SENATE, No. 1761

STATE OF NEW JERSEY

212th LEGISLATURE

INTRODUCED MARCH 21, 2006

Sponsored by:
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District 19 (Middlesex)
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SYNOPSIS

“Violence Prevention in Health Care Facilities Act,” requires certain health care entities to establish violence prevention programs to protect health care workers.

CURRENT VERSION OF TEXT

As introduced.
AN ACT concerning prevention of violence against health care workers and supplementing Title 26 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. This act shall be known and may be cited as the “Violence Prevention in Health Care Facilities Act.”

2. The Legislature finds and declares that:
   a. Violence is an escalating problem in many health care settings in the State and across the nation, and although violence is an increasing problem for many workers, health care workers are at a particularly high risk;
   b. According to the Bureau of Labor Statistics, the incidence of injury from nonfatal assaults of health service workers is significantly higher than that of other workers;
   c. The actual incidence of violence is likely higher than reported for various reasons, including inadequate reporting mechanisms and because victims under-report incidents out of fear of reprisal, isolation and embarrassment;
   d. Violence against health care workers exacts a significant toll on victims, their co-workers, patients, families and visitors;
   e. Insurance claims, lost productivity, disruptions to operations, legal expenses and property damage are only a few of the negative effects that workplace violence has on health care facilities;
   f. Preventing workplace violence is essential for creating a safe and therapeutic environment for patients;
   g. Health care professionals who leave their occupations because of assaults or threats of assault contribute to the general shortage of health care professionals; and
   h. It is possible to reduce and mitigate the effects of violence in health care settings through employer-based violence prevention programs.

3. As used in this act:
   “Covered health care facility” means a health care facility licensed by the Department of Health and Senior Services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a State or county psychiatric hospital, a State developmental center, or a health care service firm regulated by the Division of Consumer Affairs in the Department of Law and Public Safety pursuant to P.L.1989, c.331 (C.34:8-43 et seq.).
   “Health care worker” means an individual who is employed by a covered health care facility.
   “Violence” or “violent act” means any physical assault, or any physical or verbal threat of assault or harm against a health care worker.
4. Within 6 months of the effective date of this act, a covered health care facility shall establish a violence prevention program for the purpose of protecting health care workers. A health care system with more than one covered health care facility shall have a violence prevention program at each facility. The program shall, at a minimum, include the requirements set forth in this section.

a. The covered health care facility shall establish a violence prevention committee, which shall include a representative of management, who shall be responsible for overseeing all aspects of the program. At least 50% of the members of the committee shall be health care workers who provide direct patient care or otherwise have contact with patients. In a facility where health care workers are represented by a collective bargaining agent, the collective bargaining agent shall select the health care worker committee members.

The remaining committee members shall have experience, expertise, or responsibility relevant to violence prevention.

A health care system with more than one covered health care facility shall have a committee at each facility.

b. Within 18 months of the effective date of this act, the committee shall develop and maintain a detailed, written violence prevention plan that identifies workplace risks, and provides specific methods to address them. The plan shall, at a minimum:

(1) provide an annual comprehensive violence risk-assessment for the covered health care facility that considers, to the extent applicable:
   (a) the facility’s layout, access restrictions, crime rate in surrounding areas, lighting, and communication and alarm devices;
   (b) adequacy of staffing levels, including security personnel;
   (c) the presence of individuals who may pose a risk of violence;
   and
   (d) a review of any records relating to violent incidents at the facility, including incidents required to be reported pursuant to subsection f. of this section, the Log of Work-Related Injuries and Illnesses (OSHA Form 300), and workers’ compensation records;

(2) identify violence prevention policies; and

(3) specify methods to reduce identified risks, including training, and changes to job design, staffing, security, equipment and facility modifications.

c. The covered health care facility shall provide a copy of the plan to the Commissioners of Health and Senior Services and Human Services and the Director of the Division of Consumer Affairs, and upon request, to each health care worker and collective bargaining agent that represents health care workers at the facility.

d. The covered health care facility shall annually conduct violence prevention training. The training shall include a review of: the facility’s relevant policies; techniques to de-escalate and minimize violent behavior; appropriate responses to workplace
violence, including use of restraining techniques, reporting
requirements and procedures; location and operation of safety
devices; and resources for coping with violence.
e. The covered health care facility shall have sufficient numbers
of personnel trained to identify aggressive and violent predicting
factors and to appropriately respond to and manage violent
disturbances.
f. The covered health care facility shall keep a record of all
violent acts against employees while at work. The records shall be
maintained for at least five years following the reported act, during
which time employees, their authorized representatives, and the
Department of Health and Senior Services shall have access to the
record. The record shall include:
(1) the date, time and location of the incident;
(2) the identity and job title of the victim;
(3) whether the act was committed by a patient, visitor, or
employee;
(4) the nature of the violent act, including whether a weapon was
used;
(5) a description of physical injuries, if any;
(6) the number of employees in the vicinity when the incident
occurred and their actions in response to the incident, if any; and
(7) the actions taken by the facility in response to the incident.
g. The covered health care facility shall establish a post-incident
response system that provides, at a minimum, an in-house crisis
response team for employee-victims and their co-workers, and
individual and group crisis counseling, which may include support
groups, family crisis intervention, and professional referrals.

5. A covered health care facility shall not retaliate against any
health care worker for reporting violent incidents.

6. A covered health care facility licensed pursuant to P.L.1971,
c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of
this act shall be subject to such penalties as the Commissioner of
Health and Senior Services may determine pursuant to sections 13
health care facility that is regulated pursuant to P.L.1989, c.331
(C.34:8-43 et seq.) that is in violation of the provisions of this act
shall be subject to such penalties as the Director of the Division of
Consumer Affairs may determine pursuant to section 12 of

7. The Commissioners of Health and Senior Services and
Human Services and the Director of the Division of Consumer
Affairs in the Department of Law and Public Safety shall adopt
rules and regulations pursuant to the "Administrative Procedure
8. This act shall take effect immediately.

STATEMENT

This bill, designated the “Violence Prevention in Health Care Facilities Act,” is intended to protect health care workers from violence that occurs in health care settings by requiring the establishment of violence prevention programs in each facility. The entities covered under this bill would be health care facilities licensed by the Department of Health and Senior Services, State and county psychiatric hospitals, State developmental centers, and health care service firms regulated by the Division of Consumer Affairs. The bill defines “violence” or “violent act” to mean physical assault, and physical or verbal threat of assault or harm against a health care worker.

Specifically, the bill would require a covered health care facility to establish a violence prevention program that includes, at a minimum, the following components:

- The facility would be required to establish a violence prevention committee, which shall include a representative of management who shall be responsible for all aspects of the program. At least half of the committee’s membership would include direct-care health care workers, and if those workers are represented by a collective bargaining agent, the agent would select who would serve on the committee. The remaining members would have relevant experience, expertise, or responsibility at the facility.

- Within 18 months of the effective date of the bill, the committee would be required to develop a written violence prevention plan that identifies workplace risks and provides specific methods to address them. The plan elements would include an annual comprehensive violence risk-assessment that considers, to the extent applicable, the facility’s layout, crime rate in surrounding areas, adequacy of staffing levels, presence of individuals who may pose a risk, and a review of violent incidents at the facility, among other things. The plan would also identify violence prevention policies and methods to reduce identified risks.

- The facility is to provide a copy of the plan to the commissioners of Health and Senior Services and Human Services, the Director of the Division of Consumer Affairs, and upon request, health care workers and collective bargaining agents.

- Facilities also would be required to conduct annual violence prevention training, which would include a review of the facility’s policies, and provide violence prevention techniques.
• Facilities would be required to maintain detailed records of all violent acts against employees while engaged in work.
• Facilities would have to have sufficient numbers of personnel trained to identify aggressive and violent predicting factors and to appropriately respond to and manage violent disturbances.
• Facilities also would be required to establish a post-incident response system that provides, at a minimum, an in-house crisis response team and individual and group crisis counseling.
The bill also would prohibit a covered health care facility from retaliating against any health care worker for reporting an incident.
Finally, a covered health care facility licensed pursuant to N.J.S.A.26:2H-1 et seq. or a covered facility regulated by N.J.S.A.34:8-43 et seq. that violates the provisions of this bill would be subject to penalties pursuant to N.J.S.A.26:2H-13 and 26:2H-14, and N.J.S.A.34:8-53, as applicable.