SENATE BILL 5162

State of Washington 69th Legislature 2025 Regular Session

By Senators Lovick, Saldaña, Bateman, Dhingra, Hasegawa, Nobles, Pedersen, Robinson, Salomon, Stanford, Valdez, and C. Wilson

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- AN ACT Relating to preventing workplace violence in health care settings; amending RCW 49.19.020; and adding a new section to chapter
- 3 49.19 RCW.

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- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 **Sec. 1.** RCW 49.19.020 and 2019 c 430 s 2 are each amended to 6 read as follows:
 - (1) ((Every three years, each)) (a) Each health care setting shall develop and implement a workplace violence prevention plan ((to prevent and protect)) for the purposes of preventing violence and protecting employees from violence ((at)) in the setting.
 - (b) In a health care setting with a safety committee established pursuant to RCW 49.17.050 and related rules, or workplace violence committee that is comprised of employee-elected and employer-selected members where the number of employee-elected members equal or exceed the number of employer-selected members, ((that)) the committee shall develop, implement, and monitor progress on the workplace violence prevention plan.
 - (2) The <u>workplace violence prevention</u> plan ((developed under subsection (1) of this section shall)) <u>must</u> outline strategies aimed at addressing security considerations and factors that may contribute

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1 to or prevent the risk of violence, including but not limited to the 2 following:

- (a) The physical attributes of the health care setting, including security systems, alarms, emergency response, and security personnel available;
- (b) Staffing, including staffing patterns, patient classifications, and procedures to mitigate employees time spent alone working in areas at high risk for workplace violence;
 - (c) Job design, equipment, and facilities;
 - (d) First aid and emergency procedures;
 - (e) The reporting of violent acts;

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- 12 (f) Employee education and training requirements and 13 implementation strategy;
 - (g) Security risks associated with specific units, areas of the facility with uncontrolled access, late night or early morning shifts, and employee security in areas surrounding the facility such as employee parking areas; and
 - (h) Processes and expected interventions to provide assistance to an employee directly affected by a violent act.
 - (((2) [(3)] Each health care setting shall annually review the frequency of incidents of workplace violence including identification of the causes for and consequences of, violent acts at the setting and any emerging issues that contribute to workplace violence. The health care setting shall adjust the plan developed under subsection (1) of this section as necessary based on this annual review.))
 - (3) $((\frac{1}{(4)}))$ In developing $(\frac{1}{(4)})$ In developing $(\frac{1}{(4)})$ of this section) and updating the workplace violence prevention plan, the health care setting shall consider $(\frac{1}{(4)})$:
 - (a) Any guidelines on violence in the workplace or in health care settings issued by the department of health, the department of social and health services, the department of labor and industries, the federal occupational safety and health administration, medicare, and health care setting accrediting organizations; and
 - (b) The findings and recommendations in the reports required by section 2(2) of this act.
- 36 (4) The health care setting or, if applicable, the committee 37 under subsection (1) of this section must conduct a comprehensive 38 review and update of the workplace violence prevention plan at least 39 once per calendar year.

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NEW SECTION. Sec. 2. A new section is added to chapter 49.19
RCW to read as follows:

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- (1) Every health care setting must conduct a timely investigation of every workplace violence incident.
- (2) In each investigation required by this section, the health care setting must review the incident for purposes of identifying factors contributing to or causing workplace violence, including but not limited to an assessment of:
- 9 (a) The details of the incident, such as the date, time, 10 location, and nature of the conduct and harm;
- 11 (b) The details of any response and related remediation to 12 prevent future incidents; and
- 13 (c) If applicable, a comparison of the actual staffing levels to 14 the planned staffing levels at the time of incident.
- 15 (3) The health care setting must submit a report to the committee 16 identified under RCW 49.19.020(1)(b) at least quarterly, unless the 17 health care setting is a critical access hospital under 42 U.S.C. 18 Sec. 1395i-4, in which case it must submit a report at least twice 19 per year, with the following:
 - (a) A summary of the data required by RCW 49.19.040 and the findings of investigations required by subsection (1) of this section during the relevant time period, with any personal information deidentified in compliance with the federal health insurance portability and accountability act of 1996;
- 25 (b) A summary and analysis of any systemic and common causes of 26 the workplace violence incidents; and
- (c) Recommendations for modifying the plan under RCW 49.19.020 and other practices in order to prevent future incidents of workplace violence.

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