

**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 23, 2011**

**SB 970, An Act Concerning Workplace Violence Prevention  
And Response In Health Care Settings**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **SB 970, An Act Concerning Workplace Violence Prevention And Response In Health Care Settings**. CHA supports the goals of SB 970, but we have significant concerns about the bill as written.

Mark Chassin, MD, MPP, MPH, president of The Joint Commission, the independent Commission that accredits hospitals in Connecticut and across the country, recently said “Healthcare facilities should be places of healing, not harm. But unfortunately, healthcare settings are not immune from the types of violence that are found in the other areas of our lives.”

Incidents of violence are a growing national problem. Every week, sadly sometimes several times a week, we are confronted with tragic news of yet more senseless acts of violence in our schools, communities, and workplaces. **The goal of SB 970 is to reduce and prevent violence in the healthcare workplace, a goal that CHA and its member hospitals strongly support.** Protecting healthcare workers is one of the most important priorities for healthcare employers.

Hospitals want to ensure that healthcare worker safety remains a top priority.

The risk for isolated violent episodes is high in almost every healthcare setting, from the emergency room through long-term care. There is no way to control who becomes a patient. Our healthcare system is designed to help everyone in need of care and treatment. Often patients are in a state of physical or mental crisis that makes them more dangerous than they would be when stabilized and in their normal routine. Hospital workers are particularly vulnerable to the risks of workplace violence because they are often attending to patients with unknown diagnoses and problems, who are just entering the care continuum and who have yet to be evaluated.

CHA fully supports requiring the bedrock principles outlined in SB 970, which are:

- establishing workplace violence committees, with substantial employee representation;
- conducting a risk assessment by the employer, with committee input;
- creating, and annually updating, a written workplace violence prevention and response plan; and
- relying on existing sources of expert opinion and advice, such as OSHA and the Joint Commission.

SB 970 attempts to address the risk of workplace violence with a detailed series of mandates that would control how every healthcare facility approaches workplace violence prevention. CHA believes that the bill could be amended to achieve our shared goals and protect the safety of both patients and healthcare workers in a much less prescriptive manner that can be tailored to the unique characteristics of each facility.

CHA does object to subsection (f) of the bill, which would violate patient rights. Hospitals are not permitted to abandon patients because they present in an aggressive or abusive manner – a problem that often is the result of a physical or mental condition that the patient cannot control.

To accomplish these goals and move forward together on this important initiative, we respectfully request that the bill be revised to reflect these core obligations. We have attached a revised version of the bill to our testimony with our recommended changes.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.

JDI:pae

*Suggested Modifications to*

***SB 970, AN ACT CONCERNING WORKPLACE VIOLENCE PREVENTION AND  
RESPONSE IN HEALTH CARE SETTINGS***

Subsections (b) to (g), inclusive of Section 1 should be deleted and the following substituted in lieu thereof:

(b) Each health care employer shall, on or before October 1, 2011, establish and convene an ongoing workplace safety committee to address issues related to worker health and safety. A health care employer's workplace safety committee shall be composed of representatives from the administration, physician, nursing and other direct patient care staff, security personnel and any other staff deemed appropriate by the employer. Not less than fifty per cent of the committee membership shall be composed of non-management employees. A hospital may utilize an existing committee or committees to assist in the preparation of the workplace violence prevention and response plan, provided not less than fifty per cent of the members of such existing committee or committees are non-management employees. The committee shall meet not less than quarterly and shall make available meeting minutes and other records from its proceedings to all employees.

(c) On and after October 1, 2011, and annually thereafter, each health care employer shall undertake a risk assessment of the factors that may put any health care employee at risk for being a victim of workplace violence. Based on the findings of the risk assessment, on or before January 1, 2012, and on or before each January first thereafter, each health care employer, in collaboration with the workplace safety committee, shall develop and implement a written workplace violence prevention and response plan. In developing the plan, the health care employer may consider any guidance on workplace violence issued by any federal or state agency, including the federal Occupational Safety and Health Administration, the federal Centers for Medicare and Medicaid Services, the Centers for Disease Control, the Department of Public Health, the Labor Department, and hospital accrediting organizations.

(d) A health care employer may satisfy the requirements for a written workplace violence prevention and response plan as required in subsection (c) by utilizing existing policies, plans, or procedures if, after the risk assessment and consultation with the workplace safety committee, such existing policies, plans, or procedures are determined to be sufficient.

(e) The Labor Commissioner may adopt regulations in accordance with the provisions of chapter 54 of the general statutes necessary to carry out the purposes of this section.

Section 2 is deleted and the following is substituted in lieu thereof:

(NEW) A health care employer shall notify police within 24 hours of any crime on its premises involving the assault of a health care employee and shall provide the police with the identity and address of the person or persons involved.