WASHINGTON CASUALTY COMPANY

a subsidiary of Northwest Healthcare Insurance Services

# RCW49.19 HEALTHCARE WORKPLACE VIOLENCE PLAN

# IMPLEMENTATION GUIDE

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# RCW49.19 HEALTHCARE WORKPLACE VIOLENCE (WPV) PLAN **IMPLEMENTATION GUIDE**

This guide has been prepared by the Risk Management Department of Washington Casualty Company to assist our policyholders in implementing an effective workplace violence management plan to reduce violence exposure and to meet applicable statutory and regulatory requirements. This document contains the following sections:

- **Q & A Implementation Guide** – this document tracks the requirements of RCW 49.19 resulting from the passage of SSB5312 in 1999. Key elements for implementation track closely with Environment for Care (EC) effective program recommendations made by WCC's Risk Management Department.
- **WPV Management Plan Development Checklist –** this form is a self-assessment checklist for writing the mandatory Management Plan.
- **Sample Healthcare Workplace Violence Management Plan –** this sample document utilizes an effective structure to create your own mandatory Management Plan. It should be tailored to meet your own needs based on your facility and services provided as well as your own WPV assessment.
- **Healthcare WPV Assessment – *Physical Environment* Checklist –** this is a self-inspection form to examine the physical layout of your buildings and grounds as they relate to potential violence exposure and control.
- **Healthcare WPV Assessment – *Operational* Checklist –** this is a self-inspection form to examine features of the administration, clinical operations, training efforts, and other issues of your workplace violence exposures and controls.
- **Health Care Setting Record of Violent Acts –** this incident reporting form contains all of the mandatory data collection requirements of RCW 49.19. It is not essential to use this form as long as all of the information categories are included in your incident reporting and investigation process.
- **Chapter 49.19 RCW Safety – Health Care Settings** – this is a copy of the actual RCW.

Washington Casualty Company has taken an active role in the response to the RCW created by Substitute Senate Bill 5312. We continue to participate in development of implementation guidelines in conjunction with WISHA and other interested parties. Copies of these materials are available on the WISHA website at www.wa.gov/lni/. Copies of these materials have been provided to the Washington State Hospital Association (WSHA) for distribution to their members.

If you are a WCC insured, please contact Bill Preisler, Manager, General Liability, at 800-772-1201 x215 or bpreisler@wacasualty.com for further information and assistance with implementation.

# RCW49.19 HEALTHCARE
## WORKPLACE VIOLENCE (WPV) PLAN IMPLEMENTATION GUIDE

***Does the act apply to you?***

**Yes, if you are a:**
- **Hospital under RCW 70.41.020**
- **Home health, hospice, or home care agency under RCW 70.127, subject to RCW 49.19.070**
- **Mental health evaluation and treatment facility under RCW 71.05.020(8)**
- **Community mental health program under RCW 71.24.025(8)**

***What is required under the act?***

- **A security and safety assessment of your existing and potential violence hazards**
- **A written plan addressing known hazards**
- **An incident reporting and analysis system**
- **Training for all permanent and temporary employees**

***When must this be implemented?***

- **Assessment, written plan, and incident reporting by 7/1/2000**
- **Training by 7/1/2001**

***What happens if I don't comply with the act?***

- **WISHA may issue citations and fines in accordance with existing authority.**

***How do I get started?***

1. **Assign responsibility and accountability.** Assign responsibility to one or more key management individuals to complete the assessment, direct the team, obtain research information on violence, complete the risk assessment, develop and implement a written violence management plan and incident reporting system, and monitor results. Hold the individual(s) accountable to top management for successful development and implementation of the task.

2. **Form a multidisciplinary team.** It is essential that all major functions of the organization representing a different perspective be able to provide input to the determination of the problem (risk assessment) and in the development of the plan. This typically means representation from senior management, employees, contract staff, human resources, clinical services (inpatient, outpatient, home delivery), high risk services (admitting, emergency, pharmacy, mental health, drug/alcohol, obstetrics, etc.), housekeeping, dietary, facilities, and/or other departments. The more diverse the representation, the better will be their product. Client or patient representation may be appropriate in some circumstances.

3. **Research information on violence in healthcare organizations.** Considerable research has been completed on the violence problem and solutions for healthcare. Among possible resources are workplace violence information from the following entities – DOH, DSHS, L & I, OSHA, Medicare, and accrediting agencies. Additional information may be available from professional associations as well as

other entities. Select resources include the following (No endorsement of commercial training firms intended):

- Program Guide: *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers* – OSHA 3148 – http://www.osha.gov/
- Program Guide: *Workplace Violence – Awareness and Prevention for Employers and Employees* – WA Department of Labor & Industries – F417-140-000 (3/98)
- Program Guide: *Dealing with Workplace Violence – A Guide for Agency Planners* – US Office of Personnel Management – OWR 2/98
- Study: *Violence in Washington Workplaces, 1992-1995* - WA Department of Labor & Industries – Technical Report #39-2-1997
- Study: *Study of Assaults on Staff in Washington State Psychiatric Hospitals* - WA Department of Labor & Industries – Technical Report #33-1-1993
- Certified Training: Crisis Prevention Institute (CPI) – 800-558-8976
- Certified Training: Professional Assault Response Training (PART) – 949-498-3529

4. **Conduct a violence risk assessment using 5 years of your own historical data and/or staff survey, a physical and operational evaluation, and interaction with local authorities.** Review incident reports, accident/injury reports, security logs, police reports, safety committee minutes, staff suggestions, employee termination records, union complaints, etc. for the previous 5 years (or as much information as is available). Display data on types of incidents, date and/or time of occurrence, type and extent of injury or lost time, aggressor type, staff position, activity involved, etc. (See attached incident report for possible groupings). Aggregate data, analyze trends, and display significant detail illustrative of actual or expected problems. Include actions taken to address problems.

   If such information is not available, or is insufficient to accurately identify focal points for your program, a staff survey can be conducted. As with any survey, it is important that it be properly structured to elicit accurate information and allows you to stratify the results to help target your program. Samples of types of survey questions are available in the appendix of *OSHA 3148* listed above.

   Complete a physical walkthrough of the buildings and grounds using a checklist such as the *Healthcare WPV Assessment - Physical Environment Checklist* (attached) to help identify potential problematic physical characteristics of the facilities that may need to be addressed.

   Conduct an audit of operational exposures that may be related to how you conduct your business, both in clinical and in support services. The *Healthcare WPV Assessment – Operations Checklist* (attached) will help identify key issues.

5. **Develop and implement a written violence management plan.** The output of the assessment is a written management plan. This document is a master summary of major efforts and responsibilities towards violence in your organization. It provides reference to major freestanding violence and security systems and programs. It will normally reference related policies and procedures, forms, and checklists included in your operational systems. As a management plan, it should be about 2-4 pages long.

   See the attached *Healthcare Workplace Violence Management Plan Checklist* and *Sample Healthcare Workplace Violence Plan*.

6. **Establish a violence incident reporting system.** As unique requirements exist for the Act,, it is recommended that this system supplement existing incident reporting systems. See attached *Health Care Setting Record of Violent Acts Against Employee, Patient, or Visitor*. Every incident must be reported, investigated, and corrective actions implemented. Trending will determine problems occurring over time in specific locations, times, etc. Incident records must be retained for at least 5 years.

7. **Implement training.** Determine the level of training required for staff across the board and additional, specialized training for high-risk positions. Such training will be based on the overall violence risk assessment completed (see above). Such training will be directed to all staff, including part-time and contract staff, and will be implemented by 7/1/01. High-risk positions may require specialized or certified training such as that provided by outside vendors.

8. **Establish an ongoing monitoring plan.** As with any effective plan, it must be regularly monitored to assure that it is working. Ideally, this would be through a coordinating individual or committee. Many health care facilities will require regular reporting to their environment for/of care (EC) or safety committee. Recommended is an annual evaluation of its effectiveness in achieving its objectives, any performance measures, and control of violence exposures.

# WPV Management Plan Development Checklist

| Are the following adequate? | Yes | No | Comments |
|---|---|---|---|
| **Responsibility & Accountability:**<br>• Responsibility assigned<br>• Written objectives for key functions<br>• Managers held accountable<br>• Human, physical resources provided<br><br>**Multi-disciplinary Team:**<br>• Includes clinical/non-clinical<br>• Outsider participation<br>• Regular meetings<br>• WPV resource information reviewed<br>- DOH<br>- DSHS<br>- L & I<br>- OSHA<br>- Medicare<br>- Accrediting agencies<br>• Conduct/review risk assessment<br>• Makes recommendations<br>• Evaluates results<br><br>**Risk Assessment:**<br>• Internal records review (5 years)<br>- Incident reports<br>- Accident/injury reports<br>- Security logs<br>- Reports to police<br>- Safety Committee minutes<br>- Hazard reports/inspections<br>- Staff termination records<br>- Union complaints<br>• Police assessment of community risk<br>• Analysis/trending of WPV records<br>• WPV survey of staff<br>• Physical environment evaluation/ checklist completed<br>• Operational environment evaluation/checklist completed<br>• Recommendations made to management | | | |

| Are the following adequate? | Yes | No | Comments |
|---|---|---|---|
| **Incident Reporting System:**<br>• WPV Act data categories included<br>• All incidents reported<br>• Incident investigation<br>• Incident summary & trending<br>• Communicated appropriately for effective response<br>• Retained for 5 years<br><br>**Training:**<br>• Level based on risk assessment and degree of risk assigned to each job/location<br>• Includes all new staff (within 90 days)<br>• Temporary staff trained as per plan<br>• Mandatory training topics include:<br>- General safety procedures<br>- Personal safety procedures<br>- The violence escalation cycle and staff response at each point<br>- Violence-predicting factors<br>- Working with patients having violent history<br>- Physical and chemical restraints<br>- Strategies to avoid harm<br>- Incident reporting<br>- Violence resources available<br>- Your Violence Management Plan<br><br>**Written Workplace Violence Plan**<br><br>• Purpose and scope defined<br>• Objectives established<br>• Major elements based on risk assessment included<br>• Responsibilities identified<br>• Orientation and training addressed<br>• Includes effectiveness measurements<br>• Provides for regular Plan evaluation<br>• Contains statement of authority and top management approval<br><br>**Ongoing Performance Monitored**<br><br>• Recommendations addressed | | | |

# Sample Healthcare Workplace Violence Management Plan (Washington)

**SUBJECT: Workplace Violence Management Plan**

**I.** **Purpose And Scope:** this Workplace Violence (WPV) Management Plan outlines methods for maintaining an environment for patients, visitors, and staff which controls excessive violence throughout all facility locations and home based services in accordance with the requirements of 49.12 RCW and other applicable guidelines or regulations.

**II.** **Objectives –** the primary objectives of the Workplace Violence Management Plan are to:

**A.** Identify external and internal requirements for workplace violence management.
**B.** Identify authority and responsibility for WPV related issues.
**C.** Identify and manage ongoing and emerging WPV related issues.
**D.** Identify and help facilitate on-going WPV responsibilities for designated security services.
**E.** Identify and help facilitate on-going responsibilities of other hospital staff for general and specific WPV related issues.
**F.** Monitor effectiveness of all WPV related issues.
**G.** Report and seek staff and management assistance for all WPV related issues.

**III.** **Implementation -** the WPV Committee will report at least quarterly on progress and effectiveness of this Plan, including all processes and programs below, to the Environment for Care Committee.

A. Overall Responsibility:

1. **Administration** maintains authority for all WPV issues, and authorizes the **human resources manager** to direct implementation of the WPV program.
2. A **WPV Committee** consisting of representatives from human resources, nursing, mental health, pharmacy, emergency, admitting, housekeeping, dietary, facilities, and other appropriate departments as needed will be responsible for program development.
3. All **managers and staff** are responsible for carrying out the responsibilities and adhering to the requirements of the WPV program.

B. Program Elements:

1. A **risk assessment** is the basis of the WPV program and includes a review of major sources of information on actual or potential violent incidents occurring in facilities or in services provided by the facility.

   Upon completion of this assessment, specific job duties or locations will be identified as low, medium, or high risk for potential violence. Specific facility design and control measures, operational procedures, and staff training will be tailored to the overall as well as specific WPV risks identified within each job or location.

   While a specific list for this facility will be identified, healthcare jobs or locations known to be of higher than normal risk include, but are not limited to, admitting, ambulance, emergency department, mental health, pharmacy, child care, geriatrics, and home health.

Among the sources of information in classifying job/location risk are the following:

a) **Data** - a 5 year trended history of violent incidents including, but not limited to, incident reports, accident/injury reports, safety committee minutes, and other internal and external resources.
b) **Physical Survey –** a physical evaluation of the building and grounds for violence and security risks.
c) **Operational Audit –** an evaluation of operating violence and security risks within each department or function.
d) **External Resources –** literature, program materials, and consultation from governmental and other resources.

2. **Security related services** are provided within the facility and include the following:
   a) **Building security –** doors secured and monitored, access to facility controlled, security lighting maintained, alarms and surveillance cameras in place, staff ID system used, visitor access controlled, and facility patrols conducted.
   b) **Weapons restricted –** weapons policy adopted and enforced.
   c) **Access services –** during night or high-risk times, preferred parking, escorts to and from vehicles, and escorts within the building for staff, patients, and visitors provided.
   d) **Investigations –** threats, disturbances, and suspicious activity are investigated and addressed using internal staff or local police.

3. **Incident reporting –** WPV incidents will be reported, investigated, and analyzed in accordance with hospital policy. Data required by 49.12 RCW will be captured and utilized in maintaining the effectiveness of this WPV plan. Records will be retained for 5 years.

4. **Security emergency codes** – the following codes are used to respond to potentially violent emergencies. All staff must be familiar and respond in accordance with facility policy.
   a) **Code Gray –** trained team responds to de-escalate potentially violent incident.
   b) **Code Black –** secure the facility and call police, but do not enter dangerous incident area.

5. **WPV Program** Monitoring – ongoing issues, including incident review are addressed by the EC Security Sub-Committee, and status reports are made to the EC Committee as required.

**IV. Orientation and Training –** the human resources department is responsible for coordinating training of all new staff within 90 days of hiring and maintaining records on orientation of staff (including medical staff, contract staff, and temporary staff) and ongoing training on WPV issues. The level of training is based on the degree of WPV job or location risk identified in the risk assessment. Specialized training is required for any Code Gray response team as well as security personnel.

All training includes the following:

- General safety procedures
- Personal safety procedures
- The violence escalation cycle and staff response at each point
- Violence-predicting factors
- Working with patients having violent history
- Physical and chemical restraints
- Strategies to avoid harm
- Incident reporting
- Violence resources available
- This Violence Management Plan

**V.** **Performance Measures –** at least one indicator of satisfactory implementation of the Workplace Violence Management Plan will be maintained to monitor plan effectiveness.

**VII.** **Annual Evaluation:** EC Security Sub-Committee chair, with the assistance of the EC Committee, will perform an annual review of the objectives, scope, performance, and effectiveness of the Workplace Violence Management Plan. This review will be based on the result of performance measures, risk assessments, incident reporting, analysis of failures, and emerging risks. The review will be conducted prior to budgeting to help facilitate goals and objectives for the coming year.

**VIII.** **Statement of Authority and Approval:** The authority for the Workplace Violence Management Plan comes from the Governing Board as delegated to the EC Committee and Safety Officer. The EC Committee must approve all aspects of the Plan and its actions must be reported periodically to the Governing Board.

# Healthcare WPV Assessment - *Physical Environment* Checklist

| Are the following adequate? | Yes | No | Comments |
|---|---|---|---|
| **Parking Areas/Grounds**<br><br>• Traffic flow<br>• Directions to entrances clearly marked<br>• Lighting sufficient<br>• No shadows<br>• Glare, lights not directed at eyes<br>• Preferential after hours parking<br>• Surveillance/alarms<br>• No Trespassing signs<br>• No bushes, other hiding places<br>• Escorts used | | | |
| **Access to Buildings**<br><br>• Signage indicating public vs. staff areas<br>• Lighting sufficient<br>• Internal/external light balance<br>• No hiding places<br>• Locks/keypads<br>• Intercoms<br>• Surveillance windows/cameras<br>• Door alarms<br>• Weapons policy posting<br>• Metal detectors<br>• Loading areas security<br>• Smoking area security | | | |
| **Key/Cipher Lock Control**<br><br>• Key inventory/limited distribution<br>• Keys marked "Do Not Duplicate"<br>• Keys collected upon staff termination<br>• Keys/codes changed periodically<br>• Keys/codes changed upon incident | | | |

| Are the following adequate? | Yes | No | Comments |
|---|---|---|---|
| **Building Layout**<br><br>• Location of high risk department<br>– Emergency<br>– Pharmacy<br>– Mental Health<br>– Pediatrics<br>– Admitting/Information<br>– Security<br>• Controlled access to rest of facility from high risk areas | | | |
| **Department/Common Area Design**<br><br>• Overcrowding<br>• Comfortable waiting areas<br>• Restroom accessibility<br>• Snack/refreshments availability<br>• Smoking area accessibility/safety<br>• Design permits patient confidentiality<br>• Internal items not potential weapons<br>• Admitting counters/barriers help protect staff<br>• Neither patient/staff trapped by each other in exam rooms<br>• Emergency lighting<br>• Parabolic mirrors in blind corridors<br>• Visitor entry announced<br>• Emergency alarms<br>• Public address system available<br>• Ability to secure area into/out of<br>• Secure rooms for hostile persons | | | |
| **Staff ID**<br><br>• Required for all staff/physicians<br>• ID's worn<br>• Provisions for lost/forgotten ID<br>• Vendor/contractor ID<br>• Patient/visitor ID in high risk areas<br>• Staff challenge those without ID | | | |

| Are the following adequate? | Yes | No | Comments |
|---|---|---|---|
| **Alarms**<br><br>• Panic alarms in high risk areas<br>• Silent alarms as needed<br>• Public address system audible in all areas<br>• Response team code<br>• No Response code<br>• Direct police notification | | | |
| **Additional Physical Environment Items** | | | |

# Healthcare WPV Assessment - *Operational* Checklist

| Are the following adequate? | Yes | No | Comments |
|---|---|---|---|
| **Administrative:**<br><br>• Administration/board support and allocation of resources<br>• Zero-violence policy enforced<br>• Weapons policy enforced<br>• Security policies and procedures enforced<br>• Security functions staffed<br>• Facility staffing appropriate and sufficient at high-risk times<br>• Staff threats not tolerated, result in progressive discipline/termination<br>• Violence policy breaches lead to discipline/termination<br>• Staff encouraged to report domestic violence threatening workplace<br>• Staff wear ID's<br>• Violence incidents reported and addressed<br>• Violence hazard reporting system<br>• Staff advised of violent incidents occurring in/near premises<br>• Close liaison with police<br>• Criminal background checks for appropriate staff<br>• Higher violence risk addressed during construction projects<br>• Staff input into WPV issues<br>• EC Committee oversees WPV program | | | |

| Are the following adequate? | Yes | No | Comments |
|---|---|---|---|
| **Clinical:**<br>• Violent persons restricted from client/ patient base where possible<br>• Client treatment agreement addresses violent behavior<br>• Vulnerable patients addressed<br>• High-risk clients seen at select times<br>• High-risk clients seen in select locations<br>• Clinical staff aware when high risk clients present<br>• Non-clinical staff exposed to high risk clients aware of risk and how to respond<br>• Vulnerable staff not isolated from others<br>• Other client exposure limited<br>• Prisoner policies enforced | | | |
| **Training:**<br>• General safety requirements for all<br>• Personal safety procedures for all<br>• Emergency procedures and codes<br>• Specialized training for high risk units<br>• Certified training for response teams<br>• Staff trained and use good customer service techniques<br>• Training monitored or measured for effectiveness<br>• Training updated as new exposures become evident or deficiencies identified<br>• Non-employees included in training<br>• Training performed in timely fashion<br>• Records maintained on training | | | |
| **Additional Operational Issues:** | | | |

**Health Care Setting Record of Violent Acts**
**Against Employee, Patient, or Visitor**
**Required by RCW 49.19 – Workplace Violence – Health Care Setting**

1. **_____(Facility) _____ (Address)**

2. **___/___/_____(Date) _____:_____(Time) _____ (Location)**

3. **VICTIM Information: _____(Employee Name, Job Title, Dept.)**

   **_____(Employee ID #, SSN)**

   ☐ **Employee** ☐ **Patient** ☐ **Visitor** ☐ **Other _____**

4. **PERSON COMMITTING ACT:**

   ☐ **Employee** ☐ **Patient** ☐ **Visitor** ☐ **Other _____**

5. **TYPE OF VIOLENT ACT:**

   ☐ **Threat of Assault – No Physical Contact**
   ☐ **Physical Assault – Contact, but No Physical Injury**
   ☐ **Physical Assault – Mild Soreness, Surface Abrasions, Scratches, or Small Bruises**
   ☐ **Physical Assault – Major Soreness, Cuts, or Large Bruises**
   ☐ **Physical Assault – Severe Lacerations, Bone Fracture, or Head Injury**
   ☐ **Physical Assault – Loss of Limb or Death**

6. **BODY PART INJURED: _____**

7. **WEAPON: _____**

8. **NUMBER OF EMPLOYEES IN VICINITY DURING OCCURRENCE: _____**

9. **ACTIONS BY EMPLOYEES AND ORGANIZATION IN RESPONSE TO THE ACT:**

   _____

   _____

   _____

   _____

   _____

10. **RETAIN THIS RECORD UNTIL: ___/___/_____(5 Years after Incident is Reported)**

# CHAPTER 49.19 RCW
# SAFETY--HEALTH CARE SETTINGS

Sections



RCW 49.19.005 Findings--1999 c 377. The legislature finds that:
(1) Violence is an escalating problem in many health care settings in this state and across the nation;
(2) Based on an analysis of workers' compensation claims, the department of labor and industries reports that health care employees face the highest rate of workplace violence in Washington state;
(3) The actual incidence of workplace violence in health care settings is likely to be greater than documented because of failure to report or failure to maintain records of incidents that are reported;
(4) Patients, visitors, and health care employees should be assured a reasonably safe and secure environment in health care settings; and
(5) Many health care settings have undertaken efforts to assure that patients, visitors, and employees are safe from violence, but additional personnel training and appropriate safeguards may be needed to prevent workplace violence and minimize the risk and dangers affecting people in health care settings. [1999 c 377 § 1.]

RCW 49.19.010 Definitions. For purposes of this chapter:
(1) "Health care setting" means:
(a) Hospitals as defined in RCW 70.41.020;
(b) Home health, hospice, and home care agencies under chapter 70.127 RCW, subject to RCW 49.19.070;
(c) Evaluation and treatment facilities as defined in RCW 71.05.020(8); and
(d) Community mental health programs as defined in *RCW 71.24.025(8).
(2) "Department" means the department of labor and industries.
(3) "Employee" means an employee as defined in RCW 49.17.020.
(4) "Violence" or "violent act" means any physical assault or verbal threat of physical assault against an employee of a health care setting. [1999 c 377 § 2.]
NOTES:
*Reviser's note: RCW 71.24.025 was amended by 1999 c 10 § 2, changing subsection (5) to subsection (8).

RCW 49.19.020 Workplace violence plan--Security and safety assessment. (1) By July 1, 2000, each health care setting shall develop and implement a plan to reasonably prevent and protect employees from violence at the setting. The plan shall address security considerations related to the following

items, as appropriate to the particular setting, based upon the hazards identified in the assessment required under subsection (2) of this section:
(a) The physical attributes of the health care setting;
(b) Staffing, including security staffing;
(c) Personnel policies;
(d) First aid and emergency procedures;
(e) The reporting of violent acts; and
(f) Employee education and training.
(2) Before the development of the plan required under subsection (1) of this section, each health care setting shall conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment shall include, but is not limited to, a measure of the frequency of, and an identification of the causes for and consequences of, violent acts at the setting during at least the preceding five years or for the years records are available for assessments involving home health, hospice, and home care agencies.
(3) In developing the plan required by subsection (1) of this section, the health care setting may 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. [1999 c 377 § 3.]

RCW 49.19.030 Violence prevention training. By July 1, 2001, and on a regular basis thereafter, as set forth in the plan developed under RCW 49.19.020, each health care setting shall provide violence prevention training to all its affected employees as determined by the plan. The training shall occur within ninety days of the employee's initial hiring date unless he or she is a temporary employee. For temporary employees, training would take into account unique circumstances. The training may vary by the plan and may include, but is not limited to, classes, videotapes, brochures, verbal training, or other verbal or written training that is determined to be appropriate under the plan. The training shall 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 assessment required under RCW 49.19.020:
(1) General safety procedures;
(2) Personal safety procedures;
(3) The violence escalation cycle;
(4) Violence-predicting factors;
(5) Obtaining patient history from a patient with violent behavior;
(6) Verbal and physical techniques to de-escalate and minimize violent behavior;
(7) Strategies to avoid physical harm;
(8) Restraining techniques;
(9) Appropriate use of medications as chemical restraints;
(10) Documenting and reporting incidents;
(11) The process whereby employees affected by a violent act may debrief;
(12) Any resources available to employees for coping with violence; and
(13) The health care setting's workplace violence prevention plan. [1999 c

377 § 4.]

RCW 49.19.040 Violent acts--Records. Beginning no later than July 1, 2000, each health care setting shall keep a record of any violent act against an employee, a patient, or a visitor occurring at the setting. At a minimum, the record shall include:
(1) The health care setting's name and address;
(2) The date, time, and specific location at the health care setting where the act occurred;
(3) The name, job title, department or ward assignment, and staff identification or social security number of the victim if an employee;
(4) A description of the person against whom the act was committed as:
(a) A patient;
(b) A visitor;
(c) An employee; or
(d) Other;
(5) A description of the person committing the act as:
(a) A patient;
(b) A visitor;
(c) An employee; or
(d) Other;
(6) A description of the type of violent act as a:
(a) Threat of assault with no physical contact;
(b) Physical assault with contact but no physical injury;
(c) Physical assault with mild soreness, surface abrasions, scratches, or small bruises;
(d) Physical assault with major soreness, cuts, or large bruises;
(e) Physical assault with severe lacerations, a bone fracture, or a head injury; or
(f) Physical assault with loss of limb or death;
(7) An identification of any body part injured;
(8) A description of any weapon used;
(9) The number of employees in the vicinity of the act when it occurred; and
(10) A description of actions taken by employees and the health care setting in response to the act. Each record shall be kept for at least five years following the act reported, during which time it shall be available for inspection by the department upon request. [1999 c 377 § 5.]

RCW 49.19.050 Noncompliance--Penalties. Failure of a health care setting to comply with this chapter shall subject the setting to citation under chapter 49.17 RCW. [1999 c 377 § 6.]

RCW 49.19.060 Health care setting--Assistance. 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. [1999 c 377 § 7.]

RCW 49.19.070 Intent--Finding--Enforcement. 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 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. [1999 c 377 § 8.]