

Discussion Draft January 22, 2025

An act supporting the investment in hospital staff wellbeing and workplace violence prevention programs.

(S. __)

It is hereby enacted by the General Assembly of the State of Vermont

Sec. 1. Hospital licensing 18 V.S.A. § 1912 is created to read:

§ 1912 WORKPLACE VIOLENCE PREVENTION PROGRAMS

(a) Each hospital shall establish a security plan for preventing workplace violence and managing aggressive behaviors. In developing the plan, the hospital shall involve a team consisting of members selected by hospital, which shall include health care employees who provide direct patient care for the hospital, and shall involve representation from the local agency designated pursuant to 18 V.S.A. § 8907, and relevant law enforcement agency or agencies. The plan shall include annual goals, defining a culture of safety, and a commitment to health care worker wellbeing.

(1) The plan shall be based on the results of a security risk assessment. The assessment shall address all high-risk areas of the hospital, including its emergency department; and all patient care areas. The assessment shall be conducted in consultation with the medical and nursing directors of each department or other high-risk area that is assessed. The assessment shall consider overall patient volume, past incidents of violence against staff and levels of injury resulting from those incidents, rates of crime in the community, and the availability of law enforcement to respond to violent incidents to provide assistance. The plan and annual updates to the plan shall be reported annually to all employees, volunteers, the board of directors, relevant law enforcement agencies, and other the partners.

(2) The plan shall include an option for health care employees who provide direct patient care to request a first name only or first name and last initial only identification badge.

(3) The plan shall require at least one hospital employee trained in de-escalation practices to be present at all times in the hospital's emergency department and all other patient care areas. The plan shall also include one or more employees who are trained in trauma informed care, and victim support to serve as an identified liaison to law enforcement, support the victims through the legal process, and ensure the response incidents of violence in the clinical

setting prioritize the safety and retention of healthcare workers. Additionally, based on the risk assessment, the plan shall address whether trained security personnel, or off-duty law enforcement officers should be present in the hospital's emergency department and if any, or any other high-risk areas that were identified during the hospital's risk assessment.

(4) The plan shall outline training requirements for appropriate staff as determined by each facility regarding all of the following:

- (a) Culture of safety as defined by the organization
- (b) The response to the presence or use of weapons;
- (c) Defensive tactics;
- (d) De-escalation techniques;
- (e) Appropriate physical restraint and seclusion techniques;
- (f) Crisis intervention;
- (g) Trauma-informed care and approaches;
- (h) Clinician well-being practices;
- (i) Presence and intervention of law enforcement;
- (j) Safely addressing situations involving patients, family members, or other individuals who pose a risk of self-harm or harm to others.

(5) The plan shall include guidelines outlining when law enforcement officers should remain with a patient who has demonstrated violence or harm to others as provided for pursuant to 18 V.S.A. § 1883(b). The guidelines shall be developed jointly by health care provider representative and law enforcement authorities.

(6) Each hospital that establishes a security plan pursuant to this section shall review and evaluate the plan on an annual basis. If it is determined from the review and evaluation that revisions to the plan are required, the hospital shall revise the plan accordingly.

(b) Each hospital shall establish a workplace violence incident reporting system, which shall be documented, tracked, analyzed, and evaluated. The results of the analysis shall be used to make improvements in preventing workplace violence and managing aggressive behaviors, including improvements achieved through continuing education in targeted areas such as de-escalation training, risk identification, and prevention planning.

(1) The reporting system shall be clearly communicated to employees, including to all new employees during orientation, and shall include guidelines for when and how to report incidents to the employer, security agencies, law enforcement authorities, local emergency service organizations, or government agencies.

(2) Each hospital shall adopt a policy that prohibits any person from discriminating or retaliating against any health care employee for reporting to, or seeking assistance or intervention from, the employer, security agencies, law enforcement authorities, local emergency service organizations, or government agencies, or for participating in an incident investigation and enforces the foundations Just Culture.

(3) All hospital systems and hospitals shall use their reporting systems to track the following: the number of incidents reported through their respective reporting systems; the number of incidents reported to law enforcement authorities, and the number of individuals involved in the incidents who are criminally charged as a result. The data shall be used in conducting the annual review and evaluation of the plan under that section.

(4) All hospitals shall post the notice described in subsection (b) of this section.

(a) The notice may be posted in print or a digital sign format. Each hospital that posts the notice shall consider posting it the notice in a conspicuous location in all of the following areas:

(1) Major waiting room areas, including the waiting room areas of the emergency department, the labor and delivery department, the surgical department or unit, and the intensive care unit; The main entrance to the hospital;

(2) Any other area that the hospital determines to be appropriate.

(b) A notice posted pursuant to division (A) of this section shall include, at a minimum, all of the following statements and information, either as stated in this division or by using similar wording:

"We have a right to work in a safe environment and we do not tolerate any form of threatening or aggressive behavior toward our staff. Assaults against health care workers are serious violations of the law and could result in consequences, including a felony conviction. All staff have the right to carry out their work without fearing for their safety."

Sec. 2. EXCLUSION FROM BUDGET APPROVAL

All expenditures made in support of a workplace violence prevention program pursuant to 18 V.S.A. § 1912, including, but not limited to capital investments, program operation, and staff are excluded from the Board's approval authority provided for at 18 V.S.A. §9456 (d)(1).

Sec. 3. EXCLUSION FROM CON LAW

18 V.S.A § 9435 is amended as follows:

(i) Excluded from this subchapter are all expenditures made in furtherance of a plan established pursuant to 18 V.S.A. § 1912.

Sec. 4. FUNDING SOURCES

The Agency of Health and Human Services shall collaborate with hospitals to identify incentives, funding sources, and other means to support the development and operation of workplace violence prevention programs.