

## Administrative Policy No. 9.02

**Subject:** Benefits for Employees Assaulted by Residents/Clients

**Information Contact:** DSHS Enterprise Risk Management Claims Office  
MS: 45882 - Tel: (360) 902-7699

**Authorizing Source:** [Chapter 72.01 RCW](#)  
[Chapter 74.04 RCW](#)

**Effective Date:** November 1, 1987

**Revised:** December 1, 2016

**Approved By:** Original signed by Dana Phelps  
Deputy Secretary, Services & Enterprise Support

---

### Purpose

This policy provides for consistent interpretation of statutory requirements and guidance for the Assault Benefits Program and claims adjudication.

### Scope

This policy applies to all DSHS employees performing authorized activities in institutions and also includes child protective, child welfare, or adult protective services employees assaulted while discharging their assigned duties.

### Definitions:

**Assault** means a resident/client's unauthorized touching of an employee that results in physical injury to the employee.

**Institution** is defined, for purposes of this policy, as one of the following departmental facilities: Child Study and Treatment Center, Community Crisis Stabilization Services, Competency Restoration Program known as Cascade Cottage, Eastern State Hospital, Echo Glen Children's Center, Fircrest School, Green Hill School, Lakeland Village, Naselle Youth Camp, Rainier School, Special Commitment Center (Total Confinement Facilities); Secure Transition Facilities (King County and Pierce County), Western State Hospital, and Yakima Valley School. In addition, "institution" also includes Canyon View Community Facility, Oakridge Community Facility, Parke Creek Community Facility, Ridgeview Community Facility, Twin Rivers

Community Facility, Woodinville Community Facility, Camp Outlook, Children's Center, Sunrise, Touchstone, and living facilities administered through State Operated Living Alternatives (SOLA) programs.

**Resident** means any person residing in or receiving services at a DSHS institution.

**Person/client** means any individual that a child welfare, child protective service, or adult protective service employee needs to interact with in order to perform their job duties.

**Unauthorized touching** means any physical contact (including use of an object to make physical contact) initiated by a resident of a DSHS institution or by a person/client outside an institution setting which originates out of aggressive, hostile, or out-of-control behavior.

## Policy

- A. Criteria listed in [RCW 72.01.045](#) must be met in order for institutional employees to receive assault benefits. Criteria listed in [RCW 74.04.790](#) must be met in order for child welfare, child protective or adult protective service employees to receive assault benefits.
- B. The Claims Management Section, within the Enterprise Risk Management Office (ERMO), administers the assault benefits program, as authorized by [RCW 72.01.045 \(3\)](#) and [RCW 74.04.790 \(3\)](#). As administrator of the Assault Benefits Program, the Claims Management Section is responsible for:
  1. Providing consistency in the application of assault benefits administered within the department.
  2. Establishing procedures as necessary to administer the Assault Benefits Program.
  3. Adjudicating claims in accordance with [RCW 72.01.045](#) and [RCW 74.04.790](#), and in conjunction with the appointing authority of the institution or DSHS office employing the claimant.
  4. Notifying the claimant, copied to their supervisor, human resources and payroll of decision authorizing or denying assault benefits claims.
  5. Advising management representatives as necessary and participating in the grievance process associated with the Assault Benefits Program.
  6. Providing Assault Benefits Program training to human resource consultants, payroll accountants and others as requested.
  7. Collecting and providing data that summarizes claim volume and program cost.

## Procedures

A. Employee Responsibility

1. If you believe your injury was the result of an assault as defined in this policy, complete the Employee Report of Resident/Client Assault form DSHS [03-391](#) and submit it to your supervisor along with the Employee/Volunteer Personal Incident Report form DSHS [03-133](#). If there were witnesses, request witnesses to complete the Witness Report of Possible Client Assault 03-389A.
2. If your Assault Benefits claim is approved, you will receive notification of approval by the Claims Management Section.
3. If your assault benefits claim is denied by the Claims Management Section, you may make a written request to have the decision reconsidered. In your letter, you should provide:
  - The reason(s) your assault benefits claim should be accepted.
  - Additional information, if applicable.

Send your reconsideration request to the Claims Management Section, MS: 45882, Attention Program Manager. Also send a copy to your appointing authority.

4. Represented employees who disagree with the reconsideration decision from the Claims Management Section may contact their union representative for assistance in filing a grievance under the collective bargaining agreement.
5. Non-represented employees who disagree with the reconsideration decision from the Claims Management Section may file a grievance in accordance with Administrative Policy 18.61.

B. Institution or Appointing Authority Responsibility

1. Gather and send documentation regarding the incident, with a recommendation to approve or deny assault benefits, to the Claims Management Section, MS: 45882.
2. Send a copy of any grievance filed by a union or an employee on an assault benefits decision to the Claims Management Section, MS: 45882, Attention Program Manager.

C. Claims Management Section Responsibility

1. Approve or deny the request for reimbursement for assault benefits. Send notification to the employee, employee's supervisor, human resources, and payroll.
2. If the employee requests reconsideration of denied assault benefits, forward the

request to the Claims Program Manager for review.

3. Send the reconsideration decision to the employee copied to their appointing authority. Send a copy to human resources and payroll when a decision has been overturned.
4. If a grievance is filed based on the reconsideration request, participate in the grievance process as needed.

Official DSHS