

## Workplace Violence Toolkit – Tool 1b

### Comparison of Workplace Violence Laws for Health Care in Oregon and Washington States

Element of the Law	Oregon Includes all new requirements effective on Jan 1, 2020	Washington Includes all new requirements effective on Jan 1, 2020	Toolkit References and Resources to Support Respective State Laws
<b>Title of Law and Related State Statutes</b>	<p>Oregon Revised Statutes (OAR) Chapter 654 — Occupational Safety and Health SAFETY OF HEALTH CARE EMPLOYEES ORS 654.412 to 654.423. (2019 Edition) - Includes new provisions effective as of Jan 1, 2020. <a href="https://www.oregonlegislature.gov/bills_laws/ors/ors654.html">https://www.oregonlegislature.gov/bills_laws/ors/ors654.html</a></p> <p>2019 revisions (as stated in enrolled <a href="#">Senate Bill 823 (SB 823-A)</a>) to the law create new provisions and amend ORS 654.062, 654.414, and 654.416</p>	<p>Revised Code of Washington (RCW) Chapter 49.19 RCW SAFETY—HEALTH CARE SETTINGS RCW 49.19.005 to 49.19.070 <a href="https://app.leg.wa.gov/RCW/default.aspx?cite=49.19">https://app.leg.wa.gov/RCW/default.aspx?cite=49.19</a></p> <p>RCW 49.19 has been updated to include 2019 revisions to the law.</p> <p>Bill as passed in 2019, <a href="#">HB 1931</a>.</p>	
<b>Effective</b>	<p>Original law – 2007. Most recent revision 2019. <b>Revised law effective Jan 1, 2020</b></p>	<p>Original law – 1999. Most recent revision 2019. <b>Revised law effective Jan 1, 2020</b></p>	
<b>Who must comply with the law</b>	<ul style="list-style-type: none"> <li>• “Health care employer” means:               <ul style="list-style-type: none"> <li>(a) An ambulatory surgical center as defined in ORS <a href="#">442.015</a>.</li> <li>(b) A hospital as defined in ORS <a href="#">442.015</a>.</li> </ul> </li> <li>• “Home health care services” means items or services furnished to a patient by an employee of a health care employer (<i>i.e. home health care services operated by hospitals</i>) in a place of temporary or permanent residence used as the patient’s home.  (Definitions for ORS <a href="#">654.412 to 654.423</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• RCW <a href="#">49.19.010 (1)</a> "Health care setting" means:               <ul style="list-style-type: none"> <li>(a) Hospitals as defined in RCW <a href="#">70.41.020</a>;</li> <li>(b) Home health, hospice, and home care agencies under chapter <a href="#">70.127</a> RCW, subject to RCW <a href="#">49.19.070</a>;</li> <li>(c) Evaluation and treatment facilities as defined in RCW <a href="#">71.05.020</a>;</li> <li>(d) Behavioral health programs as defined in RCW <a href="#">71.24.025</a>; and</li> <li>(e) Ambulatory surgical facilities as defined in RCW <a href="#">70.230.010</a>.</li> </ul> </li> </ul>	

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<b>Other Definitions</b>	None	<ul style="list-style-type: none"> <li>RCW <a href="#">49.19.010 (2)</a> "Department" means the department of labor and industries.</li> <li>RCW <a href="#">49.19.010 (3)</a> "Employee" means an employee as defined in RCW <a href="#">49.17.020</a>.</li> </ul>	
<b>Definition of WPV</b>	<ul style="list-style-type: none"> <li>"Assault" means intentionally, knowingly or recklessly causing physical injury. (Definitions for ORS <a href="#">654.412 to 654.423</a>)</li> </ul>	<ul style="list-style-type: none"> <li>RCW <a href="#">49.19.010 (4)</a> "Workplace violence," "violence," or "violent act" means any physical assault or verbal threat of physical assault against an employee of a health care setting on the property of the health care setting. "Workplace violence," "violence," or "violent act" includes any physical assault or verbal threat of physical assault involving the use of a weapon, including a firearm as defined in RCW <a href="#">9.41.010</a>, or a common object used as a weapon, regardless of whether the use of a weapon resulted in an injury.</li> </ul>	<ul style="list-style-type: none"> <li><b>Toolkit Section 1: Understanding Workplace Violence (WPV) in Health Care</b></li> <li><b>Tool 1a Risk Factors for WPV</b></li> </ul>
<b>WPV Plan - Overall Requirements</b>	<ul style="list-style-type: none"> <li><b>By June 30, 2021,</b> <ol style="list-style-type: none"> <li>A health care employer shall conduct a comprehensive security and safety evaluation to identify factors that may cause violence committed against employees on the premises of a health care employer.</li> <li>The health care employer shall conduct the evaluation using a state or nationally recognized workplace violence prevention toolkit designed to reduce violence against health care employees.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>RCW <a href="#">49.19.020 (1)</a> <b>Every three years</b>, each health care setting shall develop and implement a plan to prevent and protect employees from violence at the setting.</li> <li>In a health care setting with a safety committee established pursuant to RCW <a href="#">49.17.050</a> and related rules, or workplace violence committee that is comprised of employee-elected and employer-selected members where the number of employee-elected members equal or exceed the number of employer-selected members, that committee shall develop, implement, and monitor progress on the plan.</li> </ul>	<ul style="list-style-type: none"> <li><b>Toolkit Section 2: Getting Started</b></li> <li><b>Tool ii: WPV Program Suggested Sequence of Activities</b></li> <li><b>Tool 2e: Tips for Developing Effective Committees</b></li> <li><b>Tool 2f: Sample project charter</b></li> </ul>

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<p><b>WPV Plan - Overall Requirements continued</b></p>	<ul style="list-style-type: none"> <li>• <b><u>By December 31, 2021,</u></b> Each health care employer in this state shall report to the Director of the Department of Consumer and Business Services as to whether the employer has conducted the evaluation required under subsection (1) of this section.</li> <li>• <b><u>By March 22, 2022,</u></b> the Director of the Department of Consumer and Business Services shall compile the reports submitted by each health care employer and submit a report summarizing health care employer compliance with this section to the committees of the Legislative Assembly related to health care.</li> </ul> <p><b>1-3 above is repealed on June 30, 2022.</b> (SB 823 <a href="#">Section 1. (1)(a-b); (2) (a-b) &amp; (3)</a>)</p>	<ul style="list-style-type: none"> <li>○ Note – the law allows hospitals to use an existing ‘safety committee’ required under existing law to develop and implement a plan or convene a new ‘workplace violence committee.’</li> </ul>	
<p><b>WPV Plan (WA)/ WPV Program (OR) - Details</b></p>	<p><b>Overall</b></p> <ul style="list-style-type: none"> <li>• A health care employer shall:               <ul style="list-style-type: none"> <li>(a) Conduct <b>periodic security and safety assessment</b> to identify existing or potential hazards for assaults committed against employees;</li> <li>(b) Develop and implement an <b>assault prevention and protection program</b> for employees based on assessments conducted under paragraph (a) of this subsection; and</li> <li>(c) Provide <b>assault prevention and protection training</b> on a <b>regular and ongoing</b> basis for employees</li> </ul> </li> </ul>	<p><b>Overall</b></p> <ul style="list-style-type: none"> <li>• RCW <a href="#">49.19.020 (2)</a> The plan shall outline <b>strategies aimed at addressing security considerations and factors that may contribute to or prevent the risk of violence</b> including but not limited to the following:               <ul style="list-style-type: none"> <li>(a) The physical attributes of the health care setting, including security systems, alarms, emergency response, and security personnel available;</li> <li>(b) Staffing, including staffing patterns, patient classifications, and procedures to mitigate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Toolkit Section 3: Hazard Identification &amp; Assessment</b></li> <li>▪ <b>Toolkit Section 4: Developing the WPV Program Plan</b></li> <li>▪ <b>Toolkit Section 5: Hazard Control and Prevention</b></li> <li>▪ <b>Toolkit Section 7: Implementing the Program</b></li> </ul>

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<p>WPV Plan (WA)/ WPV Program (OR) - <i>Details continued</i></p>	<p><b>Identifying existing or potential hazards</b></p> <ul style="list-style-type: none"> <li>• <b>Periodic security and safety assessments</b> shall include, but need not be limited to:               <ul style="list-style-type: none"> <li>(a) A measure of the <b>frequency of assaults</b> committed against employees that occur on the premises of a health care employer or in the home of a patient receiving home health care services <b>during the preceding five years or for the years that records are available if fewer than five years</b> of records are available; and</li> <li>(b) An <b>identification of the causes and consequences</b> of assaults against employees.</li> </ul> </li> </ul> <p><b>The WPV Plan should address</b></p> <ul style="list-style-type: none"> <li>• An <b>assault prevention and protection program</b> developed and implemented by a health care employer shall be <b>based on the periodic security and safety assessments</b> conducted and shall address security considerations related to the following:               <ul style="list-style-type: none"> <li>(a) Physical attributes of the health care setting;</li> <li>(b) Staffing plans, including security staffing;</li> <li>(c) Personnel policies;</li> <li>(d) First aid and emergency procedures;</li> <li>(e) Procedures for reporting assaults; and</li> <li>(f) Education and training for employees</li> </ul> </li> </ul> <p style="text-align: center;">(ORS <a href="#">654.414</a>)</p>	<p>employees time spent alone working in areas at high risk for workplace violence;</p> <ul style="list-style-type: none"> <li>(c) Job design, equipment, and facilities;</li> <li>(d) First aid and emergency procedures;</li> <li>(e) The reporting of violent acts;</li> <li>(f) Employee education and training requirements and implementation strategy;</li> <li>(g) Security risks associated with specific units, areas of the facility with uncontrolled access, late night or early morning shifts, and employee security in areas surrounding the facility such as employee parking areas; and</li> <li>(h) Processes and expected interventions to provide assistance to an employee directly affected by a violent act.</li> </ul> <ul style="list-style-type: none"> <li>• RCW <a href="#">49.19.020 (3)</a> In developing the plan, the health care setting shall consider any guidelines on violence in the workplace or in health care settings issued by the department of health, the department of social and health services, the department of labor and industries, the federal occupational safety and health administration, medicare, and health care setting accrediting organizations.</li> </ul>	<p><b>Tools</b></p> <ul style="list-style-type: none"> <li>▪ <b>2a,b,c,d: Injury data Collection, Analysis, Calculation, and Reporting</b></li> <li>▪ <b>3a: WPV Gap Analysis</b></li> <li>▪ <b>3b, c &amp; d: Employee Survey and Reports</b></li> <li>▪ <b>3e: WPV employee survey marketing flier</b></li> <li>▪ <b>3f: Safety &amp; Security Checklist</b></li> <li>▪ <b>3g: Prioritizing level of risk for WPV &amp; solutions</b></li> <li>▪ <b>3h: Tips for choosing solutions</b></li> <li>▪ <b>3i: Sample project plan template</b></li> <li>▪ <b>4a: Communications Plan</b></li> </ul>

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			<ul style="list-style-type: none"> <li>▪ 4b: Program Policy</li> <li>▪ 4c: Program Plan Summary</li> <li>▪ 5a: WPV Risk Assessment Tool</li> <li>▪ 5b: WPV Incident Report</li> <li>▪ 5c: Management of Difficult Behaviors Flow Chart</li> <li>▪ 5d: Code Grey Debrief</li> <li>▪ 5e: Example of Hospital Signage Violence Prevention</li> <li>▪ 5f: Job description Contract Security Officer</li> <li>▪ 5g: Behavioral Health Rapid Responses Teams</li> <li>▪ 5h: De-Escalation Approaches</li> </ul>

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<p><b>WPV Plan/Program Evaluation</b></p>	<ul style="list-style-type: none"> <li>At least once <b>every two years</b>, a health care employer shall establish, in coordination with the <b>health care employer’s workplace safety committee</b> as described in <a href="#">ORS 654.176</a>, a process by which the committee shall review the health care employer’s assault prevention and protection program developed in order to evaluate the efficacy of the program and consider any changes to the program.</li> </ul> <p style="text-align: center;"><a href="#">(SB 823 Section 4 (5))</a></p>	<ul style="list-style-type: none"> <li>RCW <a href="#">49.19.020(2)</a> Each health care setting shall <b>annually</b> review the <b>frequency of incidents of workplace violence</b> including identification of the causes for and consequences of, violent acts at the setting and any emerging issues that contribute to workplace violence. The health care setting <b>shall adjust the plan</b> as necessary based on this annual review.</li> </ul>	<ul style="list-style-type: none"> <li><b>Toolkit Section 2: Hazard Identification &amp; Assessment</b></li> <li><b>Tools 2a,b,c,d: Injury data Collection, Analysis, Calculation, and Reporting</b></li> <li><b>3a:WPV Gap Analysis</b></li> <li><b>3b, c &amp; d: Employee Survey and Reports</b></li> <li><b>Toolkit Section 8: Evaluating the Program</b></li> <li><b>Tool 8a: Program Measurement Plan</b></li> <li><b>Toolkit Section 9: Program Improvement &amp; Sustainability</b></li> </ul>

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<p><b>WPV Prevention Training</b></p>	<p><b>Frequency of Training</b></p> <ul style="list-style-type: none"> <li>Regular and ongoing basis for employees</li> <li>New employees - <b>within 90 days</b> of the employee’s initial hiring date.</li> </ul> <p><b>Training Content</b></p> <ul style="list-style-type: none"> <li>Assault prevention and protection training required on an shall address the following topics:               <ol style="list-style-type: none"> <li>General safety and personal safety procedures;</li> <li>Escalation cycles for assaultive behaviors;</li> <li>Factors that predict assaultive behaviors;</li> <li>Techniques for obtaining medical history from a patient with assaultive behavior;</li> <li>Verbal and physical techniques to de-escalate and minimize assaultive behaviors;</li> <li>Strategies for avoiding physical harm and minimizing use of restraints;</li> <li>Restraint techniques consistent with regulatory requirements;</li> <li>Self-defense, including:                   <ol style="list-style-type: none"> <li>The amount of physical force that is reasonably necessary to protect the employee or a third person from assault; and</li> <li>The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior</li> </ol> </li> </ol> </li> </ul>	<p><b>Frequency of Training</b></p> <ul style="list-style-type: none"> <li>RCW <a href="#">49.19.030 (1)</a> <b>By July 1, 2020</b>, and on a regular basis, thereafter, as set forth in the WPV plan each health care setting shall provide violence prevention training to all applicable employees, volunteers, and contracted security personnel, as determined by the plan.</li> <li>RCW <a href="#">49.19.030 (2)</a> New employees must receive training within 90 days of the employee’s initial hiring date unless he or she is a temporary employee.</li> <li>RCW <a href="#">49.19.030 (3)</a> The frequency of training may vary according to the information and strategies identified in the plan</li> </ul> <p><b>Training Content</b></p> <ul style="list-style-type: none"> <li>RCW <a href="#">49.19.030 (3)</a> Trainings must address the following topics, as appropriate to the particular setting and to the duties and responsibilities of the particular employee being trained, based upon the hazards identified in the plan:               <ol style="list-style-type: none"> <li>The health care setting's workplace violence prevention plan;</li> <li>General safety procedures;</li> <li>Violence predicting behaviors and factors;</li> <li>The violence escalation cycle;</li> <li>De-escalation techniques to minimize violent behavior;</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li><b>Toolkit Section 6: Education &amp; Training</b></li> <li><b>Tool 6a: Education &amp; Training Plan</b></li> </ul>

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<p><b>WPV Prevention Training</b> <i>continued</i></p>	<p>management plan, and any other methods of response approved by the health care employer;</p> <p>(i) Procedures for documenting and reporting incidents involving assaultive behaviors;</p> <p>(j) Programs for post-incident counseling and follow-up;</p> <p>(k) Resources available to employees for coping with assaults; and</p> <p>(l) The health care employer’s workplace assault prevention and protection program.</p> <p><b>Method of Training</b></p> <ul style="list-style-type: none"> <li>A health care employer may use classes, video recordings, brochures, verbal or written training or other training that the employer determines to be appropriate, based on an employee’s job duties, under the assault prevention and protection program developed by the employer.</li> </ul> <p>(ORS <a href="#">654.414</a>)</p>	<p>(f) Strategies to prevent physical harm with hands-on practice or role play;</p> <p>(g) Response team processes;</p> <p>(h) Proper application and use of restraints, both physical and chemical restraints;</p> <p>(i) Documentation and reporting incidents;</p> <p>(j) The debrief process for affected employees following violent acts; and</p> <p>(k) Resources available to employees for coping with the effects of violence.</p> <p><b>Method of Training</b></p> <ul style="list-style-type: none"> <li>RCW <a href="#">49.19.030 (3)</a> The method of training may vary according to the information and strategies identified in the plan</li> <li>RCW <a href="#">49.19.030 (3)</a> Trainings may include, but are not limited to, classes that provide an opportunity for interactive questions and answers, hands on training, video training, brochures, verbal training, or other verbal or written training that is determined to be appropriate under the plan. <ul style="list-style-type: none"> <li>Note – The law provides health care settings flexibility in terms of who, the type of training and the method of training as determined by the plan.</li> </ul> </li> </ul>	



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Recordkeeping	<p><b><i>What must be recorded</i></b></p> <ul style="list-style-type: none"> <li>• A health care employer shall maintain a <b>record of assaults committed against employees</b> that occur on the premises of the health care employer or in the home of a patient receiving home health care services. The record shall include, but need not be limited to, the following:               <ol style="list-style-type: none"> <li>(a) The name and address of the premises on which each assault occurred;</li> <li>(b) The date, time and specific location where the assault occurred;</li> <li>(c) The name, job title and department or ward assignment of the employee who was assaulted;</li> <li>(d) A description of the person who committed the assault as a patient, visitor, employee or other category;</li> <li>(e) A description of the assaultive behavior as:                   <ol style="list-style-type: none"> <li>i. An assault with mild soreness, surface abrasions, scratches or small bruises;</li> <li>ii. An assault with major soreness, cuts or large bruises;</li> <li>iii. An assault with severe lacerations, a bone fracture or a head injury; or</li> <li>iv. An assault with loss of limb or death;</li> </ol> </li> <li>(f) An identification of the physical injury;</li> <li>(g) A description of any weapon used;</li> <li>(h) The number of employees, <b>including nursing staff as defined in <a href="#">ORS 441.179</a> (SB 823 <a href="#">Section 5 (1) (h)</a>)</b>, in the immediate area of the assault when it occurred; and</li> </ol> </li> </ul>	<p><b><i>What must be recorded</i></b></p> <ul style="list-style-type: none"> <li>• RCW <a href="#">49.19.040</a> Each health care setting shall keep a <b>record of any violent act against an employee</b>, a patient, or a visitor occurring at the setting.</li> <li>• RCW <a href="#">49.19.040</a> At a minimum, the record shall include:               <ol style="list-style-type: none"> <li>(1) The health care setting's name and address;</li> <li>(2) The date, time, and specific location at the health care setting where the act occurred;</li> <li>(3) The name, job title, department or ward assignment, and staff identification or social security number of the victim if an employee;</li> <li>(4) A description of the person against whom the act was committed as:                   <ol style="list-style-type: none"> <li>(a) A patient;</li> <li>(b) A visitor;</li> <li>(c) An employee; or</li> <li>(d) Other;</li> </ol> </li> <li>(5) A description of the person committing the act as:                   <ol style="list-style-type: none"> <li>(a) A patient;</li> <li>(b) A visitor;</li> <li>(c) An employee; or</li> <li>(d) Other;</li> </ol> </li> <li>(6) A description of the type of violent act as a:</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Toolkit Section 2: Hazard Identification &amp; Assessment</b></li> <li>▪ <b>Tools 2a,b,c,d: Injury data Collection, Analysis, Calculation, and Reporting</b></li> </ul>

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<p><b>Recordkeeping</b> <i>continued</i></p>	<p>(i) A description of actions taken by the employees and the health care employer in response to the assault.</p> <p>Health care employers must use the <b>Health Care Assault (HCA) Log, or equivalent</b>, to record assaults including the information listed above. Copies of the HCA log and instructions on how to complete it, can be found at <a href="https://osha.oregon.gov/Pages/re/healthcare-assault-log.aspx">https://osha.oregon.gov/Pages/re/healthcare-assault-log.aspx</a></p> <p><b>Record Retention</b></p> <ul style="list-style-type: none"> <li>A health care employer shall maintain the record of assaults <b>for no fewer than five years following a reported assault.</b></li> </ul> <p><b>Requests for a copy of records of assaults committed against employees</b></p> <ul style="list-style-type: none"> <li>Upon the request of an employee or of a workplace safety committee conducting a review pursuant to ORS 654.414 ( i.e. the WPV Program requirements) , the health care employer shall generate and make available to the requesting party a report summarizing: <ul style="list-style-type: none"> <li>(a) The information in the record required under subsection (1) of this section; and</li> <li>(b) Information regarding work-related injuries and illnesses recorded by the health care employer to comply with applicable federal</li> </ul> </li> </ul>	<p>(a) Threat of assault with no physical contact;</p> <p>(b) Physical assault with contact but no physical injury;</p> <p>(c) Physical assault with mild soreness, surface abrasions, scratches, or small bruises;</p> <p>(d) Physical assault with major soreness, cuts, or large bruises;</p> <p>(e) Physical assault with severe lacerations, a bone fracture, or a head injury; or</p> <p>(f) Physical assault with loss of limb or death;</p> <p>(7) An identification of any body part injured;</p> <p>(8) A description of any weapon used;</p> <p>(9) The number of employees in the vicinity of the act when it occurred; and</p> <p>(10) A description of actions taken by employees and the health care setting in response to the act.</p> <p><b>Record Retention</b></p> <ul style="list-style-type: none"> <li>RCW <a href="#">49.19.040</a> Each record shall be kept for <b>at least five years following the act reported</b>, during which time it shall be available for inspection by the department upon request.</li> </ul>	

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<b>Recordkeeping</b> <i>continued</i>	<p>health and safety recordkeeping requirements.</p> <ul style="list-style-type: none"> <li>A report made available:               <ol style="list-style-type: none"> <li>May not include any personally identifiable information and</li> <li>May be used only for the purposes of conducting a review of the assault prevention and protection program under ORS 654.414 or for other purposes that are related to improving the program.</li> </ol> </li> </ul> <p>(SB 823 <a href="#">Section 5 (3) (a)</a>)</p>		
<b>Protection of employee of health care employer after assault by patient.</b>	<ul style="list-style-type: none"> <li>If a health care employer directs an employee who has been assaulted by a patient on the premises of the health care employer to provide further treatment to the patient, the employee may request that a second employee accompany the employee when treating the patient. If the health care employer declines the employee’s request, the health care employer may not require the employee to treat the patient.</li> </ul> <p>(ORS <a href="#">654.418</a>)</p>	N/A	
<b>Refusal to treat certain patients by home health care employee.</b>	<ul style="list-style-type: none"> <li>An employee who provides home health care services may refuse to treat a patient unless accompanied by a second employee if, based on the patient’s past behavior or physical or mental condition, the employee believes that the patient may assault the employee.</li> </ul>	N/A	

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	<ul style="list-style-type: none"> <li>An employee who provides home health care services may refuse to treat a patient unless the employee is equipped with a communication device that allows the employee to transmit one-way or two-way messages indicating that the employee is being assaulted.</li> </ul> <p>(ORS <a href="#">654.421</a>)</p>		
<b>Use of physical force by health care employee in self-defense against assault</b>	<ul style="list-style-type: none"> <li>A health care employer may not impose sanctions against an employee who used physical force in self-defense against an assault if the health care employer finds that the employee:               <ol style="list-style-type: none"> <li>Was acting in self-defense in response to the use or imminent use of physical force;</li> <li>Used an amount of physical force that was reasonably necessary to protect the employee or a third person from assault; and</li> <li>Used the least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer.</li> </ol> </li> <li>As used in this section, “self-defense” means the use of physical force upon another person in self-defense or to defend a third person.</li> </ul> <p>(ORS <a href="#">654.423</a>)</p>	<p>N/A</p>	

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Unlawful Discrimination	<p><b>Note this requirement exists in:</b> OCCUPATIONAL SAFETY AND HEALTH; LABOR, EMPLOYMENT; UNLAWFUL DISCRIMINATION; SAFETY AND HEALTH CONDITIONS IN PLACES OF EMPLOYMENT ORS 654.062 Notice of violation to employer by worker; complaint by worker to director; inspection; protection of complaining employees</p> <p><i>However, ORS 654.062 is now specifically noted in the WPV law with additional language (highlighted below).</i></p> <ol style="list-style-type: none"> <li>1) Every employee should notify the employer of any violation of law, regulation or standard pertaining to safety and health in the place of employment when the violation comes to the knowledge of the employee.</li> <li>2) However, any employee or representative of the employee may complain to the Director of the Department of Consumer and Business Services or any authorized representatives of the director of any violation of law, regulation or standard pertaining to safety and health in the place of employment, whether or not the employee also notifies the employer.</li> <li>3) Upon receiving any employee complaint, the director shall make inquiries, inspections and investigations that the director considers reasonable and appropriate. When an employee or representative of the employee has complained in writing of an alleged violation and no resulting citation is issued to the employer, the director shall furnish to the employee or representative of the employee, upon written</li> </ol>	<p>Not specifically noted - Already addressed in under in WA statute RCW <a href="#">49.17.160</a></p> <p>‘Discrimination against employee filing complaint, instituting proceedings, or testifying prohibited— Procedure—Remedy.’</p>	

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	<p>request, a statement of reasons for the decision.</p> <p>4) The director shall establish procedures for keeping confidential the identity of any employee who requests protection in writing. When a request has been made, neither a written complaint from an employee, or representative of the employee, nor a memorandum containing the identity of a complainant may be disclosed under ORS 192.311 to 192.478.</p> <p>5) It is an unlawful employment practice for any person to bar or discharge from employment or otherwise discriminate against any employee or prospective employee because the employee or prospective employee has:</p> <ul style="list-style-type: none"> <li>(a) Opposed any practice forbidden by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780;</li> <li>(b) Made any complaint or instituted or caused to be instituted any proceeding under or related to ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780, or has testified or is about to testify in any such proceeding; [or]</li> <li>(c) Exercised on behalf of the employee, prospective employee or others any right afforded by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780[.]; or</li> <li>(d) <b><u>In good faith reported an assault that occurred on the premises of a health care employer as defined in ORS 654.412 or in the home of a patient receiving home health care services.</u></b></li> </ul>		

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	<p>6)</p> <p>(a) Any employee or prospective employee alleging to have been barred or discharged from employment or otherwise discriminated against in compensation, or in terms, conditions or privileges of employment, in violation of subsection (5) of this section may, within 90 days after the employee or prospective employee has reasonable cause to believe that the violation has occurred, file a complaint with the Commissioner of the Bureau of Labor and Industries alleging discrimination under the provisions of ORS 659A.820. Upon receipt of the complaint the commissioner shall process the complaint under the procedures, policies and remedies established by ORS chapter 659A and the policies established by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780 in the same way and to the same extent that the complaint would be processed if the complaint involved allegations of unlawful employment practices under ORS 659A.030 (1)(f).</p> <p>(b) Within 90 days after receipt of a complaint filed under this subsection, the commissioner shall notify the complainant of the commissioner’s determination.</p> <p>(c) The affected employee or prospective employee may bring a civil action in any circuit court of the State of Oregon against any person alleged to have violated subsection (5) of this section.</p>		

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	<p>The civil action must be commenced within one year after the employee or prospective employee has reasonable cause to believe a violation has occurred, unless a complaint has been timely filed under ORS 659A.820.</p> <p>(d) The commissioner or the circuit court may order all appropriate relief including rehiring or reinstatement to the employee’s former position with back pay.</p> <p>(SB 823 Section <a href="#">(3) 654.062</a>)</p>		
<p><b>Non-Compliance &amp; Enforcement</b></p>	<p><b>Citations and Corrections</b></p> <p><a href="https://osha.oregon.gov/OSHARules/div1/437-001-0205-0265.pdf">https://osha.oregon.gov/OSHARules/div1/437-001-0205-0265.pdf</a></p> <p><b>Violations and penalties – All information</b></p> <p><a href="https://osha.oregon.gov/Pages/topics/violations-and-penalties.aspx">https://osha.oregon.gov/Pages/topics/violations-and-penalties.aspx</a></p>	<p><b>Noncompliance—Penalties.</b></p> <ul style="list-style-type: none"> <li>Failure of a health care setting to comply with this chapter shall subject the setting to citation under chapter <a href="#">49.17</a> RCW.</li> </ul> <p>(W <a href="#">49.19.050</a>)</p> <p><b>Intent—Finding—Enforcement.</b></p> <ul style="list-style-type: none"> <li>It is the intent of the legislature that any violence protection and prevention plan developed under this chapter be appropriate to the setting in which it is to be implemented. To that end, the legislature recognizes that not all professional health care is provided in a facility or other formal setting, such as a hospital. Many services are provided by home health, hospice, and home care agencies. The legislature finds that it is inappropriate and impractical for these agencies to address workplace violence in the same manner as other, facility-based, health care</li> </ul>	



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		<p>settings. When enforcing this chapter as to home health, hospice, and home care agencies, the department shall allow agencies sufficient flexibility in recognition of the unique circumstances in which these agencies deliver services.</p> <p>(RCW <a href="#">49.19.070</a>)</p>	
<p><b>Assistance with Compliance</b></p>	<p>Oregon OSHA Consultation services <a href="https://osha.oregon.gov/consult/Pages/index.aspx">https://osha.oregon.gov/consult/Pages/index.aspx</a></p>	<p><b>Health care setting—Assistance.</b></p> <ul style="list-style-type: none"> <li>A health care setting needing assistance to comply with this chapter may contact the federal department of labor or the state department of labor and industries for assistance. The state departments of labor and industries, social and health services, and health shall collaborate with representatives of health care settings to develop technical assistance and training seminars on plan development and implementation and shall coordinate their assistance to health care settings.</li> </ul> <p>(RCW <a href="#">49.19.060</a>)</p> <p><b>Washington L&amp;I's Consultation Program</b> <a href="https://www.lni.wa.gov/safety-health/preventing-injuries-illnesses/request-consultation/">https://www.lni.wa.gov/safety-health/preventing-injuries-illnesses/request-consultation/</a></p>	