

State Law on Health Care Worker Safety

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Issue

Summarize existing Connecticut law on protecting health care employees from workplace violence.

Summary

Among other provisions on health care workplace violence, Connecticut law:

1. requires licensed health care institutions with 50 or more employees to create workplace safety committees and, in collaboration with the committee and based upon a risk assessment, develop and implement workplace violence prevention and response plans;
2. requires these employers to report incidents of workplace violence to local law enforcement;
3. establishes enhanced criminal penalties for assault of a health care employee; and
4. generally requires health care providers at certain facilities to wear an employer-issued photo-identification badge, but requires the facilities to develop policies for any necessary exemptions for safety reasons.

Additionally, a law enacted during the 2023 regular session requires the Department of Public Health (DPH) to develop a marketing campaign and make monthly public service announcements about issues related to health care worker safety.

These laws are summarized below.

Requirements for Larger Employers

Connecticut law sets various requirements related to health care workplace violence prevention for certain large health care employers. Specifically, this law defines a “health care employer” as any DPH-licensed institution (e.g., a hospital, nursing home, home health care or home health aide agency, or behavioral health facility) with at least 50 full- or part-time employees. The term includes (1) facilities that care for or treat people with substance abuse issues or mental illness, (2) Department of Developmental Services-licensed residential facilities for people with intellectual disability, and (3) community health centers.

A “health care employee” is someone directly or indirectly employed by, or volunteering for, a health care employer and who (1) is involved in direct patient care or (2) has direct contact with the patient or the patient’s family when (a) collecting or processing information needed for patient forms and record documentation or (b) escorting or directing the patient or patient’s family on the health care employer’s premises ([CGS § 19a-490q\(a\)](#)).

Workplace Safety Committees

The law requires each health care employer to create a workplace safety committee to address health and safety issues pertaining to health care employees. The committee must include representatives from the administration; physician, nursing, and other direct patient care staff; security personnel; and any other staff determined appropriate by the employer. At least 50% of the membership must be nonmanagement employees. The committee must select a chairperson from its membership. It must meet at least quarterly and make meeting minutes and other records of proceedings available to all employees ([CGS § 19a-490q\(b\)](#)).

Risk Assessment & Workplace Violence Prevention Plans

Each health care employer must annually (1) prepare an assessment of the factors that put any health care employee at risk for workplace violence and (2) based on these findings, develop and implement a workplace violence prevention and response plan in collaboration with the workplace safety committee.

A hospital may use an existing committee it has established to assist with the plan if at least 50% of the committee membership are nonmanagement employees. The employer, when developing the plan, can consider any guidance on workplace violence provided by a government agency and any hospital accrediting organization.

A health care employer can meet these requirements for this plan by using existing policies, plans, or procedures if, after performing the risk assessment, the employer, in consultation with the safety committee, determines that they are sufficient ([CGS § 19a-490q\(c\) & \(d\)](#)).

Adjusting Patient Assignments

To the extent practicable, a health care employer must adjust patient care assignments so that an employee requesting an adjustment does not have to treat a patient who the employer knows has intentionally physically abused or threatened the employee. The employer must give due consideration to its obligation to meet the needs of all patients. Patient behavior that is a direct manifestation of a patient's condition or disability, including physical abuse or threatening behavior, is not considered intentional physical abuse or threatening an employee.

An employee who has been physically abused or threatened by a patient may request that a second employee be present when treating the patient in situations where the employer determines that adjusting the patient assignment is not practicable ([CGS § 19a-490q\(e\)](#)).

Records of Workplace Violence Incidents

The law requires health care employers to keep records detailing workplace violence incidents, including the specific area or department where the incident happened. These employers must annually report to DPH on the number and location of these incidents ([CGS § 19a-490r](#)).

Reporting to Local Law Enforcement

A health care employer must report to its local law enforcement agency any act that may constitute an assault or related offense against an employee acting in the performance of his or her duties. The report must be made within 24 hours and include the names and addresses of those involved. An employer does not have to provide a report if the assault or related offense was committed by a person with a disability and the act is a clear and direct manifestation of the disability ([CGS § 19a-490s](#)).

Enhanced Criminal Penalties for Assault of Health Care Personnel

Under specified circumstances, the law makes assault of a health care employee (and certain other professionals, such as public safety personnel) a class C felony (see [Table on Penalties](#)), rather than the lower penalties for certain other types of assault. For health care personnel, this law specifically applies to health care employees (as defined above), emergency medical services (EMS) employees, and emergency room physicians or nurses.

A person commits this crime by assaulting a reasonably identifiable health care employee performing his or her duties, with intent to prevent the person from performing the duties, by taking certain actions against the employee, including (1) causing injury, (2) throwing objects capable of causing harm or offensive or noxious substances, (3) throwing bodily fluid (e.g., feces, blood, or saliva), or (4) using mace, tear gas, or similar deleterious agents. The law generally provides an affirmative defense if the defendant has intellectual disability or a mental or physical disability and the conduct was a clear and direct manifestation of that ([CGS § 53a-167c](#)).

Name Badges

The law requires health care providers who provide direct patient care as an employee of or on behalf of certain health care facilities or institutions (hereinafter, facilities) to wear an employer-issued photo-identification badge during working hours. The badge must be worn in plain view and include the (1) facility's name; (2) provider's name; and (3) provider's license, certificate, or employment title.

This law applies to certain types of health care facilities (such as hospitals, nursing homes, home health care or home health aide agencies, and EMS organizations), regardless of the number of employees. The law requires these facilities, in consultation with DPH, to develop policies and procedures concerning (1) the badge size, content, and format and (2) any necessary exemptions to ensure patient and health care provider safety ([CGS § 19a-905](#)).

DPH Marketing Campaign

[Special Act 23-29](#) requires DPH, by January 1, 2024, to develop a marketing campaign and make monthly public service announcements on its website and social media accounts for at least two years that (1) discourage aggressive or violent behavior towards health care providers in any health care setting and (2) provide information on grant opportunities for building security infrastructure through the Department of Emergency Services and Public Protection's nonprofit organization security infrastructure competitive grant program and any other programs that offer nonprofit hospitals the opportunity to enhance patient and employee safety.

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