Protect Health Care Workers from Violence

NCGS §131E-88.2(c)

Report to the

Joint Legislative Committee on Health and Human Services

By

North Carolina Department of Health and Human Services

August 5, 2026

Executive Summary

Pursuant to N.C.G.S. §131E-88.2(c), this report is submitted by the North Carolina Department of Health and Human Services (Department). This report provides a summary of hospital-reported assaults and incidents of violence occurring in the hospital or on hospital grounds for the federal fiscal year ending September 30 and recommendations made by the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, and the North Carolina Emergency Management Association based on their examination of this data.

The Department supports a comprehensive, collaborative approach to preventing workplace violence in North Carolina hospitals. Ensuring the safety of healthcare personnel, patients, and visitors is essential to maintaining access to high-quality healthcare services across the state, in particular for Emergency Departments. While acts of violence in health care settings may arise from complex circumstances, including behavioral health conditions or other medical emergencies, every hospital employee deserves a safe workplace.

Pursuant to N.C.G.S. §131E-88.3(b), this report also includes an annual report prepared by the Administrative Office of the Courts and provided to the Department of the number of persons charged and convicted during 2025 of a crime under N.C.G.S. §14-34.6.

Hospital Reporting Requirement

N.C.G.S. §131E-88.2(a) requires licensed hospitals in North Carolina to annually report the following data to the Department –

> (i) the number of assaults occurring in the hospital or on hospital grounds that required the involvement of law enforcement, whether the assaults involved hospital personnel, and how those assaults were pursued by the hospital and processed by the judicial system;
> (ii) the number and impact of incidences where patient behavioral health and substance use issues resulted in violence in the hospital and the number that occurred specifically in the emergency department; and
> (iii) the number of workplace violence incidences occurring at the hospital that were reported as required by accrediting agencies, the Occupational Safety and Health Administration, and other entities.

The Department developed a survey that asked if the hospital had conducted a security risk assessment and implemented a security risk plan pursuant to the Hospital Violence Protection Act and requested the above specified data. This survey was sent to each of the 119 acute care hospitals and 14 mental health hospitals that were licensed and operational at the time.[1] Eighty-three (83) of 133 (62%) of the licensed hospitals submitted data. Attachment A is a spreadsheet with each hospital's response.

[1] Hospitals were asked to complete the survey within 10 days. A reminder was sent the day before it was due. A subsequent message advised hospitals of a 5-day extension of time to submit it.

As this report and the accompanying attachments reflect, there were fairly significant limitations to the information and data that was submitted to the Department which impacted the conclusions and recommendations herein. These limitations include the overall response rate from the hospitals, "ambiguity and inconsistencies" in the statute concerning the type of data required to be reported, see Attachment C, the subjective nature of causation for incidence of violence in hospital, and insufficient resources available to fully accomplish the goals set forth in the statute. The Department remains open to further discussion with legislative members and stakeholders to make adjustments to the legislation to generate a more robust data set that can inform actionable recommendations.

Associations' Recommendations

N.C.G.S. §131E-88.2(b) requires the Department to compile the data submitted by the hospitals and share it with the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, and the North Carolina Emergency Management Association and request these organizations examine the data and make recommendations to the Department to decrease the incidences of violence in hospitals and to decrease assaults on hospital personnel.

Attachment B is the letter submitted by Edmond W. Caldwell, Jr., Executive Vice President and General Counsel, North Carolina Sheriffs' Association.

Attachment C is the email message submitted by Fred P. Baggett, Legislative Counsel, North Carolina Association of Chiefs of Police.

Attachment D is the letter submitted by D. Scott Rogers, Executive Director, North Carolina Emergency Management Association.

Administrative Office of the Courts Report

Attachment E is the annual report prepared by the Administrative Office of the Courts and provided to the Department of the number of persons charged and convicted during 2025 of a crime under N.C.G.S. §14-34.6.

Conclusion

This report fulfills the Department's statutory obligation to collect and compile specified data reported by hospitals about assaults and incidents of violence occurring in the hospital or on hospital grounds for the federal fiscal year ending September 30, recommendations made by the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, and the North Carolina Emergency Management Association based on their examination of this data, and report provided by the Administrative Office of the Courts of the number of persons charged and convicted during 2025 of a crime under N.C.G.S. §14-34.6.

The Department recognizes that protecting healthcare workers from workplace violence is fundamental to maintaining a strong healthcare system for all North Carolinians. Although this inaugural report identified limitations in the available data, it also establishes an important foundation for future analysis and policy development. The Department is committed to working directly with the General Assembly to strengthen the type of information and data necessary to accomplish this important endeavor.

For subsequent reports made pursuant to N.C.G.S. §131E-88.2(c), the Department will work collaboratively with hospitals, law enforcement agencies, emergency management partners and AOC to improve reporting data and recommendations and more timely submission of the JLOC report.

			Assaults in the Hospital or on Hospital Grounds			Incidences where patient behavioral health and substance use issues resulted in violence in the hospital			Reporting of workplace violence incidences occurring at the hospital		
Enter the name of the Hospital	**Have you conducted a security risk assessment?**	**Have you implemented a security risk plan?**	**Number of assaults occurring in the hospital or on the hospital grounds that required the involvement of law enforcement:**	**Number of these assaults that involved hospital personnel; and**	**Number and description of how these assaults were pursued by the hospital and processed by the judicial system.**	**Number of incidences where patient behavioral health and substance use issues resulted in violence in the hospital;**	**Number of these incidences that occurred specifically in the emergency department; and**	**Impact of incidences where patient behavioral health and substance use issues resulted in violence in the hospital.**	**Number of workplace violence incidences occurring at the hospital that were reported as required by accrediting agencies (with name of accrediting agency);**	**Number of workplace violence incidences occurring at the hospital that were reported as required by the Occupational Safety and Health Administration; and**	**Number of workplace violence incidences occurring at the hospital that were reported as required by other entities (with name of other entities).**
AdventHealth Hendersonville	Yes	Yes	14	14	1 - warning of threat conveyed to FBI, 6 no trespassed from property, 4 physical presence for de-escalation/safety, 3 arrested, 1 followed off campus for safety	82	12	16 incidents of injury to staff with no intervention needed, 6 incidents of injury to patient (1 self inflicted) - none requiring interventions	0	0	0
AdventHealth Polk	Yes	Yes	3	3	1 - provided physical presence	4	3	No impact/injury	0	0	0
Allegheny Health	Yes	Yes	0	0	0	0	0	Violence has detrimental impact to operations and staff safety	0	0	0
Appalachian Regional Behavioral Health Hospital -	Yes	Yes	41	34	0	41	0	Workflow changes and operational process changes	0	0	0
Atrium Health Anson Hospital	Yes	Yes	5	2	2	5	5	Increased officer presence, Delayed patient care, Restricted Patient Access	1 Department of Health and Human Services	1	0
Atrium Health Ballantyne/Atrium Health Pineville 16035 Johnston Road, Charlotte, NC 28277	Yes	Yes	0	0	0	0	0	0	0	0	0
Atrium Health Cleveland 201 East Grover Street Shelby NC, 28150	Yes	Yes	60	59	1 was charged and convicted of assault. 4 charges of assault and resist arrest were charged to one person and later dismissed by the DA.	18	10	Temporarily prevents us from assisting other patients in a timely manner and make unsafe working conditions for staff.	0	6	0
Atrium Health Harrisburg Emergency DepartmentAtrium Health Cabarrus, 9592 Rocky River Road, Charlotte, NC 28215	Yes	Yes	1	1	0	0	0	0	0	0	0
Atrium Health Huntersville/Atrium Health University City, 16455 Statesville Road, Huntersville, NC 28078	Yes	Yes	1	1	0	1	1	1 - Minor delay in patient care.	0	0	0
Atrium Health Kings Mountain/Atrium Health Cleveland 706 West King Street Kings Mountain NC 28086	Yes	Yes	11	7	1 was prosecuted for trespassing after refusing to leave.	8	3	Temporarily delays patient care to other patients. It also results in an unsafe work environment.	0	4	0
Atrium Health Lake Norman/Atrium Health University City, 1130 Tree of Life Lane, Cornelius, NC 28031	Yes	Yes	0	0	0	1	1	1	0	0	0
Atrium Health Lincoln 433 McAlister Road. Lincolnton, NC 28092	Yes	Yes	20	20	3 - charges filed	12	12	Disruption to the department causing flow issues for visitors and to staff providing care to patients. Delayed patient care due to having to reassign staff members from different departments to take over assignments for injured teammates.	0 - NCDHSR / NCDHHS	4	0 - No other entities

Atrium Health Mercy Hospital/Atrium Health Carolinas Medical Center, 2001 Vail Ave. Charlotte, NC 28207	Yes	Yes	25	14	7	1	3	Delay in patient access, increase staffing in the areas	0	1105	0
Atrium Health Mountain Island Emergency Department/Atrium Health University City, 3536 Mt. Holly-Huntersville Road, Charlotte, NC 28216	Yes	Yes	0	0	0	1	1	1 - Minor delay of patient care.	0	0	0
Atrium Health Pineville 10628 Park Road, Charlotte, NC 28210	Yes	Yes	9	9	1 (Arrest)	102	31	Adjust staffing due to WPV	0	9	0
Atrium Health Providence/Atrium Health Pineville 11516 Providence Road, Charlotte, NC 28277	Yes	Yes	1	0	0	1	1	Adjusted staffing	0	0	0
Atrium Health South Emergency Department/Atrium Health Carolinas Medical Center 6965 Fairview Road, Charlotte, NC 28211	Yes	Yes	7	2	7	0	7	Denied patient access, increase in staffing	0	0	0
Atrium Health Stanly 301 Yadkin Street. Albemarle, NC 28001	Yes	Yes	19	19	6 - charges filed	27	25	staff injuries caused delay in patient care by reassigning staff members from other units. These incidents slow down flow and traffic resulting in longer wait times and delayed patient care	0 - NCDHSR / NCDHHS	7	0 - No other entities.
Atrium Health Steele Creek Emergency Department/Atrium Health Pineville	Yes	Yes	13	13	0 No arrests were made, and no charges were filed.	13	13	Increased Workplace violence Psychological Trauma and Burnout Disruption of Care Delivery Operational and Financial Impact	0	0	0
Atrium Health Union Hospital	Yes	Yes	68	68	0	0	34	Delayed Patient Care, Increased Workplace Violence Incidents, Detrimental to Patient Care, Temporarily Had to Increase Staffing.	0	0	0
Atrium Health Union West/Atrium Health Union	Yes	Yes	6	6	0	0	6	Increased Workplace Violence Incidents, Delayed Patient Care	0	0	0
Atrium Health University City 8800 North Tryon Street, Charlotte NC, 28262	Yes	Yes	8	63	8 Local law enforcement was notified. The victims wanted to press charges.	23	46	23 A temporary disruption in patient care was experienced, during which strategic staffing adjustments were implemented.	0	4	0
Atrium Health Wake Forest Baptist (including Brenner Children's Hospital)	Yes	Yes	50	29	15 charged, 14 prosecution not sought	12	4	Violence has a detrimental impact on operations and staff safety	0	27	0
Atrium Health Waxhaw/Atrium Health Union	Yes	Yes	2	2	1	0	2	Delayed Patient Care, Restricted access to visitors and or Patients.	0	0	0

Atrium Health: Carolinas Medical Center 1000 Blythe Blvd Charlotte, North Carolina 28203	Yes	Yes	480	239	6	103	65	- Delay of emergency services due to violent outbursts - Safety feeling unsafe or being injured Psychologically / Physically.	0	38	0
Atrium Health: Levine Children's Hospital/Atrium Health Carolinas Medical Center 1000 Blythe Blvd Charlotte, North Carolina 28203	Yes	Yes	27	249	2 - Charges were filed by teammates but due to patient being a minor, they were dismissed by magistrate.	187	19	- Disruption of emergency flow and services - Teammates injured by patient both Psychologically and Physically.	2 - DHSR	0	0
Betsy Johnson Hospital	Yes	Yes	6	6	1 - Charges filed by employee	5	6	The mental well-being of employees is affected with little impact on hospital operations. Security offers support to staff who elect to press charges, including transport to and from the magistrate's office and assistance with following up on charge status. Security works with local law enforcement to pursue felony charges for assaults that meet the legal criteria/definition. The hospital offers support through our employee assistance program for workplace violence encounters. Workplace violence training is provided annually to staff. For patients or situations identified or deemed high-risk, the hospital has a dedicated "threat assessment" team to assess, evaluate, and provide recommendations or take actions to reduce and/or eliminate the threat/risk.	0	0	0
Cabarrus	Yes	Yes	9	24	9	0	5	0	0	9	0
Caldwell Memorial Hospital, Inc.	Yes	Yes	3	2	0	24	12	Two minor injuries that required first aid occurred in ED.	0	2	0
Cannon Memorial Hospital	Yes	Yes	1	1	0	0	0	We don't track based on dx	0	0	0

Cape Fear Valley Medical Center	Yes	Yes	17	15	3 - Charges filed by the employee	13	9	The mental well-being of employees is affected with little impact on hospital operations. Security offers support to staff who elect to press charges, including transport to and from the magistrate's office and assistance with following up on charge status. Security works with local law enforcement to pursue felony charges for assaults that meet the legal criteria/definition. The hospital offers support through our employee assistance program for workplace violence encounters. Workplace violence training is provided annually to staff. For patients or situations identified or deemed high-risk, the hospital has a dedicated "threat assessment" team to assess, evaluate, and provide recommendations or take actions to reduce and/or eliminate the threat/risk.	0	1	0
Cape Fear Valley - Bladen Hospital	Yes	Yes	2	2	0	0	2	The mental well-being of employees is affected with little impact on hospital operations. Security offers support to staff who elect to press charges, including transport to and from the magistrate's office and assistance with following up on charge status. Security works with local law enforcement to pursue felony charges for assaults that meet the legal criteria/definition. The hospital offers support through our employee assistance program for workplace violence encounters. Workplace violence training is provided annually to staff. For patients or situations identified or deemed high-risk, the hospital has a dedicated "threat assessment" team to assess, evaluate, and provide recommendations or take actions to reduce and/or eliminate the threat/risk.	0	0	0

Cape Fear Valley - Hoke Hospital	Yes	Yes	3	3	1 - Charges filed by employee	2	3	The mental well-being of employees is affected with little impact on hospital operations. Security offers support to staff who elect to press charges, including transport to and from the magistrate's office and assistance with following up on charge status. Security works with local law enforcement to pursue felony charges for assaults that meet the legal criteria/definition. The hospital offers support through our employee assistance program for workplace violence encounters. Workplace violence training is provided annually to staff. For patients or situations identified or deemed high-risk, the hospital has a dedicated "threat assessment" team to assess, evaluate, and provide recommendations or take actions to reduce and/or eliminate the threat/risk.	0	0	0
CarolinaEast Health System	Yes	Yes	76	76	approximately 12-15 were cited and or arrested. The others were not charged due to their medical condition at the time of the incident	76	25	Low impact as there were no major injuries as a result of same.	76 Joint Commission	0	0
CaroMont Regional Medical Center - Belmont/CaroMont Regional	Yes	Yes	0	0	0	0	0	0	0	0	0
CaroMont Regional Medical Center - Mount Holly Emergency Department/CaroMont Regional	Yes	Yes	0	0	0	0	0	0	0	0	0
CaroMont Regional Medical Center Gastonia	Yes	Yes	7	7	4	5	4	2 incidents resulted in Public Safety Officers receiving fractures.	0	2	0
Carteret Health Care	Yes	Yes	7	7	7 Assaults were pursued by the judicial system with charges files and court hearings.	38	8	The hospital has implemented a workplace violence committee to address assaults on employees.	38 incidences reported to DNV accrediting agency.	14	38 Assaults reported in Midas Incident Report System, the Workplace Violence Committee and the Physical Environment Committee.
Catawba Valley Medical Center	Yes	Yes	11	11	2	47	35	Impact varies according to the specific victim(s), but overall, the impact is significant across the organization.	0	7	0
Central Carolinas	Yes	Yes	5	3	he hospital supports an employee to pursue charges associated with assaults. LEO takes a statement; in one case a detective interviewed our victim. In our county, the DA will not prosecute an individual who is seeking treatment for a mental health complaint.	6	6	0	0	1	0

Central Harnett Hospital/Betsy Johnson	Yes	Yes	4	4	2 - Charges pressed by employee	2	4	The mental well-being of employees is affected with little impact on hospital operations. Security offers support to staff who elect to press charges, including transport to and from the magistrate's office and assistance with following up on charge status. Security works with local law enforcement to pursue felony charges for assaults that meet the legal criteria/definition. The hospital offers support through our employee assistance program for workplace violence encounters. Workplace violence training is provided annually to staff. For patients or situations identified or deemed high-risk, the hospital has a dedicated "threat assessment" team to assess, evaluate, and provide recommendations or take actions to reduce and/or eliminate the threat/risk.	0	0	0
Columbus Regional Healthcare System	Yes	Yes	3	3	Total Incidents: 3 patient initiated assaults in the Emergency Department -Type of Violence: Physical assault (striking, kicking, spitting, use of objects as weapons) -Staff Impact: Clinical staff and security personnel involved -Response Actions: Code Grey activation, security intervention, de-escalation, and clinical reassessment -Law Enforcement Involvement: Police response in 2 of 3 incidents 1 incident resulted in patient transfer to police custody -Outcome: All incidents were contained without long term injury; care continued when clinically appropriate	3	3	No signific impact reported.	0	0	0
Davie Medical Center	Yes	Yes	6	4	4 charged	11	7	Violence has a detrimental impact on operations and staff safety	0	10	0
Dosher Memorial Hospital, Southport, North Carolina	Yes	Yes	0	0	0	1	1	1	0, this incident is included in our Security Vulnerability Assessment and documented for DNV review if needed	0	Internal Hospital documentation of damage to ED room area
ECU Health Beaufort Hospital	Yes	Yes	40	32	36 - prosecution declined due to cognitive impairment; 1 - prosecution declined due to age of offender (5 yoa); 2 - warrants obtained and served after discharge; 1 - warrants sought, magistrate issued IVC papers instead of warrant	25	10	4 - minor injuries 1 - moderate injury	none that required reporting	0	none that required reporting
ECU Health Bertie Hospital	Yes	Yes	7	7	5 prosecutions declined by victim due to offender's cognitive impairment; 1 prosecution declined by victim; 1 warrants obtained and served upon offenders discharge.	14	5	1 - moderate injury	none required to be reported	0	none required to be reported

ECU Health Chowan Hospital	Yes	Yes	10	10	6 - prosecution declined by victim; 3 - prosecution declined by victim due to offender's cognitive impairment; 1 - warrant obtained and served upon offenders discharge.	12	5	2 - minor injuries	none required to be reported	0	none required to be reported
ECU Health Duplin Hospital	Yes	Yes	15	15	12 Charged and arrested	8	5	4 Minor injuries	0	0	0
ECU Health Edgecombe Hospital	Yes	Yes	15	15	9 total, 5 guilty and 4 pending Superior court	15	8	1 Minor injury	0	0	0
ECU Health Medical Center	Yes	Yes	231	192	43 warrants obtained	240	58	-77 minor injuries -13 moderate injuries	0	0	0
ECU Health North Hospital	Yes	Yes	31	25	5 Charged and arrested	19	15	6 minor injuries and 1 moderate injury	0	0	0
ECU Health Roanoke Chowan Hospital	Yes	Yes	20	10	5 Charged and arrested	7	4	2 minor injuries	0	0	0
Frye Regional	Yes	Yes	18	15	Arrests - 15	18	7	18	0	7	2 - BLS
Harris Regional & Swain Community combined statistics	Yes	Yes	9	9	2- Unsure what the outcome was	18	18	18	9 - law enforcement	0	0
Haywood Regional Medical Center	Yes	Yes	8	22	Of the eight (8) assaults requiring law enforcement involvement, the hospital received follow-up information on one (1) case. In that instance, the patient was prosecuted and sentenced to thirty-three (33) months in prison for assault on a healthcare worker. The remaining seven (7) cases did not have judicial outcome information was provided to or the complainant. 3.Violence tied to behavioral health and substance use issues- Yes- majority	24	24	22	22 - law enforcement	0	0
High Point Medical Center	Yes	Yes	13	10	7- charged, 3 prosecution not sought	5	5	Violence has detrimental impact to operations and staff safety	0	9	0
Highlands-Cashiers Hospital	Yes	Yes	0	0	NA	0	0	0	0	0	0
Hugh Chatham Health	Yes	Yes	2	2	2- charged	38	31	Violence has a detrimental impact on operations and staff safety	0	0	0
Iredell Health System	Yes	Yes	5	5	3	5	5	No serious injuries	0	0	0
Kannapolis Emergency Department/Atrium Health Cabarrus	Yes	Yes	1	1	Officer was assisting a second officer with watching an Involuntary Commitment patient, patient got up and attempted to leave and shoved the officer with both hands and struck officer in the jaw, both officers on the scene then applied CPI techniques, Kannapolis Police Department was contacted to assist. Kannapolis Police Department transported patient to Cabarrus hospital. No charges pursued	0	1	0	0	0	0
Lexington Medical Center	Yes	Yes	5	4	2 charged, 2 prosecution declined	3	3	Violence has detrimental impact to operations and staff safety	0	1	0
Maria Parham (combined Henderson and Franklin campuses)	Yes	Yes	12	8	0, not pursued.	135	75	35	0	0	0

Mission Hospital	Yes	Yes	16	31	0	19	6	We review all incidents involving patients or staff to identify root causes and drive continuous improvement, helping us recognize trends and mitigate ongoing concerns in the future.	0	0	0
Nash Hospitals, Inc. D/B/A UNC Health Nash	No	Yes	43	43	1 - assault on hospital personnel inflicting serious injury; 1 - simple assault	16	9	Nursing station in ED-BHS renovated to include glass enclosure for additional security, expansion of Workplace Violence Committee, Workplace Violence Employee Forum, and staged replacement of standard windows in patient tower to shatter resistant windows.	0	0	0
North Carolina Specialty Hospital, LLC.	Yes	Yes	0	0	0	0	0	0	0	0	0
Northern Regional Hospital	Yes	Yes	2	2	1 Assault on Staff Member RN, Charged and still an open case, 2. Assault on Public Safety Officer, Court case awaiting Psyc Exam	2	2	The number of patients that are both substance abuse and Behavioral patients are high, however the amount of Workplace Violence assaults that occur are low.	27 reported as found under CMS	25	229, Northern Regional requires all workplace violence reported regardless of actual assault, threats, or Disruptions
Novant Health Ballantyne Medical Center	Yes	Yes	0	0	0	0	0	Cannot be reliably determined or quantified without relying on speculative data. *This is the Same for Questions # 6 and 7.	0	0	2. Press Ganey Patient Safety Organization Platform via HRP
Novant Health Brunswick Medical Center	Yes	Yes	5	5	Cannot be reliably determined or quantified without relying on speculative data	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	6	0
Novant Health Forsyth Medical Center	Yes	Yes	28	28	Cannot be reliably determined or quantified without relying on speculative data.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	30	2
Novant Health Huntersville Medical Center	Yes	Yes	3	3	Cannot be reliably determined or quantified without relying on speculative data.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	4	0
Novant Health Matthews Medical Center	Yes	Yes	5	5	Cannot be reliably determined or quantified without relying on speculative data.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	1	(4) Press Ganey Patient Safety Organization platform via HRP
Novant Health Mint Hill Medical Center	Yes	Yes	5	5	Cannot be reliably determined or quantified without relying on speculative data.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	4	(2) Press Ganey Patient Safety Organization platform via HRP
Novant Health New Hanover Medical Center	Yes	Yes	202	0	Cannot be reliably determined. NOTE: This is also the answer to # 4.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	13	(15) Press Ganey Patient Safety Organization Platform vis HRP
Novant Health Pender Medical Center	Yes	Yes	0	0	NOTE: Answer to Number 3 and 4 is included in Novant Health New Hanover Medical Center Survey. Answer to Number 5 is: Cannot be reliably determined	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	0	0
Novant Health Presbyterian Medical Center	Yes	Yes	28	28	Cannot be reliably determined or quantified without relying on speculative data.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	8	(4) Press Ganey Patient Safety Organization platform via HRP
Novant Health Rowan Medical Center	Yes	Yes	7	7	Cannot be reliably determined or quantified without relying on speculative data.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	7	(3) Press Ganey Patient Safety Organization platform via HRP

Novant Health Thomasville Medical Center	Yes	Yes	3	3	Cannot be reliably determined or quantified without relying on speculative data.	0	0	Cannot be reliably determined or quantified without relying on speculative data. *NOTE: this is the answer to questions # 6 and 7 as well.	0	0	(1) Press Ganey Patient Safety Organization platform via HRP
Outer Banks Health Hospital	Yes	Yes	1	1	1 - prosecution declined by victim	6	3	1 - moderate injury	none required to be reported	0	none required to be reported
PAM Health Specialty Hospital of Rocky Mount	Yes	Yes	0	0	0	0	0	0	0	0	0
Person Memorial	Yes	Yes	11	8	0	8	11	0	0	1	0
Randolph Health	Yes	Yes	19	19	These assaults were left up to individual to pursue. In most cases it involved mental health/IVC.	37	35	Property damage, staff injury, increased staffing, increase hardship of being able to transfer patient to appropriate level of care (This impacts ED throughput for the community), staff concern on culture of safety survey, etc.	25 - OSHA annual 300 log	25	Only OSHA. 25 of incidents reported on 300 logs that were associated with WPV
Rutherford Regional	Yes	Yes	4	8	1 - unknown result	31	5	0	0	2	0
Rutherford Regional	Yes	Yes	4	8	1	5	5	0	0	2	0
Sampson Regional Medical Center	Yes	Yes	17	17	0	10	17	10	4 (OSHA log)	4	4 (OSHA log)
Scotland Memorial Hospital	Yes	Yes	1	1	Hospital press charges, escorted & paid employee to go court & EAP, court accepted plea communicating threats	1	1	inpatient in alcohol withdrawal violent swinging but no injuries to nursing or security staff emergency room behavior health holding area had disruptive patient, de-escalated and no harm to staff	0	0	0
Sentara Albemarle Medical Center	Yes	Yes	21	3	0	57	18	Disruption to services rendered	0 DNV	0	0
Southeastern Regional Medical Center (d/b/a UNC Health Southeastern)	Yes	Yes	12	16	7 - Warrants taken out; 4 warrants were advised to victim; 13 prosecutions declined	18	10	24 (including 10 in the emergency department)	NA	0	12 - Lumberton Police
Transylvania Regional Hospital	Yes	Yes	0	0	0	0	0	0	0	0	0
UNC Health Blue Ridge	Yes	Yes	4	4	4	12	9	Staff was assaulted causing ED operations to be altered in order to deal with the Threat of Violence. Some staff can become fearful of their personal safety when dealing with Behavior Health patients that have been assaultive in the past.	73	10	0
UNC Health Chatham	Yes	Yes	34	34	0	18	23	Disruption to patient care, delays in patient treatment, emotional stress to other patients and staff, noise and anxiety	0	0	0
UNC Health Johnston	Yes	Yes	7	7	7 - Patient assaulted / causing injury to staff and Law Enforcement called to report said assault. The patient discharged, arrested, and awaiting prosecution. 6 - Assualts referred to the Johnston County Magister's office and awaiting trail.	9	13	These numbers are from January 1, 2026 to date.	0	7	0
UNC Health Lenoir	Yes	Yes	8	8	1 arrest and prosecution	25	24	Minor Injuries, SAFE Reports	0	0	0

UNC Health Pardee	Yes	Yes	9	9	3 individuals were arrested on site, 1 incident resulted in team member taking out charges, 1 individual left property voluntarily, 1 incident addressed through team education, 2 individuals discharged	99	55	.05 days of missed work	87 all of which were reviewed by DNV	0	4 UNC Health Pardee offsite locations
UNC Health Rex Hospital and Rex Holly Springs Hospital	Yes	Yes	27	13	4	145	71	94 resulted in harm	22 Department of Labor and OSHA	22	0
UNC Health Rockingham	Yes	Yes	0	18	Documented in Safe reporting only	18	18	The majority of these incidents occurred in the Emergency Dept. with behavioral patients.	Reported in the annual DNV survey.	18	Some incidents reported to UNC Risk Management.
UNC Health Wayne	Yes	Yes	13	13	5 incidents were pursued and criminal charges were obtained	6	11	Disruption of services and interruption of healing environment	0	0	0
Washington Regional Medical Center Plymouth NC.	Yes	Yes	6	6	N/A	2	2	Added 5 Armed Guards, Metal Detectors at all entrances. Added insurance to cover increased risk.	2 CMS, NCHA, DNV.	2	0
Watauga Medical Center	Yes	Yes	62	59	Not currently tracking	0	31	We don't actually track incidences by dx.	We didn't have sentinel related to workplace violence.	0	N/A
Wilkes Medical Center	Yes	Yes	4	4	4- charged	35	27	Violence has a detrimental impact on operations and staff safety	0	1	0

Attachment B

NORTH CAROLINA SHERIFFS' ASSOCIATION
LAW ENFORCEMENT OFFICERS AND STATE OFFICIALS
OF NORTH CAROLINA

President
SHERIFF RICKY T. BUCHANAN
McDowell County

First Vice President
SHERIFF CLEVELAND "CLEE" ATKINSON, JR.
Edgecombe County

Second Vice President
SHERIFF JEFF CRISCO
Stanly County

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SHERIFF CHIP HUGHES
Craven County

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SHERIFF JOEY LEMONS
Stokes County

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Cabarrus County

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May 28, 2026

Mark Payne
Director
Division of Health Service Regulation
North Carolina Department of Health and Human Services
2701 Mail Service Center
Raleigh, NC 27699-2701

Re: Request for NCSA Review and Recommendations Pursuant to the NC Hospital Violence Protection Act

Dear Director Payne,

I received your emails on Tuesday, May 12, 2026 and Friday, May 15, 2026 containing reports required by S.L. 2023-129 related to the Hospital Violence Prevention Act.

S.L. 2023-129 requires the North Carolina Sheriffs' Association, along with the North Carolina Association of Chiefs of Police and the North Carolina Emergency Management Association to "examine the data and make recommendations to the Department to decrease the incidences of violence in hospitals and to decrease assaults on hospital personnel."

The reports we received from you are the first compilation of data required by G.S. 131E-88.2 since the passage of S.L. 2023-129. Since that is the case, the Association cannot compare this year's data to any other data. Without being able to do so, it is difficult to provide any real analysis of the results of the data collection.

However, to allow for better analysis of the issue, it is also our recommendation that the General Assembly be more specific about which data points are to be collected to more accurately reflect assaults occurring in hospitals and emergency departments involving hospital personnel.

The following are concerns we have with the current information collected and some recommendations we believe could be helpful for future analysis. This is a complex issue and therefore, this list is not exhaustive.

S.L. 2023-129 requires:

- documenting "assaults occurring in the hospital or on hospital grounds that required law enforcement."
    - There are a number of assaults in our General Statutes and the type of assault is not one of the data points to be collected. (E.g., G.S. 14-33, Misdemeanor Assault, G.S. 14-34, Assault by Pointing a Gun, G.S. 14-34.6, Assault on a Hospital Personnel, etc.)
    - The way the law is currently written could allow for reporting of assaults against people other than hospital personnel. However, S.L. 2023-129 requires us to examine the data and make recommendations to "decrease incidences of hospital violence and . . . assaults on hospital personnel."
    - There is no requirement that hospitals report where these assaults occurred (i.e. emergency department, parking lot, patient room, etc.)
- documenting "incidences of violence" in emergency departments.
    - "Incidence of violence" is not defined in our statutes. Without knowing what an incidence of violence is, it is difficult for anyone to provide recommendations of how to reduce them.
- that hospitals report how assaults were pursued by the hospital and processed by the judicial system.
    - The information provided in your report is hard to decipher or not clearly reported for many hospitals. There should be more specific data points collected here in order to have a clear picture of the criminal justice process. For example:
        - If an individual was criminally charged, was the
            - Defendant convicted;
            - Defendant found not guilty; or
            - Charge(s) dismissed?

- If so, what was the reason for the dismissal?

- If an individual was criminally charged, was the hospital employee
  - Asked to appear or subpoenaed to appear for a court hearing or trial;
  - Did the hospital employee appear for the court hearing or trial?
- If an individual was not criminally charged, was it because of their medical or mental condition at the time of the offense?

- the Administrative Office of the Courts (AOC) to provide a report of how many defendants were charged and convicted under G.S. 14-34.6.
  - However, that statute covers assaults on individuals such as firefighters and emergency medical technicians who may be assaulted in the discharge of their duties at locations outside of a hospital and not on hospital grounds.
  - G.S. 14-34.6 also requires a physical injury to be charged. Many assaults do not result in physical injury.
  - Tracking data on this assault class alone does not accurately focus on assaults occurring in hospitals. A detailed breakdown by subsection of the statute would be needed for a more accurate picture of the individuals assaulted. Specific tracking of additional types of assaults that occur in hospitals would also be needed.

We hope these recommendations are helpful and that you will include them in your report to the General Assembly.

As always, if you or a member of your staff have any questions or would like to discuss this recommendation further, please do not hesitate to call me directly on my mobile telephone at 919-810-6333. You may also contact Marie Evitt, NCSA Government Relations Counsel, at 828-448-0154.

Respectfully,

Eddie Caldwell

Edmond W. Caldwell, Jr.
Executive Vice President and General Counsel
North Carolina Sheriffs' Association

EWC:me

Attachment C

Mr. Payne

This is in response to your request for NCACP to comment on the report required by G.S. 131E-88.2, and to make recommendations to decrease incidences of violence in hospitals and assaults on hospital personnel.

This statute has several significant ambiguities and inconsistencies concerning the data required in the report. This is reflected in the data submitted by hospitals, which makes it difficult to draw valid conclusions concerning the data.

The report requires reporting the "number assaults occurring in the hospital or on hospital grounds requiring the involvement of law enforcement". Without knowing what criminal "assault" statute is implicated, or whether the "assault" (undefined) reported rises to the level of a criminal offense, it is difficult to usefully assess the data. Perhaps the hospital should be requested to report the crime charged (to be obtained by the law enforcement officer involved). I note that the report from AOC only references the crime defined in G.S. 14-34.6, which includes assaults on individuals in addition to hospital personnel. Thus hospitals are required to report assaults that are not included in the AOC report. It would be helpful to know the disposition of the assault cases reported, as convictions, dismissals, or not guilty.

The report from hospitals also must includes "the number and impact of incidences where patient behavioral health and substance abuse issues resulted in violence in the hospital and the number that occurred specifically in the emergency department". This necessarily involves subjective judgement as to causation, which makes comparisons among hospitals and comparisons over time problematic. This data point is limited to patient behavior, although hospital violence is often caused by non-patients.

Does your survey include all hospitals? I do not see Duke University or UNC Chapel Hill.

Reporting and collection of data on hospital violence is a valuable endeavor, and good faith reporting by hospitals cannot be reduced to legal precision. However, from a law enforcement perspective, analysis and recommendations need more clarity than what the statute now requires.

We look forward to our continued cooperation.

Fred

Fred P. Baggett, P.A.
Legislative Counsel
North Carolina Association of Chiefs of Police
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North Carolina Association of Chiefs of Police

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NORTH CAROLINA EMERGENCY MANAGEMENT ASSOCIATION

NCEMA.NET
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May 26, 2026

Director Mark Payne
Division of Health Service Regulations
NC Department of Health and Human Services
809 Ruggles Drive
Raleigh, NC 27603

Dear Director Payne,

Please accept this letter as official notification of a review of the hospital data you provided as required by the North Carolina Hospital Violence Protection Act (Part 3A of Article 5 in Chapter 131E of the North Carolina General Statutes).

Upon review, the data certainly indicates the need for emergency planning as it relates to health care facilities. Furthermore, we would suggest that a drill be conducted by Nash Hospitals as well as each facility ensure they have a relationship established with the local emergency manager in their respective communities.

If you should require additional information, please feel to reach out to me at executivedirector@ncema.net or 252-904-7078.

Respectfully,

D. Scott Rogers

D. Scott Rogers
Executive Director

2026 Report on Charges and Convictions of G.S. 14-34.6

G.S. 131E-88.3

Prepared by
North Carolina Administrative Office of the Courts
September 1, 2026

About the North Carolina Judicial Branch
The mission of the North Carolina Judicial Branch is to protect and preserve the rights and liberties of all the people as guaranteed by the Constitutions and laws of the United States and North Carolina by providing a fair, independent and accessible forum for the just, timely and economical resolution of their legal affairs.

About the North Carolina Administrative Office of the Courts
The mission of the North Carolina Administrative Office of the Courts is to provide services to help North Carolina's unified court system operate more efficiently and effectively, taking into account each courthouse's diverse needs, caseloads, and available resources.

Introduction

G.S. 131E-88.3, pursuant to S.L. 2023-129, s. 8.1.(b), requires the North Carolina Administrative Office of the Courts (NCAOC) to report select information to the Department of Health and Human Services, Division of Health Service Regulation, on the number of persons charged and convicted during the preceding calendar year of a crime under G.S. 14-34.6. Specifically, G.S. 131E-88.3 provides as follows:

> (a) Annually by September 1, the Administrative Office of the Courts shall report to the Department of Health and Human Services, Division of Health Service Regulation, the number of persons charged and convicted during the preceding calendar year of a crime under G.S. 14-34.6.

NCAOC respectfully submits this report pursuant to the legislative mandate.

North Carolina General Statute	Number of Defendants Charged CY 2025	Number of Defendants Convicted CY 2025
G.S. 14-34.6(a) Assault or affray causing physical injury on a firefighter, EMT, medical responder, medical practice and hospital personnel	295	37
G.S. 14-34.6(b) Violation of subsection (a) and inflicts serious bodily injury or uses a deadly weapon other than a firearm	4	1
G.S. 14-34.6(c) Violation of subsection (a) and uses a firearm	2	0

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919 890 1000