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# **Violence Against Health Care Workers Annual Report**

**REPORT TO THE MINNESOTA LEGISLATURE FOR FEDERAL FISCAL YEAR 2025**

## **Violence Against Health Care Workers Annual Report**

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## Introduction

In January 2016, all hospitals designed and implemented preparedness and incident response plans to acts of violence as required by the Centers for Medicare and Medicaid Services (CMS). This incident and response plan is also referenced as the Emergency Preparedness Plan and is found in Appendix Z of the CMS State Operations Manual (SOM).<sup>1</sup>

Hospitals review and update the Emergency Preparedness plan at least annually. The plan is in writing and specific to the workplace violence hazards and corrective measures for the units, services, or operations of the hospital. The plan must always be available to health care workers.

In 2023, the Minnesota legislature passed legislation regarding violence against health care workers<sup>2</sup>. Starting January 1, 2025, all hospitals are required to provide action plans to the Minnesota Department of Health (MDH). The Department is required to review the plans to ensure they contain the required elements, and to ensure the plans can be operationalized.

This report is the first annual report on action plans submitted by hospitals to MDH. The analysis of dates is represented by the Federal Fiscal Year 2025 (FFY25), which occurred from October 1, 2024, through September 30, 2025.

All 136 hospitals in the state submitted action plans to MDH.

## Collaboration with Stakeholders

In November 2023, MDH provided notice to the Minnesota Hospital Association and Minnesota Nurses Association on the development of the hospital action plan template. The template was designed to reflect all statutory submission requirements.

In February 2024, MDH finalized the template and made it publicly available to external stakeholders on the MDH website.

In May and June 2024, MDH hosted a webinar with an overview of the Violence Against Health Care Workers requirements, as outlined in Minnesota Statutes, section 144.566. During the training, information was shared on how to submit the action plan to MDH and what information should be included in the action plan.

By August 2024, MDH developed an online submission portal for hospital action plans. Hospitals were given the flexibility to either complete an online form and upload individual documents for each statutory subdivision or submit one comprehensive document for review.

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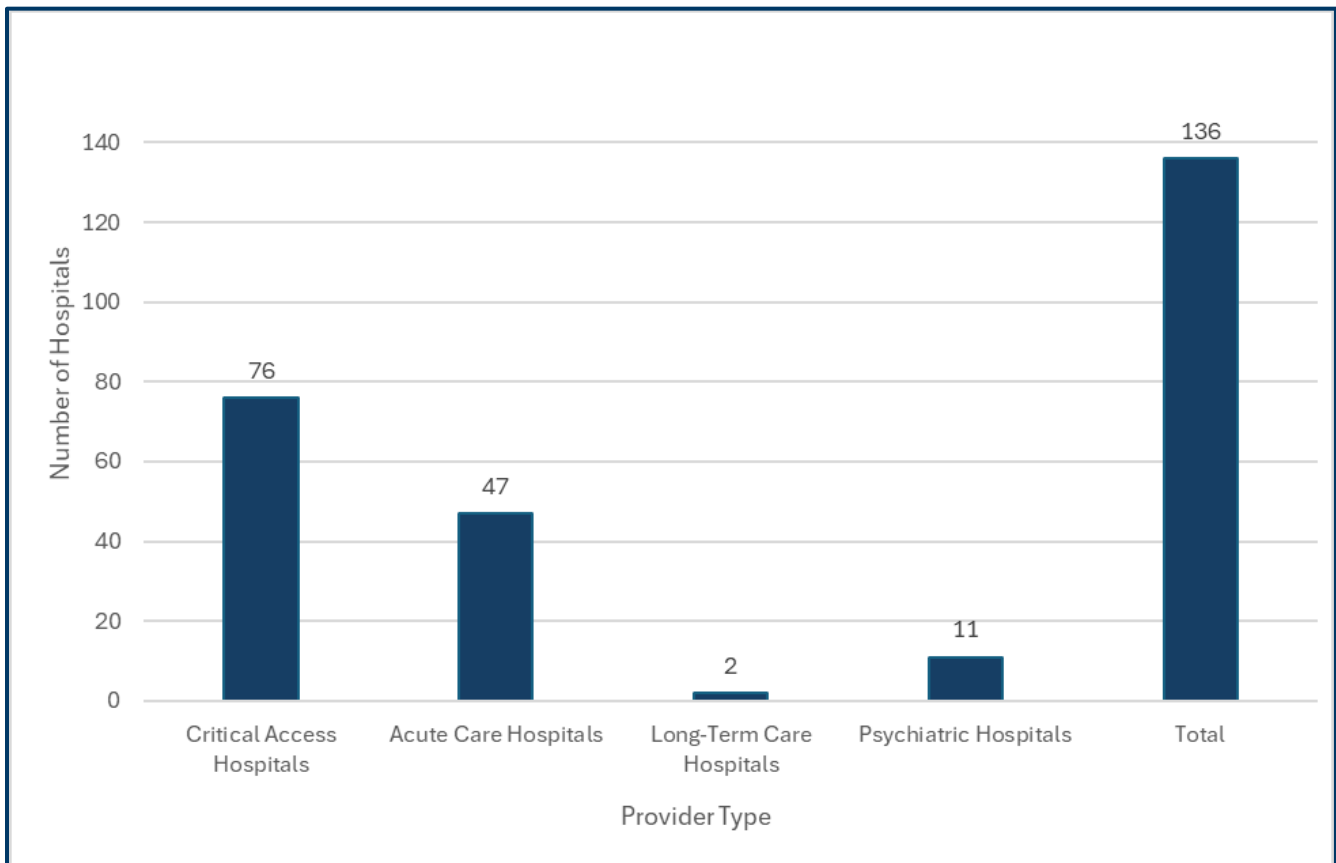
<sup>1</sup> [Medicare State Operations Manual \(PDF\) \(https://www.cms.gov/files/document/som-appendix.pdf\)](https://www.cms.gov/files/document/som-appendix.pdf)

<sup>2</sup> [Minnesota Statutes, chapter 144.566 \(https://www.revisor.mn.gov/statutes/cite/144.566\)](https://www.revisor.mn.gov/statutes/cite/144.566)

In October 2024, MDH updated the hospital action plan webpage to include a PowerPoint tutorial on how to use the online portal and submit a hospital action plan. By the end of the month, MDH received the first hospital action plan through the online portal.

## Hospitals in Minnesota

### Hospital Counts by Provider Type



The data include four provider types of hospitals: critical access hospitals (CAHs), acute care hospitals (HSP), long-term care hospitals (HSPLTC), and psychiatric hospitals (HSPPSY).

Critical access hospitals represent the largest provider type, with 76 CAHs statewide. Acute care hospitals make up the next largest group with 47 facilities, long-term care hospitals and psychiatric hospitals represent smaller portions of Minnesota's hospital system, with 2 and 11 facilities respectively.

## Hospital Action Plan Elements

Hospitals are required to have committees composed of health care workers that are employed by the hospital. The committees need to include nonmanagerial health care workers, non-clinical staff, administrators, patient safety experts, and other appropriate personnel. The purpose of the committee is to develop and implement preparedness and incident response action plans to address acts of violence.

The action plans need to include names and job titles of the persons responsible for implementing the plan. In addition, there needs to be active involvement of health care workers and their representatives to develop, implement, and review the plan. Active participation includes identifying, evaluating, and correcting workplace violence hazards, designing and implementing training, as well as reporting and investigating incidents of workplace violence. The plan also needs to ensure there are effective procedures to ensure that supervisory and nonsupervisory health care workers comply with the plan.

The action plans also need to include assessment procedures that identify and evaluate workplace violence hazards for each facility and include each unit, service, or operation, as well as community-based risk factors and areas surrounding the facility. This could include things such as employee parking areas and other outdoor areas. The action plans need to include assessment tools, environmental checklists, or other ways to identify workplace violence hazards.

The action plans need to include procedures to review all workplace violence incidents that occurred in the facility, unit, service, or operation within the previous year. This review needs to occur regardless of whether an injury occurred.

Action plans need to include the following procedures:

- A process for health care workers to document and share information about conditions that may increase the risk of workplace violence, and to communicate this information to other staff, shifts, or units without fear of reprisal.
- A process for health care workers to report violent incidents, threats, or other workplace violence concerns without fear of reprisal.
- A system for the hospital to accept and respond to reports of workplace violence and to prohibit retaliation against a health care worker who makes such a report.
- A policy statement stating the hospital will not prevent a health care worker from reporting workplace violence or take punitive or retaliatory action against a health care worker for doing so.
- A system for investigating health care worker concerns regarding workplace violence or workplace violence hazards.
- A process to inform health care workers of the results of the investigation arising from a report of workplace violence or from a concern about a workplace violence hazard and of any corrective actions taken.
- A system to obtain assistance from the appropriate law enforcement agency or social service agency during all work shifts.
- A policy statement stating the hospital will not prevent a health care worker from seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs or take punitive or retaliatory action against a health care worker for doing so.

The action plans must include methods the hospital will use to coordinate implementation of the plan with other employers whose employees work in the same health care facility, unit, service, or operation and to ensure that those employers and their employees understand their respective roles as provided in the plan. These methods must ensure that all employees working in the facility, unit, service, or operation are provided the training; and must ensure that workplace violence incidents involving any employee are reported, investigated, and recorded.

Many of the hospitals' action plans used an all-hazards approach to identify potential risks/vulnerabilities. An all-hazards approach is a framework focusing on common capabilities such as communication, evacuation, and leadership needed for any disaster rather than specifically planning for every single threat. The approach helps identify approaches for building flexible, resilient systems that can handle diverse emergencies such as

pandemics, cyberattacks, floods, or active shooters by prioritizing core functions for protecting life, property, and operations. In addition, most hospitals were completing safety awareness walk-throughs as part of their vulnerability assessments. A walk-through typically involves safety committee members walking through a patient care unit, visualizing and discussing possible vulnerabilities.

## Hospital Action Plan Training

All hospitals must develop and provide training to all health care workers employed or contracted with the hospital related to safety during acts of violence.

### Development of Training

Hospital training for all health care workers must include the following:

- A requirement for cultural competency training and equity, diversity, and inclusion training.
- Systems on how the hospital will communicate with health care workers regarding workplace violence matters. This would include how health care workers will document and communicate to other health care workers and between shifts and units' information regarding conditions that may increase the potential for workplace violence incidents.
- How health care workers can report a violent incident, threat, or other workplace violence concern.
- How health care workers can communicate workplace violence concerns without fear of reprisal.
- How health care worker concerns will be investigated, and how health care workers will be informed of the results of the investigation and any corrective actions to be taken.

MDH reviewed each hospital's action plan and requested additional information/clarification as needed to ensure the plans were adequate and could be implemented.

## Provision of Training

Training must be completed during new employee orientation and before the health care worker completes their first shift independently. The hospital must provide this training annually for all employees. The training must include:

- Safety guidelines for response to and de-escalation of an act of violence.
- Ways to identify potentially violent or abusive situations, including aggression and violence-predicting factors.
- The hospital's preparedness and incident response action plans for acts of violence and how the health care worker may report concerns about workplace violence within each hospital's reporting structure without fear of reprisal. It should also identify how the hospital will address workplace violence incidents, and how the health care worker can participate in reviewing and revising the plan.
- Any resources available to health care workers for coping with incidents of violence, including but not limited to critical incident stress debriefing or employee assistance programs.

There were no patterns or trends that emerged from this topic of providing training. Most hospitals had implemented violence prevention training for all employees at least annually and upon hire. There were examples of training through orientation, debriefings after incidents and incidental training. Other hospitals

displayed signs to identify that the hospital had an Action Plan for Violence Against Health Care Workers. The signs promoted and encouraged staff to report unsafe situations any concerns related to violence/safety.

It should also be noted that some larger hospital systems developed their action plans in conjunction with law enforcement and employee bargaining units.

## Hospital Action Plan Review and Updates

Hospitals must also review the effectiveness of their preparedness and incident response action plans with their action plan committee. This review includes the sufficiency of security systems, alarms, emergency responses, and security personnel availability. The review also includes the security risks associated with specific units, areas of the facility with uncontrolled access, late night shifts, early morning shifts, and areas surrounding the facility such as employee parking areas and other outdoor areas. Going forward, the committee will review the number of acts of violence that occurred in the hospital during the previous year, including injuries sustained, if any, and the unit in which the incident occurred. The committee will evaluate staffing, including staffing patterns and patient classification systems that contribute to, or are insufficient to address, the risk of violence. In addition, the committee will review any reports of discrimination or abuse that arise from security resources, including from the behavior of security personnel.

After the review, the hospital must incorporate corrective actions into the action plan to address workplace violence hazards identified during the annual action plan review, reports of workplace violence, reports of workplace violence hazards, and reports of discrimination or abuse that arise from the security resources.

Each year the hospital is expected to update their action plan to reflect the corrective actions the hospital will implement to mitigate the hazards and vulnerabilities identified during the annual review.

Since FFY25 is the first year the hospitals had to submit their action plans to MDH, the department did not look for updates to their plan or any corrective measures the hospital took. It is anticipated for the FFY26 hospital reports, the department will see the review each hospital completed and the updates and implementation to their action plan.

## Requests for Additional Staffing

As part of its action plan, hospitals are required to create and implement a procedure for a health care worker to officially request of hospital supervisors or administration that additional staffing be provided. The hospital must document all requests for additional staffing made because of a health care worker's concern over a risk of an act of violence. If the request for additional staffing to reduce the risk of violence is denied, the hospital must provide the health care worker who made the request a written reason for the denial and must maintain documentation of that communication with the documentation of requests for additional staffing.

The staffing requests must be made available to the department upon request. An example of this request may come during a complaint investigation at a hospital to determination whether the hospital is providing adequate staffing and security to address acts of violence.

The department reached out to 11 hospitals to have them clarify what the hospital's process was when additional staffing was requested and how hospitals monitored that request. All 11 hospitals responded and



provided additional information. In the hospital action plans reviewed, hospitals referred to their emergency preparedness plan for staffing.

A hospital, including any individual, partner, association, or any person or group of persons acting directly or indirectly in the interest of the hospital, must not interfere with or discourage a health care worker if the health care worker wishes to contact law enforcement or the Commissioner regarding an act of violence.

All hospitals had this clearly noted in their action plans.

## Complaints Related to Staffing

During FFY25 the department received one complaint about adequate staffing and safety for registered nurses for one hospital. An onsite investigation was conducted that included interviews with staff and patients, observations, and record reviews. No deficiencies were identified.

## Disclosure of Action plans

All hospitals must make their most recent action plans and action plan reviews available to local law enforcement, all direct care staff and, if any of its workers are represented by a collective bargaining unit, to the exclusive bargaining representatives of those collective bargaining units.

The department reached out to 31 hospitals to have them confirm whether they had notified law enforcement and bargaining units of their action plans. All hospitals responded to the request and provided additional information. Some smaller rural hospitals did not identify disclosure due to limited access to law enforcement in their area as well as no union representation in their hospital workforce.

## Penalties

The department may impose financial penalties of up to \$10,000 for failure to comply with the requirement to submit an action plan. The department would allow up to 30 calendar days to correct a violation before assessing the fine.

In FFY25 all hospitals complied with the requirement to submit an action plan, and no hospitals were issued fines.

## Key Take Aways

In review of the first year for hospitals to submit their action plans, the department identified several key take aways:

- All hospitals submitted an action plan; if an individual hospital was part of a larger organization, they still needed to submit an individual action plan.

## FFY25 Violence Against Health Care Workers Annual Report

- The department recognized some hospitals were missing from the form submission portal. In FFY26 the hospital action plans will be submitted through the Open Gov portal application, the same portal used for annual license renewal.
- Thirty percent of hospitals needed to submit further information for their plans to be accepted. The missing information included the hospital disclosure plan to law enforcement, bargaining units and the hospital's staffing information, specifically procedures on how to request extra staffing and how hospitals were tracking those requests. Of the 30% that needed more information, approximately 23% needed more information on their disclosure plans and 8% needed to submit additional information on staffing.
- Hospitals submitted several dozen policies and procedures that included components which met the requirements of the statutes. However, the policies and procedures were not laid out in a manner which would promote ease of accessibility for staff when needed in an event or during training of the action plans.
- Smaller rural hospitals did not identify disclosure of their action plans due to limited access to law enforcement in their area as well as no union representation in their hospital workforce.
- The department reached out to five hospitals that had not submitted their hospital action plans. Once the hospitals heard from the department, plans were submitted.
- No fines were issued in FFY25 related to the submission of hospital action plans.

# Appendix A

## Statutory Language

### 144.566 VIOLENCE AGAINST HEALTH CARE WORKERS.

#### Subdivision 1. **Definitions.**

- (a) The following definitions apply to this section and have the meanings given.
- (b) "Act of violence" means an act by a patient or visitor against a health care worker that includes kicking, scratching, urinating, sexually harassing, or any act defined in sections [609.221](#) to [609.2241](#).
- (c) "Commissioner" means the commissioner of health.
- (d) "Health care worker" means any person, whether licensed or unlicensed, employed by, volunteering in, or under contract with a hospital, who has direct contact with a patient of the hospital for purposes of either medical care or emergency response to situations potentially involving violence.
- (e) "Hospital" means any facility licensed as a hospital under section [144.55](#).
- (f) "Incident response" means the actions taken by hospital administration and health care workers during and following an act of violence.
- (g) "Interfere" means to prevent, impede, discourage, or delay a health care worker's ability to report acts of violence, including by retaliating or threatening to retaliate against a health care worker.
- (h) "Preparedness" means the actions taken by hospital administration and health care workers to prevent a single act of violence or acts of violence generally.
- (i) "Retaliate" means to discharge, discipline, threaten, otherwise discriminate against, or penalize a health care worker regarding the health care worker's compensation, terms, conditions, location, or privileges of employment.
- (j) "Workplace violence hazards" means locations and situations where violent incidents are more likely to occur, including, as applicable, but not limited to locations isolated from other health care workers; health care workers working alone; health care workers working in remote locations; health care workers working late night or early morning hours; locations where an assailant could prevent entry of responders or other health care workers into a work area; locations with poor illumination; locations with poor visibility; lack of effective escape routes; obstacles and impediments to accessing alarm systems; locations within the facility where alarm systems are not operational; entryways where unauthorized entrance may occur, such as doors designated for staff entrance or emergency exits; presence, in the areas where patient contact activities are performed, of furnishings or objects that could be used as weapons; and locations where high-value items, currency, or pharmaceuticals are stored.

#### Subd. 2. **Action plans and action plan reviews required.**

All hospitals must design and implement preparedness and incident response action plans to acts of violence by January 15, 2016, and review and update the plan at least annually thereafter. The plan must be in writing;

specific to the workplace violence hazards and corrective measures for the units, services, or operations of the hospital; and available to health care workers at all times.

**Subd. 3. Action plan committees.**

A hospital shall designate a committee of representatives of health care workers employed by the hospital, including nonmanagerial health care workers, nonclinical staff, administrators, patient safety experts, and other appropriate personnel to develop preparedness and incident response action plans to acts of violence. The hospital shall, in consultation with the designated committee, implement the plans under subdivision 2. Nothing in this subdivision shall require the establishment of a separate committee solely for the purpose required by this subdivision.

**Subd. 4. Required elements of action plans; generally.**

The preparedness and incident response action plans to acts of violence must include:

- (1) effective procedures to obtain the active involvement of health care workers and their representatives in developing, implementing, and reviewing the plan, including their participation in identifying, evaluating, and correcting workplace violence hazards, designing and implementing training, and reporting and investigating incidents of workplace violence;
- (2) names or job titles of the persons responsible for implementing the plan; and
- (3) effective procedures to ensure that supervisory and nonsupervisory health care workers comply with the plan.

**Subd. 5. Required elements of action plans; evaluation of risk factors.**

- (a) The preparedness and incident response action plans to acts of violence must include assessment procedures to identify and evaluate workplace violence hazards for each facility, unit, service, or operation, including community-based risk factors and areas surrounding the facility, such as employee parking areas and other outdoor areas. Procedures shall specify the frequency that environmental assessments take place.
- (b) The preparedness and incident response action plans to acts of violence must include assessment tools, environmental checklists, or other effective means to identify workplace violence hazards.

**Subd. 6. Required elements of action plans; review of workplace violence incidents.**

The preparedness and incident response action plans to acts of violence must include procedures for reviewing all workplace violence incidents that occurred in the facility, unit, service, or operation within the previous year, whether or not an injury occurred.

**Subd. 7. Required elements of action plans; reporting workplace violence.**

The preparedness and incident response action plans to acts of violence must include:

- (1) effective procedures for health care workers to document information regarding conditions that may increase the potential for workplace violence incidents and communicate that information without fear of reprisal to other health care workers, shifts, or units;

- (2) effective procedures for health care workers to report a violent incident, threat, or other workplace violence concern without fear of reprisal;
- (3) effective procedures for the hospital to accept and respond to reports of workplace violence and to prohibit retaliation against a health care worker who makes such a report;
- (4) a policy statement stating the hospital will not prevent a health care worker from reporting workplace violence or take punitive or retaliatory action against a health care worker for doing so;
- (5) effective procedures for investigating health care worker concerns regarding workplace violence or workplace violence hazards;
- (6) procedures for informing health care workers of the results of the investigation arising from a report of workplace violence or from a concern about a workplace violence hazard and of any corrective actions taken;
- (7) effective procedures for obtaining assistance from the appropriate law enforcement agency or social service agency during all work shifts. The procedure may establish a central coordination procedure; and
- (8) a policy statement stating the hospital will not prevent a health care worker from seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs or take punitive or retaliatory action against a health care worker for doing so.

**Subd. 8. Required elements of action plans; coordination with other employers.**

The preparedness and incident response action plans to acts of violence must include methods the hospital will use to coordinate implementation of the plan with other employers whose employees work in the same health care facility, unit, service, or operation and to ensure that those employers and their employees understand their respective roles as provided in the plan. These methods must ensure that all employees working in the facility, unit, service, or operation are provided the training required by subdivision 10 and that workplace violence incidents involving any employee are reported, investigated, and recorded.

**Subd. 9. Required elements of action plans; training.**

(a) The preparedness and incident response action plans to acts of violence must include:

- (1) procedures for developing and providing the training required in subdivision 10 that permits health care workers and their representatives to participate in developing the training; and
- (2) a requirement for cultural competency training and equity, diversity, and inclusion training.

(b) The preparedness and incident response action plans to acts of violence must include procedures to communicate with health care workers regarding workplace violence matters, including:

- (1) how health care workers will document and communicate to other health care workers and between shifts and units information regarding conditions that may increase the potential for workplace violence incidents;
- (2) how health care workers can report a violent incident, threat, or other workplace violence concern;
- (3) how health care workers can communicate workplace violence concerns without fear of reprisal; and

(4) how health care worker concerns will be investigated, and how health care workers will be informed of the results of the investigation and any corrective actions to be taken.

**Subd. 10. Training required.**

A hospital must provide training to all health care workers employed or contracted with the hospital on safety during acts of violence. Each health care worker must receive safety training during the health care worker's orientation and before the health care worker completes a shift independently, and annually thereafter.

Training must, at a minimum, include:

- (1) safety guidelines for response to and de-escalation of an act of violence;
- (2) ways to identify potentially violent or abusive situations, including aggression and violence predicting factors;
- (3) the hospital's preparedness and incident response action plans for acts of violence, including how the health care worker may report concerns about workplace violence within each hospital's reporting structure without fear of reprisal, how the hospital will address workplace violence incidents, and how the health care worker can participate in reviewing and revising the plan; and
- (4) any resources available to health care workers for coping with incidents of violence, including but not limited to critical incident stress debriefing or employee assistance programs.

**Subd. 11. Annual review and update of action plans.**

(a) As part of its annual review of preparedness and incident response action plans required under subdivision 2, the hospital must review with the designated committee:

- (1) the effectiveness of its preparedness and incident response action plans, including the sufficiency of security systems, alarms, emergency responses, and security personnel availability;
- (2) security risks associated with specific units, areas of the facility with uncontrolled access, late night shifts, early morning shifts, and areas surrounding the facility such as employee parking areas and other outdoor areas;
- (3) the most recent gap analysis as provided by the commissioner;
- (4) the number of acts of violence that occurred in the hospital during the previous year, including injuries sustained, if any, and the unit in which the incident occurred;
- (5) evaluations of staffing, including staffing patterns and patient classification systems that contribute to, or are insufficient to address, the risk of violence; and
- (6) any reports of discrimination or abuse that arise from security resources, including from the behavior of security personnel.

(b) As part of the annual update of preparedness and incident response action plans required under subdivision 2, the hospital must incorporate corrective actions into the action plan to address workplace violence hazards identified during the annual action plan review, reports of workplace violence, reports of workplace violence hazards, and reports of discrimination or abuse that arise from the security resources.

**Subd. 12. Action plan updates.**

Following the annual review of the action plan, a hospital must update the action plans to reflect the corrective actions the hospital will implement to mitigate the hazards and vulnerabilities identified during the annual review.

**Subd. 13. Requests for additional staffing.**

A hospital shall create and implement a procedure for a health care worker to officially request of hospital supervisors or administration that additional staffing be provided. The hospital must document all requests for additional staffing made because of a health care worker's concern over a risk of an act of violence. If the request for additional staffing to reduce the risk of violence is denied, the hospital must provide the health care worker who made the request a written reason for the denial and must maintain documentation of that communication with the documentation of requests for additional staffing. A hospital must make documentation regarding staffing requests available to the commissioner for inspection at the commissioner's request. The commissioner may use documentation regarding staffing requests to inform the commissioner's determination on whether the hospital is providing adequate staffing and security to address acts of violence, and may use documentation regarding staffing requests if the commissioner imposes a penalty under subdivision 17.

**Subd. 14. Disclosure of action plans.**

(a) A hospital must make its most recent action plans and most recent action plan reviews available to local law enforcement, all direct care staff and, if any of its workers are represented by a collective bargaining unit, to the exclusive bargaining representatives of those collective bargaining units.

(b) Beginning January 1, 2025, a hospital must annually submit to the commissioner its most recent action plan and the results of the most recent annual review conducted under subdivision 11.

**Subd. 15. Legislative report required.**

(a) Beginning January 15, 2026, the commissioner must compile the information into a single annual report and submit the report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care by January 15 of each year.

(b) This subdivision does not expire.

**Subd. 16. Interference prohibited.**

A hospital, including any individual, partner, association, or any person or group of persons acting directly or indirectly in the interest of the hospital, must not interfere with or discourage a health care worker if the health care worker wishes to contact law enforcement or the commissioner regarding an act of violence.

**Subd. 17. Penalties.**

Notwithstanding section [144.653, subdivision 6](#), the commissioner may impose a fine of up to \$10,000 for failure to comply with the requirements of this section. The commissioner must allow the hospital at least 30 calendar days to correct a violation of this section before assessing a fine.