**Sample Safety Committee or Workplace Violence Committee Charter Revised October 18, 2019**

**Introduction**

Addressing workplace violence is a priority for the Washington State Hospital Association (WSHA), our member hospitals and regional partners. This document was created in [insert] of 2019 to support hospitals in addressing workplace violence and being successful under the state’s new workplace violence prevention law, House Bill (HB) 1931.

We recommend all hospitals have a Safety Committee or Workplace Violence Committee Charter to describe the roles, responsibilities, and processes by which Committees function and workplace violence prevention plans are developed and used. The following charter is based on HB 1931 that was passed in the 2019 legislative session. Requirements based on the new law are highlighted in yellow.

You can find the final bill, which shows the changes/additions from previous law, [here](http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1931-S.SL.pdf).

The bill modifies part of the existing Regulatory Code of Washington (RCW) 49.19. which can be found, [here](https://app.leg.wa.gov/rcw/default.aspx?cite=49.19).

We highly encourage hospitals to use the Oregon Association of Hospitals and Health Systems (OAHHS) [‘Workplace Violence Prevention Toolkit’](https://www.oahhs.org/safety) when developing or revamping a workplace violence prevention program. The toolkit has a number of resources that can assist hospitals in conducing a gap analysis, prioritizing interventions, implementing and sustaining a plan to address workplace violence. When applicable, we have placed relevant resources from the OAHHS toolkit that can aid the Committee in advancing its work.

**Sample Safety Committee or Workplace Violence Committee Charter**

Revised August 6, 2019

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| **Committee Name** | (insert name of facility) Safety Committee or Workplace Violence Committee (Committee) | OAHHS Toolkit Resources |
| **Committee Membership and Leadership** | Co-Chair (Staff Representative – employee-elected): (insert name and title)  Co-Chair (Management Representative – employer-selected): (insert name and title)  Committee Membership:   1. (insert name and professional area/unit)   The Committee will consist of employee-elected and employer-selected members: [insert number]. The number of employee-elected members will be equal to or exceed the number of employer-selected members.  \*See Exhibit A for additional information on facilitating employee elections for employee-elected membership on the Committee.  \*\* Employee-elected and employer-selected requirements were part of existing law for safety committees under RCW 49.19. HB 1931 extends the requirements to the workplace violence committee if they are different or if there was a subcommittee on workplace violence.  The Committee will be co-chaired by one employee-elected and employer-selected members. Co-chairs will be selected every [insert number] years by the Committee.  Other staff not on the committee may be invited to meetings when their attendance is required.. |  |
| **Overall Purpose/ Strategic Objective** | The purpose of this Committee is to: develop, implement and monitor a plan to prevent and protect employees and patients from violence. The plan must be developed every three years and should be assessed at least annually by the Committee. The plan will be updated based on finding from the annual assessment.  The Committee has access to organizational data pertinent to the analysis of workplace violence or security issues which may include but is not limited to:   * Documented workplace violent (WPV) events * Worker claims data resulting from WPV * Security reports * EDIE Event and Security Reports * Staff engagement/experience data as relevant | See [Section 2. ‘Getting Started’](https://oahhs.org/assets/documents/documents/safety/WPV/Section%202%20Getting%20Started.pdf) of the OAHHS toolkit:  - Tips for effective committees  - Sample project charter |
| **Guiding Principles** | * A culture of Safety * Transparency and clear communication * Evidence Based Practice * Establishing and maintaining a Healthy Work Environment * Patient/Family Centered Care * Assurance of Quality * Interdepartmental Collaboration * Accessibility * Culture of Inquiry and Innovation |  |
| **Reports To** | The Committee reports to [insert] (e.g., hospital quality committee). |  |
| **Tasks/**  **Functions** | **The Committee will:**  **Develop a plan –**   * Outline strategies aimed at addressing security considerations and factors that may contribute to or prevent the risk of violence, including but not limited to the following:   + Physical attributes of the hospital including security systems, alarms, emergency response and security personnel available;   + Staffing, staffing patterns, patient classifications and strategies to mitigate employees time working alone in areas of high-risk for WPV;   + Job design, equipment and facilities;   + First aid and emergency procedures;   + Reporting of violent acts and strategies to increase reporting;   + Employee education and training requirements and implementation strategy;   + Security risks associated with specific units, areas with uncontrolled access, late night or early morning shifts and employee security in areas surrounding the facility (e.g., parking areas); and   + Processes and expected interventions to provide assistance to employees directly affected by a violent act.; * Review WVP incidents, their cause and consequences, and identify emerging issues that may contribute to WVP annually. * Adjust the plan based on annual review findings. * Consider any guidelines on WVP issues by the Washington State Department of Health, Department of Social and Health Services and Department of Labor and Industry, the federal Occupational Safety and Health Administration and Medicare and health care setting accrediting organizations.   **Support violence prevention training as required by RCW 49.19.020 –**   * Provide violence prevention training to applicable employees, volunteers and contracted security as determined by the plan. * The method and frequency of trainings may vary as identified by the plan. Trainings may include, but are not limited to:   + Classes that provide an opportunity for interactive questions and answers;   + Hands on training;   + Video training;   + Brochures;   + Verbal training; or   + Other verbal/written training as determined by the plan. * Trainings must address the following topics as appropriate to the hospital and to specific employees being trained. Trainings must be based on hazards identified in the plan. \*Every employee does not need to receive the same type or level of training. Trainings will be tailored to address hazards identified and to the specific employee type.   + The hospital’s WPV prevention plan;   + General safety procedures;   + Violence predicting behaviors and factors;   + Violence escalation cycle;   + De-escalation techniques to minimize violent behavior;   + Strategies to prevent physical harm with hand-on practice or role play;   + Response team processes;   + Proper application and use of restraints, both physical and chemical;   + Documentation and reporting of incidents; and   + Debrief process for affected employees following WPV acts. | See [Section 3. ‘Hazard Identification and Assessment’](https://oahhs.org/assets/documents/documents/safety/WPV/Section%203%20Hazard%20Indentification%20and%20Assessment.pdf) of the OAHHS toolkit:  - Gap analysis  - Prioritizing level of risk for WPV and solutions  - Sample project plan template  See [Section 4. ‘Developing the WPV Program’](https://www.oahhs.org/assets/documents/documents/safety/WPV/Section%204%20Developing%20the%20WPV%20Program%20Plan.pdf) of the OAHHS toolkit:  - Program policy  See [Section 6. ‘Education and Training’](https://oahhs.org/assets/documents/documents/safety/WPV/Section%206%20Education%20and%20Training.pdf) of the OAHHS toolkit:  See [Section 7. ‘Implementing the WPV Program’](https://oahhs.org/assets/documents/documents/safety/WPV/Section%207%20Implementing%20the%20WPV%20Program.pdf) of the OAHHS toolkit: |
| **Timeline for Outcome Completion** | The Committee will be established in accordance with RCW chapter 49.1970.14.   * By \_\_\_\_\_\_\_\_\_\_\_\_\_[date], the will have approved the charter and finalized the membership for the following year. * By \_\_\_\_\_\_\_\_\_\_\_\_\_ [date], the Committee will have reviewed relevant data, completed a gap analysis, approved, and submitted a plan to the appropriate designee. * By \_\_\_\_\_\_\_\_\_\_\_\_\_ [date], the Committee will have rereviewed the plan, relevant data and executed changes as appropriate.   By January 1, 2020 the hospital will comply with the requirements set out in HB 1931.  By July 1, 2020, and on a regular basis thereafter as established in the plan under RCW 49.19.020 a hospital will provide violence prevention training to applicable employees, volunteers and contracted security as determined by the plan. Training will occur within 90 days of the employee’s initial hire date, unless the employee is a temporary employee.  \*While not HB 1931 does not provide additional clarity around training for temporary employees, consideration should be given to employees to are temporary, but stay for extended periods of time. This consideration may also overlap with trainings based on the area of work and hazards identified. |  |
| **Meeting Management** | **Meeting schedule:**  The Committee will meet on a \_\_\_\_\_\_ [insert] basis. Notices of meeting dates and times will be ideally distributed at least \_\_\_ [insert] days in advance in order to better accommodate availability and scheduling.  **Record-keeping/minutes:**   * Meeting agendas will be distributed to all committee members at least one week in advance of each meeting. * The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. * A master copy of all agendas and meeting minutes from the Committee minutes will be maintained and available upon request.   **Attendance requirements and participation expectations:**   * All members are expected to attend the majority of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. * If a member needs to be excused, requests for an excused absence are communicated to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert co-chairs]. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes. * Replacement will be in accordance with aforementioned selection processes. * It is the expectation of the Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.   **Decision-making process:**   * Consensus will normally be used as the decision-making model. * Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the full committee (not just the majority of the members present at a particular meeting). |  |
| **New Committee Member Requirements** | * Committee members will go through education/orientation. * If possible, staff are encouraged to attend at least one meeting and review charter prior to committing. |  |
| **Exhibit A** | Under HB 1931, half of the committee members on the Safety Committee or Workplace Violence Committee must be employee-elected. The other half may be employer-selected. These requirements had been in statute for hospital Safety Committees, and now also apply to Workplace Violence Committees. This means that hospitals need to develop and/or re-examine and implement a structure to allow employees to express interest in participating on the Committee and for their peers to have a way to vote to elect them onto the Committee.  There are multiple ways in which employee elections can happen. WSHA recommends using a structure that best aligns with current employee facing communications. This could include, but is not limited to:   * Using hospital intranet or employee/HR portal * Posting material in a common employee area of the hospital   Once the Committee is formed, it is best practice to provide the Committee roster in a place where it is accessible by all employees. |  |