

DOSH DIRECTIVE

Department of Labor and Industries
Division of Occupational Safety and Health

Keeping Washington Safe and Working

5.07

Workplace Violence Prevention in Health Care

Date: January 24, 2020

I. Purpose

This Directive provides enforcement policy regarding the workplace violence protections contained in Chapter 49.19 RCW, Safety – Health Care Settings, and Chapter 72.23 RCW, Public and Private Facilities for Mentally Ill.

II. Scope and Application

This Directive applies to all DOSH enforcement and consultation activities involving workplace violence in health care settings, and updates previous guidance from DOSH Directive 5.07, dated July 14, 2006.

III. References

- Chapter 49.19 RCW, Safety – Health Care Settings
- Chapter 72.23 RCW, Public and Private Facilities Mentally Ill
- Chapter 296-800-130, Safety committees/safety meetings
- Chapter 296-800-140, Accident Prevention Program
- DD 5.05, Violence in the Workplace

IV. Background

In 1999, the Legislature passed Substitute Senate Bill 5312, subsequently codified as Chapter 49.19 RCW, Safety – Health care settings. This chapter was amended by Substitute House Bill 1931 passed by the Legislature in 2019. It requires “health care settings” to develop and implement plans “to prevent and protect employees from violence.”

Chapter 49.19 defines “Health care settings” as hospitals; home health, hospice, and home care agencies; evaluation and treatment facilities; behavioral health programs, and ambulatory surgical facilities.

In 2000, the Legislature passed Substitute House Bill 2899, which incorporated work place violence protection requirements for state mental health hospitals into Chapter 72.23 RCW.

Both Statutes specifically provide that failure to comply will subject the employer to citation under the Washington Industrial Safety and Health Act (WISHA).

Because the statutes provide sufficient guidance as to the requirements, the Department of Labor and Industries (L&I) has not engaged in additional rulemaking to implement these statutes. Rather, this policy provides guidance on the appropriate application of existing standards in light of the requirements found in the statutes themselves.

For health care employers not specifically covered by the laws, DOSH Directive 5.05, Violence in the Workplace, provides general direction to DOSH staff for addressing workplace violence issues.

V. **Enforcement Policy**

A. **Co-Located Health Care Settings.**

The requirements of the statutes apply only to the specified health care settings. If a non-covered operation (e.g., a nursing facility located adjacent to and administered by a hospital) can be distinguished from the health care setting, it is not covered by the requirements of the statute (although health care employers may choose to apply the statute's guidance more broadly on a voluntary basis).

B. **Non-Covered Health Care Settings.**

Although there are no specific workplace violence standards for non-covered health care settings, general DOSH requirements may apply to workplace violence hazards (see DD 5.05, Violence in the Workplace, for additional guidance).

C. **Workplace Violence Prevention/Safety Plan.**

1. Violations of the requirement to have a written plan should be cited under WAC 296-800-14005 as a failure to tailor the Accident Prevention Program (APP) to the workplace. Failure to include one or more required elements of the plan also should be cited as a failure to tailor the APP. In either case, the applicable statute should be referenced as part of the violation text.

Such violations should be cited serious if a related serious violation or serious hazard is specifically documented. Otherwise, they should be cited general.

2. If the employer has a workplace violence prevention/safety plan in place but does not implement or enforce it (aside from training and recordkeeping issues), the violation should be cited under WAC 296-800-14025 as a failure to enforce the APP.

Such violations should be cited serious if a related serious violation or serious hazard is specifically documented. Otherwise, they should be cited general.

3. RCW 49.19 requires employers to work with their safety committees to develop, implement and monitor their plan. Failure to involve the safety committee with the plan should be cited under WAC 296-800-13020.

Small employers who properly use the safety meeting option to safety committees are not covered by this requirement in RCW 49.19, however, workplace violence incidents and programs must be addressed at safety meetings as required by WAC 206-800-13025.

D. Training.

1. While Chapter 72.23.410 is clear that state mental health hospitals must provide training prior to initial assignment and at least annually thereafter, RCW 49.19.030 allows health care settings to provide initial training within 90 days of hiring and “on a regular basis thereafter”. In health care settings the workplace violence prevention/safety plan must specify the schedule for training based on the safety and security assessment required in Chapter 49.19.020.
2. Employees must receive training appropriate to their duties and the risks they face. Both statutes require the employer to identify exposed employees and determine what type of training they must receive. RCW 49.19 also requires training for volunteers and contracted security personnel.
3. RCW 49.19 excludes temporary employees from training under the specifications of the statute, however these employees are not excluded from general requirements in the WISHA rules. DOSH Directive 1.15, Dual Employers and DOSH Enforcement, may be applicable.
4. A failure to provide appropriate violence prevention training should be cited under WAC 296-800-14020, with a reference to the statutory requirements. If the plan either provides for training or does not provide for training, but is otherwise adequate, no additional violation should be issued. If the plan does not exist and training is not provided, the APP violation and the training violations should be cited separately.
5. Training violations should be cited serious if a related serious violation or serious hazard is specifically documented. Otherwise, they should be cited general.

E. Recordkeeping.

1. Records of violent acts must be kept and include the information listed in each statute as applicable. While “violence” or “violent act” is broadly defined, it is clear that the legislature recognized the great variation between and within health care settings, and allows some flexibility in developing workplace violence/safety plans. The CSHO must review the written plan to ensure that it addresses the recording of violent acts and clearly describes what type acts or behaviors must be recorded.

2. Records of violent acts may be kept in any format as long as the required information is recorded and accessible. For example, records could be a separate database, or an expanded version of the employer's OSHA 300 log.
3. Failure to keep the required records can be viewed as either a failure to develop a complete plan (as defined by the statute) or a failure to implement the APP.
 - If the written plan does not address recordkeeping, and records are not kept, a violation should be cited under WAC 296-800-14005 for failure to tailor the APP.
 - If the written plan provides for recordkeeping, but the records are not being kept, a violation should be cited under WAC 296-800-14025 for failure to enforce the APP.
4. Recordkeeping violations should be cited serious if it appears that the failure to keep records has resulted in a failure to address serious hazards. Otherwise, they should be cited general.

F. Coding in the WIN System.

All inspections where workplace violence issues are reviewed, whether cited or not, must be coded "Workplace Violence" in the Special Tracking Information box, located on the WIN Inspection screen.

All consultations where workplace violence issues were reviewed, must be coded "Workplace Violence" in the Emphasis Information box on the WIN Consultation Visit screen.

VI. Point of Contact

DOSH staff should contact Technical Services if they have questions regarding the application of chapters 49.19 and 72.23.400-430 RCWs.

VII. Review and Expiration

DOSH will review this Directive for applicability within two years from the effective date, and it will remain effective until superseded or canceled.

Approved: _____



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Division of Occupational Safety and Health

[Resources and Guidelines are attached below]

RESOURCES

Employers are required under RCW 49.19 to make a workplace violence risk assessment. The following sites provide tools for accomplishing this task. Employers may use any of these, a combination, or other similar process depending on their needs.

ASHRM Health Care Facility Workplace Violence Risk Assessment Tool

https://www.ashrm.org/resources/workplace_violence

NIOSH – Workplace Violence Prevention for Nurses – Violence Risk Assessment Tools

https://wwwn.cdc.gov/wpvhc/Course.aspx/Slide/Unit6_8

OSHA – Worksite Analysis, Hazard Prevention and Control

<https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html#worksiteanalysis>

OAHHS Workplace Violence Prevention Toolkit

<https://oahhs.org/safety>

GUIDELINES FOR HANDS-ON PRACTICE OR ROLE PLAY IN TRAINING ON STRATEGIES TO PREVENT PHYSICAL HARM

When workers are implementing work practices to prevent physical harm this will generally be in a stressful situation where they are interacting with patients, other staff, and possibly other people such as patient family. Hands-on practice or role play is an important part of training for these situations to help workers become familiar with the tools and techniques that they are asked to use. The following guidelines can help employers in addressing this training in an effective manner.

- Training may be part of a larger course on, but this type of training benefits from working in small groups so that everyone can participate. This can be done in break-out groups in a training class or in work group exercises in the workplace.
- The focus of training should be on proactive steps to eliminate or reduce the consequence of an incident. Some suggested topics are:
 - Situational awareness and identifying assaultive behaviors
 - De-escalation techniques
 - Coordinated action with work partners
 - Work area preparation
 - Restraint techniques
 - Self-defense techniques