

Healthcare Workplace Violence Prevention

How to Comply with the Cal/OSHA Regulation

January 2017

1st Edition

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Healthcare Workplace Violence Prevention

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Preface

Workplace violence prevention has been a focus of the health care community for many years. On Oct. 20, 2016, the Cal/OSHA Standards Board adopted the much-anticipated health care workplace violence prevention regulation, Section 3342 of Title 8 of the California Code of Regulations. The regulation is effective April 1, 2017. Employers are required to comply with the record-keeping requirements starting on the effective date. However, employers have until July 1, 2017, to comply with the Cal/OSHA reporting requirement, and until April 1, 2018, to develop their workplace violence prevention plan, assess the workplace, correct identified hazards, and train their employees.

The first part of this guidebook explains the requirements of the Cal/OSHA regulation and related laws, the elements of a workplace violence prevention plan, how to implement a plan in your workplace, and what to expect regarding enforcement. The second part of this guidebook consists of a task-by-task checklist that provides helpful information, implementation tips, and resources not contained in the laws themselves.

Many health care facilities and other entities are affected by the regulation: hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, hospices, emergency medical services, medical transport companies, and drug treatment programs. Each entity must develop and implement a workplace violence prevention plan at all times for all units, services and operations, and the plan must be specific to the hazards of each unit, service or operation. The employer must implement required policies and procedures, and develop and maintain required documentation. All employees must receive appropriate training.

The *Healthcare Workplace Violence Prevention* guidebook is intended to help hospitals and other covered employers understand the requirements of the law and implement it. It is written specifically for California hospitals and health care human resources executives, employee relations managers, chief operating officers, chief nursing officers, security officers, legal counsel, risk managers and department directors.

Readers should note the scope of this guidebook extends beyond the Cal/OSHA regulation to describe, where applicable, pertinent laws that have been in place for several years.

Complying with the workplace violence prevention regulation is a significant undertaking. CHA is pleased to publish this manual as a service to our members and others, and hope you find it useful. If you have any comments or suggestions on how to improve the *Healthcare Workplace Violence Prevention* guidebook, please feel free to contact us.

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Checklist for Complying with Cal/OSHA's Workplace Violence Prevention Regulation

Complying with the Cal/OSHA Workplace Violence Prevention (WVP) regulation is a significant undertaking. All hospital departments will be affected. The following checklist of tasks will help hospitals in their effort to implement this regulation throughout their facility.

NOTE: Throughout this checklist, the word “must” indicates a legal requirement. The words “may” or “should” indicate something optional that is not a legal requirement. For example, when the checklist says that a hospital “may” wish to establish a Workplace Violence Prevention Task Force, this is merely a suggestion, not a requirement of the law.

TASK 1: Establish a Task Force

The hospital may wish to establish a Workplace Violence Prevention Task Force to implement the requirements of the Cal/OSHA Workplace Violence Prevention regulation (or convene an appropriate existing committee, such as a Safety and Security Committee, if one exists). Members of the task force may include representatives from:

- Employee Health
- Employee Relations
- Human Resources
- Workers' Compensation
- Staff Development
- Security
- Facilities/Physical Plant
- Nursing
- Emergency Department
- Behavioral Health
- Outpatient Clinics
- Home Health
- Diagnostic Imaging
- Pharmacy

- Medical Staff Coordinator
- Contracting Office
- Vendor Management
- Marketing/Communications
- Legal
- Emergency/Disaster Preparedness
- Compliance
- Risk Management

The task force does not need to include all of these people — each hospital will have different organizational structures and supervisory relationships, so each hospital’s task force will have a different composition. Determine which of these people should be on your core team and which will be intermittent contributors. For example, a hospital may choose to involve its marketing/communications department to help the task force maintain a culture of safety by implementing a messaging campaign throughout the facility. The marketing department may be asked to assist in creating a safety campaign, but not be expected to attend every task force meeting.

The hospital should clearly identify a leader of the Workplace Violence Prevention Task Force. In addition, a senior executive should be identified to champion the importance of safety in the workplace and advocate for the necessary budget/resources/support. This senior executive will likely be the person/position identified as responsible for implementing the WVP plan as required by subsection (c)(1) of the Cal/OSHA WVP regulation.

The members of the task force must be familiar with the role of security in hospital operations; hospital organization; protective measures, including alarms and access control; the handling of disruptive patients, visitors, and employees; identification of aggressive and violent predicting factors; hospital safety and emergency preparedness; and the rudiments of documenting and reporting crimes, such as not disturbing a crime scene. (This requirement comes from Health and Safety Code Section 1257.7(b), not the Cal/OSHA regulation, and is discussed on page 2.8 of the guidebook.) Thus, task force members may need to be provided training in some of these areas.

Target Date for Completion: _____

Name of Person Responsible: _____