention for Health Care and Social Service Workers Act" (H.R. 1195, S.4182) that passed the House of Representatives in April of 2021 and was introduced in the Senate in May of 2022. This bipartisan effort takes critical steps to address ED violence by requiring the Occupational Safety and Health Administration (OSHA) to issue enforceable standards to ensure health care and social services workplaces implement violence prevention, tracking, and response systems. ACEP also supports the Safety from Violence for Healthcare Employees (SAVE) Act, which was introduced in the House of Representatives in June of 2022. This bipartisan bill would help curb violence in the emergency department and criminalize assault or intimidation against health workers.

One of the main focuses of the 2022 Leadership & Advocacy Conference was protecting emergency physicians from ED violence. Emergency physicians at all career levels met with legislators about ED violence and asked legislators to establish important, common sense procedures to protect emergency physicians, health care workers, and patients from violence in the health care workplace.

ACEP and the American Nurses Association sent a letter to and subsequently met with the National District Attorneys Association in April 2022 to discuss state-level prosecutorial approaches to offenders who assault health care workers, asking that assailants be subject to the same penalties of those who assault airline workers.

In early 2022, The Joint Commission established and started enforcing new workplace violence prevention requirements to guide hospitals in developing strong workplace violence prevention programs. ACEP contributed to the development of these new requirements by participating in an expert workgroup and supplying comments.

ACEP has additional resources and policies specifically addressing violence in the emergency department. The policy statement "Protection from Violence and the Threat of Violence in the Emergency Department" calls workplace violence "a preventable and significant public health problem" and calls for increased safety measures in all emergency departments. It outlines nine measure hospitals should take to ensure the safety and security of the ED environment. Violence in the ED is one of the 13 topic areas that link from the ACEP website, and the link leads to a page with a wealth of resources entitled "Violence in the Emergency Department: Resources for a Safer Workplace." The site includes links to information papers on the "Risk Assessment and Tools for Identifying Patients at High Risk for Violence and Self-Harm in the ED and "Emergency Department Violence: An Overview and Compilation of Resources."

ACEP policy also addresses the issue of gun violence. The policy statement "Firearm Safety and Injury Prevention" calls for "funding, research, and protocols" to address the public health issue of injury and death from firearms. The policy lists six legislative and regulatory actions that ACEP supports, including funding for firearm injury prevention research, protecting physicians' ability to discuss firearm safety with patients, universal background checks, prohibiting high-risk and prohibited individuals from obtaining firearms, restricting the sale and ownership of weapons and munitions designed for military or law enforcement use, and prohibiting 3-D printing of firearms and their components. The policy statement "Violence-Free Society" also notes that "ACEP believes emergency physicians have a public health responsibility to reduce the prevalence and impact of violence through advocacy, education, legislation, and research initiatives."

In 2018, the Public Health and Injury Prevention Committee developed the information paper "Resources for Emergency Physicians: Reducing Firearm Violence and Improving Firearm Injury Prevention" that provides information on prevention of firearm injuries, including relevant emergency medicine firearm violence and injury prevention programs, prevention practice recommendations, firearm suicide prevention programs, and listings of community-based firearm violence prevention programs by state.

Stragegic Plan Reference:

Career Fulfillment – Members believe that ACEP confronts tough issues head on and feel supported in addressing their career frustrations and in finding avenues for greater career fulfillment.

Advocacy – Members believe that they can rely on ACEP to fight for emergency physicians across all landscapes and levels, including federal, state, and local.

Prior Council Action:

Amended Resolution 32(21) Firearm Ban in EDs Excluding Active Duty Law Enforcement adopted. Directed ACEP to promote and endorse that EDs become “Firearm Free” Zones, with the exception of active-duty law enforcement officers, hospital security, military policy and federal agents; endorse and promote screening for weapons in the emergency department; and promote public education and academic research to decrease workplace.

Resolution 19(19) Support of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) adopted. Directed ACEP to support a public health approach to firearms-related violence and the prevention of firearm injuries and deaths and to support the mission and vision of AFFIRM to advocate for the allocation of federal and private research dollars to further this agenda.

Resolution 55(17) Workplace Violence adopted. Directed ACEP to develop actionable guidelines and measures to ensure safety in the emergency department, work with local, state and federal bodies to provide appropriate protections and enforcement to address workplace violence and create model state legislation/regulation.

Substitute Resolution 21(14) Emergency Department Mental Health Information Exchange adopted. This resolution called for ACEP to research the feasibility of identifying and risk-stratifying patients at high risk for violence and devise strategies to help emergency care providers with stakeholders to mitigate patients’ risk of self-directed for interpersonal harm and investigate the feasibility and functionality of sharing patient information under HIPAA.

Resolution 37(13) Establishing Hospital-Based Violence Intervention Program adopted. Directed ACEP to promote awareness of hospital-based violence intervention programs and coordinate with relevant shareholders to provide resources to those wishing to establish such programs.

Amended Resolution 17(08) Felony Conviction for Assaulting Emergency Physicians adopted. It directed ACEP to work with appropriate governmental agencies to enact federal law, making it a felony to assault any emergency physician, on-call physician, or staff member working in a hospital’s emergency department.

Amended Resolution 22(98) Violence Prevention adopted. Directed the College to establish a national dialogue between interested parties on this issue and that ACEP encourage the National Institute of Mental Health and Centers for Disease Control and Prevention among others to make financial support available for research into this area.

Amended Resolution 26(93) Violence in Emergency Departments adopted. It directed ACEP to develop training programs for EPs aimed at increasing their skills in detecting potential violence and defusing it, to develop recommendations for minimum training of ED security officers, to investigate the appropriateness of mandatory reporting and appropriate penalties for perpetrators of violence against emergency personnel, and to support legislation calling for mandatory risk assessments and follow up plans to address identified risks.

Amended Resolution 11(93) Violence Free Society adopted. Directed the College to develop a policy on violence free society and to educate members about the preventable nature of violence and the important role physicians can play in violence prevention.

Amended Resolution 44(91) Health Care Worker Safety adopted. It directed ACEP to develop a policy statement promoting health care worker safety with respect to violence in or near the emergency department.

Prior Board Action:

Amended Resolution 32(21) Firearm Ban in EDs Excluding Active Duty Law Enforcement adopted.

Resolution 19(19) Support of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) adopted.

October 2019, approved the revised policy statement “Firearm Safety and Injury Prevention;” approved April 2013 with current title, replacing rescinded policy statement titled “Firearm Injury Prevention;” revised and approved October 2012, January 2011; reaffirmed October 2007; originally approved February 2001 replacing 10 separate policy statements on firearms.

April 2019, approved the revised policy statement “Violence-Free Society;” reaffirmed June 2013; revised and approved January 2007; reaffirmed October 2000; originally approved January 1996.

January 2019, approved $20,000 contribution to the American Federation for Firearm Injury Reduction in Medicine (AFFIRM).

June 2018, reviewed the information paper "Resources for Emergency Physicians: Reducing Firearm Violence and Improving Firearm Injury Prevention."

October 2017, Resolution 55(17) Workplace Violence adopted.

May 2016, reviewed the information paper "Emergency Department Violence: An Overview and Compilation of Resources."

April 2016, approved the revised policy statement "Protection from Violence in the Emergency Department;" revised and approved June 2011; revised and approved with the title "Protection from Physical Violence in the Emergency Department Environment" April 2008; reaffirmed October 2001 and October 1997; originally approved October 1997.

November 2015, reviewed the information paper "Risk Assessment and Tools for Identifying Patients at High Risk for Violence and Self-Harm in the ED."

Substitute Resolution 21(14) Emergency Department Mental Health Information Exchange adopted.

August 2014, reviewed the information paper "Hospital-Based Violence Intervention Programs."

Resolution 37(13) Establishing Hospital-Based Violence Intervention Program adopted

Amended Resolution 17(08) Felony Conviction for Assaulting Emergency Physicians adopted.

Amended Resolution 22(98) Violence Prevention adopted.

Amended Resolution 26(93) Violence in Emergency Departments adopted.

Amended Resolution 44(91) Health Care Worker Safety adopted.

Amended Resolution 11(93) Violence-Free Society adopted.

Council Action:

Reference Committee B recommended that Resolution 34(22) be adopted.

The Council adopted Resolution 34(22) on September 30, 2022.

Testimony:

Both asynchronous and live testimony were unanimously in support of the resolution. Asynchronous testimony noted the need for clear guidelines that can be implemented for best practices to decrease the risk of injury from weapons in the emergency department. During live testimony, one member suggested including EMS as a component, as many weapons come to emergency departments through EMS entrance. Some testimony suggested that the resolution not be limited just to weapons, but that it should address violence more broadly. The Reference Committee recognizes the concerns about the EMS aspect and believes that the resolution as it stands is broad enough to encompass EMS. The Reference Committee also notes that ACEP has already made it a priority to address violence in the emergency department, however, there is still a need to establish best practices for protecting patients and staff from weapons specifically.

Board Action:

The Board adopted Resolution 34(22) on October 3, 2022.

References:

1E.g., Byon H, et al., Nurses' experience with Type II workplace violence and underreporting during the COVID-19 pandemic. Workplace Health Saf. 2021 21650799211031233.

Implementation Action:

Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

ACEP helped inform and supports the "Safety from Violence for Healthcare Employees (SAVE) Act," (H.R. 7961), bipartisan legislation re-introduced into the 118th Congress by Madeleine Dean (D-PA-04) and Larry Buschon MD (R-IN-08) in April, 2023 that would establish federal criminal penalties for violence against health care workers (as this resolution seeks to do), based on federal penalties that already exist for violence against airline and airport employees. This legislation is also supported by the American Hospital Association. ACEP president Gillian Schmitz, MD, FACEP, was quoted in the press release issued previously by the sponsors of the legislation on June 7, 2022.

The "Safety from Violence for Healthcare Employees (SAVE) Act" was introduced in the Senate by Senators Marco Rubio (R-FL) and Joe Manchin (D-WV). The legislation establishes federal criminal penalties for individuals who assault health care workers and is modeled after existing protections for airline employees. This bill serves as the Senate companion to the previously-introduced House bill that ACEP advocated for during Hill visits at LAC23 in May. The Senate version is essentially identical in terms of the federal penalties language and who would be covered, but there are two key differences from the House version. The Senate bill strips out the grants for hospitals, and includes a new section requiring a GAO report on the effectiveness of criminal penalties and prosecutions for violence against health care workers. ACEP's letter of support can be found here, and ACEP President Christopher Kang, MD, FACEP, was quoted in the press release.

ACEP co-hosted a congressional briefing on health care workplace violence and the SAVE Act with the American Hospital Association (AHA) on January 30, 2024.Another congressional briefing was held on March 22, 2024, and co-hosted with the Emergency Nurses Association (ENA) and the American Nurses Association (ANA).

ACEP's legislative and regulatory priorities for the First Session of the 119th Congress included:

- Advocate for passage of bills to address violence against health care workforce and for increased safety measures in the ED and secure new congressional champions.
- Continue to follow-up with OSHA regarding the development of standards for workplace violence in health care that appropriately take into account the unique factors of dealing with violent episodes in the emergency department.
- Support legislation and identify new opportunities to promote comprehensive violence prevention and intervention efforts, such as hospital-based violence intervention programs, increased community-specific resources, research funding, and educational initiatives.

ACEP secured reintroduction of the legislative priorities we have developed and helped inform, including the bipartisan renamed "Save Healthcare Workers Act" (H.R. 3178/S. 1600), as well as the "Workplace Violence Prevention for Health Care and Social Service Workers Act" (H.R. 2531/S. 1232). ACEP federal advocacy staff continue to partner with relevant stakeholders, and will resume its workplace violence prevention coalition efforts in the second half of the first session of the 119th Congress and beyond.

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