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Testimony
SB 943 – Labor and Employment –
Health Care Facilities – Workplace Safety (Safe Care Act)
Support

SB 943 addresses the high incidents of workplace violence employees face who work in the state hospitals and residential centers operated by the Maryland Department of Health (MDH) by requiring the state MDH facilities to be more specific and prepared in their efforts to address patient-on-staff assaults and other workplace violence incidents. SB 943 also requires the MD Department of Labor (DOL) to establish workplace violence prevention regulations, including minimum procedures for assessing and responding to situations that could create the potential for workplace violence, minimum requirements for engineering controls, work practice controls, and other appropriate measures to prevent and mitigate the risk of workplace violence. Finally, the DOL workplace violence regulation must set standards on the required contents for recording workplace violence incidents.

SB 943 requires the MDH to do much of what they were doing prior to 2014 and was proven to be successful then in reducing patient-on-staff assaults.

Calendar Year	2012	2013	2014	2015	2016	2017	2018	2019*
Total Patient-on-Staff Assaults: All state MDH Facilities	635	493	485	551	587	966	1173	
*Still waiting on data from the MDH								

Over the last 17 years, the MDH has experienced a drastic change in the patient population in the state hospitals and residential facilities. The population today is court-ordered and coming directly from a detention center to receive evaluation and/or treatment by the MDH. With this shift in population, assaults on staff increased dramatically from 2003-2012, with many hospitals averaging an assault a day on staff at the beginning of last decade. We made tremendous strides in reducing these assaults levels under Health Secretary Dr. Joshua Sharfstein, who served the department from 2011-2014. AFSCME negotiated a workplace safety plan under his administration that focused on reducing staff assaults by collecting data on the incidents that lead to bigger assaults, with the aim of preventing them before they became injuries.

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This workplace safety plan also required collaboration across the facilities to share best practices for reducing assaults and had front-line staff meeting with managers in the facility on a monthly basis to identify hazards based on data and come up with corrective action plans. In just a year's time under the policy, there were hospitals that saw a 50% reduction in patient-on-staff assaults, and others who saw almost a 20% reduction in the assaults that lead to injury. In 2015, when the Hogan administration came in, they no longer required the facilities to report up their action plans and assault numbers on a regular basis and resorted to tracking only workers compensation numbers. This inadequate reporting and lack of accountability over the facilities has caused assaults jump up again, and the facilities each have difference procedures for the keeping the hospital safe from violence.

SB 943 amends a 2014 law which passed with unanimous support in the General Assembly.

The 2014 Safe Care Act codified into law the requirement to set up safety committees made up of front-line workers and management. It requires the facilities to have written policy to describe how the facility provides for workplace safety and do an annual assessment on the injuries occurring in the facilities. Unfortunately, without specifics on the content of the plan, or any real accountability, we have seen that when an administration de-prioritizes workplace violence prevention workers continue to suffer. In 2017, a staff member in a residential center was sexually assaulted by a patient, this was just a few months after a patient riot broke out at that same facility and staff were barricaded in the nursing station for five hours before the state police was able to come in a quell the riot. On August 22, 2019, a Direct Care Aid was beaten within an inch of his life and spent 5 days in shock trauma.

SB 943 is common-sense legislation to keep health care workers safe.

SB 943 requires that training be standardized across the facilities, that every facility is tracking the same thing in terms of working to prevent assaults, and that there are procedures in place for responding to incidents of workplace violence. While one would think many of these things would be in place already, they unfortunately are not in many facilities and there are no standards to hold them accountable by.

Assaults shouldn't be part of the job.

We urge the committee to provide a favorable report SB 943.

Fact Sheet HB 1568/SB 943 (Safe Care Act)

The 2014 Safe Care Act ([HB 710/SB 483](#)) which passed Maryland General Assembly unanimously, requires Maryland Health Care facilities to:

- Establish health and safety committees, comprised of workers and management in the facility to administer a safety program;
- Produce a written policy to describe how the facility provides for worker safety;
- And do an annual assessment on the hazards that could lead to injury, develop recommendations to reduce injuries, a process for reporting to and responding to injuries, and regular workplace safety training.

The 2020 Safe Care Act ([SB 943/HB 1568](#)) requires that a workplace safety plan is in effect and viewable by employees of that facility at all times, and that:

- The plan is specific to responding to workplace violence, including engineering controls, and not just injury prevention
- It includes procedures for interacting with security and police
- Develop procedures for active shooters or other mass casualty events
- Employees get training on the plan:
 - Upon hire
 - At least annually after that
 - When they get new job duties or are assigned in a different area of the hospital
 - When a previously unrecognized hazard is identified

New training requirements

- Plan must develop training that addresses the risks of workplace violence that a worker can reasonably anticipate on the job and shall include instruction on:
 - Recognizing situations that might result in workplace violence
 - The manner in which to prevent or respond to workplace violence, and how to seek assistance
 - How to report incidents of violence to facility and public safety
 - The resources available with coping with workplace violence incidents, including the debriefing process, and available programs to help the worker recover.
 - Verbal intervention de-escalation techniques that allow the worker to practice the techniques with other workers and debriefing sessions
- All facilities through their workplace safety committees must collaborate to develop, revise and review the trainings provided under this workplace safety plan, including materials used and on the curricula.

New procedures for responding to and investigating codes

- Maintain and use of alarms or communication systems to allow workers to seek immediate assistance during an incident of workplace violence
- Provide timely medical care or first aid to workers who are injured in an incident
- Identify roles when responding to workplace violence incidents

- Requires debriefs and counseling for workers involved in incidents
- Reviews of patient specific risk factor
- Solicit feedback from workers
- Provide reports 14 days following an incident for health and safety committee members
- Reports to DOL Commissioner of any incident that
 - Involves use of physical force against a health care worker
 - Involves use of firearm or another dangerous weapon
 - Present realistic possibility of death or serious physical harm to worker
- Requires that no worker can be penalized for reporting incidents for investigation

New procedures for maintaining data on assaults and other types of workplace violence

- Records on incidents, identified and corrected hazards
- Record of each training session provided
- Record of each incident reported to DOL Commissioner
- And additional information reported by the DOL Commissioner

New MD Department of Labor Requirements

- Workplace Violence Prevention regulations must to be promulgated by the DOL Commissioner
- Establish minimum procedures for assessing and responding to situations that create the potential for workplace violence
- Establish minimum requirements for the engineering controls, work practice controls, and other appropriate measures to prevent and mitigate risk of workplace violence
- Establish the required contents of a record of workplace violence
- Must make the following available on the Department’s website
 - OSHA 300 Log Annual Summary
 - Joint Commission Sentinel Event Data Summary