

SENATE, No. 1761

STATE OF NEW JERSEY

212th LEGISLATURE

INTRODUCED MARCH 21, 2006

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

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District 38 (Bergen)

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Senators Adler, Weinberg, Madden and Rice

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.



(Sponsorship Updated As Of: 12/15/2006)

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

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. This act shall be known and may be cited as the “Violence
8 Prevention in Health Care Facilities Act.”

9
10 2. The Legislature finds and declares that:

11 a. Violence is an escalating problem in many health care settings
12 in the State and across the nation, and although violence is an
13 increasing problem for many workers, health care workers are at a
14 particularly high risk;

15 b. According to the Bureau of Labor Statistics, the incidence of
16 injury from nonfatal assaults of health service workers is
17 significantly higher than that of other workers;

18 c. The actual incidence of violence is likely higher than reported
19 for various reasons, including inadequate reporting mechanisms and
20 because victims under-report incidents out of fear of reprisal,
21 isolation and embarrassment;

22 d. Violence against health care workers exacts a significant toll
23 on victims, their co-workers, patients, families and visitors;

24 e. Insurance claims, lost productivity, disruptions to operations,
25 legal expenses and property damage are only a few of the negative
26 effects that workplace violence has on health care facilities;

27 f. Preventing workplace violence is essential for creating a safe
28 and therapeutic environment for patients;

29 g. Health care professionals who leave their occupations because
30 of assaults or threats of assault contribute to the general shortage of
31 health care professionals; and

32 h. It is possible to reduce and mitigate the effects of violence in
33 health care settings through employer-based violence prevention
34 programs.

35
36 3. As used in this act:

37 “Covered health care facility” means a health care facility
38 licensed by the Department of Health and Senior Services pursuant
39 to P.L.1971, c.136 (C.26:2H-1 et seq.), a State or county psychiatric
40 hospital, a State developmental center, or a health care service firm
41 regulated by the Division of Consumer Affairs in the Department of
42 Law and Public Safety pursuant to P.L.1989, c.331 (C.34:8-43 et
43 seq.).

44 “Health care worker” means an individual who is employed by a
45 covered health care facility.

46 “Violence” or “violent act” means any physical assault, or any
47 physical or verbal threat of assault or harm against a health care
48 worker.

1 4. Within 6 months of the effective date of this act, a covered
2 health care facility shall establish a violence prevention program for
3 the purpose of protecting health care workers. A health care system
4 with more than one covered health care facility shall have a
5 violence prevention program at each facility. The program shall, at
6 a minimum, include the requirements set forth in this section.

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

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

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

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

24 (1) provide an annual comprehensive violence risk-assessment
25 for the covered health care facility that considers, to the extent
26 applicable:

27 (a) the facility's layout, access restrictions, crime rate in
28 surrounding areas, lighting, and communication and alarm devices;

29 (b) adequacy of staffing levels, including security personnel;

30 (c) the presence of individuals who may pose a risk of violence;
31 and

32 (d) a review of any records relating to violent incidents at the
33 facility, including incidents required to be reported pursuant to
34 subsection f. of this section, the Log of Work-Related Injuries and
35 Illnesses (OSHA Form 300), and workers' compensation records;

36 (2) identify violence prevention policies; and

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

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

45 d. The covered health care facility shall annually conduct
46 violence prevention training. The training shall include a review of:
47 the facility's relevant policies; techniques to de-escalate and
48 minimize violent behavior; appropriate responses to workplace

1 violence, including use of restraining techniques, reporting
2 requirements and procedures; location and operation of safety
3 devices; and resources for coping with violence.

4 e. The covered health care facility shall have sufficient numbers
5 of personnel trained to identify aggressive and violent predicting
6 factors and to appropriately respond to and manage violent
7 disturbances.

8 f. The covered health care facility shall keep a record of all
9 violent acts against employees while at work. The records shall be
10 maintained for at least five years following the reported act, during
11 which time employees, their authorized representatives, and the
12 Department of Health and Senior Services shall have access to the
13 record. The record shall include:

14 (1) the date, time and location of the incident;

15 (2) the identity and job title of the victim;

16 (3) whether the act was committed by a patient, visitor, or
17 employee;

18 (4) the nature of the violent act, including whether a weapon was
19 used;

20 (5) a description of physical injuries, if any;

21 (6) the number of employees in the vicinity when the incident
22 occurred and their actions in response to the incident, if any; and

23 (7) the actions taken by the facility in response to the incident.

24 g. The covered health care facility shall establish a post-incident
25 response system that provides, at a minimum, an in-house crisis
26 response team for employee-victims and their co-workers, and
27 individual and group crisis counseling, which may include support
28 groups, family crisis intervention, and professional referrals.

29

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

32

33 6. A covered health care facility licensed pursuant to P.L.1971,
34 c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of
35 this act shall be subject to such penalties as the Commissioner of
36 Health and Senior Services may determine pursuant to sections 13
37 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14). A covered
38 health care facility that is regulated pursuant to P.L.1989, c.331
39 (C.34:8-43 et seq.) that is in violation of the provisions of this act
40 shall be subject to such penalties as the Director of the Division of
41 Consumer Affairs may determine pursuant to section 12 of
42 P.L.1989, c.331 (C.34:8-53).

43

44 7. The Commissioners of Health and Senior Services and
45 Human Services and the Director of the Division of Consumer
46 Affairs in the Department of Law and Public Safety shall adopt
47 rules and regulations pursuant to the "Administrative Procedure

1 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes
2 of this act.

3

4 8. This act shall take effect immediately.

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STATEMENT

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9 This bill, designated the "Violence Prevention in Health Care
10 Facilities Act," is intended to protect health care workers from
11 violence that occurs in health care settings by requiring the
12 establishment of violence prevention programs in each facility.

13 The entities covered under this bill would be health care facilities
14 licensed by the Department of Health and Senior Services, State and
15 county psychiatric hospitals, State developmental centers, and
16 health care service firms regulated by the Division of Consumer
17 Affairs. The bill defines "violence" or "violent act" to mean
18 physical assault, and physical or verbal threat of assault or harm
19 against a health care worker.

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

- 23 • The facility would be required to establish a violence prevention
24 committee, which shall include a representative of management
25 who shall be responsible for all aspects of the program. At least
26 half of the committee's membership would include direct-care
27 health care workers, and if those workers are represented by a
28 collective bargaining agent, the agent would select who would
29 serve on the committee. The remaining members would have
30 relevant experience, expertise, or responsibility at the facility.
- 31 • Within 18 months of the effective date of the bill, the committee
32 would be required to develop a written violence prevention plan
33 that identifies workplace risks and provides specific methods to
34 address them. The plan elements would include an annual
35 comprehensive violence risk-assessment that considers, to the
36 extent applicable, the facility's layout, crime rate in surrounding
37 areas, adequacy of staffing levels, presence of individuals who
38 may pose a risk, and a review of violent incidents at the facility,
39 among other things. The plan would also identify violence
40 prevention policies and methods to reduce identified risks.
- 41 • The facility is to provide a copy of the plan to the commissioners
42 of Health and Senior Services and Human Services, the Director
43 of the Division of Consumer Affairs, and upon request, health
44 care workers and collective bargaining agents.
- 45 • Facilities also would be required to conduct annual violence
46 prevention training, which would include a review of the
47 facility's policies, and provide violence prevention techniques.

- 1 • Facilities would be required to maintain detailed records of all
- 2 violent acts against employees while engaged in work.
- 3 • Facilities would have to have sufficient numbers of personnel
- 4 trained to identify aggressive and violent predicting factors and
- 5 to appropriately respond to and manage violent disturbances.
- 6 • Facilities also would be required to establish a post-incident
- 7 response system that provides, at a minimum, an in-house crisis
- 8 response team and individual and group crisis counseling.
- 9 The bill also would prohibit a covered health care facility from
- 10 retaliating against any health care worker for reporting an incident.
- 11 Finally, a covered health care facility licensed pursuant to
- 12 N.J.S.A.26:2H-1 et seq. or a covered facility regulated by
- 13 N.J.S.A.34:8-43 et seq. that violates the provisions of this bill
- 14 would be subject to penalties pursuant to N.J.S.A.26:2H-13 and
- 15 26:2H-14, and N.J.S.A.34:8-53, as applicable.