



**AMERICAN NURSES  
ASSOCIATION**

Model “State” Bill  
“The Violence Prevention in Health Care Facilities Act”

Requires health care entities to establish programs to protect health care workers from acts of violence.

Finds and declares that:

- Approximately 15% of all non-fatal violence occurs in the workplace (U.S. Department of Justice, 2011).
- In 2009, approximately 572,000 nonfatal violent crimes and 521 fatal crimes were committed against people in their place of work (U.S. Department of Justice, 2011).
- Nearly 60% of all nonfatal assaults and violent acts occurred in the workplace occurred in the health care and social assistance industry (Bureau of Labor Statistics, 2010).
- Assaults and violent acts were the 10<sup>th</sup> leading cause of nonfatal occupational injury in 2010, resulting in \$603 million in workers compensation costs (Liberty Mutual, 2010).
- The incidence of violence is likely far greater than that which is reported resulting from inadequate reporting mechanisms and victim fear of isolation, embarrassment and reprisal.
- Violence claims a significant toll on all. In addition to the physical, emotional and mental affects on the victim, other negative effects include: financial loss resulting from insurance claims, lost productivity, legal expenses, property damage, and possible staff replacement costs.
- Prevention is essential for creating a safe and therapeutic environment for patients and .a safer work place for health care workers.
- Health care workers who leave because of assaults and threats of violence contribute to a healthcare workforce shortage.
- It is possible to reduce and mitigate the effects of violence.

Definitions:

Covered health care facility – refers to a general or specialty hospital, nursing home, or other health care entity licensed by (insert regulatory agency)

Health care worker – is one who is employed by the covered health care facility.

Violence or violent act – refers to any physical assault or verbal threat of assault or harm against a health care worker.

Provisions:

All covered health care facilities shall establish a violence prevention program. If there is more than one health care facility within a system, there shall be a program established for each health care facility.

Each program shall have a violence prevention committee (or) the program may be administered by an existing health and safety committee, providing appropriate resources can be designated.

The committee shall be comprised of:

- One representative from management or designee, who shall be responsible for overseeing all aspects of the program.
- At least (50%) of the committee shall have direct care responsibilities, with the majority being licensed nurses.
- The remaining committee members shall have experience, expertise or responsibility relevant to violence prevention and may include outside expertise.

In the case of a health care system that owns or operates more than one covered health care facility, the violence prevention program and the committee may be operated at the system or department level, provided that: (a) committee membership includes at least one health care worker from each facility who provides direct care to patients, (b) the committee develops a violence prevention plan for each facility, and (c) data related to violence prevention remain distinctly identifiable for each facility.

The committee shall develop and maintain a detailed, written violence prevention plan that identifies workplace risks, and provides specific methods to address them. The plan shall, at a minimum:

(1) provide an annual comprehensive violence risk-assessment for the covered health care facility that considers, to the extent applicable:

- (a) the facility's layout, access restrictions, crime rate in surrounding areas, lighting, and communication and alarm devices;
- (b) [adequacy of] impact of staffing [levels], including

security personnel;

(c) the presence of individuals who may pose a risk of violence;  
and

(d) a review of any records relating to violent incidents at the facility, including incidents required to be reported pursuant to subsection 4b of this section, the Occupational Safety and Health Administration<sub>1</sub> Log of Work-Related Injuries and Illnesses (OSHA Form 300), and workers' compensation records;

(2) identify violence prevention policies; and

(3) specify methods to reduce identified risks, including training, and changes to job design, staffing, security, equipment and facility modifications.

The covered health care facility shall

(1)[provide] / make a copy of the plan available, upon request, to the (insert regulatory agency ) or for on site inspection by the (insert regulatory agency), and upon request, to each health care worker, except that, in the event the committee determines that the plan contains information that would pose a threat to security if made public, any such information shall be excluded before providing copies to workers.

(2) annually conduct violence prevention training. The training shall include a review of: the facility's relevant policies; techniques to de-escalate and minimize violent behavior; appropriate responses to workplace violence, including prohibited actions and consequences, use of restraining techniques, reporting requirements and procedures; location and operation of safety devices; and resources for coping with violence.

(3)have [sufficient numbers of] personnel sufficiently trained to identify aggressive and violent predicting factors and the ability to appropriately respond to and manage violent disturbances.

(4)keep a record of all violent acts against employees while at work. The records shall be maintained for at least five years following the reported act, during which time employees, and the (insert regulatory agency) shall have access to the record. The record shall include:

(a) the date, time and location of the incident;

(b) the identity and job title of the victim<sub>1</sub>, except that the victim's identity shall not be included if it would not be entered on the Occupational Safety and Health Administration Log of Work-Related Injuries and Illnesses (OSHA Form 300) because it is a privacy concern case under OSHA<sub>1</sub>;

(c) whether the act was committed by a patient, visitor, or employee;

(d) the nature of the violent act, including whether a weapon was used;

(e) a description of physical injuries, if any;

(f) the number of employees in the vicinity when the incident occurred and their actions in response to the incident, if any; and

(g) the actions taken by the facility in response to the incident.

(The records established pursuant to this subsection shall not be considered public or government records ) *will vary by state*

(5) establish a post-incident response system that provides, at a minimum, an in-house crisis response team for employee-victims and their co-workers, and individual and group crisis counseling, which may include support groups, family crisis intervention, and professional referrals.

(6) shall not [retaliate] take any retaliatory action<sup>1</sup> against any health care worker for reporting violent incidents

The (*insert regulatory agency*) shall adopt rules and regulations necessary to implement the intention of this act and shall include such guidelines related to reporting and monitoring systems and employee training and protections.

A covered health care facility licensed pursuant to (*insert appropriate statute*) that is in violation of the provisions of this act shall be subject to such penalties as the (*insert regulatory agency / position*) deems \_\_\_\_\_