



Violence Against Health Care Workers

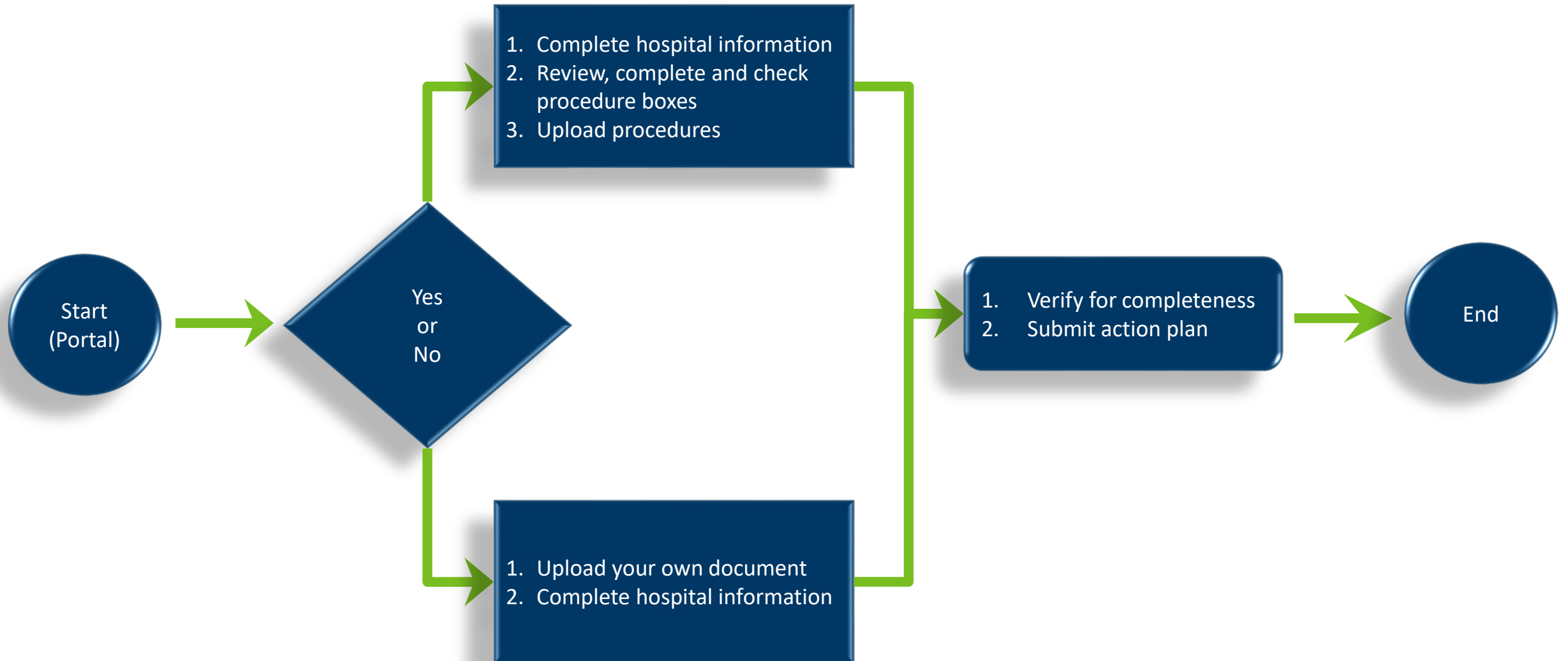
Hospital Action Plan Tutorial

Minnesota Statutes, section 144.566, subd. 14 (b)

Beginning January 1, 2025, a hospital must annually submit to Minnesota Department of Health (MDH) its most recent action plan and the results of the most recent annual review conducted.



Submitting Action Plan Process Flow Chart



Submitting Action Plan

- Select from the drop-down list:
 - **Yes** – you will be using MDH form to submit the action plan.
 - **No** – you will upload your own action plan to the portal.

Hospital Action Plan

Asterisk (*) Indicates required field

Guidelines for Implementing Preparedness and Incident Response Action Plan

Please reference [Minnesota Statutes, section 144.566, Violence Against Health Care Workers](https://www.revisor.mn.gov/statutes/cite/144.566) (<https://www.revisor.mn.gov/statutes/cite/144.566>).

Will you be using this form to submit the action plan? *

- Select -



Save Draft

Next >

Submitting Your Own Action Plan

- Select **No** to submit your own action plan.
- Drag and drop file or choose from folder.
- There is a 2 GB limit.
- Allowed document types are limited.

Hospital Action Plan

Asterisk (*) Indicates required field

Guidelines for Implementing Preparedness and Incident Response Action Plan

Please reference [Minnesota Statutes, section 144.566, Violence Against Health Care Workers \(https://www.revisor.mn.gov/statutes/cite/144.566\)](https://www.revisor.mn.gov/statutes/cite/144.566).

Will you be using this form to submit the action plan? *

No

⌵

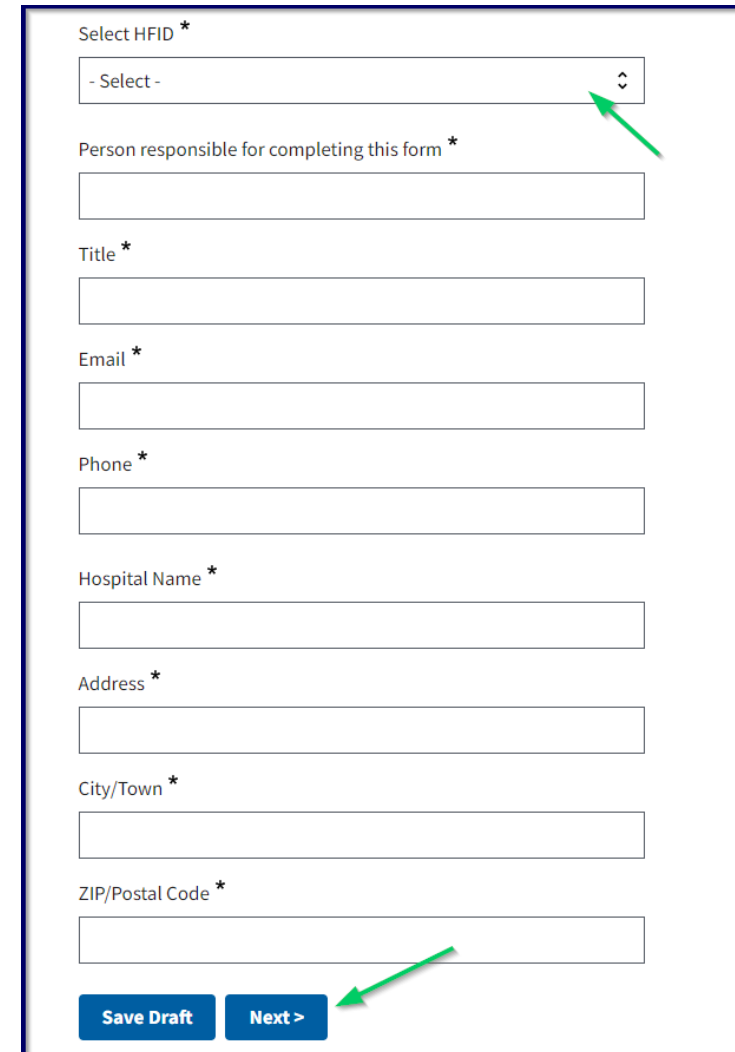
Please upload your documents as one combined document *

Drag file here or [choose from folder](#)

One file only.
2 GB limit.
Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls, xlsx, ods.

Enter Hospital Information

- Select from the drop-down list the correct **HFID** for the hospital.
- Complete all required (*) fields.
- Select **Next>** to advance to the next page. See slide **13** on how to submit the action plan.
- If you need to save as draft, select **Save Draft**.



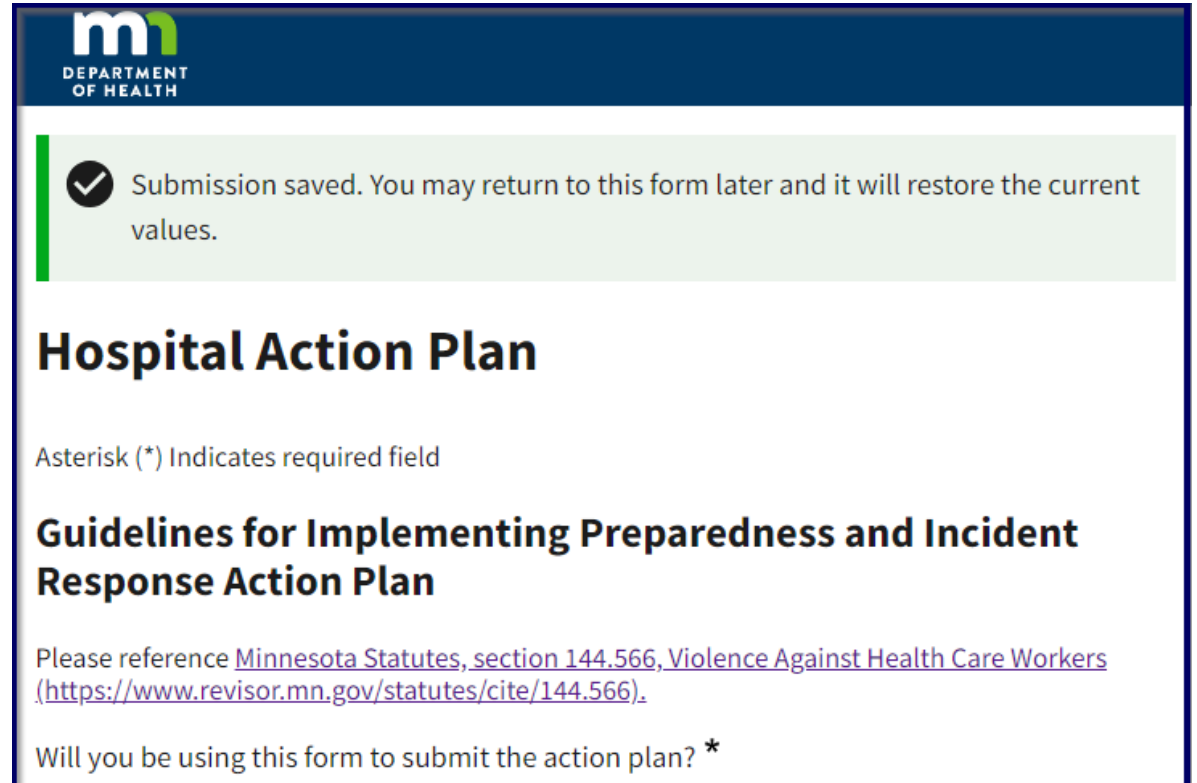
The screenshot shows a web form titled "Enter Hospital Information". It contains several required fields, each marked with an asterisk (*):

- Select HFID ***: A dropdown menu with "- Select -" as the current selection. A green arrow points to this field.
- Person responsible for completing this form ***: A text input field.
- Title ***: A text input field.
- Email ***: A text input field.
- Phone ***: A text input field.
- Hospital Name ***: A text input field.
- Address ***: A text input field.
- City/Town ***: A text input field.
- ZIP/Postal Code ***: A text input field.

At the bottom of the form are two buttons: "Save Draft" and "Next >". A green arrow points to the "Next >" button.

Saving as a Draft

- At the bottom of the page, select **Save Draft** if you are unable to submit the action plan and need more time.
- You may return to the same form and the information will restore.
- You must use the same computer to obtain the current values.



The screenshot shows the top portion of a web form from the Minnesota Department of Health. At the top left is the logo with a stylized 'm' and the text 'DEPARTMENT OF HEALTH'. Below this is a light green banner with a checkmark icon and the text: 'Submission saved. You may return to this form later and it will restore the current values.' Below the banner, the title 'Hospital Action Plan' is displayed in bold. Underneath the title is a note: 'Asterisk (*) Indicates required field'. The main heading of the form is 'Guidelines for Implementing Preparedness and Incident Response Action Plan'. Below this heading is a reference to Minnesota Statutes, section 144.566, Violence Against Health Care Workers, with a URL. At the bottom of the visible section is a question: 'Will you be using this form to submit the action plan? *'.

m
DEPARTMENT
OF HEALTH

✓ Submission saved. You may return to this form later and it will restore the current values.

Hospital Action Plan

Asterisk (*) Indicates required field

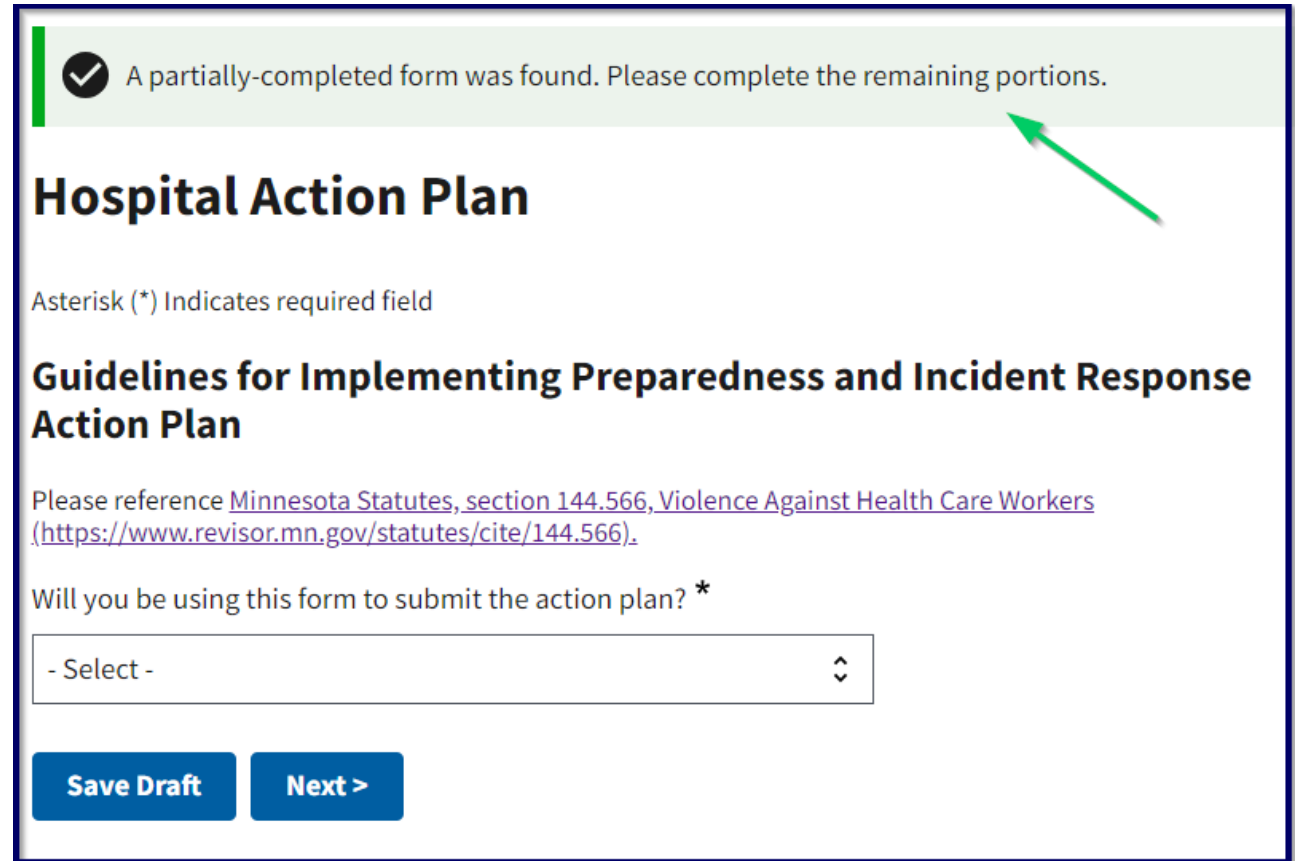
Guidelines for Implementing Preparedness and Incident Response Action Plan

Please reference [Minnesota Statutes, section 144.566, Violence Against Health Care Workers \(https://www.revisor.mn.gov/statutes/cite/144.566\)](https://www.revisor.mn.gov/statutes/cite/144.566).

Will you be using this form to submit the action plan? *

Coming Back to Saved Draft

- Open website to the online portal.
- Saved draft will auto-populate and latest information will restore.



A screenshot of a web form titled "Hospital Action Plan". At the top, a green banner with a checkmark icon contains the text: "A partially-completed form was found. Please complete the remaining portions." A green arrow points from the right side of the banner towards the "Next >" button. Below the banner, the title "Hospital Action Plan" is displayed in bold. Underneath, a note states "Asterisk (*) Indicates required field". The main heading is "Guidelines for Implementing Preparedness and Incident Response Action Plan". Below this, a reference is provided: "Please reference [Minnesota Statutes, section 144.566, Violence Against Health Care Workers \(https://www.revisor.mn.gov/statutes/cite/144.566\)](https://www.revisor.mn.gov/statutes/cite/144.566)." The question "Will you be using this form to submit the action plan? *" is followed by a dropdown menu currently showing "- Select -". At the bottom, there are two blue buttons: "Save Draft" and "Next >".

✓ A partially-completed form was found. Please complete the remaining portions.

Hospital Action Plan

Asterisk (*) Indicates required field

Guidelines for Implementing Preparedness and Incident Response Action Plan

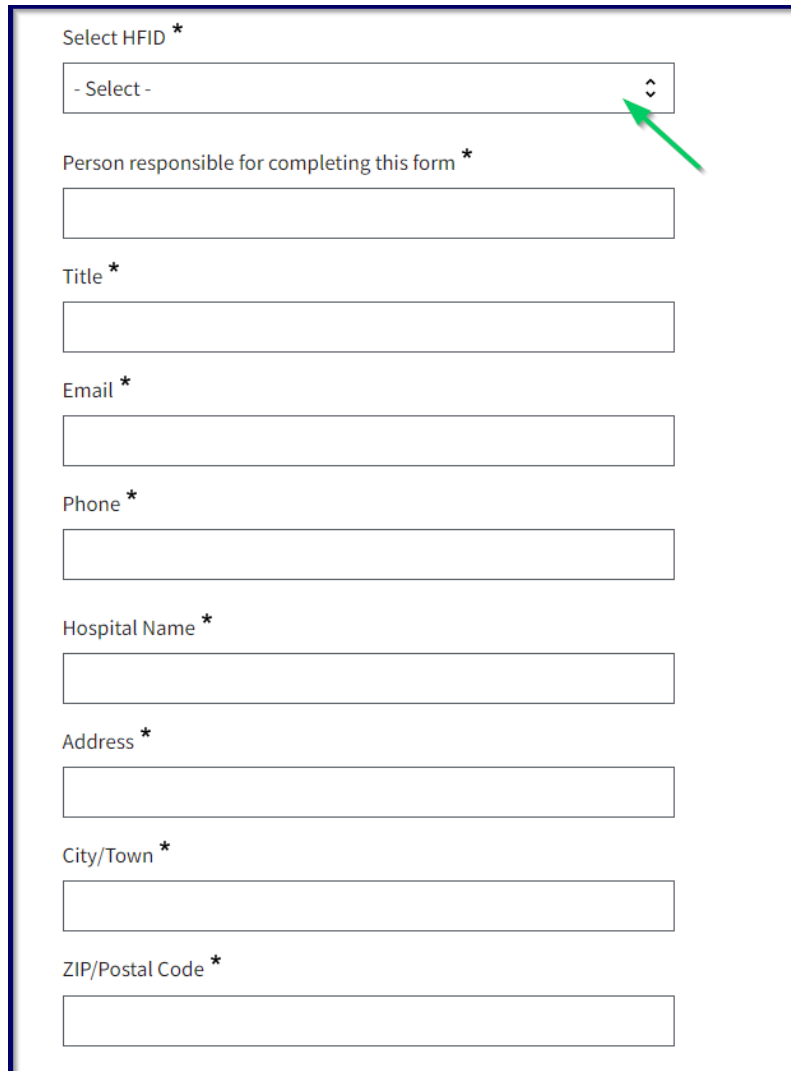
Please reference [Minnesota Statutes, section 144.566, Violence Against Health Care Workers \(https://www.revisor.mn.gov/statutes/cite/144.566\)](https://www.revisor.mn.gov/statutes/cite/144.566)

Will you be using this form to submit the action plan? *

- Select -

Save Draft Next >

Completing the Action Plan using MDH form



Select HFID *

- Select -

Person responsible for completing this form *

Title *

Email *

Phone *

Hospital Name *

Address *

City/Town *

ZIP/Postal Code *

- Select **Yes** to use MDH form
- Select from the drop-down list the correct **HFID** for the hospital.
- Complete all required (*) fields.

Action Plan Committee, subd. 3

Action plan committee

[Minnesota Statutes, section 144.566, subd. 3 \(https://www.revisor.mn.gov/statutes/cite/144.566#stat.144.566.3\)](https://www.revisor.mn.gov/statutes/cite/144.566#stat.144.566.3)
List all names and titles for nonmanagerial health care workers, nonclinical staff, administrators, patient safety experts, and other appropriate personnel to develop preparedness and incident response action plans to acts of violence

Show row weights

	Full Name of Individual	Type of Representative	
↑		- None -	

 1 more items

- List all names and titles to develop preparedness and incident response action plans to acts of violence.
- Select **Add** or the “+” sign to add more names.

General Requirements of Action Plans, subd. 4

- Complete all subdivisions.
- Check each box for effective procedures.
 - Drag and drop file or choose from folder.
- List names and job titles for persons responsible for implementing the plan and effective procedures.
 - Select **Add** or the “+” sign to add more names.

☒ Effective procedures to obtain active involvement of health care workers and their representatives in developing, implementing, and reviewing the plan, including their participation in identifying, evaluation, and correcting workplace violence hazards, designing and implementing training, and reporting and investigating incident of workplace violence *

Drag file here or [choose from folder](#)

► [More](#)

List names and job titles for persons responsible for implementing plan and effective procedures.

Show row weights

	Name of persons responsible for implementing the plan	Job title of persons responsible for implementing the plan	
..+	Michael Johnson	Registered Nurse	+ -

Add more items

☒ Effective procedures to ensure that supervisory and nonsupervisory HCWs comply with the plan *

Drag file here or [choose from folder](#)

► [More](#)

☐ Click here if the procedure(s) are included in another attachment and list the name of the attachment(s) below.

Procedure(s) Included in Another Attachment

If procedures are included in another attachment, check the box and enter the name of the document in the space provided.

☒ The preparedness and incident response action plans to acts of violence must include assessment procedures to identify and evaluate workplace violence hazards for each facility, unit, service, or operation, including community-based risk factors and areas surrounding the facility, such as employee parking areas and other outdoor areas. Procedures shall specify the frequency that environmental assessments take place. The preparedness and incident response action plans to acts of violence must include assessment tools, environmental checklists, or other effective means to identify workplace violence hazards. *

Drag file here or [choose from folder](#)

► [More](#)

☒ Click here if the procedure(s) are included in another attachment and list the name of the attachment(s) below.

Submit the Action Plan or Save Draft

Disclosure of action plans

[Minnesota Statutes, section 144.566, subd. 14](https://www.revisor.mn.gov/statutes/cite/144.566#stat.144.566.14)
(<https://www.revisor.mn.gov/statutes/cite/144.566#stat.144.566.14>)

A hospital must make its most recent action plans and most recent action plan reviews available to local law enforcement, all direct care staff and, if any of its workers are represented by a collective bargaining unit, to the exclusive bargaining representatives of those collective bargaining units.

Deadline of report submission to MDH: January 1, 2025.

Save Draft

Next >



- Select **Next>** to continue or **Save Draft** to come back.

Hospital Action Plan

Asterisk (*) Indicates required field

**Please review the information in the previous page.
Once submitted you will not be able to change your submission.**

☐ I have reviewed the submission and agree to submit *

Save Draft

< Previous

Submit

- Prior to submission, review information for accuracy.
- Select the check box.
- Select **Submit**.

Confirmation of Submission

Hospital Action Plan

Thank you for your submission. Please contact the Federal Licensing, Certification and Registration (LCR) team at Health.HRD-FEDLCR@state.mn.us if you have further questions.

[Back to form](#)

- Submission successful 

Frequently Asked Questions



Do I need to submit my action plan with my hospital license renewal application?

No, the online portal is where the hospital action plan must be filed, and the license renewal application is mailed to the Department with the licensing fee.



How do I know whether the action plan was submitted?

After clicking on the submit button, you will see a successful confirmation right away.



Who can I contact if I have questions regarding the portal?

Please contact a Federal Credentialer at Health.HRD.FEDLCR@state.mn.us.



How do I know if I submitted everything?

To ensure all procedures are submitted, please review requirements in [Minnesota Statutes, section 144.566](#).

Thank You!

Federal Licensing, Certification and Registration Team

Health.HRD-FEDLCR@state.mn.us