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SENATE BILL 5912

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State of Washington

66th Legislature

2019 Regular Session

By Senators Keiser and Walsh

1 AN ACT Relating to workplace violence in health care settings;  
2 amending RCW 49.19.020, 49.19.030, and 49.19.040; reenacting and  
3 amending RCW 49.19.010; and providing an effective date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 49.19.010 and 2007 c 414 s 3 and 2007 c 375 s 10 are  
6 each reenacted and amended to read as follows:

7 For purposes of this chapter:

8 (1) "Health care setting" means:

9 (a) Hospitals as defined in RCW 70.41.020;

10 (b) Home health, hospice, and home care agencies under chapter  
11 70.127 RCW, subject to RCW 49.19.070;

12 (c) Evaluation and treatment facilities as defined in RCW  
13 71.05.020; (~~and~~)

14 (d) (~~Community mental~~) Behavioral health programs as defined in  
15 RCW 71.24.025; and

16 (e) Ambulatory surgical facilities as defined in RCW 70.230.010.

17 (2) "Department" means the department of labor and industries.

18 (3) "Employee" means an employee as defined in RCW 49.17.020.

19 (4) "Workplace violence," "violence," or "violent act" means any  
20 physical assault or verbal threat of physical assault against an  
21 employee of a health care setting on the property of the health care

1 setting. "Workplace violence," "violence," or "violent act" includes  
2 any physical assault or verbal threat of physical assault involving  
3 the use of a weapon, including a firearm as defined in RCW 9.41.010,  
4 or a common object used as a weapon, regardless of whether the use of  
5 a weapon resulted in an injury.

6 **Sec. 2.** RCW 49.19.020 and 1999 c 377 s 3 are each amended to  
7 read as follows:

8 (1) ~~((By July 1, 2000))~~ Every three years, each health care  
9 setting shall develop and implement a plan to ~~((reasonably))~~ prevent  
10 and protect employees from violence at the setting. In a health care  
11 setting with an established safety committee or workplace violence  
12 committee that is comprised of employee-elected and employer-selected  
13 members where the number of employee-elected members equal or exceed  
14 the number of employer-selected members, that committee shall  
15 develop, implement, and monitor progress on the plan.

16 (2) The plan developed under subsection (1) of this section shall  
17 ~~((address))~~ outline strategies aimed at addressing security  
18 considerations ~~((related to the following items, as appropriate to~~  
19 ~~the particular setting, based upon the hazards identified in the~~  
20 ~~assessment required under subsection (2) of this section))~~ and  
21 factors that may contribute to or prevent the risk of violence,  
22 including but not limited to the following:

23 (a) The physical attributes of the health care setting, including  
24 security systems, alarms, emergency response, and security personnel  
25 available;

26 (b) Staffing, including ~~((security))~~ staffing patterns, patient  
27 classifications, and procedures to mitigate employees time spent  
28 alone working in areas at high risk for workplace violence;

29 (c) ~~((Personnel policies;))~~ Job design, equipment, and  
30 facilities;

31 (d) First aid and emergency procedures;

32 (e) The reporting of violent acts; ~~((and))~~

33 (f) Employee education and training requirements and  
34 implementation strategy;

35 (g) Security risks associated with specific units, areas of the  
36 facility with uncontrolled access, late night or early morning  
37 shifts, and employee security in areas surrounding the facility such  
38 as employee parking areas; and

1 (h) Processes and expected interventions to provide assistance to  
2 an employee directly affected by a violent act.

3 ~~((Before the development of the plan required under~~  
4 ~~subsection (1) of this section,)) Each health care setting shall  
5 ~~((conduct a security and safety assessment to identify existing or~~  
6 ~~potential hazards for violence and determine the appropriate~~  
7 ~~preventive action to be taken. The assessment shall include, but is~~  
8 ~~not limited to, a measure of)) annually review the frequency of~~((~~  
9 ~~and an)) incidents of workplace violence including identification of  
10 the causes for and consequences of, violent acts at the setting  
11 ~~((during at least the preceding five years or for the years records~~  
12 ~~are available for assessments involving home health, hospice, and~~  
13 ~~home care agencies)) and any emerging issues that contribute to  
14 workplace violence. The health care setting shall adjust the plan  
15 developed under subsection (1) of this section as necessary based on  
16 this annual review.~~~~~~~~

17 (3) In developing the plan required by subsection (1) of this  
18 section, the health care setting ~~((may))~~ shall consider any  
19 guidelines on violence in the workplace or in health care settings  
20 issued by the department of health, the department of social and  
21 health services, the department of labor and industries, the federal  
22 occupational safety and health administration, medicare, and health  
23 care setting accrediting organizations.

24 **Sec. 3.** RCW 49.19.030 and 1999 c 377 s 4 are each amended to  
25 read as follows:

26 (1) By July 1, ((2001)) 2020, and on a regular basis thereafter,  
27 as set forth in the plan developed under RCW 49.19.020, each health  
28 care setting shall provide violence prevention training to all ~~((its~~  
29 ~~affected)) applicable employees, volunteers, and contracted security~~  
30 personnel, as determined by the plan.

31 (2) The training shall occur within ninety days of the employee's  
32 initial hiring date unless he or she is a temporary employee. ((For  
33 ~~temporary employees, training would take into account unique~~  
34 ~~circumstances.))~~

35 (3) The method and frequency of training may vary ((by))  
36 according to the information and strategies identified in the plan  
37 ~~((and)) developed under RCW 49.19.020. Trainings may include, but  
38 ~~((is)) are not limited to, classes that provide an opportunity for~~  
39 interactive questions and answers, hands on training, video training,~~

1 (~~videotapes,~~) brochures, verbal training, or other verbal or  
2 written training that is determined to be appropriate under the plan.  
3 (~~The~~) Trainings (~~shall~~) must address the following topics, as  
4 appropriate to the particular setting and to the duties and  
5 responsibilities of the particular employee being trained, based upon  
6 the hazards identified in the (~~assessment~~) plan required under RCW  
7 49.19.020:

8 (~~(1)~~) (a) The health care setting's workplace violence  
9 prevention plan;

10 (b) General safety procedures;

11 (~~(2) Personal safety procedures;~~

12 ~~(3)~~) (c) Violence predicting behaviors and factors;

13 (d) The violence escalation cycle;

14 (~~(4) Violence-predicting factors;~~

15 ~~(5) Obtaining patient history from a patient with violent~~  
16 ~~behavior;~~

17 ~~(6) Verbal and physical)~~ (e) De-escalation techniques to (~~de-~~  
18 ~~escalate and~~) minimize violent behavior;

19 (~~(7)~~) (f) Strategies to (~~avoid~~) prevent physical harm with  
20 hands-on practice or role play;

21 (~~(8) Restraining techniques;~~

22 ~~(9) Appropriate)~~ (g) Response team processes;

23 (h) Proper application and use of (~~medications as~~) restraints,  
24 both physical and chemical restraints;

25 (~~(10) Documenting)~~ (i) Documentation and reporting incidents;

26 (~~(11)~~) (j) The debrief process (~~whereby~~) for affected  
27 employees (~~affected by a~~) following violent acts (~~may debrief~~);  
28 and

29 (~~(12) Any~~) (k) Resources available to employees for coping with  
30 the effects of violence (~~; and~~

31 ~~(13) The health care setting's workplace violence prevention~~  
32 ~~plan).~~

33 **Sec. 4.** RCW 49.19.040 and 1999 c 377 s 5 are each amended to  
34 read as follows:

35 (~~Beginning no later than July 1, 2000,~~) Each health care  
36 setting shall keep a record of any violent act against an employee, a  
37 patient, or a visitor occurring at the setting. Each record shall be  
38 kept for at least five years following the act reported, during which

1 time it shall be available for inspection by the department upon  
2 request. At a minimum, the record shall include:  
3 (1) The health care setting's name and address;  
4 (2) The date, time, and specific location at the health care  
5 setting where the act occurred;  
6 (3) The name, job title, department or ward assignment, and staff  
7 identification or social security number of the victim if an  
8 employee;  
9 (4) A description of the person against whom the act was  
10 committed as:  
11 (a) A patient;  
12 (b) A visitor;  
13 (c) An employee; or  
14 (d) Other;  
15 (5) A description of the person committing the act as:  
16 (a) A patient;  
17 (b) A visitor;  
18 (c) An employee; or  
19 (d) Other;  
20 (6) A description of the type of violent act as a:  
21 (a) Threat of assault with no physical contact;  
22 (b) Physical assault with contact but no physical injury;  
23 (c) Physical assault with mild soreness, surface abrasions,  
24 scratches, or small bruises;  
25 (d) Physical assault with major soreness, cuts, or large bruises;  
26 (e) Physical assault with severe lacerations, a bone fracture, or  
27 a head injury; or  
28 (f) Physical assault with loss of limb or death;  
29 (7) An identification of any body part injured;  
30 (8) A description of any weapon used;  
31 (9) The number of employees in the vicinity of the act when it  
32 occurred; and  
33 (10) A description of actions taken by employees and the health  
34 care setting in response to the act. (~~Each record shall be kept for~~  
35 ~~at least five years following the act reported, during which time it~~  
36 ~~shall be available for inspection by the department upon request.~~)

37 NEW SECTION. **Sec. 5.** This act takes effect January 1, 2020.

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