

# Mandatory Workplace Violence Prevention Requirements for New York Healthcare Employers

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**PRACTICES** Labor and Employment, Healthcare and Life Sciences

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On Dec. 12, 2025, Governor Kathy Hochul signed into [law](#) a bill requiring that hospitals and nursing homes in the state of New York implement a workplace violence prevention plan to protect doctors, nurses and other healthcare workers as well as patients, residents and visitors from violence and verbal and physical abuse. The law applies to general hospitals and nursing homes in the state and becomes effective in September 2026 (280 days from the day it was signed into law). Below is a list of requirements for covered employers:

- **Workplace Violence Prevention Plan:** Covered facilities are required to establish a written workplace violence prevention plan for protecting health care workers, patients, facility residents and visitors.
- **Initial Workplace Safety Assessment:** All covered facilities are required to conduct a workplace safety and security assessment and develop a safety and security plan that addresses identified workplace violence threats or hazards. As part of such a plan, covered facilities are required to adopt security measures and policies, including personnel training policies designed to prevent or minimize identified workplace violence threats or hazards and protect health care workers, patients, facility residents and visitors from aggressive or violent behavior, including but not limited to, credible threats, assaults, injuries and deaths.
- **Annual Workplace Safety Assessment:** A follow-up safety assessment is required at least annually to ensure that the safety plan is tailored to the size, complexity and local geographical factors affecting the facility and should consider all relevant threats and hazards, including but not limited to:
  - Workplace violence incident reports and incident logs
  - Concerns or complaints raised by health care workers, patients, facility residents, visitors and union representatives
  - Safety and security considerations relating to the facility's layout and access points, visitor management and protective factors such as access control
  - Adequacy of engineering controls including alarms and communication systems
  - Crime rate in surrounding areas
  - Relationship with local law enforcement
- **Updating Workplace Safety Plan:** The workplace safety plan needs to be updated based on the findings of the prior most recent safety assessment and address any newly identified material risks and changes in workplace conditions. The safety plan should specify methods to reduce identified risks, which may include staff training, increased staffing and security, engineering controls such as barriers, lighting, alarms and communication systems, safety equipment, facility improvements or modifications, and other measures as appropriate to the facility.

- **Employee Involvement and Information Sharing:** In developing the workplace safety plan and conducting the annual assessments, facilities are required to seek input from employees (and union representatives, if any). Covered facilities are required to share a detailed written summary of the safety plan with employees and union representatives. The information provided should inform the employees and union representatives about how to report incidents of workplace violence. Facilities are also required to share (appropriately redacted) incident logs, trends and analysis of the data with the hospital security or safety committee responsible for workplace violence including front-line workers and, where applicable, collective bargaining agents on the committee and ensure that such data is part of the workplace violence assessment process.
- **Training:** Facility staff should be adequately trained in the applicable safety policies and security procedures, including the handling of disruptive or violent patients and other individuals on the premises. Health care workers regularly assigned to provide security in facilities should be adequately trained regarding the role of security in such facilities.
- **On-site Security Personnel:** Subject to certain exemptions, emergency departments of general hospitals located in a city or county with a population of one million or more are required to have at least one security personnel present at all times, and general hospitals located in a city or county with a population less than one million are required to have at least one security personnel on premises prioritizing physical presence in close proximity to the emergency department of such hospital.

**Takeaway:** With the enactment of this workplace violence prevention law, New York joins many other states (including California, Washington, Oregon, Maryland and others) that have issued laws specifying requirements for workplace safety and security programs in healthcare facilities. Given the fairly onerous requirements of the New York law (such as incident logs, requirements for security personnel and periodic comprehensive safety assessments and the less than a year's time to comply with the law), it may be prudent for covered employers to prioritize planning for implementing a compliant workplace violence prevention program. While OSHA's current non-mandatory guidance for workplace violence prevention in healthcare may serve as a reference to assist with structuring such a safety program, healthcare employers in New York should ensure that their violence prevention plans developed and implemented in their respective workplaces comply with the new law.