

HOUSE BILL REPORT

SSB 5312

As Passed House - Amended:

April 15, 1999

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

Brief Description: Providing for the prevention of workplace violence in health care settings.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Costa, Deccio, Winsley, Wojahn, Thibaudeau and Kohl-Welles).

Brief History:

Committee Activity:

Commerce & Labor: 3/31/99, 4/2/99 [DPA].

Floor Activity:

Passed House - Amended: 4/15/99, 92-4.

Brief Summary of Substitute Bill (As Amended by House Committee)

- Health care employers, including state and private hospitals, mental health evaluation and treatment facilities, home care agencies, and community mental health programs, must develop and implement workplace violence protection programs.

HOUSE COMMITTEE ON COMMERCE & LABOR

Majority Report: Do pass as amended. Signed by 7 members: Representatives Clements, Republican Co-Chair; Conway, Democratic Co-Chair; Wood, Democratic Vice Chair; Hurst; Lisk; McIntire and McMorris.

Minority Report: Do not pass. Signed by 1 member: Representative B. Chandler, Republican Vice Chair.

Staff: Douglas Ruth (786-7134).

Background:

Studies show that violence in the workplace is a significant cause of occupational injury and death. Health care facilities in particular are the sites of consistent amounts of workplace violence. According to the Department of Labor and Industries (L&I), social workers, nursing aides, and orderlies are assaulted more often and in greater numbers than any other occupation. From 1992 to 1995, social services and health services accounted for 51 percent of assault-related claims. The five most violence-prone industries involve psychiatric care and nursing care. Psychiatric hospitals had the highest rate of assault of any industry, averaging 90 injuries per 1,000 workers over the four-year period.

Summary of Amended Bill:

Health care employers, including private and state hospitals, mental health facilities, home care agencies, and community mental health programs, must develop and implement workplace violence protection programs.

Each health care employer must conduct an assessment to identify existing or potential security and safety hazards. The assessments must include determining the frequency, causes, and consequences of violent acts committed at the work site in the past five years or for whatever period data is available to a home care agency. Violent acts include physical assaults and verbal threats of physical assaults. The employer must determine the appropriate preventive action to take to address the identified hazards.

After completing the assessment, and no later than July 2000, health care employers will develop and implement plans to reasonably prevent and protect employees from violence. The plans must contain security provisions related to the physical work environment, staffing, personnel policies, first aid and emergency procedures, reporting procedures, and training and education. In developing such plans, employers must consider any relevant guidelines issued by government agencies or private accrediting organizations.

In addition, by July 2001 and regularly thereafter, each health care employer must provide violence prevention training to its affected employees. For a private employee, training must occur within 90 days of the employee's hiring except for a temporary employee whose training will be tailored to his or her temporary circumstance. Employees of state hospitals must be trained prior to providing care. The content of the training will address those topics listed in the bill that are appropriate to the particular workplace setting and the duties of the employees being trained. The form of the training can vary, including classes, videotapes, brochures, and instruction.

Beginning no later than July 2000, each health care employer must keep records of any violent acts committed at the workplace. The minimum information to be

recorded is specified. The department is given access to the records, which must be preserved for five years.

Enforcement of these requirements is according to present Washington Industrial Safety and Health Act citation rules. Employers failing to comply with the requirements of the act may be cited by the department. The department is to be flexible in enforcing the workplace violence prevention requirements for home health, hospice and home care agencies since they operate in informal and non-facility based settings. The Departments of L&I, Health (DOH), and Social and Health Services (DSHS) will assist employers to develop and implement plans.

State hospitals do not need to comply with the requirements of the bill if funds are not appropriated in the budget to pay for the costs of implementation.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Amended Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: The risk of violence in health care settings has been rising. Many situations arise in these settings that can lead to violence (e.g., gangs in emergency rooms, domestic violence confrontations, custody disputes, drug overdoses.) The bill would give health care staff the tools to recognize the early signs of violence and de-escalate the situation. Many health care employers already have a violence protection plan in place. These plans have not been able to protect against every circumstance, but have prevented situations from becoming serious. Personal experience show that the staff of some hospitals are not aware of the hospital's emergency procedures. The department currently does not have specific violence prevention standards, except for late night retail establishments. The department does enforce general safety standards when employers recognize potential workplace violence and do not act. The department has not issued many citations related to workplace violence based on these general standards. The department has also worked with private employers and state hospitals to implement violence prevention practices. The bill would not increase the liability exposure of health care employers because workplace violence is covered under the industrial insurance act and is exempt from tort action. The bill provides flexible training requirements for different settings. Both state and federal agencies produce guidelines that employers can use to create prevention plans. The bill does not apply to state hospitals, as they have already created their own programs.

Testimony on proposed striking amendment: Most hospitals have violence prevention plans now. The proposed striking amendment would create a reasonable

blue print for these plans to meet. It would provide consistency across health care settings. The striking amendment reflects compromise on timing and definitions, and allows greater flexibility in how employers meet the requirements. Although the bill will increase the operating costs for facilities and might increase their liability, the amendment is a satisfactory compromise.

Testimony Against: None.

Testified: (Original bill) Michael Wood, Department of Labor and Industries; and Sharon Ness, Local 141, United Food and Commercial Workers.

(On striking amendment) Senator Costa, prime sponsor; Ann Simons, United Food and Commercial Workers; Andy Davidson, Washington State Hospital Association; Gail McGaffick, Home Care Association of Washington; and Ellie Menzies, Service Employees International Union.