SENATE BILL REPORT
SHB 1931

As of March 18, 2019

Title: An act relating to workplace violence in health care settings.

Brief Description: Concerning workplace violence in health care settings.

Sponsors: House Committee on Labor & Workplace Standards (originally sponsored by Representatives Leavitt, Kilduff, Volz, Cody, Caldier, Jinkins, Rude, Sells, Lekanoff and Riccelli).

Brief History: Passed House: 3/06/19, 97-0.
Committee Activity: Labor & Commerce: 3/18/19.

Brief Summary of Bill

- Modifies health care setting workplace violence prevention plans by requiring an annual review of incidents and development and implementation of the plan every three years.
- Requires health care settings to provide violence prevention training to volunteers and contracted security personnel in addition to employees.
- Adds ambulatory surgical facilities to the health care settings subject to the plan requirements.

SENATE COMMITTEE ON LABOR & COMMERCE

Staff: Susan Jones (786-7404)

Background: Under the Washington Industrial Safety and Health Act (WISHA), all employers have a duty to provide a workplace free from recognized hazards. An employer with 11 or more employees on the same shift at the same location must establish a safety committee in which the number of employee-elected members is equal or exceeds the number of employer-selected members. An employer who does not provide a safe workplace is subject to penalty by the Department of Labor and Industries (L&I), which administers the WISHA.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Violence Prevention Plan. In 1999, legislation was enacted addressing violence against employees in health care settings. Hospitals, home health, hospice, home care agencies, evaluation and treatment facilities, and community mental health agencies (health care settings) were required to conduct a security and safety assessment to identify existing and potential hazards for violence and determine the appropriate preventative action. The assessment included the frequency of, causes for, and consequences of violent acts during the preceding five years or when records were available. Following the security and safety assessment, health care settings were required to develop and implement a plan, by July 1, 2000, to reasonably prevent and protect employees from violence. The plan was required to address security considerations related to:

- the physical attributes of the health care setting;
- staffing, including security staffing;
- personnel policies;
- first aid and emergency procedures;
- the reporting of violent acts; and
- employee education and training.

In developing the plan, the health care settings could consider any guidelines issued by L&I, the Department of Health, the Department of Social and Health Services, the Occupational Safety and Health Administration, Medicare, and health care setting accrediting organizations.

Training. A health care setting must provide violence prevention training on a regular basis to all affected employees. The training must take place within 90 days of hire, unless the employee is a temporary employee. The training may include: classes, brochures, verbal training, or other verbal or written training. Training must address, as appropriate to the setting and the duties and responsibilities of the employee being trained:

- general and personal safety procedures;
- the violence escalation cycle;
- violence predicting factors;
- obtaining patient history from a patient with violent behavior;
- verbal and physical techniques to de-escalate and minimize violent behavior;
- strategies to avoid physical harm;
- restraining techniques and use of chemical restraints;
- response team processes;
- documentation and reporting incidents;
- debriefing;
- resources available to employees; and
- the violence prevention plan.

Workplace violence, violence, and violent act (workplace violence) means any physical assault or verbal threat of physical assault against an employee of a health care setting.

Summary of Bill: Development of Violence Prevention Plan Every Three Years. A health care setting must develop and implement a violence prevention plan every three years. If the health care setting has a safety committee, established under the statute or related rules, or a workplace violence committee with equal numbers of employee-elected and employer-selected member, that committee must develop, implement, and monitor the plan.

Plan Requirements. The plan is modified to require an outline of strategies aimed at security considerations and factors that may contribute to or prevent the risk of violence. Changes are made to a number of the considerations and factors. Regarding physical attributes, specific reference is made to security systems, alarms, emergency response, and security personnel available, and staffing is modified to include patterns, patient classifications, and procedures to mitigate time spent alone working in areas at high risk for violence. Job design, equipment, and facilities are substituted for personnel policies. Considerations and factors added include security risks associated with specific units, areas of the facility with uncontrolled access, late night or early morning shifts, and employee security in surrounding areas such as employee parking areas. Also added are processes and expected interventions to provide assistance to an employee affected by a violent act. The consideration of guidelines issued by state and federal agencies and accrediting organizations is made mandatory.

The pre-plan five-year assessment is modified to require an annual review of the frequency of incidents of workplace violence and any emerging issues contributing to workplace violence. Plan adjustments must be made, as necessary, based on the annual review.

Training. Training must be provided to volunteers and contracted security personnel in addition to employees by July 1, 2020. The types of training that may be offered are classes that provide an opportunity for interactive questions and answers, hands on training, and video training. The topics the training must address are modified to add hands-on practice or role play, and response team processes.

Terminology. Workplace violence terms are modified to refer to acts on the property of the health care setting and include any assault or threat of assault involving the use of a weapon or a common object used as a weapon, regardless of injury. Health care settings also include ambulatory surgical facilities.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill takes effect on January 1, 2020.

Staff Summary of Public Testimony: PRO: The bill is a collaboration with the nursing and hospital associations. No one should be put into a dangerous position at work. They work tirelessly and should be protected. Since the workplace violence laws of 20 years ago, the patient population has changed. We need to have more hands on training, including what to expect after an attack. Examples of violence were provided. We need training, a plan, including who is in charge of the plan, and enough staff to handle these dangerous and violent attacks. It is difficult for nurses to know where to go to report an assault. No nurse should have to fear for his or her life in going to work. Nurses are five times more likely to be subject to violence than others in the labor workforce. It is not a question of if they will

be subject to violence but when. This bill has bi-partisan support. There is money for this. A hospital spent $250,000 on two dogs, a bomb sniffing dog and a de-escalation dog.

Persons Testifying: PRO: Representative Mari Leavitt, Prime Sponsor; Stevie Lynne Krone, Washington State Nurses Association; Travis Elmore, Washington State Nurses Association.

Persons Signed In To Testify But Not Testifying: No one.