

2 SSB 5312 - H COMM AMD
3 By Committee on Commerce & Labor

4 ADOPTED AS AMENDED 4/15/99

5 Strike everything after the enacting clause and insert the
6 following:

7 NEW SECTION. **Sec. 1.** The legislature finds that:

8 (1) Violence is an escalating problem in many health care settings
9 in this state and across the nation;

10 (2) Based on an analysis of workers' compensation claims, the
11 department of labor and industries reports that health care employees
12 face the highest rate of workplace violence in Washington state;

13 (3) The actual incidence of workplace violence in health care
14 settings is likely to be greater than documented because of failure to
15 report or failure to maintain records of incidents that are reported;

16 (4) Patients, visitors, and health care employees should be assured
17 a reasonably safe and secure environment in health care settings; and

18 (5) Many health care settings have undertaken efforts to assure
19 that patients, visitors, and employees are safe from violence, but
20 additional personnel training and appropriate safeguards may be needed
21 to prevent workplace violence and minimize the risk and dangers
22 affecting people in health care settings.

23 NEW SECTION. **Sec. 2.** For purposes of this chapter:

24 (1) "Health care setting" means:

25 (a) Hospitals as defined in RCW 70.41.020;

26 (b) Home health, hospice, and home care agencies under chapter
27 70.127 RCW, subject to section 8 of this act;

28 (c) Evaluation and treatment facilities as defined in RCW
29 71.05.020(8); and

30 (d) Community mental health programs as defined in RCW
31 71.24.025(8).

32 (2) "Department" means the department of labor and industries.

33 (3) "Employee" means an employee as defined in RCW 49.17.020.

1 (4) "Violence" or "violent act" means any physical assault or
2 verbal threat of physical assault against an employee of a health care
3 setting.

4 NEW SECTION. **Sec. 3.** (1) By July 1, 2000, each health care
5 setting shall develop and implement a plan to reasonably prevent and
6 protect employees from violence at the setting. The plan shall address
7 security considerations related to the following items, as appropriate
8 to the particular setting, based upon the hazards identified in the
9 assessment required under subsection (2) of this section:

- 10 (a) The physical attributes of the health care setting;
- 11 (b) Staffing, including security staffing;
- 12 (c) Personnel policies;
- 13 (d) First aid and emergency procedures;
- 14 (e) The reporting of violent acts; and
- 15 (f) Employee education and training.

16 (2) Before the development of the plan required under subsection
17 (1) of this section, each health care setting shall conduct a security
18 and safety assessment to identify existing or potential hazards for
19 violence and determine the appropriate preventive action to be taken.
20 The assessment shall include, but is not limited to, a measure of the
21 frequency of, and an identification of the causes for and consequences
22 of, violent acts at the setting during at least the preceding five
23 years or for the years records are available for assessments involving
24 home health, hospice, and home care agencies.

25 (3) In developing the plan required by subsection (1) of this
26 section, the health care setting may consider any guidelines on
27 violence in the workplace or in health care settings issued by the
28 department of health, the department of social and health services, the
29 department of labor and industries, the federal occupational safety and
30 health administration, medicare, and health care setting accrediting
31 organizations.

32 NEW SECTION. **Sec. 4.** By July 1, 2001, and on a regular basis
33 thereafter, as set forth in the plan developed under section 3 of this
34 act, each health care setting shall provide violence prevention
35 training to all its affected employees as determined by the plan. The
36 training shall occur within ninety days of the employee's initial
37 hiring date unless he or she is a temporary employee. For temporary

1 employees, training would take into account unique circumstances. The
2 training may vary by the plan and may include, but is not limited to,
3 classes, videotapes, brochures, verbal training, or other verbal or
4 written training that is determined to be appropriate under the plan.
5 The training shall address the following topics, as appropriate to the
6 particular setting and to the duties and responsibilities of the
7 particular employee being trained, based upon the hazards identified in
8 the assessment required under section 3 of this act:

- 9 (1) General safety procedures;
- 10 (2) Personal safety procedures;
- 11 (3) The violence escalation cycle;
- 12 (4) Violence-predicting factors;
- 13 (5) Obtaining patient history from a patient with violent behavior;
- 14 (6) Verbal and physical techniques to de-escalate and minimize
15 violent behavior;
- 16 (7) Strategies to avoid physical harm;
- 17 (8) Restraining techniques;
- 18 (9) Appropriate use of medications as chemical restraints;
- 19 (10) Documenting and reporting incidents;
- 20 (11) The process whereby employees affected by a violent act may
21 debrief;
- 22 (12) Any resources available to employees for coping with violence;
- 23 and
- 24 (13) The health care setting's workplace violence prevention plan.

25 NEW SECTION. **Sec. 5.** Beginning no later than July 1, 2000, each
26 health care setting shall keep a record of any violent act against an
27 employee, a patient, or a visitor occurring at the setting. At a
28 minimum, the record shall include:

- 29 (1) The health care setting's name and address;
- 30 (2) The date, time, and specific location at the health care
31 setting where the act occurred;
- 32 (3) The name, job title, department or ward assignment, and staff
33 identification or social security number of the victim if an employee;
- 34 (4) A description of the person against whom the act was committed
35 as:
 - 36 (a) A patient;
 - 37 (b) A visitor;
 - 38 (c) An employee; or

1 (d) Other;
2 (5) A description of the person committing the act as:
3 (a) A patient;
4 (b) A visitor;
5 (c) An employee; or
6 (d) Other;
7 (6) A description of the type of violent act as a:
8 (a) Threat of assault with no physical contact;
9 (b) Physical assault with contact but no physical injury;
10 (c) Physical assault with mild soreness, surface abrasions,
11 scratches, or small bruises;
12 (d) Physical assault with major soreness, cuts, or large bruises;
13 (e) Physical assault with severe lacerations, a bone fracture, or
14 a head injury; or
15 (f) Physical assault with loss of limb or death;
16 (7) An identification of any body part injured;
17 (8) A description of any weapon used;
18 (9) The number of employees in the vicinity of the act when it
19 occurred; and
20 (10) A description of actions taken by employees and the health
21 care setting in response to the act. Each record shall be kept for at
22 least five years following the act reported, during which time it shall
23 be available for inspection by the department upon request.

24 NEW SECTION. **Sec. 6.** Failure of a health care setting to comply
25 with this chapter shall subject the setting to citation under chapter
26 49.17 RCW.

27 NEW SECTION. **Sec. 7.** A health care setting needing assistance to
28 comply with this chapter may contact the federal department of labor or
29 the state department of labor and industries for assistance. The state
30 departments of labor and industries, social and health services, and
31 health shall collaborate with representatives of health care settings
32 to develop technical assistance and training seminars on plan
33 development and implementation, and shall coordinate their assistance
34 to health care settings.

35 NEW SECTION. **Sec. 8.** It is the intent of the legislature that any
36 violence protection and prevention plan developed under this chapter be

1 appropriate to the setting in which it is to be implemented. To that
2 end, the legislature recognizes that not all professional health care
3 is provided in a facility or other formal setting, such as a hospital.
4 Many services are provided by home health, hospice, and home care
5 agencies. The legislature finds that it is inappropriate and
6 impractical for these agencies to address workplace violence in the
7 same manner as other, facility-based, health care settings. When
8 enforcing this chapter as to home health, hospice, and home care
9 agencies, the department shall allow agencies sufficient flexibility in
10 recognition of the unique circumstances in which these agencies deliver
11 services.

12 NEW SECTION. **Sec. 9.** (1) State hospitals, as defined in RCW
13 72.23.010, shall comply with all the requirements of sections 1 through
14 3 and 5 through 8 of this act.

15 (2) By July 1, 2001, and on a regular basis thereafter, as set
16 forth in the plan developed under section 3 of this act, each state
17 hospital shall provide violence prevention training to all its affected
18 employees as determined by the plan. Each employee shall receive
19 violence prevention training prior to providing patient care, in
20 addition to his or her ongoing training as determined by the plan. The
21 training may vary by the plan and may include, but is not limited to,
22 classes, videotapes, brochures, verbal training, or other verbal or
23 written training that is determined to be appropriate under the plan.
24 The training shall address the topics provided in section 4 of this
25 act, as appropriate to the particular setting and to the duties and
26 responsibilities of the particular employee being trained, based upon
27 the hazards identified in the assessment required under section 3 of
28 this act.

29 NEW SECTION. **Sec. 10.** If specific funding for purposes of section
30 9 of this act, referencing this act by bill and section number or
31 chapter and section number, is not provided by June 30, 1999, in the
32 omnibus appropriations act, section 9 of this act is null and void.

33 NEW SECTION. **Sec. 11.** Sections 2 through 8 of this act constitute
34 a new chapter in Title 49 RCW."

1 Correct the title.

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