Long Island Jewish Valley Stream
Northwell Health

Strengthening Safety: A Collaborative Approach to Managing Aggression in the Emergency Department

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Problem/Significance:
The Emergency Department identified an increasing trend in weapons possession, violent incidents, and aggressive patient behaviors, contributing to heightened staff concerns regarding workplace safety. Workplace violence is a well-documented occupational hazard in emergency departments, with high rates of both verbal and physical aggression reported among healthcare workers (Aljohani et al., 2021; Benning et al., 2024).

Current Process: Includes provider placing constant observation order once patient is considered to be SI/HI, aggressive, violent, or unruly

- Security will initially wand the patient for any dangerous items
- The nurse and patient nursing technician will fully undress the patient and place them in a gown
- All belongings will be removed from patient, secured, recorded, and given to security for safekeeping
- Once patient is to be transferred or discharged, security is called to return the patient's belongings
- Security Staff also round across the units to assess the unit for any unruly visitors, or unsafe situations

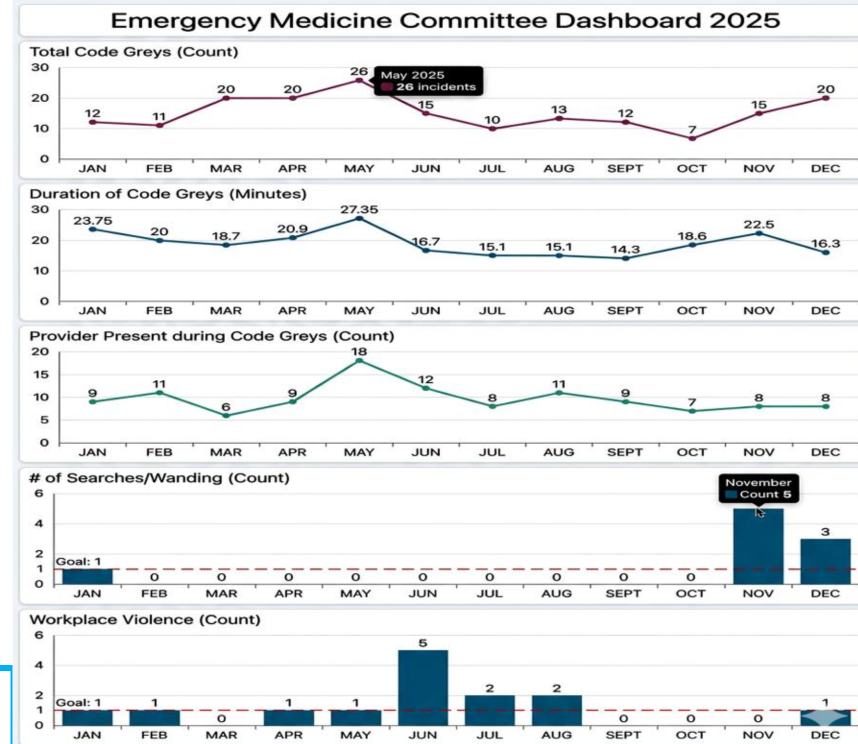
Strategies/Methods to solve Problem: A multidisciplinary approach was implemented in the Emergency Department to address aggressive patient behavior and workplace violence. Interventions include:

- Early identification of high-risk patients at triage
- Reinforcement of the Code Grey response protocol
- Collaboration with security

Staff completed Crisis Prevention Management (CPM) training and were educated on verbal de-escalation techniques.

TeamSTEPPS communication strategies were used to support clear roles and rapid response. Code Grey events and workplace violence incidents continue to be monitored through a monthly safety dashboard.

*Code Grey is a hospital emergency code used to indicate a situation involving violent, aggressive, or combative behavior—usually from a patient, visitor, or sometimes even staff—that poses a threat to safety.



January 2026 reported 13 code grays
Average time to clear was 15.3 min, there was one incidence of workplace violence this month as well.

Overall, the initiatives led by the ED team and Hospital Security have demonstrated a reduced incidence of code grays being called, as well as improved time to clear the code grays.

Recommendations and Next Steps:

- Track and trend Code Gray response times from security personnel by Identifying barriers that can cause delays
- Measure the call-to-end time for every Code Grey and trend results to drive better communication and coordination with Security.
- Maintain physician presence expectations during Code Grays as a standard policy and follow-up with any physician absences
- Strengthen communication between departments with panic buttons and preemptive call of potential Code Grays
- Develop mock Code Gray drills to evaluate team member readiness
- Initiate new protocol to alert security of incoming patients in custody with handoff given by police to both security and nursing staff
- Reinforce real-time debriefs after aggressive events for multidisciplinary team feedback
- Help team members in using resources such as EAP services and involvement in the Workplace Violence Committee

Conclusion: Impact of the ED Security & Safety Initiative
The collaborative initiative between the Emergency Department and Hospital Security has successfully transformed the unit's safety profile from May 2025 to January 2026. By implementing a proactive framework—including mandatory visitor identification, weapon screening, and standardized "gown-and-secure" protocols for high-risk patients—the facility has achieved a significantly more controlled and therapeutic environment.

Final Assessment: This data demonstrates that moving from a reactive to a proactive security model—where risks are mitigated at the point of entry and during the initial clinical assessment—directly correlates with a decrease in behavioral escalations. The initiative successfully meets Joint Commission safety standards while effectively protecting both staff and patients from potential harm.

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References