
A BILL FOR AN ACT

RELATING TO WORKPLACE VIOLENCE IN HEALTH CARE SETTINGS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that existing law
2 provides criminal penalties for assaults against health care
3 workers, including assault in the second degree when committed
4 against a health care worker in the course of employment,
5 pursuant to section 707-711, Hawaii Revised Statutes.

6 The legislature further finds that, notwithstanding these
7 criminal provisions, incidents of harassment, threats, and
8 violence against health care workers continue to occur and are
9 often underreported due to inadequate administrative response,
10 unclear procedures, and fear of retaliation.

11 The legislature recognizes that preventing workplace
12 violence in health care settings requires proactive and
13 enforceable administrative measures by health care facilities,
14 including clear policies, training, access control,
15 investigation, and accountability at the leadership level.

16 The purpose of this Act is to establish minimum statewide
17 requirements for health care facilities to:



- 1 (1) Prevent, respond to, and address workplace violence;
- 2 (2) Protect health care workers from retaliation; and
- 3 (3) Enhance safety for patients, health care workers, and
- 4 the public.

5 SECTION 2. Chapter 323, Hawaii Revised Statutes, is
6 amended by adding a new part to be appropriately designated and
7 to read as follows:

"PART . HEALTH CARE WORKER SAFETY AND WORKPLACE VIOLENCE
PREVENTION IN HEALTH CARE FACILITIES

10 **§323- Definitions.** As used in this part, unless the
11 context clearly requires otherwise:

12 "Health care facility" has the same meaning as provided in
13 section 323D-2.

14 "Health care worker" means any individual licensed,
15 certified, or otherwise authorized to provide health care
16 services, including but not limited to health care professionals
17 as defined in section 451D-2, surgical assistants, nurse aides,
18 respiratory therapists, laboratory technicians, and radiologic
19 technologists.



1 "Leadership" means any supervisor, manager, administrator,
2 director, or executive personnel at any level within a health
3 care facility.

4 "Workplace violence" includes but is not limited to:

- 5 (1) Physical assault;
- 6 (2) Verbal assault;
- 7 (3) Sexual assault;
- 8 (4) Physical threats;
- 9 (5) Verbal threats;
- 10 (6) Written threats;
- 11 (7) Electronically transmitted expressions of intent to
12 physically injure or harm another person; and
- 13 (8) Any action that results in or is reasonably likely to
14 result in mental or emotional disturbance or fear for
15 personal safety.

16 **§323- Zero-tolerance policy.** (a) Each health care
17 facility shall establish, implement, and enforce a zero-
18 tolerance policy toward workplace violence committed by patients
19 and visitors.



4 §323- **Workplace violence prevention program.** (a) Each
5 health care facility shall maintain a workplace violence
6 prevention program led by a designated individual and developed
7 by a multidisciplinary team.

8 (b) The program shall include:

11 (2) Procedures for reporting and documenting incidents;

12 (3) Methods for analyzing incidents and trends;

13 (4) Procedures for follow-up and support for victims and
14 witnesses; and

15 (5) Procedures for reporting workplace violence data to
16 the health care facility's governing body.

17 **§323- Standard operating procedures.** (a) Each health
18 care facility shall develop, implement, and maintain written
19 standard operating procedures for responding to workplace
20 violence.

21 (b) The procedures shall address:



- (1) Immediate response and de-escalation;
- (2) Separation of affected health care workers from offenders;
- (3) Escalation to health care facility security or administration, or law enforcement;
- (4) Documentation and investigation;
- (5) Measures to prevent further abuse by the same individual;
- (6) Coordination with health care facility security; and
- (7) Clear procedures for reporting incidents, including multiple reporting avenues and timelines for response.

(c) The procedures shall be included in employee handbooks training for staff and leadership.

(d) All procedures required under this section, and any subsequent modifications, shall be transmitted to the department of labor and industrial relations within one hundred twenty days of the effective date of this Act and maintained thereafter. Procedures shall not be unilaterally modified in a manner that diminishes health care worker protections.

(e) Where a collective bargaining agreement is in effect, development and modification of procedures required under



1 this section shall be subject to collective bargaining in
2 accordance with applicable labor laws.

3 **§323- Health care worker assignment protections.** (a)
4 A health care worker may accept, reject, or object in writing to
5 any patient assignment that places the health care worker or
6 patients at serious risk of harm.

7 (b) The exercise of rights under this section shall not
8 result in retaliation, discipline, or any adverse employment
9 action.

10 **§323- Reporting protections; anti-retaliation.** (a)
11 Health care workers may report workplace violence without fear
12 of retaliation.

13 (b) It shall be unlawful for any member of leadership to
14 discourage, dissuade, delay, ignore, minimize, or pressure a
15 health care worker to refrain from reporting an incident.

16 (c) All reports of workplace violence shall be
17 investigated promptly, and no retaliatory action shall be taken
18 against a reporting health care worker acting in good faith.

19 **§323- Duties following an incident.** Upon receipt of a
20 report of workplace violence, a health care facility shall:

21 (1) Conduct a timely investigation;



- (2) Assess ongoing risk;
- (3) Implement protective measures that a reasonable person would consider sufficient under the circumstances to prevent further harm;
- (4) Provide appropriate medical, mental health, and workplace supports; and
- (5) Document the actions taken.

§323- Facility access control and security screening.

9 (a) Health care facilities that meet the criteria under
10 subsection (d) shall implement reasonable access-control
11 measures, including:
12 (1) Minimizing public entranceways where practicable and
13 consistent with patient care, emergency access, and
14 fire and life safety requirements;
15 (2) Establishing staffed security checkpoints at
16 designated public entrances;
17 (3) Requiring entry screening by metal detectors or metal-
18 detecting wands, without unreasonably delaying
19 emergency medical care;





(3) Supersede fire, life safety, or emergency evacuation requirements.

(d) This section shall apply only to licensed:

(1) Acute care and specialty care facilities with thirty or more beds; and

(2) Long-term care facilities with fifty or more beds.

Facilities below these thresholds shall implement alternative reasonable security measures appropriate to their size and risk profile.

§323- Training and education. (a) Each health care

11 facility shall provide training at the time of hire and
12 regularly thereafter for staff and leadership on:

(1) Workplace violence prevention;

(2) Reporting procedures;

(3) De-escalation techniques;

(4) Trauma-informed response; and

(5) Facility security and access protocols.

(b) Training shall affirm that workplace violence is not accepted condition of employment.

1 **§323- Worksite analysis.** (a) Health care facilities
2 shall conduct periodic worksite analyses to identify safety and
3 security risks.

4 (b) Health care facilities shall take reasonable actions
5 to mitigate or resolve identified risks.

6 **§323- Enforcement.** (a) The department of labor and
7 industrial relations, in coordination with the department of
8 health, shall enforce this chapter.

9 (b) A violation of this chapter may result in
10 administrative penalties, corrective action plans, a fine of up
11 to \$150 per day, or other remedies as provided by law.

12 (c) If a health care worker suffers loss of employment,
13 wages, benefits, or the ability to work due to retaliation or
14 injury occurring while a health care facility is out of
15 compliance with this chapter, the health care facility shall:

16 (1) Make the employee whole; and
17 (2) Pay treble the employee's lost wages and benefits,
18 including health insurance contributions and accrued
19 leave.



1 **§323- Rules.** The department of labor and industrial
2 relations may adopt rules pursuant to chapter 91 to implement
3 this chapter."

4 SECTION 3. If any provision of this Act, or the
5 application thereof to any person or circumstance, is held
6 invalid, the invalidity does not affect other provisions or
7 applications of the Act that can be given effect without the
8 invalid provision or application, and to this end the provisions
9 of this Act are severable.

10 SECTION 4. This Act shall take effect upon its approval.

11

INTRODUCED BY: 

JAN 28 2026



H.B. NO. 2562

Report Title:

DLIR; DOH; Health Care Worker Safety; Health Care Facilities; Workplace Violence Prevention

Description:

Establishes statewide health care worker safety and workplace violence prevention requirements for health care facilities. Requires enforcement by the Department of Labor and Industrial Relations in coordination with the Department of Health.

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