

Protecting Emergency Physicians from Violence in the ED

Violence against emergency physicians, nurses, and other health care workers has long been an occupational hazard in the emergency department (ED). In fact, workers in the health care sector are five times more likely to experience serious workplace violence than workers in other industries.¹ ED violence causes significant stress and trauma to health care workers and to patients who seek treatment in the ED. A survey conducted by the American College of Emergency Physicians (ACEP) in 2022 confirmed the growing rates of violence against health care workers. Two-thirds of physicians polled reported being physically assaulted within the last year, and 85 percent reported that the rates of ED violence increased over the last year.² Violent attacks further delay emergency departments from providing necessary care, increase burnout among health care providers, and prevent them from doing their jobs.

While emergency physicians are exposed to significant rates of verbal and physical abuse, these rates likely do not represent the full impact of ED violence. Many challenges exist to accurately track violent incidents, as many health care workers decline to report incidents for fear of retaliation or feelings that reporting is not worth the time. ED violence creates additional stress and contributes to low morale, and it puts health care workers in a challenging position when they must treat the patient who attacked them. This accumulation of emotional, physical, and mental trauma is intensifying for health care workers already experiencing significant stress. In fact, 26% of health care workers considered leaving their jobs because of workplace violence.³ Even in cases where law enforcement does make an arrest for violent behavior, the charges are often not pursued by district attorneys and offenders are not prosecuted.

The increased level of violence in our society is perhaps most evident in the rise of unruly, disruptive, and violent behavior by commercial airline passengers against airline employees and other travelers. However, while there are a myriad of civil and criminal penalties (as well as other potential consequences) for unruly airline passengers that are aggressively pursued, these same penalties are lacking for violence against health care workers. Violence in the ED is also subject to unique considerations, such as federal laws governing patient privacy protections and requiring stabilization of patients with emergency medical conditions — meaning that so many of these incidents go completely unseen by the public.

Violence against emergency physicians and other ED staff must not be accepted as “just part of the job.”

ACEP supports the “Workplace Violence Prevention for Health Care and Social Service Workers Act” (H.R. 2663/S. 1176), introduced by Rep. Joe Courtney (D-CT) and Sen. Tammy Baldwin (D-WI), that takes critical steps to address ED violence by requiring the Occupational Safety and Health Administration (OSHA) to issue an enforceable standard (that has been under development for years) to ensure health care and social services workplaces implement violence prevention, tracking, and response systems. This legislation has twice passed in the House in bipartisan votes, and we urge legislators to cosponsor this bill and to take up and pass this important legislation to help protect emergency physicians from violence in the workplace.

ACEP also supports the bipartisan “Safety from Violence for Healthcare Employees (SAVE) Act” (H.R. 2584/S.2768) introduced by Representatives Larry Bucshon, MD (R-IN) and Madeleine Dean (D-PA) and Senators Joe Manchin (D-WV) and Marco Rubio (R-FL). The SAVE Act establishes federal criminal penalties for violence against health care workers, similar to those already in place for airline and airport workers.

ACEP urges legislators to cosponsor both the “Workplace Violence Prevention for Health Care and Social Service Workers Act” (H.R. 2663/S. 1176) and the “SAVE Act” (H.R. 2584/S. 2768), and to swiftly take up these bills to help protect emergency physicians and our colleagues in the emergency department.

^{1,3} <https://www.nytimes.com/video/opinion/10000009120996/emergency-room-hospitals-violence-attacks.html>

² <https://www.emergencyphysicians.org/siteassets/emphysicians/all-pdfs/acep-emergency-department-violence-report-2022-abridged.pdf>

ACEP conducted a follow-up member poll in January 2024 to gauge our members' ongoing experiences with violence in the emergency department.

More than 2,000 responses were submitted, with 800+ providing troubling and powerful personal experiences, some of which are highlighted here.

“—
A patient that routinely visits the ED for care made an off-hand comment that he was gonna shoot everyone working that day and everyone was like ‘no way he says stupid stuff all the time.’ Nobody believed him- but I don’t dismiss or condone that behavior from our patients. I encouraged our hospital law enforcement to contact local law enforcement. They picked him up walking back to the hospital with a gun that he stole from a relative’s house.

“—
Had a patient...kick one of our nurses because they were dissatisfied by her care. Told them [she] was pregnant, they said ‘I hope the baby dies.’

“—
Patient boarding in a hallway bed withdrew a loaded pistol from her belongings and pointed it...frequent threats of violence and rape to employees (especially nurses).

“—
Patient threatened to return to the ED with his gun and shoot us all in the head for not giving him narcotics.

“—
Patient threatened to slit my throat when I did not give her a turkey sandwich (She was about to be taken to the OR for surgery and was made NPO for procedure).

“—
We had a potential active shooter threat in which a former patient called and said he was headed to the hospital to shoot the place up...local PD refused to respond as they didn’t feel it was a credible threat...Asked for greater security at triage with metal detectors, never happened... Just last month I walked into a room of a patient...only to find her displaying her Glock handgun openly next to her on the gurney...**WE NEED SCREENING FOR WEAPONS IN OUR DEPARTMENT.**

“—
Verbally assaulted a very pregnant RN for not being faster with getting him his meds, stating ‘Hurry up with my meds you ****ing *****!’ A different patient... threatened a male EM resident while he was placing an IV, ‘You ****ing ***** **** come near me and I’ll **** you up!’

“—
Happens nearly daily...Tech whose finger was bitten OFF...another nurse lost 2 teeth after being punched.

“—
Patient...barricaded himself in bathroom with a small female nurse, struck her head on the wall, she collapsed and he straddled her striking her head on the ground. Another nurse was able to open the bathroom door, patient threw second nurse into a wall, breaking nurse’s clavicle and began striking nurse in head with brass knuckles.

“—
A patient...strangled me. I got punched in the chest for bringing someone apple juice and they didn’t want it.