

## Washington Workplace Violence (WPV) Law Checklist

### Workplace Violence Plan.

- Health care entity has a plan to prevent and protect employees from violence in the health care setting.
- Plan updated at least every three years.

### Workplace Violence Plan Contents.

Plan includes strategies aimed at addressing security considerations and factors that may contribute to or prevent the risk of violence including but not limited to:

- Physical attributes of the health care setting, including security systems, alarms, emergency response and security personnel available.
- Staffing, including staffing patterns, patient classifications, and procedures to mitigate employees time spent alone working in the areas at high risk for workplace violence.
- Job design, equipment, and facilities.
- First aid and emergency procedures.
- Reporting of violent acts.
- Employee education and training requirements and implementation strategy.
- 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, (e.g., employee parking).
- Processes and expected interventions to assist an employee directly affected by a violent act.

### Safety Committee.

- Each health care setting has a safety committee (or WPV committee) that is comprised of at least 50% employee-elected members and 50% selected from administration. This committee is accountable to develop, implement, and monitor progress on the WPV prevention plan.
- Annually review the frequency of workplace violence incidents including identification of the causes for and consequences of violent acts at the facility and any emerging issues contributing to workplace violence.
- The health care facility adjusts the WPV plan based on improvements identified in the annual review.
- The health care facility shall consider any guidelines on WPV or in the health care settings issued by the WA DOH, 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.

### Training.

By July 1, 2020 and on a regular basis thereafter (RCW 49.19.020), each health care setting shall provide violence prevention training to all applicable employees, volunteers, and contracted security personnel as determined by the WPV plan.

- Training occurs within ninety (90) days of employee's initial hire date (unless a temporary employee).
- Method and frequency of training is provided according to the information and strategies identified in the WPV prevention plan.

## Training continued.

Training may include but is 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. The training **must address the following topics** as appropriate to the setting/facility and to the duties/responsibilities of employee(s) being trained based on hazards identified in the plan:

- The health care setting's WPV prevention plan.
- General safety procedures.
- Violence predicting behaviors and factors.
- The violence escalation cycle.
- De-escalation techniques to minimize violent behavior.
- Strategies to prevent physical harm with hands-on practice or role play.
- Response team processes.
- Proper application and use of restraints both physical and chemical restraints.
- Documentation and reporting incidents.
- The debrief process for affected employees following violent acts.
- Resources available to employees for coping with the effects of violence.

## Record Requirements.

Each health care setting shall keep a record of any violent act against an employee, a patient, or a visitor occurring in the setting. The record shall include:

- Health care facility name and address.
- Date, time, and specific location at the health care facility where the act occurred.
- Name, job title, department/ward assignment, and staff identification (or social security number) of the victim if an employee.
- Description of the person against whom the act was committed, (e.g., patient, visitor employee other)
- Description of the person committing the act, (e.g., patient visitor, employee, other)
- Description of the violent act as a:
  - 1) threat of assault with not physical contact,
  - 2) physical assault with contact but not physical injury,
  - 3) physical assault with mild soreness, surface abrasions, scratches, or small bruises,
  - 4) physical assault with major soreness, cuts, or large bruises,
  - 5) physical assault with severe lacerations, a bone fracture, or a head injury,
  - 6) physical assault with loss of limb or death,
  - 7) identification of any body part injured,
  - 8) description of any weapon used,
  - 9) # of employees in the vicinity of the act when occurred,
  - 10) Description of actions taken by employees and the health care facility in response to the act.