

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1071

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DATE	D-PG	OFFICIAL STATUS
02/23/2015	398	Introduction and first reading Referred to Health, Human Services and Housing
03/19/2015	1004a	Comm report: To pass as amended and re-refer to Finance
05/04/2015	3226	Author added Kent See SF1458, Art. 8, Sec. 25

1.1 A bill for an act
 1.2 relating to health; establishing duties for licensed hospitals related to violence
 1.3 against health care workers; proposing coding for new law in Minnesota Statutes,
 1.4 chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **[144.566] VIOLENCE AGAINST HEALTH CARE WORKERS.**

1.7 Subdivision 1. **Definitions.** (a) The following definitions apply to this section and
 1.8 have the meanings given.

1.9 (b) "Act of violence" means an act by a patient or visitor against a health care
 1.10 worker that includes kicking, scratching, urinating, sexually harassing, or any act defined
 1.11 in sections 609.221 to 609.2241.

1.12 (c) "Commissioner" means the commissioner of health.

1.13 (d) "Health care worker" means any person, whether licensed or unlicensed,
 1.14 employed by, volunteering in, or under contract with a hospital, who has direct contact
 1.15 with a patient of the hospital for purposes of either medical care or emergency response to
 1.16 situations potentially involving violence.

1.17 (e) "Hospital" means any facility licensed as a hospital under section 144.55.

1.18 (f) "Incident response" means the actions taken by hospital administration and health
 1.19 care workers during and following an act of violence.

1.20 (g) "Interfere" means to prevent, impede, discourage, or delay a health care worker's
 1.21 ability to report acts of violence, including by retaliating or threatening to retaliate against
 1.22 a health care worker.

1.23 (h) "Preparedness" means the actions taken by hospital administration and health
 1.24 care workers to prevent a single act of violence or acts of violence generally.

2.1 (i) "Retaliate" means to discharge, discipline, threaten, otherwise discriminate
2.2 against, or penalize a health care worker regarding the health care worker's compensation,
2.3 terms, conditions, location, or privileges of employment.

2.4 Subd. 2. **Hospital duties.** (a) All hospitals must design and implement preparedness
2.5 and incident response action plans to acts of violence by January 15, 2016, and submit an
2.6 annual report to the commissioner by the same date and annually thereafter.

2.7 (b) A hospital shall establish a committee of representatives of health care workers
2.8 employed by the hospital and nonclinical staff to develop preparedness and incident
2.9 response action plans to acts of violence. The hospital shall review any recommendations
2.10 made by the commissioner and local law enforcement while developing the plans. The
2.11 hospital shall, in consultation with the established committee, implement the plans under
2.12 paragraph (a).

2.13 (c) As part of the preparedness and incident response action plans to acts of violence
2.14 developed under paragraphs (a) and (b), the hospital shall establish a methodology for
2.15 providing assistance, such as security or mental health professional support, when a
2.16 patient or visitor appears to be at risk of becoming violent.

2.17 (d) A hospital shall provide training to all health care workers employed or
2.18 contracted with the hospital on safety during acts of violence. Each health care worker
2.19 must receive safety training annually and upon hire. Training must, at a minimum, include:

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

2.23 (e) In its annual report to the commissioner required under paragraph (a), the
2.24 hospital must submit on a form to be determined by the commissioner:

- 2.25 (1) a summary of its preparedness and incident response action plans;
2.26 (2) a completed gap analysis;
2.27 (3) the number of acts of violence that occurred in the hospital during the previous
2.28 year, including any injuries sustained, if any, and the unit in which the incident occurred;
2.29 and

2.30 (4) a letter from the hospital chief executive certifying that the hospital has
2.31 implemented its preparedness and incident response action plans.

2.32 (f) A hospital, including any individual, partner, association, or any person or group
2.33 of persons acting directly or indirectly in the interest of the hospital, shall not interfere
2.34 with or discourage a health care worker if the health care worker wishes to contact law
2.35 enforcement or the commissioner regarding an act of violence.

- 3.1 (g) The commissioner may impose an administrative fine of up to \$250 for failure to
3.2 submit the report under paragraph (a) by the required date.