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NOTICE OF PROPOSED MODIFICATIONS TO

CALIFORNIA CODE OF REGULATIONS

TITLE 8: New Section 3342 of the General Industry Safety Orders

Workplace Violence Prevention in Health Care

Pursuant to Government Code Section 11346.8(c), the Occupational Safety and Health Standards Board (Standards Board) gives notice of the opportunity to submit written comments on the above-named standards in which modifications are being considered as a result of public comments and/or Board staff consideration.

On December 17, 2015, the Standards Board held a Public Hearing to consider revisions to Title 8, New Section 3342 of the General Industry Safety Orders. The Standards Board received oral and written comments on the proposed revisions. Modifications are now proposed for subsections (a), (b), (c), (d), (e), (f), (g) and (h).

Subsection (a) Scope and Application.

A modification is proposed to clarify that the section applies to work conducted in the health care settings identified within subsection (a)(1).

A modification is proposed for subsection (a)(1)(D) to include "medical transport" that occurs outside of an emergency response, such as the transfer of a patient from one facility to another. Since this is not necessarily done by paramedics, the term "paramedic" is proposed to be stricken for clarity. Paramedic professionals are retained in the definition of "emergency medical services" and therefore this proposed change does not remove paramedic work from the scope of the regulation.

A further modification is proposed for subsection (a)(1) to delete category (G), "Ancillary health care operations," from the proposed standard. Although the category was included early in the advisory meeting process, several organizations stated that the operations have few recorded instances of workplace violence in comparison to the other settings addressed by the proposed standard. At this time, there is insufficient data showing that health care workers in these limited settings are at increased risk of workplace violence.

In subsection (a)(2), a modification is proposed to delete the word "All," before "employers," to be consistent with other occupational safety and health regulations. A modification is also proposed to delete subsection (C), the instructions for ancillary health care operations, since the category is proposed for deletion.

In subsection (a)(3), a modification is proposed to change "working hours" to "paid time" to better establish that health care workers have flexibility in attending training, medical services, and other activities related to the requirements of the proposed regulation.

A modification is proposed to add subsection (4) to establish an implementation schedule for employers to come into compliance with the proposed standard. Employers need time to properly assess their operation, take corrective actions, establish an effective Workplace Violence Prevention Plan with employee involvement, and provide appropriate training based on the Plan. An implementation period of one year from the effective date of the standard is proposed for subsections (c), (e) and (f) to allow time for making the initial assessments, establishing a Plan, scheduling corrective actions, setting up a system to review the Plan, and conducting training.

An exception was added to exclude from the regulation three health facilities that the California Department of Developmental Services (DDS) plans to close by the end of 2021. DDS has submitted closure plans to the Legislature for these facilities in accordance with Welfare and Institutions Code sections 4474.1 and 4474.11. Closure of these facilities is underway, with residents being transferred to community programs, and compliance with Section 3203 is sufficient for these facilities during the closure process.

Subsection (b) Definitions.

A modification is proposed to the definition of "Acute psychiatric hospital" to correct an error in the citation of source by changing it to: "meeting the definition provided in Health and Safety Code Section 1250(b) or California Code of Regulations, Title 22, Section 71005." The examples of operations provided at the end of the sentence are deleted as unnecessary in that services provided are listed in the referenced sections in the Health and Safety Code and Title 22.

In subsection (b), it is proposed to delete the definition for ancillary health care operation from the proposed standard for the reasons stated above.

A modification is proposed for the definition of "engineering controls" to say that the list of control measures that employers are to consider would be "as applicable" to the specific needs of the employer. This is necessary to clarify that an employer would not have to implement the use of a control measure that is not appropriate for that establishment.

In response to several comments, a modification is proposed for the definition of "General acute care" hospital to correct the citation to "as such meeting the definition provided in Health and Safety Code Section 1250(a) or California Code of Regulations, Title 22, Section 70005, and all services within the hospital's license." The examples of operations provided at the end of the sentence are deleted as unnecessary in that services provided are listed in the referenced sections in the Health and Safety Code and Title 22.

A modification is proposed to delete the definition of "Individually identifiable medical information." This definition had been intended to be applied to subsections (d) and (g) but proposed modifications to those subsections do not use this terminology.

A modification is also proposed for the definition of "Outpatient medical offices and clinics" to add "outpatient medical services to the incarcerated in correctional and detention settings" in response to comments that correctional facilities such as jails and other detention facilities must provide medical services. These medical units are not under the license of a hospital and provide care for inmates that does not require transferring the inmate to a hospital.

A modification is proposed for the definition of "Patient classification system" in response to a comment from the California Hospital Association that the definition cites Title 22 without the specific section numbers. Sections 70053.2 and 70217 of Title 22 are added to the definition.

A modification is proposed to the definition of "Patient specific risk factors" to say that these are factors "that may increase the likelihood or severity of a workplace violence incident" by moving this phrase from the end of the paragraph. Also, the modification qualifies the factor, "psychiatric condition or diagnosis" by adding the phrase "associated with increased risk of violence," in response to Patient Rights advocates who commented that the original phrase unfairly identifies a personal condition as inherently dangerous when in fact, it can apply to many nonviolent states, thus posing discriminatory terminology.

A modification is proposed for the definition of "Work practice controls" to clarify that what will comprise a "work practice control" may vary with the circumstances. This is needed to acknowledge that not every work practice in the definition would necessarily be useful to address all situations.

A modification is proposed for the definition of Workplace violence, (C)2 regarding individuals who are not customers, clients, patients, students, inmates, to add "visitors or other individuals accompanying a patient, and delete "any others for whom an organization provides services" for clarity.

<u>Subsection (c) Workplace Violence Prevention Plan.</u>

A modification is proposed for subsection (c) to add "the" before employer and remove the qualifiers, "every" and "covered by this section," to be consistent with other occupational safety and health regulations.

A modification is proposed for subsection (c)(2) to exclude the security personnel at a facility from required involvement in developing and implementing the Plan. This is necessary because several stakeholders have pointed out that this can conflict with existing contracts and duty statements.

Modifications are proposed for subsection (c)(3) to clarify that this applies to situations where there are multiple employers in the "same" facility and to replace the phrase "have a role" to

"understand their respective roles as provided" in the Plan to clarify that when there are employees in a health care facility who are employed by different employers, each group of employees knows what their responsibilities are to carry out the Plan and coordinate activities with other employer's workers. In the same sentence, the word "implementing" is deleted since "implementation" is used at the beginning. A further modification clarifies that all employees in a facility are to be trained in accordance with subsection (f), in lieu of "other employers and temporary employees." It also proposes to clarify that violent incidents involving "any employee" instead of "those employees" working in a facility are to be reported, investigated, and recorded. This change is proposed in response to several comments that the subsection was unclear. Under Labor Code sections 6400 and 6401.7 and case law interpreting the obligations of employers in dual-employer situations, multi-employer worksites, and traditional employment relationships, all employers are responsible for the safety and health of their employees regardless of the nature of the employment relationships.

A modification is proposed to subsection (c)(4) to require the employer to establish a procedure for contacting the appropriate law enforcement agency for assistance and not retaliate against employees who call for emergency assistance when necessary. This procedure may be a central coordination process. The modifications are necessary to ensure that an employer has implemented an effective procedure for contacting law enforcement agencies when an emergency occurs and prevent retaliation against employees who contact law enforcement if the procedure is not working in a timely manner.

A new subsection (c)(5) is proposed to establish a procedure for the employer to accept and respond to workplace violence concerns that are reported by employees, including incidents between employees, and prohibit retaliation against the employee making the report.

A modification is proposed to renumber subsections (c)(5) through (c)(11) to be (c)(6) through (c)(12.)

A modification is proposed to renumbered subsection (c)(8) to clarify that although employees and their representatives must be allowed to participate in the training process, they are not required to actually deliver the training.

A modification is proposed to renumbered subsection (c)(9)(A)2 to clarify that the environmental risk factors of poor illumination or blocked visibility can hide the presence of someone who intends to assault an employee who enters or passes through that area. This is in response to several comments that the passage needed clarification. This change is needed to identify the threat associated with the condition.

A modification is proposed to renumbered subsection (c)(9)(D) to delete "paramedic and other" and add "and medical transport" in order to make this heading consistent with subsection (a)(1)(D). This does not exclude paramedics who are defined as part of "emergency medical services" in subsection (b). This is in response to several comments that transporting patients or clients may be due to that person's violent behavior, necessitating a transfer to a more suitable

treatment facility. Since this activity is performed by some of the same employers who provide emergency medical services, it is necessary to add this activity to this group of employers.

A modification is proposed to delete renumbered subsection (c)(9)(E). This is necessary to be consistent with the removal of these operations as noted above.

A modification is proposed to renumbered subsection (c)(10) to include "or other persons who are not employees" along with "visitors" as needing assessment procedures for those who display disruptive or violent behavior, or "demonstrate" a risk of committing workplace violence. The term "demonstrate" replaces the word "pose" to provide an active basis for making this determination, and provides clarity. This is needed to assure that there is a process for generally evaluating people who are not employees for their potential to commit violence which may not be limited to Type 1 violence. A further modification is proposed to clarify that the risk factors applied in an assessment are the ones that would be "applicable" to the individual. This is needed to clarify that an assessment does not need to include unnecessary risk factors.

A modification is proposed to renumbered subsection (c)(11) to clarify that the serious hazards that need to be addressed by protective measures for employees within seven days are hazards "where there is a realistic possibility that death or serious physical harm could result from the hazard." This language is based on the definition of "serious violation" in Labor Code section 6432.

A modification is proposed to renumbered subsection (c)(11)(G) to add the phrase "implementing, and maintaining the use of" after the word, "Installing," to instruct employers that if they install an alarm system, they must implement and maintain it, in order for employees to use it. This is in response to comments that some employers have alarm systems but do not require employees to use them. This is necessary to assure that an important safeguard is actually deployed and ready to use.

A modification is proposed to renumbered subsection (c)(11)(I) to require the response plan to also establish a procedure for mass casualty threats such as an active shooter. This is necessary to assure that these contingencies are addressed in planning. The modification also includes a clarification to the instruction that employees designated to respond to an alarm would be assisting other employees during a violent incident.

A modification is proposed to renumbered subsection (c)(11)(J) to replace the word "minimum" with the word "sufficient," to clarify that the intent is not to require minimum numbers of staff but to require the employer to assign sufficient numbers of staff as a control measure, as applicable and to the extent feasible.

A modification is proposed to renumbered subsection (c)(12)(C) to replace the word "Providing" with the phrase "Making available." This is necessary to be consistent with other standards that address the need for employees to have medical assistance readily available without requiring an employee to use the assistance.

Subsection (d) Violent Incident Log.

A modification is proposed for subsection (d) to require the employer to record information based on information solicited from the employee(s) who experienced the violent act(s), and to omit or remove from the Violent Incident Log (Log) any personal identifying information that would allow identification of the individuals involved in the incident.

A modification is proposed to delete previous subsection (d)(2) that required the employer to allow each employee who experienced a workplace violence incident to complete a section with information about the incident directly into the Log or by recounting the information to a supervisor. This is necessary to ensure that personal identifying information is not inadvertently included in the Log.

Proposed modifications revise the levels and numbering in renumbered subsections (d)(2) through (d)(8). Subsection (3) is deleted and what were subsections (2)(A) to (C) and (3)(A) to (B) are nonsubstantively elevated a level and renumbered (2) through (6).

A modification is proposed in renumbered subsection (d)(7)(D) to replace "time taken off" with "lost time from." This is to preclude instances where an employee is taking other types of leave.

A modification is proposed in renumbered subsection (d)(8) to change the recorder's "title" to "job title," and to remove the Note about medical information, because the information to be omitted has been expanded to include all personal identifying information, as discussed above.

Subsection (e) Review of the Workplace Violence Prevention Plan.

A modification is proposed to subsection (e) to delete "Annual" from the title because the proposed modifications include new subsection (e)(5) to require the Plan be reviewed whenever certain events or conditions arise, which may occur more frequently than annually. Another modification is proposed to add the phrase "for the overall facility or operation" before the phrase "at least annually" to add the concept that a review of the Plan may be needed in response to certain changes that alter the way the Plan can be implemented either for the entire facility or if the changes only affect a particular operation. It is also necessary to state that the problems found during the review need to be corrected in accordance with renumbered subsection (c)(11). To explain the conditions that would require a more immediate review, new subsection (e)(5) is proposed. Subsection (e)(5)(E) informs the employer that problems with the Plan for part of a facility or operation may be reviewed for the affected areas or operations and with the affected employees without requiring a review of the Plan as a whole.

The change is necessary to enable the employer to address problems in a specific area without involving the entire staff of the facility, or waiting for the next annual review of the entire facility. It is also necessary to ensure that a review that is needed is not delayed until the next annual review date.

Subsection (f) Training.

The first paragraph in subsection (f) is proposed to be modified to require the employer to provide training that addresses the workplace violence risks that the particular employees are reasonably anticipated to encounter in their jobs.

Subsection (f) is proposed to be modified by deleting two sentences in the first paragraph of subsection (f) and deleting subsection (f)(4), to clarify that training must be provided to all employees, without reference to whether the employees are in traditional employment relationships, contract employees, temporary employees, or part-time employees. Under Labor Code sections 6400 and 6401.7 and case law interpreting the obligations of employers in dual-employer situations, multi-employer worksites, and traditional employment relationships, all employers are responsible for the safety and health of their employees regardless of the nature of the employment relationships.

A modification is proposed in the first paragraph in subsection (f) to replace "conducting" with "participating in" training sessions, referring to employee involvement. This is necessary to avoid unintentionally imposing work duties on health care workers, such as conducting all or parts of the training, while allowing them to have active involvement in the training for workplace violence in an appropriate manner.

A modification is proposed to subsection (f)(1) to delete the requirement for the facility employer to train private security personnel since this is already included in subsection (f).

A modification is proposed to subsection (f)(1)(A) to require that initial training address the workplace violence hazards identified in the facility, unit, service, or operation and the corrective measures the employer has implemented. This is necessary to ensure that the training is relevant to the needs of the employees.

A modification is proposed to add subsection (f)(1)(A)4 to specify that training shall instruct employees to recognize warning alerts or alarms that an emergency condition such as a mass casualty threat exists, and the escape routes or sheltering locations that are available to them.

A modification is proposed to add subsection (f)(1)(A)5 to explain the role of security personnel in the establishments where they are present. This is needed to ensure that general staff at a facility know the limits of assistance to expect from the security personnel who are there, and conversely, to ensure that security personnel know what their responsibilities are. This is necessary also to address the intended effect of the passage deleted from subsection (f)(1). Comments stated that, as written, the deleted text requiring that all security personnel attend general staff training could violate existing contractual agreements with the security providers.

Further modifications to subsection (f)(1) are proposed to renumber subsections (A)4 to (A)6; (A)5 to (A)7; and (A)6 to (A)8. This is necessary because of the addition of subsections (f)(1)(A)4 and (f)(1)(A)5.

A modification is proposed to add new subsection (f)(1)(C) to clarify that the initial training is not necessarily required to be given in person, as long as the training covers all the subject matter specified in subsection (f)(1) and provides for interactive questions to be answered within 24 hours by a person knowledgeable about the employer's Plan.

A modification is proposed for subsection (f)(2) to clarify that the training topics in the refresher training should be applicable to the work the employees do. This is needed to ensure that employees receive training that actually applies to their types of workplace exposure. The subsection is further clarified with a requirement that if the refresher training is not given by trainers in person, the training is required to cover all the subject matter specified in subsection (f)(2) as well as provide for interactive questions to be answered within 24 hours by a person knowledgeable about the employer's workplace violence prevention plan.

Further, a modification is proposed for subsection (f)(3)(E) to add verbal intervention and de-escalation techniques as a topic of additional training.

A modification is proposed for subsection (f)(3)(G) to add the phrase "appropriate and inappropriate use of" to "restraining techniques." This is in response to comments from patients' rights advocates and is necessary to clarify that the use of restraining devices should not be done indiscriminately but under clear protocols that are established within Title 22.

A modification is proposed for subsection (f)(3)(H) to add the phrase "and inappropriate" to "use of medications." This is in response to comments from patients' rights advocates and is necessary to clarify that the use of medications should not be done indiscriminately but under clear protocols that are established within Title 22.

A modification is proposed to remove subsection (f)(4), since the proposed subsections (f) and (f)(1) establishes training needs for employees of employers other than the facility employer, as discussed above.

<u>Subsection (g) Reporting Requirements for General Acute Care Hospitals, Acute Psychiatric Hospitals, and Special Hospitals.</u>

A modification is proposed to subsection (g)(1)(A) to clarify that the violent act against any employee working at the hospital must be reported by the hospital. This is needed to be consistent with subsection (a).

A modification is proposed to move the Note that had been placed in subsection (g)(4)(H) to follow subsection (g)(1)(B) that reminds employers that the report filed immediately to comply with Section 342 is a separate item. This change is needed to emphasize this important distinction.

A modification is proposed to subsection (g)(2) to clarify incidents that must be reported to the Division within 24 hours. Subsection (A) is proposed to clarify fatalities and certain serious injuries must be reported to the Division within 24 hours. This definition is consistent with the

definition that triggers a report to the Division under Section 342 except that it would not exclude injuries resulting from a Penal Code violation. Other injuries would be reported within 72 hours. Subsection (B) is proposed to establish for reporting purposes that urgent and emergent threats are defined as incidents in which a law enforcement agency provided assistance in response to a 911 emergency request, and are to be reported within 24 hours. These modifications are needed to respond to stakeholder questions to clarify what must be reported within 24 hours, and what constitutes an urgent or emergent threat.

A modification is proposed to subsection (g)(4)(C) to identify and simplify what is required as a brief description of the incident. This will be done by the employer entering into an online data collection system, specific elements and the contributing factors that had a role in the incident, which include, but are not limited to, the type of area where the incident happened, the type of assault, if an employee was working alone, and other specific items derived from subsection (d) which already requires the information to be recorded. The factors selected for reporting are based in part on the factors known to have contributed to the fatalities that initiated this rulemaking process. The entries will be mostly checking appropriate response options to provide employers with a simplified, brief data entry process. The data elements will also allow compilation of aggregate numbers for each data element to allow for an analysis of the information by categories. This will enable the Division to comply with Labor Code Section 6401.8(c), which requires the Division to post annual reports that include "recommendations of the division on the prevention of violent incidents at hospitals." The information being specified for reporting is required to make any meaningful recommendations regarding the factors that contribute to violent incidents.

A modification is proposed for subsection (g)(4)(E) to delete "what agencies responded" and add "how security or law enforcement assisted the employee(s)." This information is necessary to comply with the directive of Senate Bill (SB) 1299 for the Division to provide recommendations about reducing workplace violence incidents.

A modification is proposed for subsection (g)(4)(F) to determine if engineering control modifications or work practice modifications are being applied as corrective measures. This information is necessary to comply with the directive of SB1299 for the Division to provide recommendations about reducing workplace violence incidents.

A modification is proposed to remove the Note following subsection (g)(4)(H) and move it to subsection (g)(1) as noted above.

A modification is proposed for subsection (g)(5) to allow employers 24 hours instead of 4 hours to respond to a request from the Division for supplemental information. This is needed to allow an employer sufficient time to respond.

<u>Subsection (h) Recordkeeping.</u>

A modification is proposed for subsection (h)(1) to clarify that the records of workplace violence hazard identification, evaluation, and correction are to be in accordance with Section 3203(b)<u>(1)</u>,

except that the Exception to Section 3203(b)(1) does not apply. This is necessary to ensure all employers including those with less than 10 employees maintain inspection records.

A modification is proposed for subsection (h)(2) to clarify that the training records are to be collected as stated but Section 3203(b)(2) Exception No. 1 does not apply. This is necessary to ensure all employers including those with less than 10 employees maintain records of training.

A modification is proposed for subsection (h)(3) to refer to subsection (c)(12), formerly numbered subsection (c)(11).

A copy of the full text of the standards as originally proposed, with the modifications clearly indicated, is attached for your information.

Pursuant to Government Code Section 11346.8(d), notice is also given of the opportunity to submit comments concerning the addition to the rulemaking file of the following documents relied upon:

- Franks, P., Kocher, N., and Chapman, S. January 2004. Emergency Medical Technicians and Paramedics in California. University of California, San Francisco, The Center for the Health Professions https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/9.1%20(Issue%20Brief)%202004-01_EMTs_and_Paramedics_in_California.pdf
- Kirkwood, S. May 2013. It's Time to Stop the Violence, NEMSMA launches initiative to address attacks on EMS providers. National EMS Management Association http://www.naemt.org/docs/default-source/Health-and-Safety-Documents/EMS_28_BestPractice0513.pdf
- Oliver, A. and R. Levine. 2015. Workplace Violence: A Survey of Nationally Registered Emergency Medical Services Professionals. Epidemiology Research International Vol. 2015. http://dx.doi.org/10.1155/2015/137246
- Taylor JA, Davis AL, Barnes B, Lacovara AV, Patel R. Injury risks of EMS responders: evidence from the National Fire Fighter Near-Miss Reporting System. BMJ Open. 2015;5. http://bmjopen.bmj.com/content/5/6/e007562.full.pdf+html
- California Health and Human Services Agency, Department of Developmental Services, Plan for the Closure of Sonoma Developmental Center, October 1, 2015: https://dds.ca.gov/sonomanews/docs/closurePlan10_01_15.pdf
- California Health and Human Services Agency, Department of Developmental Services, Plan for the Closure of Fairview Developmental Center and Porterville Developmental Center General Treatment Area, April 1, 2016: http://www.dds.ca.gov/fairviewNews/docs/FDC-PDC_ClosurePlan040112016.pdf
- The Future of State Developmental Centers, 2015 May Revision: http://www.dds.ca.gov/Budget/Docs/DCClosures-2015MayRevision.pdf

Copies of these documents are available for review during normal business hours at the Standards Board office located at the address listed below.

Any written comments on these modifications or documents relied upon must be received by 5:00 p.m. on August 17, 2016, at the Occupational Safety and Health Standards Board, 2520 Venture Oaks Way, Suite 350, Sacramento, California 95833 or e-mailed to oshsb@dir.ca.gov. This proposal will be scheduled for adoption at a future business meeting of the Standards Board.

The Standards Board's rulemaking files on the proposed action are open to public inspection Monday through Friday, from 8:00 a.m. to 4:30 p.m., at the Standards Board's office at 2520 Venture Oaks Way, Suite 350, Sacramento, California 95833.

Inquiries concerning the proposed changes may be directed to the Executive Officer, Marley Hart, at (916) 274-5721.

OCCUPATIONAL SAFETY AND HEALTH
STANDARDS BOARD

Original signed by

Date: August 2, 2016

Marley Hart, Executive Officer

PROPOSED MODIFICATIONS
(Modifications are indicated in underline wording for new language and strikeout for deleted language.)

STANDARDS PRESENTATION
TO
CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD

PROPOSED STATE STANDARD,
TITLE 8, CHAPTER 4

Add new Title 8 Section 3342 to read:

§ 3342. Workplace Violence Prevention in Health care.

(a) Scope and Application.
(1) Scope. This section applies to work in the following health care facilities, service categories, and operations:
(A) Health facilities, as defined below;
(B) Outpatient medical offices and clinics;
(C) Home health care and home-based hospice;
(D) ~~Paramedic and e~~Emergency medical services and medical transport, including these services when provided by firefighters and other emergency responders;
(E) Field operations such as mobile clinics and dispensing operations, medical outreach services, and other off-site operations;
(F) Drug treatment programs;
~~(G) Ancillary health care operations.~~
(2) Application.
(A) ~~All e~~Employers with employees in operations identified in subsections (a)(1)(A) through (a)(1)(F) shall comply with subsections (c), (d), (e), (f), and (h).
(B) General acute care hospitals, acute psychiatric hospitals, and special hospitals shall also comply with subsection (g).
~~(C) Ancillary health care operations shall comply with this section by ensuring that the elements included in subsection (c), (d), (e), and (f) are addressed by the host establishment's injury and illness prevention program or a separate workplace violence prevention plan for the operation. Recordkeeping shall be in accordance with subsection (h).~~
(3) The employer shall provide all safeguards required by this section, including provision of personal protective equipment, training, and medical services, at no cost to the employee, at a reasonable time and place for the employee, and during the employee's paid time ~~working hours~~.
(4) Implementation. Employers with employees in operations identified in subsections (a)(1)(A) through (a)(1)(F) shall implement subsections (d), and (h) by [insert the effective date]. General acute care hospitals, acute psychiatric hospitals, and special hospitals shall also implement subsection (g) by [insert the effective date]. Employers with employees in operations identified in subsections (a)(1)(A) through (a)(1)(F) shall implement the requirements of subsections (c), (e), and (f) by [insert one year after the effective date].
EXCEPTION: This section does not apply to the following facilities operated by the California Department of Developmental Services (DDS) and scheduled to close by the end of 2021: (1) Porterville Developmental Center General Treatment Area; (2) Fairview Developmental

Center; and (3) Sonoma Developmental Center. These facilities shall still comply with Section 3203 during the closure process. Any DDS facility or portion of a DDS facility that is not closed by the end of 2021 or is not planned to be closed by the end of 2021 must comply with this section.

(b) Definitions.

"Acute psychiatric hospital" (APH) means a hospital, licensed by the California Department of Public Health as such ~~in accordance with~~ meeting the definition provided in Health and Safety Code Section 1250(b)~~, Title 22,~~ or California Code of Regulations, Title 22, Section 71005; and all services within the hospital's license ~~including, but not limited to, emergency, outpatient observation, and outpatient clinics located at the hospital facility and all off-site operations included within the hospital's license~~.

"Alarm" means a mechanical, electrical or electronic device that does not rely upon an employee's vocalization in order to alert others.

~~"Ancillary health care operation" means a health care operation located in a workplace other than those listed in subsection (a)(1)(A) through (a)(1)(F). Examples of ancillary health care operations include retail clinics, school nurse operations, and workplace clinics.~~

"Chief" means the Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations, or his or her designated representative.

"Dangerous weapon" means an instrument capable of inflicting death or serious bodily injury.

"Division" means the Division of Occupational Safety and Health of the Department of Industrial Relations.

"Emergency" means unanticipated circumstances that can be life-threatening or pose a risk of significant injuries to the patient, staff or public, requiring immediate action.

"Emergency medical services" means medical care provided pursuant to Title 22, Division 9, by employees who are certified EMT-1, certified EMT-II, or licensed paramedic personnel to the sick and injured at the scene of an emergency, during transport, or during inter-facility transfer.

"Engineering controls" means an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the worker and the hazard. For purposes of reducing workplace violence hazards, engineering controls include, as applicable, but are not limited to: electronic access controls to employee occupied areas; weapon detectors (installed or handheld); enclosed workstations with shatter-resistant glass; deep service counters; separate rooms or areas for high risk patients; locks on doors; furniture affixed to the floor; opaque glass in patient rooms (protects privacy, but allows the health care provider to see where the patient is before entering the room); closed-circuit television monitoring and video recording; sight-aids; and personal alarm devices.

"Environmental risk factors" means factors in the facility or area in which health care services or operations are conducted that may contribute to the likelihood or severity of a workplace violence incident. Environmental risk factors include risk factors associated with the specific task being performed, such as the collection of money.

PROPOSED STATE STANDARD,
TITLE 8, CHAPTER 4

"Field operation" means an operation conducted by employees that is outside of the employer's fixed establishment, such as mobile clinics, health screening and medical outreach services, or dispensing of medications.

"General acute care hospital" (GACH) means a hospital, licensed by the California Department of Public Health as such ~~in accordance with~~ meeting the definition provided in Health and Safety Code Section 1250(a)~~, Title 22,~~ or California Code of Regulations, Title 22, Section 70005, and all services within the hospital's license ~~including, but not limited to: emergency, outpatient observation, outpatient clinics, physical therapy and ambulatory surgery services located at the hospital facility, and all off-site operations included within the hospital's license~~.

"Health facility" means any facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, or treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer. (Ref: Health and Safety Code Section 1250). For the purposes of this section, a health facility includes hospital based outpatient clinics (HBOCs) and other operations located at a health facility, and all off-site operations included within the license of the health facility. The term "health facility" includes facilities with the following bed classifications, as established by the California Department of Public Health:

(1) General acute care hospital
(2) Acute psychiatric hospital
(3) Skilled nursing facility
(4) Intermediate care facility
(5) Intermediate care facility/developmentally disabled habilitative
(6) Special hospital
(7) Intermediate care facility/developmentally disabled
(8) Intermediate care facility/developmentally disabled-nursing
(9) Congregate living health facility
(10) Correctional treatment center
(11) Nursing facility
(12) Intermediate care facility/developmentally disabled-continuous nursing (ICF/DD-CN)
(13) Hospice facility

~~"Individually identifiable medical information" means medical information that includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.~~

"Outpatient medical offices and clinics" means establishments other than those listed under the license of a General Acute Care Hospital, Acute Psychiatric Hospital or Special Hospital where patients are provided with diagnosis and treatment for medical or psychiatric care, but are

not admitted for a 24-hour stay or longer. These establishments include, but are not limited to, physician's offices, phlebotomy drawing stations, therapy offices, imaging centers, ambulatory surgery centers, and outpatient medical services to the incarcerated in correctional and detention settings ~~clinics~~.

"Patient classification system" means a method for establishing staffing requirements by unit, patient, and shift based on the assessment of individual patients by the registered nurse as specified in Title 22, Sections 70053.2 and 70217, for General Acute Care Hospitals.

"Patient contact" means providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient.

"Patient specific risk factors" means factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, such as use of drugs or alcohol, psychiatric condition or diagnosis associated with increased risk of violence, any condition or disease process that would cause confusion and/or disorientation, or history of violence~~, which may increase the likelihood or severity of a workplace violence incident~~.

"Threat of violence" means a statement or conduct that causes a person to fear for his or her safety because there is a reasonable possibility the person might be physically injured, and that serves no legitimate purpose.

"Work practice controls" means procedures, rules and staffing which are used to effectively reduce workplace violence hazards. Work practice controls include, as applicable, but are not limited to: appropriate staffing levels; provision of dedicated safety personnel (i.e. security guards); employee training on workplace violence prevention methods; and employee training on procedures to follow in the event of a workplace violence incident.

"Workplace violence" means any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:

(A) The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;

(B) An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury;

(C) Four workplace violence types:

1. "Type 1 violence" means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
2. "Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient ~~any others for whom an organization provides services~~.

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3. "Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.
4. "Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

(c) Workplace Violence Prevention Plan. As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, the ~~every~~ employer ~~covered by this section~~ shall establish, implement and maintain an effective workplace violence prevention plan (Plan) that is in effect at all times in every unit, service, and operation. The Plan shall be in writing, shall be specific to the hazards and corrective measures for the unit, service, or operation, and shall be available to employees at all times. The written Plan may be incorporated into the written IIPP or maintained as a separate document, and shall include all of the following elements:

(1) Names or job titles of the persons responsible for implementing the Plan.

(2) Effective procedures to obtain the active involvement of employees and their representatives in developing, implementing, and reviewing the Plan, including their participation in identifying, evaluating, and correcting workplace violence hazards, designing and implementing training, and reporting and investigating workplace violence incidents. ~~This process shall also include the involvement of security personnel who are employees of the facility, or representatives of employees who provide security services to the employer.~~

(3) Methods the employer will use to coordinate implementation of the Plan with other employers whose employees work in the same health care facility, service, or operation, to ensure that those employers and employees ~~have a role~~ understand their respective roles as provided in ~~implementing~~ the Plan. These methods shall ensure that all employees ~~of other employers and temporary employees~~ are provided the training required by subsection (f) and shall ensure that workplace violence incidents involving any employee ~~those employees~~ are reported, investigated, and recorded.

(4) ~~A policy~~ Effective procedures for obtaining assistance from the appropriate law enforcement agency during all work shifts. The procedure may establish a central coordination procedure. This shall also include a policy statement prohibiting the employer from disallowing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

(5) ~~The Plan shall also include e~~Effective procedures for the employer to accept and respond to reports of workplace violence, including Type 3 violence, and to prohibit retaliation against an employee who makes such a report.

(~~5~~6) Procedures to ensure that supervisory and non-supervisory employees comply with the Plan in accordance with Section 3203(a)(2).

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(~~6~~7) Procedures to communicate with employees regarding workplace violence matters, including:
(A) How employees will document and communicate to other employees and between shifts and units, information regarding conditions that may increase the potential for workplace violence incidents;
(B) How an employee can report a violent incident, threat, or other workplace violence concern;
(C) How employees can communicate workplace violence concerns without fear of reprisal;
(D) How employee concerns will be investigated, and how employees will be informed of the results of the investigation and any corrective actions to be taken.

(~~7~~8) Procedures to develop and provide the training required in subsection (f). Employees and their representatives shall be allowed to participate in developing ~~and delivering~~ the training.

(~~8~~9) Assessment procedures to identify and evaluate environmental risk factors, including community-based risk factors, for each facility, unit, service, or operation. This shall include a review of all workplace violence incidents that occurred in the facility, service, or operation within the previous year, whether or not an injury occurred.
(A) For fixed workplaces: Procedures to identify and evaluate environmental risk factors for workplace violence in each unit and area of the establishment, including areas surrounding the facility such as employee parking areas and other outdoor areas. Assessment tools, environmental checklists, or other effective means shall be used to identify locations and situations where violent incidents are more likely to occur. Procedures shall specify the frequency with which such environmental assessments will take place. Environmental risk factors shall include, as applicable, but shall not necessarily be limited to, the following:
1. Employees working in locations isolated from other employees (including employees engaging in patient contact activities) because of being assigned to work alone or in remote locations, during night or early morning hours, or where an assailant could prevent entry into the work area by responders or other employees;
2. Poor illumination or blocked visibility ~~or~~ of areas where ~~employees or~~ possible assailants may be present;
3. Lack of physical barriers between employees and persons at risk of committing workplace violence;
4. Lack of effective escape routes;
5. Obstacles and impediments to accessing alarm systems;
6. Locations within the facility where alarm systems are not operational;
7. Entryways where unauthorized entrance may occur, such as doors designated for staff entrance or emergency exits;

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8. Presence of furnishings or any objects that can be used as weapons in the areas where patient contact activities are performed;
9. Storage of high-value items, currency, or pharmaceuticals;

(B) For field operations such as mobile clinics and dispensing operations, medical outreach services, and other off-site operations: Procedures to identify and evaluate environmental risk factors, including those listed in subsection (A), at each site where services are provided, and procedures for communicating with dispatching authorities to identify any risk factors present at the scene and ensure that appropriate assistance will be provided by cooperating agencies if needed.

(C) For home health care and home-based hospice: Procedures to identify and evaluate – during intake procedures, at the time of the initial visit, and during subsequent visits whenever there is a change in conditions – environmental risk factors such as the presence of weapons, evidence of substance abuse, or the presence of uncooperative cohabitants.

(D) For ~~paramedic and other~~ emergency medical services and medical transport: Procedures for communicating with dispatching authorities to identify any risk factors present at the scene and ensure that appropriate assistance will be provided by cooperating agencies if needed.

~~(E) For ancillary health care operations: Procedures to identify and evaluate environmental risk factors, including those listed in subsection (A), in the area where the health care operation is located and in other areas of the host establishment.~~

(~~9~~10) Procedures to identify and evaluate patient-specific risk factors and assess visitors or other persons who are not employees. Assessment tools, decision trees, algorithms, or other effective means shall be used to identify situations in which patient-specific Type 2 violence is more likely to occur and to assess visitors or other persons who display disruptive behavior or otherwise demonstrate ~~pose~~ a risk of committing ~~Type 1~~ workplace violence. This includes, as applicable, procedures for paramedic and other emergency medical services to communicate with receiving facilities, and for receiving facilities to communicate with law enforcement and paramedic and other emergency medical services, to identify risk factors associated with patients who are being transported to the receiving facility. Patient-specific factors shall include, as applicable, but not necessarily be limited to, the following:

(A) A patient's mental status and conditions that may cause the patient to be non-responsive to instruction or to behave unpredictably, disruptively, uncooperatively, or aggressively;

(B) A patient's treatment and medication status, type, and dosage, as is known to the health facility and employees;

(C) A patient's history of violence, as is known to the health facility and employees;

(D) Any disruptive or threatening behavior displayed by a patient.

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(1~~0~~1) Procedures to correct workplace violence hazards in a timely manner in accordance with Section 3203(a)(6). Engineering and work practice controls shall be used to eliminate or minimize employee exposure to the identified hazards to the extent feasible. The employer shall take measures to protect employees from imminent hazards immediately, and shall take measures to protect employees from identified serious hazards within seven days of the discovery of the hazard, where there is a realistic possibility that death or serious physical harm could result from the hazard. When an identified corrective measure cannot be implemented within this timeframe, the employer shall take interim measures to abate the imminent or serious nature of the hazard while completing the permanent control measures. Corrective measures shall include, as applicable, but shall not be limited to:

(A) Ensuring that sufficient numbers of staff are trained and available to prevent and immediately respond to workplace violence incidents during each shift. A staff person is not considered to be available if other assignments prevent the person from immediately responding to an alarm or other notification of a violent incident.

(B) Providing line of sight or other immediate communication in all areas where patients or members of the public may be present. This may include removal of sight barriers, provision of surveillance systems or other sight aids such as mirrors, use of a buddy system, improving illumination, or other effective means. Where patient privacy or physical layout prevents line of sight, alarm systems or other effective means shall be provided for an employee who needs to enter the area.

(C) Configuring facility spaces, including, but not limited to, treatment areas, patient rooms, interview rooms, and common rooms, so that employee access to doors and alarm systems cannot be impeded by a patient, other persons, or obstacles.

(D) Removing, fastening, or controlling furnishings and other objects that may be used as improvised weapons in areas where patients who have been identified as having a potential for workplace Type 2 violence are reasonably anticipated to be present.

(E) Creating a security plan to prevent the transport of unauthorized firearms and other weapons into the facility in areas where visitors or arriving patients are reasonably anticipated to possess firearms or other weapons that could be used to commit Type 1 or Type 2 violence. This shall include monitoring and controlling designated public entrances by use of safeguards such as weapon detection devices, remote surveillance, alarm systems, or a registration process conducted by personnel who are in an appropriately protected work station.

(F) Maintaining sufficient staffing, including security personnel, who can maintain order in the facility and respond to workplace violence incidents in a timely manner.

(G) Installing, implementing, and maintaining the use of an alarm system or other effective means by which employees can summon security and other aid to defuse or respond to an actual or potential workplace violence emergency.

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(H) Creating an effective means by which employees can be alerted to the presence, location, and nature of a security threat.

(I) Establishing an effective response plan for actual or potential workplace violence emergencies that includes obtaining help from facility security or law enforcement agencies as appropriate. Employees designated to respond to emergencies must not have other assignments that would prevent them from responding immediately to an alarm to assist other staff. The response plan shall also include procedures to respond to mass casualty threats, such as active shooters, by developing evacuation or sheltering plans that are appropriate and feasible for the facility, a procedure for warning employees of the situation, and a procedure for contacting the appropriate law enforcement agency.

(J) Assigning or placing ~~minimum~~ sufficient numbers of staff, to reduce patient-specific Type 2 workplace violence hazards.

(1~~1~~2) Procedures for post-incident response and investigation, including:

(A) Providing immediate medical care or first aid to employees who have been injured in the incident;

(B) Identifying all employees involved in the incident;

(C) ~~Providing~~ Making available individual trauma counseling to all employees affected by the incident;

(D) Conducting a post-incident debriefing as soon as possible after the incident with all employees, supervisors, and security involved in the incident;

(E) Reviewing any patient-specific risk factors and any risk reduction measures that were specified for that patient;

(F) Reviewing whether appropriate corrective measures developed under the Plan – such as adequate staffing, provision and use of alarms or other means of summoning assistance, and response by staff or law enforcement – were effectively implemented;

(G) Soliciting from the injured employee and other personnel involved in the incident their opinions regarding the cause of the incident, and whether any measure would have prevented the injury.

(d) Violent Incident Log. The employer shall record information in a violent incident log (Log) about every incident, post-incident response, and workplace violence injury investigation performed in accordance with subsection (c)(1~~1~~2). Information about each incident shall be based on information solicited from the employees who experienced the workplace violence. The employer shall omit any element of personal identifying information sufficient to allow identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity. The Log shall be reviewed during the annual review of the Plan required in

subsection (e). The information recorded in the Log shall include, but not necessarily be limited to:

(1) The date, time, specific location, and department of the incident;

~~(2) A section that each employee who experienced workplace violence shall be allowed to complete, including:~~

(2) ~~(A)~~ A detailed description of the incident~~,~~;

(3) ~~(B)~~ A classification of who committed the violence, including whether the perpetrator was a patient/client/customer, family/friend of a patient/client/customer, stranger with criminal intent, coworker, supervisor/manager, partner/spouse, parent/relative, or other perpetrator~~,~~;

(4) ~~(C)~~ A classification of circumstances at the time of the incident, including whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, in a high crime area, isolated or alone, unable to get help or assistance, working in a community setting, working in an unfamiliar or new location, or other circumstances~~.~~;

~~(3) A description of the incident that includes:~~

(5) ~~(A)~~ A classification of where the incident occurred, including whether it was in a patient or client room, emergency room or urgent care, hallway, waiting room, restroom or bathroom, parking lot or other area outside the building, personal residence, break room, cafeteria, or other area~~.~~;

(6) ~~(B)~~ The type of incident, including whether it involved:

(A)~~1.~~ Physical attack, including biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting;

(B)~~2.~~ Attack with a weapon or object, including a gun, knife, or other object;

(C)~~3.~~ Threat of physical force or threat of the use of a weapon or other object;

(D)~~4.~~ Sexual assault or threat, including rape/attempted rape, physical display, or unwanted verbal/physical sexual contact;

(E)~~5.~~ Animal attack;

(F)~~6.~~ Other.

(4~~7~~) Consequences of the incident, including:

(A) Whether medical treatment was provided to the employee;

(B) Who, if anyone, provided necessary assistance to conclude the incident;

(C) Whether security was contacted and whether law enforcement was contacted;

(D) Amount of lost time ~~taken off~~ from work, if any;

(E) Actions taken to protect employees from a continuing threat, if any.

(5~~8~~) Information about the person completing the Log including their name, job title, phone number, email address, and the date completed.

~~Note to subsection (d): "Medical information" as defined by Civil Code Section 56.05(j) shall not be included in the Log.~~

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(e) ~~Annual~~ Review of the Workplace Violence Prevention Plan. The employer shall establish and implement a system to review the effectiveness of the Plan for the overall facility or operation at least annually, in conjunction with employees regarding their respective work areas, services, and operations. Problems found during the review shall be corrected in accordance with subsection (c)(1~~0~~1). The review shall include evaluation of the following:

(1) Staffing, including staffing patterns and patient classification systems that contribute to, or are insufficient to address, the risk of violence;

(2) Sufficiency of security systems, including alarms, emergency response, and security personnel availability;

(3) Job design, equipment, and facilities;

(4) Security risks associated with specific units, areas of the facility with uncontrolled access, late-night or early morning shifts, and employee security in areas surrounding the facility such as employee parking areas and other outdoor areas.

(5) The Plan, in accordance with Section 3203(a)(4)(B) and (C), as it applies to units within a facility, the facility as a whole, or the particular operation, shall also be reviewed for the unit, facility or operation, and updated whenever necessary as follows:

(A) To reflect new or modified tasks and procedures which may affect how the Plan is implemented, such as changes in staffing, engineering controls, construction or modification of the facilities, evacuation procedures, alarm systems and emergency response;

(B) To include newly recognized workplace violence hazards;

(C) To review and evaluate workplace violence incidents which result in a serious injury or fatality; or

(D) To review and respond to information indicating that the Plan is deficient in any area.

(E) When a revision to the Plan is needed for only part of the facility or operation, the review process may be limited to the employees in the unit(s) or operation(s) affected by the revision, independently of the annual review for the Plan for the facility as a whole.

(f) Training. The employer shall provide effective training to employees, as specified in subsections (f)(1) through (f)(3), that addresses the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs. ~~The employer shall provide effective training to all employees, including temporary employees, working in the facility, unit, service, or operation. The training shall address the workplace violence hazards identified in the facility, unit, service, or operation, the corrective measures the employer has implemented, and the activities that each employee is reasonably anticipated to perform under the Plan.~~ The employer shall have an effective procedure for obtaining the active involvement of employees and their representatives in developing training curricula and training materials, ~~conducting~~ participating in training sessions, and reviewing and revising

the training program. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.

(1) All employees working in the facility, unit, service, or operation shall be provided initial training as described in subsection (f)(1)(A) when the Plan is first established and when an employee is newly hired or newly assigned to perform duties for which the training required in this subsection was not previously provided, and shall also be provided additional training as described in subsection (f)(1)(B). ~~An employer that employs proprietary private security officers, contracts with a private patrol operator or other security service to provide security guards, or hires or contracts for the services of peace officers, shall arrange for those personnel to participate in the training provided to the employer's employees.~~

(A) Initial training shall address the workplace violence hazards identified in the facility, unit, service, or operation, and the corrective measures the employer has implemented and shall include:

1. An explanation of the employer's workplace violence prevention plan, including the employer's hazard identification and evaluation procedures, general and personal safety measures the employer has implemented, how the employee may communicate concerns about workplace violence without fear of reprisal, how the employer will address workplace violence incidents, and how the employee can participate in reviewing and revising the Plan;
2. How to recognize the potential for violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence;
3. Strategies to avoid physical harm;
4. How to recognize alerts, alarms, or other warnings about emergency conditions such as mass casualty threats and how to use identified escape routes or locations for sheltering, as applicable;
5. The role of private security personnel, if any.
6. How to report violent incidents to law enforcement;
7. Any resources available to employees for coping with incidents of violence, including, but not limited to, critical incident stress debriefing or employee assistance programs;
8. An opportunity for interactive questions and answers with a person knowledgeable about the employer's workplace violence prevention plan.

(B) Additional training shall be provided when new equipment or work practices are introduced or when a new or previously unrecognized workplace violence hazard has been identified. The additional training may be limited to addressing the new equipment or work practice or new workplace hazard.

(C) Training not given in person shall fulfill all the subject matter requirements of subsection (f)(1) and shall provide for interactive questions to be answered within 24

hours by a person knowledgeable about the employer's workplace violence prevention plan.

(2) Employees performing patient contact activities and those employees' supervisors shall be provided refresher training at least annually, applicable to those employees, to review the topics included in the initial training and the results of the ~~annual~~ review(s) required in subsection (e). Refresher training shall include an opportunity for interactive questions and answers with a person knowledgeable about the employer's workplace violence prevention plan. Training not given in person shall fulfill all the subject matter requirements of subsection (f)(2) and shall provide for interactive questions to be answered within 24 hours by a person knowledgeable about the employer's workplace violence prevention plan.

(3) Employees assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior shall be provided training on the following topics prior to initial assignment and at least annually thereafter. This is in addition to the training required in subsection (f)(1). This additional training shall include:

(A) General and personal safety measures;
(B) Aggression and violence predicting factors;
(C) The assault cycle;
(D) Characteristics of aggressive and violent patients and victims;
(E) Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior;
(F) Strategies to prevent physical harm;
(G) Appropriate and inappropriate use of r~~R~~estraining techniques in accordance with Title 22;
(H) Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22;
(I) An opportunity to practice the maneuvers and techniques included in the training with other employees they will work with, including a meeting to debrief the practice session. Problems found shall be corrected.

~~(4) All personnel present in health care facilities, services, and operations shall be trained on the employer's Plan and what to do in the event of an alarm or other notification of emergency. Non-employee personnel who are reasonably anticipated to participate in implementation of the Plan shall be provided with the training required for their specific assignments.~~

(g) Reporting Requirements for General Acute Care Hospitals, Acute Psychiatric Hospitals, and Special Hospitals.

(1) Every general acute care hospital, acute psychiatric hospital, and special hospital shall report to the Division any incident involving either of the following:

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(A) The use of physical force against an ~~a hospital~~ employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;

(B) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

NOTE to (g)(1): These reports do not relieve the employer of the requirements of Section 342 to immediately report a serious injury, illness, or death to the nearest Division district office.

(2) The report to the Division required by subsection (g)(1) shall be made within 24 hours, after the employer knows or with diligent inquiry would have known of the incident, if the incident resulted in injury, involves the use of a firearm or other dangerous weapon, or presents an urgent or emergent threat to the welfare, health, or safety of hospital personnel. For purposes of this reporting process, incidents that must be reported within 24 hours include:

(A) Any fatality or injury that requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

(B) Urgent or emergent threats are incidents that involve 911assistance from a law enforcement agency.

(3) All other reports to the Division required by subsection (g)(1) shall be made within 72 hours.

(4) Reports shall include, at a minimum, the following items:

(A) Hospital name, site address, hospital representative, phone number, and email address, and the name, representative name, and contact information for any other employer of employees affected by the incident;

(B) Date, time, and specific location of the incident;

(C) A brief description of the incident, including but not limited to, the type of attacker, the type of physical assault, the type of weapon or object used by the attacker, if any, working conditions at the time of attack, and whether the assaulted employee was alone or isolated immediately prior to the incident;

(D) The number of employees injured and the types of injuries sustained;

(E) Whether security or law enforcement was contacted, and ~~what agencies responded~~ how security or law enforcement assisted the employee(s);

(F) Whether there is a continuing threat, and if so, what measures are being taken to protect employees by engineering control modifications or work practice modifications;

(G) A unique incident identifier;

(H) Whether the incident was reported to the nearest Division district office as required in Section 342.

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~~NOTE: This report does not relieve the employer of the requirements of Section 342 to report a serious injury, illness, or death to the nearest Division district office.~~

(I) The report shall not include any employee or patient names. Employee names shall be furnished upon request to the Division.

(5) The employer shall provide supplemental information to the Division regarding the incident within 24 ~~four~~ hours of any request.

(6) Reports shall be provided through a specific online mechanism established by the Division for this purpose.

(h) Recordkeeping.

(1) Records of workplace violence hazard identification, evaluation, and correction shall be created and maintained in accordance with Section 3203(b)(1), except that the Exception to ~~(b)(1) in~~ Section 3203(b)(1) does not apply.

(2) Training records shall be created and maintained for a minimum of one year and include training dates, contents or a summary of the training sessions, names and qualifications of persons conducting the training, and names and job titles of all persons attending the training sessions. Section 3203(b)(2) EXCEPTION NO. 1 does not apply to these training records.

(3) Records of violent incidents, including but not limited to, violent incident logs required by subsection (d), reports required by subsection (g), and workplace violence injury investigations conducted pursuant to subsection (c)(1~~.~~2), shall be maintained for a minimum of five years. These records shall not contain "medical information" as defined by Civil Code Section 56.05(j).

(4) All records required by this subsection shall be made available to the Chief on request, for examination and copying.

(5) All records required by this subsection shall be made available to employees and their representatives, on request, for examination and copying in accordance with Section 3204(e)(1) of these orders.

(6) Records required by Division 1, Chapter 7, Subchapter 1, Occupational Injury or Illness Reports and Records, of these orders shall be created and maintained in accordance with those orders.

Authority: Labor Code Section 142.3. Reference: Labor Code Sections 142.3 and 6401.8.