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(HB 176)

AN ACT relating to health care workplace safety.

WHEREAS, health care workers provide services in a wide range of settings including medical-surgical hospitals, psychiatric and rehabilitation hospitals, surgery centers, outpatient clinics, immediate care, skilled nursing, at-home nursing, hospice care, community triage, and modified medical detoxification facilities; and

WHEREAS, health care workers are up to 12 times more likely to experience workplace violence than any other profession; and

WHEREAS, health care workers deserve to work in a safe and nonviolent setting; and

WHEREAS, with passage of this Act, the Commonwealth of Kentucky in joins 10 other states in requiring hospitals and all other health facilities to create and implement workplace violence prevention programs that establish information collection and reporting mechanisms for incidents of workplace violence, including threats of violence, actual violence, and any other unsafe act committed against health care workers, occurring in the workplace;

NOW, THEREFORE,

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

→ SECTION 1. A NEW SECTION OF KRS CHAPTER 216 IS CREATED TO READ AS FOLLOWS:

As used in this chapter:

- (1) "Health facility" has the same meaning as in KRS 216B.015;
- (2) "Health care worker" means any person, whether licensed or unlicensed, temporarily or permanently employed by, volunteering in, or under contract with a health facility, who has direct contact with a patient of the health facility for purposes of either medical care or emergency response situations potentially involving violence;
- (3) "Workplace" means any property that is owned or leased by the health facility at which the official business of the health care worker is conducted;
- (4) "Workplace safety" means the process of protecting health care workers' physical well-being from workplace violence; and
- (5) "Workplace violence" means any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the workplace.

→ SECTION 2. A NEW SECTION OF KRS CHAPTER 216 IS CREATED TO READ AS FOLLOWS:

- (1) By January 1, 2024, the Cabinet for Health and Family Services shall develop and disperse the following information to health facilities:
 - (a) Guidelines for developing a workplace safety assessment;
 - (b) Examples of a workplace safety plan; and
 - (c) Examples of workplace safety standards specific to preventing workplace violence against health care workers.
- (2) Beginning January 1, 2025, the cabinet shall annually audit health facilities for compliance with the provisions of Sections 1 to 5 of this Act.
- (3) Notwithstanding any other provision of law to the contrary, the cabinet shall accept that a health facility is in compliance with Sections 1 to 5 of this Act if the health facility:
 - (a) Is accredited by the Joint Commission or another nationally recognized accrediting organization with comparable standards and survey processes, that is approved by the United States Centers for Medicare and Medicaid Services;

- (b) Is recognized by the United States Office of the Inspector General as a health facility certified to participate in the Medicare and Medicaid programs by the United States Centers for Medicare and Medicaid Services;
- (c) Is licensed as an assisted living community pursuant to KRS Chapter 194A; or
- (d) Is any provider that accepts payment for services from an individual receiving state supplementation pursuant to KRS 205.245.
- (4) The cabinet shall promulgate the necessary administrative regulations to effectuate the provisions of Sections 1 to 5 of this Act.

→ SECTION 3. A NEW SECTION OF KRS CHAPTER 216 IS CREATED TO READ AS FOLLOWS:

- (1) (a) Health facilities shall develop and execute a workplace safety assessment to identify the risk of workplace violence against health care workers.
 - (b) Health facilities shall create a workplace safety plan to address the risks identified in the workplace safety assessment. Each health facility shall develop the workplace safety plan in a way that affords appropriate representation from all the different types of health care workers operating on the premises.
- (2) The workplace safety assessment described in subsection (1)(a) of this section shall outline strategies aimed at addressing security considerations and factors that may contribute to or present the risk of workplace violence, including but not limited to the following:
 - (a) The physical attributes of the health facility setting, including security systems, alarms, emergency response, and security personnel available;
 - (b) Staffing, including staffing patterns, patient classifications, and procedures to mitigate violence against health care workers;
 - (c) Job design, equipment, and facilities;
 - (d) First aid and emergency procedures;
 - (e) The reporting of violent acts;
 - (f) Health care worker education and training requirements and implementation strategy;
 - (g) Security risks associated with specific units, areas of the health facility with uncontrolled access, late night or early morning shifts, and health care worker security in areas surrounding the health facility such as the parking areas; and
 - (h) Intervention procedures for providing assistance to a health care worker directly affected by an incident of workplace violence.
- (3) Health facilities shall annually:
 - (a) Conduct a workplace safety assessment;
 - (b) Review the workplace violence incidents from the previous year for patterns that indicate risk; and
 - (c) Review the workplace safety plan and make any necessary adjustments.
- (4) In developing the workplace safety assessment and safety plan required by subsections (1) to (3) of this section, the health facility shall consider any guidelines on workplace safety standards issued by the cabinet pursuant to Section 2 of this Act.

→ SECTION 4. A NEW SECTION OF KRS CHAPTER 216 IS CREATED TO READ AS FOLLOWS:

- (1) By January 1, 2024, and at least annually thereafter, each health facility shall provide violence prevention training to all health care workers, volunteers, and contracted security personnel.
- (2) The training shall occur within ninety (90) days of the health care worker's initial date of hire unless he or she is considered a temporary employee, in which case the training shall occur before the health care worker begins performing his or her duties as an employee.
- (3) The method and frequency of training may vary according to the information and strategies identified in the workplace safety plan developed pursuant to Section 3 of this Act.

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- (4) Trainings may include but are not limited to classes that provide:
 - (a) Interactive questions and answers;
 - (b) Hands-on training;
 - (c) Video training;
 - (d) Brochures;
 - (e) Verbal training; or
 - (f) Other verbal or written training deemed appropriate by the workplace safety plan.
- (5) Trainings shall address the following topics as appropriate to the particular setting, duties, and responsibilities of the health care worker, volunteer, or contracted security personnel being trained and shall be based upon the hazards identified in the workplace safety assessment:
 - (a) The health facility's workplace safety plan, including general safety procedures;
 - (b) Behavioral predictors of violence;
 - (c) The violence escalation cycle;
 - (d) De-escalation techniques to minimize violent behavior;
 - (e) Strategies to prevent physical harm with hands-on practice or role-play;
 - (f) Response team processes;
 - (g) Proper application of restraints, including both physical and chemical restraints;
 - (h) The process to document and report incidents;
 - (i) The debrief process for affected employees following violent acts; and
 - (j) Resources available to employees for coping with the effects of violence.
- (6) Health facilities shall develop and execute a basic protective skills competency test for health care workers, volunteers, and contracted security personnel based on the material provided in the training.
- (7) Health facilities shall develop hiring practices that require applicants to demonstrate competency using protective safety skills.

→ SECTION 5. A NEW SECTION OF KRS CHAPTER 216 IS CREATED TO READ AS FOLLOWS:

- (1) Health facilities shall develop an internal reporting system for acts of workplace violence committed against a health care worker, patient, or visitor on the health facility's premises, and shall train health care workers on the proper reporting procedure.
- (2) Health facilities shall maintain a record of reported acts of workplace violence committed against a health care worker, patient, or visitor on the health facility's premises. Each record shall be kept for five (5) years following the date the act was reported, during which time the record shall be available for inspection by the cabinet upon request. The report shall include:
 - (a) The health facility's name and address;
 - (b) The date, time, and specific location on the health facility's premises where the reported workplace violence occurred;
 - (c) The name, job title, department or ward assignment, and staff identification or Social Security number of the victim;
 - (d) A description of the person against whom the act was committed as:
 - 1. A patient;
 - 2. A visitor;
 - 3. A health care worker; or
 - 4. Other;

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- (e) A description of the person who allegedly committed the violent act as:
 - 1. A patient;
 - 2. A visitor;
 - 3. An employee; or
 - 4. Other;
- (f) A description of the type of workplace violence committed as:
 - 1. Harassment, verbal abuse, or other threatening and violent behavior with no physical contact or violence;
 - 2. Physical violence resulting in mild soreness, surface abrasions, scratches, or small bruises;
 - 3. Physical violence resulting in major soreness, cuts, or large bruises;
 - 4. Physical violence resulting in severe lacerations, a bone fracture, or a head injury; or
 - 5. Physical violence resulting in loss of limb or death;
- (g) An identification of any body part injured;
- (h) A description of any weapon used;
- (i) The number of health care workers in the vicinity of the act when it occurred; and
- (j) A description of actions taken by employees of the health facility in response to the act.
- (3) Health facilities shall develop a procedure to follow up with victims of the reported acts of workplace violence.
- (4) Health facilities shall provide victims of workplace violence with support which may include access to physical and mental health resources.

→ SECTION 6. A NEW SECTION OF KRS CHAPTER 344 IS CREATED TO READ AS FOLLOWS:

It is an unlawful practice for a health facility to discriminate or retaliate against a health care worker who reports a workplace safety violation or an incident of workplace violence.

Signed by Governor March 24, 2023.