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Introduction

Toolkit Development

Each participating hospital in the WSI WPV project followed the same sequential step-by-step process when assessing and developing or strengthening their WPV programs.

Program development was designed to be participatory in nature to engage all stakeholders who are impacted by the WPV program, and to support culture change.

The WPV programs are structured to incorporate the evidence-based core elements that are recommended for development and management of effective and sustainable occupational safety programs, and mitigation of workplace hazards by the Occupational Safety and Health Administration (OSHA) and other professional safety entities. These program elements incorporate program requirements described in the Oregon workplace violence law i.e., Oregon Revised Statutes (ORS) 654.412 to 654.423, “Safety of Health Care Employees”.

Other elements that support ongoing program management and communication or social marketing of the WPV program are also included. Program elements are interrelated and provide the foundation for a systematic approach to implementing an effective program to address workplace violence in health care.

Workplace Violence Program Elements

<table>
<thead>
<tr>
<th>A. Management Leadership</th>
<th>G. Hazard Control and Prevention</th>
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<td>B. Employee Participation</td>
<td>a. Engineering Controls</td>
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<td>C. Written Violence Prevention Policy</td>
<td>b. Administrative and Work Practice Controls</td>
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<td>D. Program Management</td>
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<td>E. Communications Structure</td>
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<td>F. Hazard Identification &amp; Assessment</td>
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</table>

WPV program elements are described further in Section 1 - Understanding Workplace Violence (WPV)
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The participating hospitals reported that the most frequent type of violence observed at each facility is that perpetrated by patients and visitors towards staff. This conclusion is also supported in workplace violence related literature.

Therefore, the focus of the WPV project at each facility was prevention and management of violence by patients and visitors towards staff within the hospital environment.

However, the participating hospitals have also reviewed or are in the process of reviewing, and developing or strengthening, policies and processes to manage other causes of violence such as, lateral violence or bullying between employees and domestic violence.

Tools and approaches offered in this toolkit are based on extensive review of existing violence prevention literature, evidence-based best practices, relevant standards, and regulations such as, Safety of Health Care Employees ORS 654.412 to 654.423.

Tools were developed in collaboration with the WPV committees at each hospital, and were evaluated and enhanced throughout the project. Lessons learned from implementation of WPV program activities are incorporated in this toolkit.

Purpose and Structure of the Toolkit

The purpose of this toolkit is to provide practical tools, resources and information that can be used by hospitals, and adapted for a range of other health care settings, to develop and sustain effective violence prevention programs. The toolkit is organized into sections and follows the WPV program elements listed above. The contents aim to provide a step-by-step approach to developing or assessing and enhancing a violence prevention program.

Tool ii. ‘Workplace Violence (WPV) Program Development, Implementation & Evaluation: Suggested Sequence of Activities Chart’ provides an overview of the program steps.

The focus of the toolkit is prevention and management of violence by patients and visitors towards staff however, references and resources related to other forms of violence in health care can be found in Section 10 - Additional Resources.

The toolkit will assist health care leadership and violence prevention committees and other stakeholders to:

- Evaluate the WPV program and individual violence prevention practices at their facility or within their organization, against current best practices in violence prevention.
- Identify and engage stakeholders and enhance the culture of worker and patient safety.
Workplace Violence Toolkit – Introduction

- Develop or strengthen the WPV program and policy by identifying processes that can be implemented to manage or control violence, and can address the risk of violence proactively.

A suggested framework and strategies to aid program implementation, evaluation and sustainability are also offered.

Tools and strategies provided should be customized to an organization’s culture and physical environment, and should take into account factors such as, the complexity of the patient population, facility size, resources available, and the barriers and gaps identified in that setting.

Tools are provided in several formats (e.g., Microsoft Word, Excel and/or Adobe PDF) so that they can be used, and/or customized as needed.

Reference articles that have been published within the last 10 years, and links to website resources relevant to program activities discussed in each section of the toolkit, are provided.

It is important to note that in the case of WPV programs, there is insufficient evidence base to support what type of program design, or combination of program elements, or approaches, are effective and sustainable in reducing incidence of violence in health care.

Therefore, it is intended that the approach to program development, the tools created, resources provided, and the lessons learned during the WSI WPV project, offer health care facilities a comprehensive resource to facilitate the development of WPV programs, and enhance an organization’s culture of safety for their employees and patients.
What’s New in the 2nd Edition of the Toolkit?

- **Over 200 articles** related to health care WPV that have been published in peer-reviewed journals since the release of the original toolkit have been reviewed for inclusion in this 2nd edition of the toolkit.

- WPV resource materials published by health care related professional organizations, associations, and regulatory bodies since 2017 have been reviewed for inclusion.

- **Over 150 new references and resources** have been added to various Sections in the Toolkit and are noted as New 2020.

- References to the **Washington State WPV Regulations** have been added throughout the toolkit.

- All **website links** have been updated.

- **Changes to Sections and Tools**
  - **Section 1 – Understanding WPV**, has been updated to include new statistics about the prevalence of WPV in health care and to specific health care professions; the cost of WPV to health care organizations and relationship to patient safety; and updated information about WPV regulations and Joint Commission recommendations for addressing WPV.
  
  - **Section 4 – Zero Tolerance WPV Policies, Duty to Care and CMS and OSHA regulations**
  
  - **Section 5 – Hazard Abatement.** Over 100 new references and resources have been added to this Section. New topic sections with supporting reference materials include: De-escalation; Trauma-Informed Care; Management of the Agitated Patient; and Behavioral Health Rapid Response Teams.

  A summary of the current ‘Evidence Based for WPV Programs and Interventions in Health Care’ is also included

  - **Section 10. Additional Resources**, includes additional resources about Lateral Violence/Bullying; WPV in Home Health and Long-Term Care, and Domestic Violence

  - **New Tools**
    - 1a. Risk factors that increase the risk of Type II WPV
    - 1b. Comparison of Workplace Violence Laws for Health Care in Oregon and Washington States
    - 5g. Behavioral Health Rapid Response Teams (BHRRTs). A summary of best practices
    - 5h. An overview of de-escalation approaches to prevent and manage WPV

  - **Tools that have been updated**
    - Tool 3a. Gap Analysis which is updated to include requirements of the Washington State WPV law
    - 6a. Education and Training Plan
    - 8a. Program Measurement Plan
Compliance

The following Oregon regulations and rules apply specifically to workplace violence programs in hospitals, ambulatory care centers, and home health services that are owed by hospitals:

- Oregon Revised Statutes (ORS) 654.412 to 654.423, “Safety of Health Care Employees”
- Oregon Administrative Rules (OAR) 437-001-0706, “Recordkeeping for Health Care Assaults”

The following applies if a health care facility has security services that are staffed by employees or by contract personnel:

- OAR Division 60 (OAR 259-060:0005-0600) ‘Private security Services Providers Rules’

The following Washington State regulations and rules apply specifically to workplace violence programs in hospitals (private and public), ambulatory surgical facilities, home health, hospice, and home care agencies, evaluation and treatment facilities, and behavioral health programs.

- RCW Chapter 72.23 Public and Private Facilities for the Mentally Ill
  - RCW 72.23.400 Workplace safety plan – State hospitals
  - RCW 72.23.410 Violence prevention training – State hospitals
  - RCW 72.23.420 Record of violent acts – State hospitals
- RCW Chapter 18.170 RCW: Security guards
- WACs Chapter 308-18 WAC: Private security guard companies and private security guards

*Links to all relevant state laws are provided in the Reference and Resources*

When developing and implementing the violence prevention program in addition to complying with the above state regulations and rules, it is essential to ensure compliance with:

- Specific hospital policies and procedures;
- The Joint Commission or DNV GL Health care accreditation requirements; and
- Center for Medicare & Medicaid Services (CMS) rules (e.g. rules that are applicable to
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the use of restraints and seclusion of patients);

▪ Any other related Occupational Safety and Health Administration (OSHA) standards such as the ‘General Duty Clause’ where employers have a general duty to “furnish to each of his employees’ employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”; and

▪ The rules and requirements of other state and federal agencies.

References and Resources

2013 OSHA publications
https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html

– Safety and Health Management Systems (OSHA) and Joint Commission Standards

– Safety and Health Management Systems: A Road Map for Hospitals


Department of Public Safety Standards and Training (DPSST).
https://www.oregon.gov/dpsst/PS/Pages/Executive-Managers.aspx


Joint Commission standards - for purchase only
https://www.jointcommission.org/standards_information/standards.aspx
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WPV State Legislation: Oregon and Washington New 2020

Oregon
ORS 654.412 to 654.423, ‘Safety of Health Care Employees’. https://www.oregonlaws.org/ors/654.412 2019 revision to this law as recorded in Senate Bill 823 (SB 823-A) New 2020


Questions about OSHA regulations in Oregon?

Oregon OSHA:

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- Employer essentials. [http://osha.oregon.gov/essentials/Pages/default.aspx](http://osha.oregon.gov/essentials/Pages/default.aspx)

- Worker rights and responsibilities. [http://osha.oregon.gov/workers/Pages/Worker-rights-and-responsibilities.aspx](http://osha.oregon.gov/workers/Pages/Worker-rights-and-responsibilities.aspx)


**Washington** New 2020


- RCW 72.23.400 Workplace safety plan – State hospitals
- RCW 72.23.410 Violence prevention training – State hospitals
- RCW 72.23.420 Record of violent acts – State hospitals

**Questions about OSHA regulations in Washington?** New 2020

Washington State Department of Labor and Industries (L&I). [https://lni.wa.gov/](https://lni.wa.gov/)


**Felony Assault Laws related to health care workers– Oregon, Washington and Alaska** New 2020

**Oregon**

ORS 163.165: Assault in the third degree for intentionally assaulting EMS workers [https://www.oregonlaws.org/ors/163.165](https://www.oregonlaws.org/ors/163.165)

**Washington**

RCW 9A.36.031: Assault in the third degree for assault of a nurse, physician, or health care provider who was performing his or her nursing or health care duties at the time of the assault. [https://app.leg.wa.gov/RCW/default.aspx?cite=9A.36.031](https://app.leg.wa.gov/RCW/default.aspx?cite=9A.36.031)

**Alaska**

HB312 (2018). [http://www.akleg.gov/PDF/30/Bills/HB0312Z.PDF](http://www.akleg.gov/PDF/30/Bills/HB0312Z.PDF) and
AS 12.55.135. Sentences of Imprisonment For Misdemeanors. provides definition of a medical professional.

https://touchngo.com/lglcntr/akstats/Statutes/Title12/Chapter55/Section135.htm

**Security Guards: Current laws and rules for Oregon and Washington** New 2020

**Oregon**
OAR Division 60 (OAR 259-060:0005-0600) Private security Services Providers Rules.
Department of Public Safety Standards and Training Chapter 259
https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=834

**Washington**
RCW Chapter 18.170 RCW: Security guards

WACs Chapter 308-18 WAC: Private security guard companies and private security guards