Substitute House Bill 1931 passed the legislature on April 15, 2019. This bill goes into effect on January 1, 2020.

The bill updates provisions related to workplace violence prevention planning and training in Washington’s workplace violence in health care law. Please see below for the details related to each section.

1. Definition
   a. The current definition of workplace violence in RCW 49.19 is “any physical assault or verbal threat of physical assault against an employee of a health care setting.”
   b. That definition is now expanded to include involvement of a weapon, including a firearm or a common object used as a weapon, regardless whether the use of a weapon results in an injury.

2. Workplace violence prevention plans
   a. Prior to this bill, hospitals were required to conduct a security and safety assessment and to develop and implement a workplace violence prevention plan, but the law did not specify how frequently this plan must be updated nor did it specify how incidents of violence might inform the plan – so having a workplace violence prevention plan that was drafted five, ten, or even 20 years ago would have met the letter of the law.
   b. Current law also does not specify who in the hospital is responsible for developing and implementing the workplace violence prevention plan.
   c. The new law adds the following:
      i. A health care facility must update its workplace violence prevention plan every three years and must conduct an annual review of incidents and make any necessary adjustments to the plan based on that review.
      ii. Either the Safety Committee or Workplace Violence Prevention Committee will be responsible for developing, implementing, and monitoring progress on the plan, and that these committees must be made up of 50% employer-selected and 50% employee-selected representatives.
      iii. The workplace violence prevention plan may include but is not limited to: physical attributes of the setting (including security, alarms, etc.), staffing patterns, job design and facilities, first aid and emergency procedures, employee education and training requirements, processes and expected interventions to provide assistance to an affected employee when a violent incident occurs, and the reporting of violent acts.
iv. In development of the plan, the health care setting shall consider workplace violence guidelines from appropriate state and federal agencies (listed in bill).

3. **Workplace violence prevention training**
   
   a. Under current law, workplace violence training lacks uniformity in Washington state – varying greatly from facility to facility. Some facilities require hands-on training that includes self-defense, while others use an online training system that allows an employee to “pre-test” out of the training.
   
   b. Current law requires health care facilities to provide workplace violence training within 90 days of initial hire, but carries no requirement for ongoing training.
   
   c. The new law adds the following:
      
      i. Training must be provided to applicable employees, contracted security personnel and volunteers as determined by the workplace violence prevention plan.
      
      ii. The method and frequency of trainings shall be determined by the workplace violence prevention plan.
      
      iii. Topics that must be addressed in the training are listed in the bill and includes de-escalation strategies, strategies to prevention physical harm with hands-on practice or role play, violence predicting behaviors and factors, proper application of restraints, documentation and reporting of incidents, the debrief process for affected employees following an incident, and resources available to employees for coping with the effects of violence.

4. **Record keeping**
   
   a. No substantive changes were made to this section.
   
   b. Requires health care facilities to keep a record of each violent event on file for at least five years and outlines what elements must be included in that report.

5. **Effective date**
   