**Workplace Violence Prevention in Healthcare Facilities**

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|  | **S.1093/H.1976-****Supported by the** **Massachusetts Health & Hospital Association** | **S.1427/H.1416-** **Sponsored by the** **Massachusetts Nurses Association** |
| **Oversight Agency** | Dept. of Public Health | Dept. of Public Health |
| **Scope** | "a hospital as defined under Section 51 of Chapter 111 of the Massachusetts General Laws" | “a hospital, licensed under section fifty-one of chapter one hundred and eleven, the teaching hospital of the University of Massachusetts medical school, or any state facility operated, funded, or subject to oversight by the Department of Public Health, the Department of Mental Health or the Department of Developmental Services”* Narrowed from prior versions.
* Captures state facilities considering the level of violence in state health facilities, such as DMH group homes or Templeton Developmental Center or Taunton State Hospital.
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| **Workplace violence definition** | "any attempt or actual harmful or unpermitted touching of another person that results in injury and occurs on a work site" | **OSHA definition for workplace violence** (https://www.osha.gov/SLTC/workplaceviolence/). * This definition encompasses the full range of violence experienced in the healthcare workspace.

"any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site ranging from threats and verbal abuse to physical assaults and homicide" |
| **Health care employer** | **NO** definition | Includes a definition of "health care employer" and uses this term throughout legislation |

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| **Risk assessments - Standard** | Would set a generic "standard" to be used by health care facilities in crafting workplace violence prevention plans. No review of standard. | Requires health care facilities to conduct **annual risk assessments** in order to develop, and make subsequent updates to, a workplace violence prevention plan that is specific to that health care facility. Need a risk assessment based on the specific facility. |
| **Risk assessment – Impact of staffing patterns** | Does not account for staffing patterns when developing the "statewide standards" | Nearly all published research on violence in the health care workplace points to adequate or inadequate staffing as a factor in workplace violence. OSHA specifically lists as a risk factor for violence “Working when understaffed in general—and especially during mealtimes, visiting hours, and night shifts.”  |
| **Risk assessment - Frequency** | Only requires the submission of a workplace violence prevention plan **once** - unless a facility makes a "substantive change" to the operational policy.A facility could draft a policy once then never revisit it or revise it. | Requires an **annual risk assessment** and that this risk assessment be used to make updates, as needed, to the workplace violence prevention plan.Ensures that plans are up to date and address the current needs of the facility. |
| **Access to the Workplace Violence Prevention Plan** | Only allows an employee to "review the plan on site". | Requires that the workplace violence plan be provided to employees upon request. |

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| **Components of Workplace Violence Prevention Plan** | Includes some areas that must be included in a summary sent to the DPH. | More comprehensive - Requires workplace violence prevention plan to include certain factors, such as employee training, post-incident de-brief process, etc.* For workplace violence prevention plans to be successful, they must be detailed and facility-specific
* OSHA report outlines the factors that should be included in plan to prevent violence in health care settings. <https://www.osha.gov/Publications/OSHA3827.pdf>
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| **Enforcement** | NONE | Includes:* Enforcement mechanisms;
* Ability to file a complaint with the AGO; and
* Monetary penalties for facilities that are found to have violated the law.
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| **Employee protection** | NONE | Prohibits an employer from penalizing an employee who files a complaint regarding occupational safety hazards or risks associated with workplace violence.* Employees should be free from penalties for reporting such risks and hazards.
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| **Assault & Battery Penalties** | Includes language increasing the penalties for assault and battery on an emergency medical technician, ambulance operator, ambulance attendant or health care provider. | Not included - filed as a stand-alone bill (H.1578/S.838).  |
| **Protecting Victim Privacy** | Permits an employee assaulted at work to have the option of **providing the health care facility addres**s or the address of any labor organization representing the employee for the police report if charges are filed.Provides the employee with the option of requesting that a judge impound his/her address. | Permits an employee assaulted at work to have the option of **providing the health care facility address** for the police report if charges are filed. |
| **Reporting of Data** | Facilities must report assault data to DPH and the local District Attorney's office in the **aggregate**. Aggregate data to be used by DPH to make an annual public report. | Health care facilities must report assault data to DPH and local DA offices. Data then must be made public within 90 days.**Facility-specific data** allows the public to be better informed as to incidents of violence in health care facilities and be better able to identify and address patterns of violence or success in preventing violence. |
| **Legal proceedings for an assaulted employee** | Any leave taken associated with an assault **unpaid**.Does not include meetings with law enforcement officials (other than the DA) in list of things an employee could take unpaid leave to address. | Provides victims of workplace violence with **7 paid days of time-off to address legal issues associated with the workplace violence incident**Would include meetings with law enforcement officials (other than the DAs) in list of things an employee could take paid leave to address.Victims of workplace violence often have to meet with law enforcement officers following an assault- specifically is the victim plans to pursue legal action. This should be allowed as part of paid leave associated with an assault in the workplace. |
| **Health care provider access to assault data** | Adds a section giving health care providers access reports on individuals | Not included |
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