

VIOLENCE AGAINST HEALTH CARE WORKERS

[MINNESOTA STATUTES, SECTION 144.566]

FREQUENTLY ASKED QUESTIONS

WHAT TYPE OF HEALTHCARE PROVIDERS DOES THE LAW APPLY TO?

The law applies to hospitals licensed under Minnesota Statutes, Section 144.556. However, all healthcare facilities are encouraged to participate in the campaign and utilize all tools and resources.

WHAT TYPE OF HEALTH CARE WORKERS DOES THE TRAINING REQUIREMENT APPLY TO?

The law defines health care worker as “any person, whether licensed or unlicensed, employed by, volunteering in, or under contract with a hospital, who has direct contact with a patient of the hospital for purposes of either medical care or emergency response to situations potentially involving violence.”

WHEN DOES TRAINING OF ALL HEALTH CARE WORKERS INITIALLY NEED TO BE COMPLETED?

Training of all health care workers (as defined in Minnesota Statutes, Section 144.566) must be underway by January 15th, 2016 and completed by August 1st, 2016. Then training must also be incorporated into new employee training on an ongoing basis and all health care workers must be re-trained annually.

WHAT TRAINING COURSES MEET THE REQUIREMENTS OF THE LAW?

The law requires that training be conducted for all health care workers annually and upon hire. Training must, at a minimum, include:

- (1) safety guidelines for response to and de-escalation of an act of violence;
- (2) ways to identify potentially violent or abusive situations; and
- (3) the hospital's incident response reaction plan and violence prevention plan.

There may be commercial or other publicly available training courses that meet some or all of these requirements, or a hospital may develop its own training curriculum to meet the requirements. MDH has compiled information on violence prevention-related training offerings that hospitals may want to explore; that list is available [here](#). However, this list is not exhaustive and other training opportunities do exist.

Each hospital will need to make their own assessment of whether a particular training course meets the law's requirements, in particular the requirement that all training include specific information about the hospital's incident response reaction plan and violence prevention plan.

IS THERE A REQUIRED STRUCTURE OR MAKEUP OF THE COMMITTEE THAT HOSPITALS ARE REQUIRED TO FORM?

There is not a required makeup of the committee, however the law states "a hospital shall designate a committee of representatives of health care workers employed by the hospital, including non-managerial health care workers, nonclinical staff, administrators, patient safety experts, and other appropriate personnel." Within that definition, the hospital can decide what employees to include on the committee.

DOES EACH HOSPITAL HAVE TO HAVE ITS OWN COMMITTEE AND COMPLETE A SEPARATE GAP ANALYSIS OR CAN IT BE DONE AS A PART OF THE LARGER HEALTH SYSTEM (IF APPLICABLE)?

Each hospital, if a part of a larger health system, can share one violence prevention committee with representation from each hospital. However, each individual hospital will need to complete a separate gap analysis, as each hospital is different and has different patient populations, policies/procedures and staff.

WHAT DATA MUST HOSPITALS COLLECT INTERNALLY?

The law states, as part of its annual review of its violence preparedness and response plan, the organization must review, with its designated committee, the number of acts of violence that occurred in the hospital in the previous year, the injuries sustained, and the unit in which the incident occurred. These represent a minimal required set of data elements. However, the Violence Prevention Gap Analysis tool recommends that all hospitals collect a broader range of data elements that were developed by the Violence Prevention Workgroup; that list of suggested data elements is available [here](#), and includes such data elements as whether the incident involved verbal or physical violence, the level of injury sustained, the perpetrator/recipient of the violent act (by category, not name), and whether security or law enforcement were involved.

DOES THE DATA THAT HOSPITALS COLLECT HAVE TO BE COLLECTED IN A CERTAIN WAY OR SENT TO A CENTRAL REPOSITORY?

The law does not specify how data should be collected, or whether the data that hospitals collect must be compiled in a central repository. However, the Violence Prevention Gap Analysis tool recommends that each organization have a central place where all reports of violence are collected and data is aggregated for analysis.

WHAT INFORMATION MUST BE MADE AVAILABLE TO LOCAL LAW ENFORCEMENT AND COLLECTIVE BARGAINING UNITS? IS IT TO BE MADE AVAILABLE UPON REQUEST OR PROACTIVELY?

The law requires that each hospital make several pieces of information available to local law enforcement and, if any of its workers are represented by a collective bargaining unit, to the exclusive bargaining representatives of those collective bargaining units.

The law is silent on whether this information must be provided proactively or only in response to a request. The information that is required to be made available includes:

- 1) The hospital's action plan;
- 2) The effectiveness of its preparedness and incident response action plans;
- 3) The most recent gap analysis as provided by the commissioner of health; and
- 4) The number of acts of violence that occurred in the hospital during the previous year, including injuries sustained, if any, and the unit in which the incident occurred.

DOES EVERY HOSPITAL HAVE TO COMPLETE THE GAP ANALYSIS? HOW IS THAT DONE?

All hospitals licensed as a hospital under Minnesota Statutes, Section 144.566 must complete the gap analysis. The gap analysis is available for completion through the MHA quality/safety data portal. Detailed instructions on how to gain access to the portal and complete the gap analysis can be found [here](#).

WILL MDH SURVEYORS BE LOOKING FOR A HOSPITAL'S VIOLENCE PREVENTION PLAN AND TRAINING PLANS UPON SURVEY OR ONLY IF A COMPLAINT IS RECEIVED?

MDH survey teams will review compliance with this regulation in the course of a scheduled hospital (including CAHs) licensing or certification/licensing surveys.

The Office of Health Facility Complaints (OHFC) will review compliance with this regulation when a complaint alleges an incident of violence at a hospital, but not as a part of other complaint investigations.

WHEN WILL MDH START SURVEYING FOR COMPLIANCE WITH THIS LAW?

MDH will survey for compliance with this law (144.566) effective January 15, 2017, and thereafter. This cost effective approach will allow hospitals time to draft a plan and conduct the initial and annual training prior to enforcement. The Health Policy division at MDH will provide technical assistance with implementation starting immediately.

WHAT IS THE PROCESS TO FILE A COMPLAINT WITH MDH IF A HOSPITAL IS NOT COMPLYING WITH THE LAW? HOW WILL THE \$250 FINE BE IMPOSED?

Complaints dealing with violations of this statute, will be reported directly to OHFC (not to the Minnesota Adult Abuse Reporting Center – MAARC). The complaint will be triaged and a desk audit will be conducted by requesting information from the hospital which is the subject of the complaint. If a review of the submitted information documents a violation of this statute, OHFC will issue a correction order along with an administrative fine for \$250.

WHAT IS THE ROLE OF OSHA IN SURVEYING FOR COMPLIANCE OF THIS REQUIREMENT AND/OR ISSUING FINES/PENALTIES?

Minnesota OSHA can only enforce its own regulations (not those of other agencies), therefore, MNOSHA does not survey for compliance or issue fines/penalties with regard to this particular statute.

WHAT IS MNOSHA’S ROLE WITH REGARD TO INVESTIGATING ACTS OF WORKPLACE VIOLENCE IN MINNESOTA?

MNOSHA may investigate an incident if a report of workplace violence is made to them as a complaint, referral, serious injury, fatality or catastrophe. If violations are cited; MNOSHA uses the General Duty Clause - Minn. Stat. §182.653, subd. 2, that states an employer must provide their employees with a safe and healthful work environment free from any known hazards that can cause death, injury or illness. Citations involving General Duty are at least a serious violation and carry a penalty.

MNOSHA also has an Emphasis program in Health Care settings and schedules inspections following that Emphasis program.