

## Administrative Policy No. 9.02

<b>Subject:</b>	Benefits for Employees Assaulted by Residents/Clients
<b>Information Contact:</b>	DSHS Enterprise Risk Management Insurance Services MS: 45882 - Tel: (360) 902-7699
<b>Authorizing Source:</b>	<a href="#">Chapter 72.01 RCW</a> <a href="#">Chapter 74.04 RCW</a>
<b>Effective Date:</b>	November 1, 1987
<b>Revised:</b>	January 13, 2021 <sup>1</sup> <a href="#">Housekeeping 7/20/2021</a>
<b>Approved By:</b>	<b><u>Original signed by Lori Melchiori</u></b> Senior Director, Office of Policy and Rules

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### 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 to adult protective services employees assaulted while discharging their assigned duties.

### Definitions:

**Assault** means a resident or 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 and Fort Steilacoom, Eastern State Hospital, Fircrest School, Lakeland Village, Rainier School, Special Commitment Center (Total Confinement Facilities); Secure Transition Facilities (King County and Pierce County), Western State Hospital, Yakima Valley School, 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 an 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.

## Policy

- A. Criteria listed in [RCW 72.01.045](#) must be met in order for employees to receive assault benefits. Criteria listed in [RCW 74.04.790](#) must be met in order for adult protective service employees to receive assault benefits.
- B. The insurance services claims program, 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, in the insurance services claims program 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](#),
  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 fiscal analysts 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 [web Report of Work Related Incident/Close Call](#). If there were

witnesses, request witnesses to complete the witness report of possible client assault form [03-389A](#).

2. If your assault benefits claim is approved, you will receive notification of approval by the insurance services claims program.
3. If the insurance services claims program denies your assault benefits claim, 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; and
  - Additional information, if applicable.

Send your reconsideration request to the insurance services claims program, MS: 45882, attention program manager and a copy to your appointing authority. Alternatively, you can email your request directly to your assigned Loss Prevention Consultant.

4. Represented employees who disagree with the reconsideration decision from the insurance services claims program 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 insurance services claims program 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, to insurance services claims program, MS: 45882.
2. Send a copy of any grievance filed by a union or an employee on an assault benefits decision to the insurance services claims program, MS: 45882, attention program manager.

**C. Insurance Services Claims Program 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 insurance services 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.

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<sup>1</sup> Removed references to forms in A.1.

DSHS Official