

HOUSE BILL REPORT

HB 2899

As Reported By House Committee On:
Commerce & Labor

Title: An act relating to workplace safety in state hospitals.

Brief Description: Developing a workplace safety plan for state hospitals.

Sponsors: Representatives Conway, Clements, Cody, Cooper and Keiser; by request of Department of Social and Health Services.

Brief History:

Committee Activity:

Commerce & Labor: 2/2/00, 2/3/00 [DPS].

<p>Brief Summary of Substitute Bill</p> <ul style="list-style-type: none">· Requires state hospitals to develop and implement a plan to protect employees from workplace violence.

HOUSE COMMITTEE ON COMMERCE & LABOR

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Clements, Republican Co-Chair; Conway, Democratic Co-Chair; B. Chandler, Republican Vice Chair; Wood, Democratic Vice Chair; Hurst; Lisk; McIntire and McMorris.

Staff: Chris Cordes (786-7103).

Background:

Most employers in Washington are required to have written accident prevention plans under the Washington Industrial Safety and Health Act (WISHA). These plans must include a safety orientation program for employees, with information about how and when to report injuries and unsafe working conditions. In 1998 the Department of Labor and Industries published a non-mandatory guide on workplace violence prevention that included a sample violence prevention program for employers to use

in creating a workplace violence prevention program or incorporating such a program into their accident prevention plans.

Legislation enacted in 1999 requires certain hospitals and other health care settings to develop and implement workplace violence prevention plans by July 1, 2000. As enacted, this legislation would have applied to state hospitals, but the provision was voided when funding was not provided in the biennial budget.

According to a report published in 1997 by the Department of Labor and Industries, data from 1992 to 1995 show that social services and health services accounted for 51 percent of assault-related claims in the workplace. 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 Substitute Bill:

State hospitals for the care of the mentally ill must develop and implement plans and training programs to prevent workplace violence. The departments of Labor and Industries, Health, and Social and Health Services must collaborate with the state hospitals to develop technical assistance and training seminars on plan development and implementation.

Plans for preventing workplace violence. By November 1, 2000, each state hospital must develop and implement by January 1, 2001, a plan to reasonably prevent and protect employees from workplace violence. The plan must be developed with input from the hospital's safety committee. The plans must address security considerations related to:

- the physical work environment;
- staffing, including security staffing;
- personnel policies;
- first aid and emergency procedures;
- procedures for reporting and responding to violent acts;
- criteria for determining and reporting verbal threats;
- employee education and training; and
- clinical and patient policies.

Before developing the plan, the state hospital must conduct a security and safety assessment including an analysis of workers' compensation data, to identify existing or potential hazards for violence and determine appropriate preventive action.

In developing the plan, the state hospital may consider any relevant guidelines issued by government agencies or state hospital accrediting organizations.

Violence prevention training. By January 2001, and at least annually thereafter, each state hospital must provide violence prevention training to its affected employees. Initial training must occur before assignment to a patient unit, and must be in addition to ongoing training as determined under the plan. The training must address specific topics, as appropriate to the particular workplace setting and the duties of the employees being trained, including following general and personal safety procedures, dealing with violent behavior, documenting and reporting incidents, and using intershift reporting procedures to communicate about patients between shifts. The form of the training may vary, and may include classes, videotapes, brochures, and instruction.

Recordkeeping. Beginning no later than July 2000, each state hospital must keep records of any violent acts committed against employees or patients occurring at the hospital, including specified minimum information. The records must be preserved for five years and must be made available to the Department of Labor and Industries upon request.

Enforcement. State hospitals failing to comply with these safety plan requirements may be cited under WISHA.

Reports. The Department of Social and Health Services is required to report to the Legislature on the progress of plan development by July 1, 2000, and to provide a copy of the completed plan by November 1, 2000. Thereafter, by September 1st each year, the department must report on its efforts to reduce violence in state hospitals.

Substitute Bill Compared to Original Bill: The substitute bill makes the following changes to the original bill:

- (1) The violence prevention plan must be developed with input from the state hospital's safety committee.
- (2) Specific items that must be addressed in the plan are added, including: the hospital's physical attributes, such as access, locks, lighting, alarms; appropriate actions and follow-up in response to violent acts; criteria for reporting verbal threats; and clinical/patient policies related to smoking, patient activities, restraints, and communications between shifts.
- (3) Pre-plan assessment must include an analysis of: workers' compensation data during at least the preceding year; input from staff and patients; and information relevant to the issues to be addressed in the plan.
- (4) Employee training must be provided at least annually. The substitute also clarifies that initial training must occur before assignment to a patient unit. The substitute deletes a requirement for training issues to include use of medications, but adds that training must include processes for communication between shifts and use of multi-disciplinary methods to communicate between clinicians and staff on patient treatment plans.

- (5) The definition of "violent act" includes an attempted assault, as well as an assault.
- (6) The Department of Social and Health Services is required to report to the Legislature on the progress of plan development by July 1, 2000, and to provide a copy of the completed plan by November 1, 2000. Thereafter, by September 1 each year the department must report on its efforts to reduce violence in state hospitals.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: (Original bill) Although most patients in state hospitals do not become violent, there are some that pose a threat to hospital employees. When violent episodes occur, there are costs to both the agency and the employees. For example, last year the workers' compensation cost alone was approximately \$785,000. Some studies show that these workplaces are among the most dangerous. This bill sets a goal of decreasing injuries at state hospitals. The key to reaching this goal is having the staff and management work together. Some changes have already been implemented, but this bill will ensure a continuing process. This is an important first step that will be closely monitored.

Testimony Against: None.

Testified: Pat Terry, Department of Social and Health Services; Ellie Menzies and Edith Harlow, Service Employees International Union; and Bev Hermanson, Washington Federation of State Employees.

(Responding to questions) Michael Wood, Department of Labor and Industries.