FINAL BILL REPORT
SHB 1931

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Synopsis as Enacted

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).

House Committee on Labor & Workplace Standards
House Committee on Appropriations
Senate Committee on Labor & Commerce
Senate Committee on Ways & Means

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.

Violence Prevention Plan.
In 1999 legislation was enacted specifically 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;

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- first aid and emergency procedures;
- the reporting of violent acts; and
- employee education and training.

In developing the plan, the health care setting could consider any guidelines issued by the 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" mean any physical assault or verbal threat of physical assault against an employee of a health care setting.

Summary:

Violence Prevention Plan.
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 WISHA or a workplace violence committee, that committee must develop, implement, and monitor the plan.

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, which are not exclusive. Regarding physical attributes, specific reference is made to security systems, alarms, emergency response, and security personnel available, and the staffing element 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 are added and personnel policies deleted. 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 that contribute to workplace violence. The health care setting plan must be adjusted 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, including to add hands-on practice or role play, and response team processes.

Other.
The definition of "workplace violence," "violence," and "violent act" is amended to refer to acts on the property of the health care setting. The terms include any assault or threat of assault involving the use of a weapon or a common object used as a weapon, regardless of injury.

Ambulatory surgical facilities are added as health care settings covered by the provisions.

Terminology is updated, provisions reorganized, and requirements reworded.

Votes on Final Passage:

House	97	0
Senate	48	0

Effective: January 1, 2020