

Model Workplace Violence Prevention Policy

Questions or Assistance?

If you have further questions regarding workplace violence prevention policies, please feel free to contact one of the following members of our Health Law Practice Group.

Joan W. Feldman
(860) 251-5104
jfeldman@goodwin.com

David M. Mack
(860) 251-5058
dmack@goodwin.com

Vincenzo Carannante
(860) 251-5096
vcarannante@goodwin.com

Lina Estrada McKinney
(860) 251-5660
lmckinney@goodwin.com

William J. Roberts
(860) 251-5051
wroberts@goodwin.com

Maurice A. Headley
(860) 251-5048
mheadley@goodwin.com

A. Purpose. The purpose of this policy is to address issues related to the health and safety of _____ (the "Facility's") Health Care Employees.
(insert the name of the healthcare facility)

B. Scope. All Health Care Employees.

C. Definitions. "**Health Care Employee**" shall mean any Facility employee or volunteer who is: (1) involved in direct patient care; or (2) has direct contact with a patient or the patient's family when (a) collecting or processing information needed for patient forms or documentation or (b) escorting or directing a patient or the patient's family on the Facility's premises.

D. Policy.

- 1. Workplace Violence Prevention Committee.** The Facility shall organize a committee known as the "Workplace Violence Prevention Committee" to address the health and safety of Health Care Employees. The Workplace Violence Prevention Committee shall be comprised of representatives from administration, physicians, nursing, security personnel, and any other staff members responsible for direct care of patients or considered appropriate by the Facility. No more than 50% of the Workplace Violence Prevention Committee shall be comprised of representatives from administration. The Workplace Violence Prevention Committee shall select a chairperson from among its members. The Workplace Violence Prevention Committee shall meet at least quarterly and make available meeting minutes and other records from its proceedings to all employees.
- 2. Risk Assessment.** The Facility shall conduct an annual risk assessment of the factors that place Health Care Employees at risk for workplace violence. Based upon the annual risk assessment, the Facility will develop, by January 1st of each year, a yearly written workplace violence prevention and response plan. If the Facility has existing policies and procedures that address these same issues, those policies and procedures may substitute for the written plan, provided they are reviewed on an annual basis.



One Constitution Plaza
Hartford, CT 06103-1919
860-251-5000

300 Atlantic Street
Stamford, CT 06901-3522
203-324-8100

1133 Connecticut Avenue NW
Washington, DC 20036-4305
202-469-7750

289 Greenwich Avenue
Greenwich, CT 06830-6595
203-869-5600

12 Porter Street
Lakeville, CT 06039-1809
860-435-2539

www.shipmangoodwin.com

3. Patient Assignments. To the extent practicable, the Facility must adjust patient care assignments so that no Health Care Employee is required to care for a patient who the Facility knows physically abused or threatened the Health Care Employee intentionally. Patient behavior that is a direct consequence of the patient's condition or disability shall not be considered intentional physical abuse or threatening. If reassignment is not practicable, the Health Care Employee may request that a second employee be present when caring for such patient.

4. Documentation. The Facility shall maintain documentation of incidents of workplace violence, including the specific department or area in which the incident occurred.

5. Reports to the Department of Public Health ("DPH") and Law Enforcement.

- a. Upon DPH's request, the Facility shall report the number of workplace violence incidents occurring on the Facility's premises and the specific area or department where such incidents occurred. All reports shall be made in accordance with the Health Insurance Portability and Accountability Act ("HIPAA").
- b. Within 24 hours of its occurrence, the Facility must report to local law enforcement any act that may constitute an assault or related criminal offense. Such report shall include the names and addresses of those involved, unless the incident was committed by a patient with a physical or intellectual disability as defined under Connecticut General Statutes Section 46a-51. All reports shall be made in accordance with HIPAA.

This communication is being circulated to Shipman & Goodwin LLP clients and friends. The contents are intended for informational purposes only and are not intended and should not be construed as legal advice. This may be deemed advertising under certain state laws. © 2011 Shipman & Goodwin LLP.