REGULAR

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

# NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California
DEC 08 2016
1:48 P.M.

STD. 400 (REV. 01-2013)

| OAL FILE NUMBERS | NOTICE FILE NUMBER | REGULATORY ACTION NUMBER | EMERGENCY NUMBER |
|---|---|---|---|
| | Z-2015-1019-02 | 2016-1024-03S | |

For use by Office of Administrative Law (OAL) only

| RECEIVED FOR FILING PUBLICATION DATE | | 2016 OCT 24 P 4:53 OFFICE OF ADMINISTRATIVE LAW |
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| OCT 19 '15 | OCT 30 '15 | |
| Office of Administrative Law | | |
| NOTICE | | REGULATIONS |

AGENCY WITH RULEMAKING AUTHORITY: Occupational Safety and Health Standards Board

AGENCY FILE NUMBER (If any):

## A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

| 1. SUBJECT OF NOTICE | TITLE(S) | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE |
|---|---|---|---|
| GISO New Section 3342 | Title 8 | GSO New Section 3342 | October 30, 2015 |

| 3. NOTICE TYPE | 4. AGENCY CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional) |
|---|---|---|---|
| ☒ Notice re Proposed Regulatory Action ☐ Other | Marley Hart, Executive Officer | (916)-274-5721 | (916)-274-5743 |

| OAL USE ONLY | ACTION ON PROPOSED NOTICE | NOTICE REGISTER NUMBER | PUBLICATION DATE |
|---|---|---|---|
| | ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/ Withdrawn | 2015 44-Z | 10/30/2015 |

## B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Workplace Violence Prevention in Health Care

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S):

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

| SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) | |
|---|---|
| TITLE(S): 8 | ADOPT: Section 3342 |
| | AMEND: |
| | REPEAL: |

3. TYPE OF FILING

- ☒ Regular Rulemaking (Gov. Code §11346)
- ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
- ☐ Emergency (Gov. Code, §11346.1(b))
- ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
- ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
- ☐ Emergency Readopt (Gov. Code, §11346.1(h))
- ☐ File & Print
- ☐ Other (Specify) _____
- ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
- ☐ Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
August 2, 2016–August 17, 2016, August 26, 2016–September 12, 2016, September 27, 2016–October 12, 2016

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

- ☒ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
- ☐ Effective on filing with Secretary of State
- ☐ §100 Changes Without Regulatory Effect
- ☐ Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☒ Department of Finance (Form STD. 399) (SAM §6660)
- ☐ Fair Political Practices Commission
- ☐ State Fire Marshal
- ☐ Other (Specify) _____

| 7. CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional) |
|---|---|---|---|
| Marley Hart | 916.274.5721 | | mhart@dir.ca.gov |

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

SIGNATURE OF AGENCY HEAD OR DESIGNEE: Marley Hart — DATE: 10/25/16

TYPED NAME AND TITLE OF SIGNATORY: Marley Hart, Executive Officer

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ENDORSED APPROVED
DEC 08 2016
Office of Administrative Law

**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) Home health care and home-based hospice;
(C) Emergency medical services and medical transport, including these services when provided by firefighters and other emergency responders;
(D) Drug treatment programs;
(E) Outpatient medical services to the incarcerated in correctional and detention settings.
(2) Application.
(A) Employers with employees in operations identified in subsections (a)(1)(A) through (a)(1)(E) 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).
(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.
(4) Implementation. Employers with employees in operations identified in subsections (a)(1)(A) through (a)(1)(E) shall implement subsections (d), and (h) by April 1, 2017. General acute care hospitals, acute psychiatric hospitals, and special hospitals shall also implement subsection (g) by April 1, 2017. Employers with employees in operations identified in subsections (a)(1)(A) through (a)(1)(E) shall implement the requirements of subsections (c), (e), and (f) by April 1, 2018.

EXCEPTION 1: 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.

EXCEPTION 2: This section shall not apply to facilities operated by the California Department of Corrections and Rehabilitation. These facilities shall still comply with Section 3203.

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(b) Definitions.

"Acute psychiatric hospital" (APH) means a hospital, licensed by the California Department of Public Health as such meeting the definition provided in Health and Safety Code Section 1250(b) or California Code of Regulations, Title 22, Section 71005; and all services 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.

"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.

"General acute care hospital" (GACH) means a hospital, licensed by the California Department of Public Health 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.

"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

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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

"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.

"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:

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(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.
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 employer 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.

(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 understand their respective roles as provided in the Plan. These methods shall ensure that all employees are provided the training required by subsection (f) and shall ensure that workplace violence incidents involving any employee are reported, investigated, and recorded.

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(4) 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) 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.

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

(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.

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

(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 of areas where 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;
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 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.

(C) For 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.

(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 a risk of committing 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;

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(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.

(11) 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 sufficient numbers of staff, to reduce patient-specific Type 2 workplace violence hazards.

(12) 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) 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)(12). 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:

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(1) The date, time, specific location, and department of the incident;
(2) A detailed description of the incident;
(3) 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) 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;
(5) 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) The type of incident, including whether it involved:
    (A) Physical attack, including biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting;
    (B) Attack with a weapon or object, including a gun, knife, or other object;
    (C) Threat of physical force or threat of the use of a weapon or other object;
    (D) Sexual assault or threat, including rape/attempted rape, physical display, or unwanted verbal/physical sexual contact;
    (E) Animal attack;
    (F) Other.
(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 from work, if any;
    (E) Actions taken to protect employees from a continuing threat, if any.
(8) Information about the person completing the Log including their name, job title, phone number, email address, and the date completed.

(e) 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 and their representatives regarding the employees' respective work areas, services, and operations. Problems found during the review shall be corrected in accordance with subsection (c)(11). The review shall include evaluation of the following:

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(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 have an effective procedure for obtaining the active involvement of employees and their representatives in developing training curricula and training materials, 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).
(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:

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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 one business day 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 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 one business day by a person knowledgeable about the employer's workplace violence prevention plan.

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(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 restraining 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.

(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:
(A) The use of physical force against an 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;
NOTE: "Injury," as used in subsection (g)(1)(A), means an injury meeting the criteria in Section 14300.7(b)(1).
(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 results 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:

PROPOSED STATE STANDARD,
TITLE 8, CHAPTER 4

(A) "Injury" means a fatality or an 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) An "urgent or emergent threat to the welfare, health, or safety of hospital personnel" means that hospital personnel are exposed to a realistic possibility of death or serious physical harm.

(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 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, work practice modifications, or other measures;

(G) A unique incident identifier;

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

(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 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 Section 3203(b)(1) does not apply.

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(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)(12), 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.