



Approved April 2021

## *Safer Working Conditions for Emergency Department Staff*

Originally approved  
April 2021

The American College of Emergency Physicians (ACEP) supports safety in the working environment for all emergency medicine physicians and staff. The emergency departments (EDs) where emergency physicians lead care teams are particularly vulnerable to safety hazards, and specific considerations should be made to ensure workplace safety. To that end, ACEP supports the following as standards for departmental safety to ensure physicians and staff are protected and supported in reporting safety concerns:

- Leadership promotion of a culture of safety and open reporting of safety concerns.
  - Review of all safety and violence concerns and reports back on outcomes, plans, and resolutions.
  - Development of policies and procedures that encourage reporting of safety concerns.
  - Protections and support for physicians who take personal safety precautions to prevent harm.
  - Protections and support for physicians who raise or report safety concerns.
- Appropriate exterior facility infrastructure.
  - Appropriate entry way and facility lighting.
  - Secure and working means of efficient ingress and egress for staff to the ED.
  - Barriers to rapid and unabated public-entry to the ED.
  - Working doors, exits, and entry pathways.
- Appropriate interior facility infrastructure.
  - Appropriate separation of patient care and staff work areas.
  - Appropriate visibility between and within treatment areas.
  - Secure areas for at risk or violent patients.
  - Working and functioning equipment, clinical tools, and furniture.
- Adequate safety, planning, reporting, and training
  - Trained and empowered security officer or equivalent coverage 24/7/365.
  - Non-staff solutions such as installation of metal detectors, security alarms, other forms of technological security/alert systems, and agreements with local law enforcement agencies.

- De-escalation training for all members of the care team and support staff in the ED. If possible, development and deployment of a highly trained de-escalation team to include psychiatric and security resources.
- Disaster management training for all members of the care team and support staff in the ED including active shooter training.
- Violence and safety alerts incorporated into the electronic health record.
- Secure and safe storage for any hazardous materials or confiscated items.
- EMTALA compliant written behavioral standards for patients, visitors, and others in the ED that are posted and visible to all comers.
- Appropriate equipment to prevent workplace injury as well as adequate support staff to maintain equipment in working order and keep equipment and work areas clean, etc.
  - Sufficient and ergonomic seating for physicians and clinical staff.
  - Adequate lighting in clinical and staff areas.
  - Adequate and appropriate personal protective equipment.
  - Patient lifting devices.
  - Equipment and systems for fall prevention.