



Implementation toolkit for workplace violence HB 312 – Violence Against Health Care Workers sections

Introduction

Alaska's hospitals have experienced a significant increase in workplace violence. Staff report feeling unsafe in the workplace. Being kicked, punched, spit on or verbally threatened is NOT an acceptable workplace hazard. Unfortunately, for many of our nurses and other caregivers, such violence has become normal.

In response to member concerns, ASHNHA advocated for a legislative solution to address the unacceptable level of violence against healthcare professionals in hospitals. ASHNHA worked with Representatives Matt Claman (D-Anchorage) and Chuck Kopp (R- Anchorage) to introduce a bill. The bill received broad bipartisan support in the Legislature. On June 14, 2018, Governor Walker signed into law House Bill (HB) 312 a crime bill which included provisions to address increasing levels of violence in health care facilities.

The new law allows police to arrest without a warrant for misdemeanor assault in a health care facility. It gives police additional discretion to arrest and remove a medically stable person when evidence they have committed an assault exists. *For details on the law see page 5.*

This legislation helps facilities keep the environment safe and remove violent people. It adds a felony aggravator when the assault occurs at a health care facility is and directed at a caregiver, possibly resulting in longer jail time. The law goes into effect on September 12, 2018.

Toolkit

This toolkit includes resources to support hospital leaders to communicate changes in the law to staff, work with law enforcement, and develop comprehensive workplace violence prevention plans.

ASHNHA believes HB 312 will help to remove violent offenders from health care facilities resulting in a safer environment for health care workers. We also hope the new legislation will convey to health care workers that they are valued and supported thereby improving employee morale and reducing turnover.

Legislation is only one potential solution to the multifaceted problem. Equally important is the work hospitals are doing to ensure they have a comprehensive approach to prevent, identify, and deescalate violence. It is also critical to have a continuum of resources available so that people get access to behavioral health treatment and services they need in the community and do not end up in the hospital. On-going training is important to increase skills in de-escalation and support efforts to reduce the stigma associated with behavioral health issues.



Recommended Actions for ASHNHA members

ASHNHA will monitor the impact of the new legislation on health care facilities and will work with members to address issues that arise. We anticipate that facilities will need to take internal action to ensure the law has a positive impact on workplace violence.

ASHNHA recommends hospitals focus on the following activities:

- Provide a clear statement of the organization’s position on workplace violence i.e., violence in any form is not acceptable in the workplace and that all threats or incidents of violence will be taken seriously. Clearly define the scope of workplace violence i.e., acts of physical violence, harassment, intimidation, and other disruptive behavior.
- Develop a plan to communicate to all hospital employees about the changes in the law, how to report violence, and a process for interacting with law enforcement when needed.
- Inform patients, visitors, and others of their responsibilities and the conduct that is expected of them.
- Examine existing reporting procedures to determine if changes are needed. Encourage employees to report incidents or related concerns and explain the reporting process.
- Consider implementation of an interview process between a unit manager or hospital leader and the victim of violence and others involved to gather more information on what occurred and clearly communicate concern for the hospital staff who experienced violence. Providence Alaska Medical Center has developed a list of data elements to collect during a post-incident interview that can be adapted for use. *See Resources on page 3*
- Review policies and procedures related to workplace violence to address the unique needs of individuals with dementia or other cognitive impairment to be ensure they are treated appropriately if a violent incident occurs. It is important to prevent criminalization of behaviors related to dementia or other medical conditions.
- Develop changes to security plan to incorporate the new law. Consider the need to develop agreements with local law enforcement officials on implementation of the law.
- Evaluate overall workplace violence prevention plan. Conduct a gap analysis as needed to identify areas of potential improvement and ensure all key elements are in place.

Conclusion

The passage of HB 312 represents a fundamental shift in attitudes about workplace violence at health care facilities. Policy makers and citizens alike are recognizing that putting up with assault is not “part of the job” for health care employees. There are important actions that hospital leadership can take to communicate and ensure policies and procedures are in place to support hospital staff if violence occurs and help make the new law as effective as possible. The remainder of the toolkit contains resources to help hospital leadership with implementation.



Toolkit Resources

ASHNHA Resources for Communication on Workplace Violence Legislation

- [Details and analysis of legislation -](https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a01653f793a11015b)
<https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a01653f793a11015b>
- [Sample CEO letter to hospital workforce -](https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a01653f79e47f015c)
<https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a01653f79e47f015c>
- [Sample signage for hospital](https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515cef9e3001f)
<https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515cef9e3001f>
- [PowerPoint template to educate hospital staff](https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515d0ddac0023)
<https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515d0ddac0023>
- [Data elements for leader interview process](http://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515d060ba0021)
<http://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515d060ba0021>
- [Sample social media campaign](http://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515cef9e3001f)
<http://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515cef9e3001f>
- [Law enforcement contacts in Alaska](http://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515ce7474001e)
<http://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565131b4a016515ce7474001e>

Statewide Security Alerts

ASHNHA recommends implementation of the Emergency Department Information Exchange (EDie) to facilitate early identification of patients at risk for security events and utilize security alerts in the system to support communication across facilities. [Security and Safety Events in Collective EDie](https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565476535016558d7c9220036).

<https://secure.ashnha.com/np/viewDocument?orgId=ashnha&id=4028e4e565476535016558d7c9220036>

Examples of violence prevention policies

- Metro Compact - [Management of Violence in the Healthcare/Workplace Setting Template](#)
- Cloquet Hospital - [Violence Prevention Policy](#)
- Essentia Health - [Violence Prevention Policy](#) and Mille Lacs - [Violence Prevention Policy](#)
- HealthEast - [Workplace Violence Policy](#) and High Pointe Surgery Center - [Violence Prevention Policy](#)

Health Care and Law Enforcement Collaboration

[Road map with evidence-based recommendations and standards from Minnesota](https://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/workplace-violence-prevention/health-care-law-enforcement-collaboration)

<https://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/workplace-violence-prevention/health-care-law-enforcement-collaboration>

The Joint Commission Resources

- Physical and verbal violence against health care workers, Sentinel Alert Issue 59, April, 17, 2018
https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf
- Joint Commission Infographic: Take a stand: No more violence to health care workers
https://www.jointcommission.org/assets/1/6/SEA_59_WPV_infographic_3_30_18_FINAL.pdf
- Emerging Health Care Concern: Preventing Workplace Violence Presentation on Workplace Violence
https://www.jointcommission.org/assets/1/6/PreventingWPV_081816.pdf



TeamSteps Resources

AHRQ Webinar: Reducing Workplace Violence with TeamSTEPS® (2016)

<https://www.ahrq.gov/teamsteps/events/webinars/dec-2016.html>

American Hospital Association Resources

"Hospitals Against Violence" <http://www.aha.org/advocacy-issues/violence/index.shtml>

American Organization of Nurse Executives Resources

Mitigating Violence in the Workplace (2014). The American Organization of Nurse Executives Guiding Principles,

http://www.aone.org/resources/PDFs/Mitigating_Violence_GP_final.pdf

Emergency Nurses Association Resources

Workplace Violence Resources https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/workplaceviolencetoolkit.pdf?sfvrsn=6785bc04_28

Workplace Violence Prevention Toolkits for Hospitals

- **Washington State Hospital Association Workplace Violence Toolkit** http://www.wsha.org/wp-content/uploads/FINAL_2017_05_12_WS_Toolkit.pdf
- **Oregon Association of Hospitals Research and Education Foundation**
Workplace Violence in Hospitals: A Toolkit for Prevention and Management,
<https://www.oahhs.org/assets/documents/documents/safety/Toolkit%20all%20Sections%20with%20PDF%20index.pdf>

Resources for addressing stigma

According to the American Psychiatric Association, fear of stigma can lead patients to forgo treatment, leading to poor health outcomes. These resources focus on understanding and addressing stigma associated with opioid use disorder and other behavioral health issues. Helping staff better understand and reduce stigma in the hospital could improve patient outcomes and prevent violence.

[Words Matter](#). (2017) Boston Medical Center created a list of stigmatizing and non-stigmatizing language in addition to a pledge that explains the importance of committing to using clinically appropriate and medically accurate terminology.

[Deconstructing Stigma: A Change in Thought Can Change a Life](#). This [campaign](#) focuses on efforts to deconstruct stigma. The [webinar](#) describes the steps that McLean Hospital took to eradicate stigma.

[Addiction, Stigma and Discrimination: Implications for Treatment and Recovery](#). (2015) This presentation outlines the background and significance of stigma in relation to addictive disorders, highlights how stigma influences treatment access and treatment and recovery outcomes, and discusses what can be done to address and reduce stigma. CME credit available.



Crime Omnibus Bill **HB 312** - What the law says about workplace violence

Sections of the bill related to workplace violence

Sec. 8. AS 12.25.030(b) is amended to read:

- (3) without a warrant may arrest a person when the peace officer has probable cause for believing that the person has:
- (D) violated AS 11.41.230 at a health care facility, and the person
- (i) was not seeking medical treatment at the facility; or
 - (ii) was stable for discharge.

Sec. 9. AS 12.25.030 is amended by adding a new subsection to read:

- (e) In this section, "health care facility" has the meaning given in AS 18.07.111.

Sec. 17. AS 12.55.155(c) is amended to read:

- (c) The following factors shall be considered by the sentencing court if proven in accordance with this section, and may allow imposition of a sentence above the presumptive range set out in AS 12.55.125:
- (36) the defendant committed the offense at a health care facility and knowingly directed the conduct constituting the offense at a medical professional during or because of the medical professional's exercise of professional duties; in this paragraph,
- (A) "health care facility" has the meaning given in AS 18.07.111;
 - (B) "medical professional" has the meaning given in AS 12.55.135(k).

Definitions:

Sec. 11.41.230. Assault in the fourth degree.

- (a) A person commits the crime of assault in the fourth degree if
- (1) that person recklessly causes physical injury to another person;
 - (2) with criminal negligence that person causes physical injury to another person by means of a dangerous instrument; or
 - (3) by words or other conduct that person recklessly places another person in fear of imminent physical injury.
- (b) Assault in the fourth degree is a class A misdemeanor.

AS 18.07.111 "Health Care Facility"

Health care facility means a private, municipal, state, or federal hospital, psychiatric hospital, independent diagnostic testing facility, residential psychiatric treatment center, tuberculosis hospital, skilled nursing facility, kidney disease treatment center (including freestanding hemodialysis units), intermediate care facility, and ambulatory surgical facility; the term excludes



- (A) the Alaska Pioneers' Home and the Alaska Veterans' Home administered by the Department of Health and Social Services under [AS 47.55](#); and
- (B) the offices of private physicians or dentists whether in individual or group practice;

AS 12.55.135(k) "Medical Professional"

Medical professional means a person who is an anesthesiologist, chiropractor, dental hygienist, dentist, health aide, nurse, nurse aide, advanced practice registered nurse, mental health counselor, osteopath, physician, physician assistant, psychiatrist, psychologist, psychological associate, radiologist, surgeon, or x-ray technician, or who holds a substantially similar position.



Workplace Violence Prevention Plan

There are a variety of tool kits and resources that identify the critical elements necessary to prevent violence in healthcare facilities. Completion of an annual gap analysis or risk assessment is important.

The following is a summary of the focus areas important to a successful workplace violence prevention program. ASHNHA recommends all facilities have these elements in place.

1. Violence prevention program & policy

- Clearly disseminated zero tolerance policy toward any form of violence (signage and patient education)
- Senior leadership makes violence prevention a priority
- Violence prevention team oversees action plan for violence prevention program
- Collaboration and communication with local law enforcement

2. Accurate and concurrent reporting

- Collect data on all incidents of violence
- Streamline and simplify the violence reporting process

3. Facility culture and accountability

- Management commitment and staff involvement so employees feel staff safety is as important as patient safety
- Ongoing communication that violence is not an accepted part of the job.

4. Staff training and education

- Training of staff in recognizing and managing potential and actual violence
- Ensure all staff are familiar with emergency policies and procedures

5. Risk identification

- Identify patients & visitors at high risk for violence (inpatient and outpatient)
- Flag patient charts for history of violence in healthcare setting
- Identify risks in the physical environment

6. Incident response

- Detailed violence response plan including interaction with law enforcement
- Comprehensive follow-up care for staff members who have been assaulted or threatened.



Comprehensive workplace violence solutions

The following is a list of recommendations provided by the ASHNHA workplace violence task force to comprehensively address workplace violence.

- Support hospitals in sharing best practices and challenges in a way that promotes learning from each other.
- Encourage all facilities to implement best practices to reduce aggressive behavior such as risk identification, environmental changes, staff education, data collection, facility culture and leadership, and incident response. Complete an annual gap analysis or risk assessment to ensure all critical elements are in place.
- Develop a training plan with an emphasis on train-the-trainer models to support member hospitals in training staff in de-escalation, crisis intervention, and reducing and managing violence and aggressive behavior.
- Develop hospital violence response plans that include reporting crimes against health care workers and comprehensive follow-up care for staff members who have been assaulted or threatened.
- Develop common definitions for workplace violence, near misses, intentional and unintentional violence that can be used by all interested facilities to better track data.
- Fully implement the Emergency Department Information Exchange (EDie) to facilitate early identification of patients at risk for security events and utilize security alerts in the system to support communication across facilities.
- Support hospitals' work with local law enforcement as they develop memorandum of agreements/understanding on how to work together to prevent violence and intervene when violence occurs. Agreements could include police shifts/timing of patrols, how police respond to hospitals, and what information hospitals will provide. This process could be lengthy but may help hospitals and law enforcement entities speak a common language.
- Provide training to health care staff on interaction with law enforcement, what to do if violence occurs, and the importance of reporting of incidents – “know your rights card.”
- Further develop a communication strategy to help the public and legislators become aware of workplace violence at healthcare facilities and the impact on the workforce.