THREAT SUPPRESSION, INCORPORATED

THREAT SUPPRESSION®

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Healthcare Workplace Violence: Prevention, Response, Recovery

Executive Summary:

Healthcare Workplace Violence gives healthcare administrators, clinical staff, security personnel, emergency managers, and public-safety partners a practical framework for understanding, preventing, and responding to violence across hospitals, nursing homes, long-term-care facilities, behavioral-health settings, outpatient organizations, and other care environments. The course examines why healthcare organizations face distinctive risks, how patient and resident aggression develops, why incidents go unreported, and how organizational culture, facility design, access control, training, and response procedures influence outcomes. Participants work through current data, behavioral indicators, case studies, and operational considerations that help organizations build a more coherent workplace-violence prevention program without losing sight of patient care, resident dignity, staff safety, and the obligation to remain open and functional.

THE CHALLENGE: Hospitals and healthcare organizations must protect staff, patients, and visitors while providing care. A workplace violence program that views incidents as isolated problems will miss operational, clinical, and organizational conditions that allow violence to occur. OSHA already recognizes healthcare as the most dangerous profession for workplace violence. This course give tangible and actionable information for providers and leadership to make effective decisions.

Course Overview:

Length	Four to eight-hours, based on the host agency's objectives, audience, and desired level of discussion.
Format	Instructor-led lecture, facilitated discussion, current research, case studies, and hospital-specific prevention and response analysis. Available in person or as a live webinar.
Audience	Healthcare administrators and executives, clinical leaders and staff, hospital police and security, emergency managers, human resources and risk leaders, public-safety personnel, and government officials.
Class Size	Host-specific and scalable. Final limits depend on room capacity, delivery platform, and the desired level of participant interaction.
Prerequisites	No prior law-enforcement, security, or clinical qualification is required. Participants should be familiar with their organization's workplace violence and emergency management policies.
Cost	Customized quote based on delivery method, course length, participant count, travel, and lodging.

What Participants Will Learn:

The Scope of Healthcare Workplace Violence

Healthcare organizations are not ordinary workplaces. Hospitals, nursing homes, long-term-care facilities, behavioral-health programs, outpatient clinics, and other care settings operate around the clock, serve people in pain or crisis, and bring staff into close contact with patients, residents, family members, visitors, contractors, and members of the public. Emergency departments, resident-care areas, memory-care units, behavioral-health settings, medication areas, public entrances, and parking areas create different exposures. The course examines how those conditions shape prevention, reporting, security, and response.

Current Evidence and What the Data Actually Measure

Current national data show that workplace violence in health care is not a marginal issue. NIOSH, using Bureau of Labor Statistics data, reports 14 nonfatal workplace-violence injuries involving days away from work per 10,000 full-time equivalents in health care during 2021-2022, more than triple the all-industry rate of 4.3. Although health care workers represent about 10 percent of the workforce, they experienced 48 percent of nonfatal workplace-violence injuries in that period. These figures capture only reported injuries meeting the BLS criteria; they do not represent every threat, assault, or disruptive incident.

The 2024 AHRQ Hospital Workplace Safety Supplemental Items provide a complementary, hospital-specific view of organizational culture. The report included 94 hospitals and 61,767 provider and staff respondents. Only 49 percent agreed that physical and verbal aggression from patients or visitors was appropriately addressed, and emergency-department and short-stay areas had the lowest composite score at 57 percent. Those findings should not be presented as a direct measurement of nursing homes or other healthcare settings, but they identify a problem that many care organizations recognize. At the severe end of the spectrum, a 2026 JAMA Network Open systematic review identified 327 hospital-based shooting events at acute-care hospitals from 2012 through 2024. These measures are different, but together they show why healthcare organizations need a prevention system that addresses routine aggression and rare catastrophic events.

Recognizing Risk Before the Assault

Preparedness begins before the assault. Participants examine common violence triggers, the relationship between the person of concern and the healthcare organization, the difference between reactive and predatory behavior, and the importance of identifying goals and escalation patterns. The course introduces behavioral tools such as STAMP and STAMPEDAR as structured aids for recognizing concerning behavior. These tools support behavioral observation and assessment in a hospital, nursing-home, long-term-care, or other healthcare setting; they are not substitutes for investigation, clinical judgment, or individualized threat-management processes.

High-Risk Environments and Vulnerable Staff

Workplace violence does not affect every unit, facility, or employee in the same way. Participants examine risks associated with emergency departments, behavioral-health units, critical-care areas, inpatient units, nursing-home and long-term-care resident areas, memory-care settings, registration and waiting areas, medication access, staff workspaces, and off-site or parking locations. The discussion includes patient and resident aggression, visitor violence, coworker or supervisor violence, domestic-violence spillover, stalking, threats, and violence involving weapons. The goal is to help leaders understand where controls, reporting pathways, staffing practices, and clinical routines may fail.

Prevention, De-escalation, and Environmental Design

Prevention requires more than a de-escalation class. The program examines administrative controls, reporting systems, supervisory response, training, access control, visitor management, environmental design, staff identification, alarms, security presence, and coordination with law enforcement. Participants consider how those controls must be adapted to hospitals, nursing homes, long-term-care facilities, behavioral-health settings, and outpatient environments. They also examine how to reduce avoidable triggers, create clear escalation pathways, use defusing and de-escalation techniques, and recognize when a situation requires security, clinical, law-enforcement, or emergency-management intervention.

Response, Recovery, and Organizational Accountability

When violence occurs, the healthcare organization must protect people while preserving essential care and resident-support functions. The course addresses immediate safety decisions, notification, security and police response, evidence preservation, medical care, employee support, patient and resident safety, documentation, after-action review, and organizational accountability. It examines how fear, burnout, absenteeism, turnover, and reduced attention can affect care after an incident. The final discussion translates the material into improvement questions for policy review, leadership action, training, and exercise design.

Learning Objectives:

At the conclusion of the program, participants will be able to:

1. Define workplace violence in healthcare and distinguish threats, aggression, assault, stalking, and weapon-related incidents.
2. Summarize current NIOSH, BLS, and AHRQ data and explain what those measures do and do not capture.
3. Explain why violence risks vary among hospitals, nursing homes, long-term-care facilities, behavioral-health programs, and outpatient settings.
4. Identify clinical, environmental, and organizational conditions that increase the risk of workplace violence.
5. Describe violence involving patients, visitors, coworkers, supervisors, intimate partners, and other outside actors.
6. Explain why workplace-violence incidents may be normalized, underreported, or reported inconsistently.
7. Describe STAMP and STAMPEDAR as behavioral recognition aids and explain their appropriate limits.
8. Recognize common warning behaviors, triggers, escalation patterns, and apparent goals associated with concerning behavior.
9. Compare administrative controls, environmental design, access control, visitor management, and security measures.
10. Describe the principles of defusing and de-escalation and recognize when those techniques are not appropriate.
11. Explain the respective roles and limitations of healthcare leaders, clinical staff, security, law enforcement, human resources, risk management, and emergency management.
12. Assess workplace-violence risks in emergency departments, behavioral-health units, critical-care areas, inpatient units, long-term-care settings, public spaces, and parking areas.
13. Describe immediate response considerations that protect people while preserving essential clinical functions.

14. Explain the importance of documentation, employee support, after-action review, and organizational accountability.
15. Connect workplace violence with patient safety, burnout, retention, absenteeism, and psychological harm.
16. Develop prioritized improvement questions for healthcare and public-safety leaders.

Host Agency Requirements:

The host organization is responsible for coordinating the course, registering participants, obtaining any applicable continuing-education credit, and providing a suitable classroom or virtual-delivery environment. For in-person delivery, the host should provide a computer, projector or display, reliable audio, and adequate seating for the confirmed attendance. For virtual delivery, the host should provide the meeting platform, participant access, and a point of contact who can manage attendance and technical issues.

Because this is a lecture program, it does not require a live-fire facility, training weapons, tactical medical equipment, or practical-training props. If the host requests a site-specific walkthrough, tabletop, functional exercise, or other practical component, the facility, staffing, safety, equipment, and attendance requirements will be addressed in a separate course plan before scheduling.

Threat Suppression provides education and preparedness support; it does not provide medical malpractice insurance or other coverage for the host organization, students, medical directors, or affiliated organizations. The host remains responsible for their own insurance, clinical governance, medical direction, credentialing, policies, and operational decisions. Threat Suppression is not responsible for decisions made by medical directors or other personnel who are outside its control.

About Threat Suppression:

Threat Suppression, Incorporated is a research-driven safety, security, and public-safety training and consulting firm founded in 2012. The company is a leading provider of integrated active assailant training for the Department of War, providing more than 165 classes at 45 major installations. The company has invested more than 50,000 hours in internal active assailant research. Threat Suppression serves as a principal member of NFPA 3000 and participates in multiple state and federal ASHE workgroups that shape national active assailant preparedness standards and policy.

The company's leadership has commanded active assailant events and was lead author on the 2021 Oxford High School mass shooting after-action report, one of the most comprehensive analyses of an active assailant incident response. Threat Suppression provides active assailant preparedness, rescue task force training, emergency management support, behavioral threat assessment and management, exercises, after-action reviews, and physical security services to federal agencies, military installations, public safety organizations, healthcare systems, schools, and private organizations. Our work combines operational experience, applied research, and field-tested instruction.

We have provided this training to the Emergency Nurses Association, American College of Emergency Physicians, American Association of Critical Care Nurses, and multiple state hospital organizations. We have also provided this training for major healthcare organizations, such as Advocate Health, Duke University Medical Center, the Veteran’s Administration Medical Center, and many more.

To Schedule or Learn More:

Phone: 1-800-231-9106
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Course Page: www.threatsuppression.com/healthcare-workplace-violence
Website: www.threatsuppression.com