California Nurses Association
National Nurses United
*A Voice for Nurses. A Vision for Healthcare.*

OAKLAND
155 Grand Avenue
Oakland CA 94612
*phone:* 800-504-7859
*fax:* 510-663-1625

Kevin Graulich
Research and Standards Occupational Health Unit
Division of Occupational Safety and Health
California Department of Industrial Relations
kgraulich@dir.ca.gov

March 29, 2018

RE: Cal/OSHA Workplace Violence Prevention in General Industry Advisory Meeting, January 25, 2018

Dear Mr. Graulich:

California Nurses Association/National Nurses United (CNA/NNU), representing over 100,000 members in California, is the largest labor union and professional association of registered nurses in the state and in the nation. As such, we are concerned that our members are afforded their right to a safe and healthy workplace and are fully protected by their employers from hazardous exposures that may occur in the course of providing care to patients, including workplace violence (WPV).

We appreciate the opportunity to provide written comment following the Advisory Meeting on Workplace Violence Prevention in General Industry (8 CCR §3343, CA WPV General Industry Standard), held by the Division of Occupational Safety and Health (Cal/OSHA) on January 25, 2018. The discussion at the meeting was wide ranging, with concerning positions from some attendees to reduce the requirements of the standard and therefore degrade protections for workers. A comprehensive standard that mandates employer prevention plans is needed to protect workers from workplace violence.

Workplace violence is a serious and significant hazard faced by workers across many industries. Cal/OSHA's exceptional work to develop the Workplace Violence Prevention in Health Care Standard (8 CCR §3342, CA Healthcare WPV Standard), based on the experiences of direct care registered nurses and other healthcare workers, has provided important protections for these California workers and serves as a model for the nation in worker protection. Cal/OSHA should continue this leadership by developing an equally comprehensive general industry standard to mandate prevention of workplace violence.

CNA/NNU strongly encourages Cal/OSHA to hold the CA Healthcare WPV Standard as the model for constructing the CA General Industry WPV Standard. While Cal/OSHA has stated that this is their intent, the discussion draft developed for the Advisory Meeting more closely follows Cal/OSHA's Injury and Illness Prevention Program Standard (8 CCR §3203) than the CA Healthcare WPV Standard. The Injury and Illness Prevention Program Standard is a generalized requirement for how employers should identify and prevent work-related injuries and illnesses and, thus, may not be an ideal model for addressing workplace violence, which often manifests in manners particular to each worksite.

Workplace violence is a hazard that requires more specific hazard assessment and prevention measure requirements, policies and procedures, and training programs than the generality of the Injury and Illness Prevention Program Standard. The CA General Industry WPV Standard is conceptually more similar to the Bloodborne Pathogens Standard—a standard that requires employer prevention wherever exposure to the hazard may occur, regardless of industry—than the Injury and Illness Prevention Program Standard. In order for Cal/OSHA's CA General Industry WPV Standard to effectively mandate successful prevention programs, Cal/OSHA must expand the discussion draft language to more closely follow the model set by the CA Healthcare WPV Standard. Development of comprehensive, enforceable language is necessary. CNA/NNU appreciates this opportunity to provide input to support the development of a protective and enforceable standard.

**Comment #1: Cal/OSHA Should Maintain a Protective Scope**

CNA/NNU supports the expansive scope included in Cal/OSHA's discussion draft. All workers should be protected from hazards to their health and safety, including workplace violence. While many CNA/NNU members work in hospitals and other healthcare facilities that are covered by the CA Healthcare WPV Standard, some CNA/NNU members work in healthcare operations that are not covered by the CA Healthcare WPV Standard. These members include nurses and other healthcare workers who work in outpatient clinics not on a hospital's license or grounds. Clinics on and separate from a hospital's license or campus often function similarly, are located in similar areas, and care for similar or the same patient populations. Thus, a significant difference in workplace violence hazards and risks should not be expected. Cal/OSHA should construct the CA General Industry WPV Standard to provide equal protections to nurses and other healthcare workers who face workplace violence in these healthcare settings not covered by the CA Healthcare WPV Standard.

Limiting the standard to supposed high-hazard industries or creating tiers within the standard will not provide protection to all workers exposed to workplace violence, especially as the workplace violence hazards in various industries may change over time. CNA/NNU members who work at call centers to provide medical advice and assistance to patients over the telephone should be covered by the CA General Industry WPV Standard. Many call centers operate around the clock with staggered shifts, with employees arriving or leaving work early in the morning or late in the evening. This presents frequent situations with increased risk factors for workplace violence and without prevention measures in place. CNA/NNU members who work at call centers report facing workplace violence, including the use and threat of physical force, in the course of doing their jobs. Although patient contact is of a different nature in the call centers as compared to a hospital or clinic setting, there are still workplace violence hazards that need to be addressed by employers. Nurses report that threats of violence are made over the phone and, because the physical location of the call centers is publicly available, physical violence can and has followed. Nurses have reported physical assaults in the parking lot before and after shifts by strangers, people known to employees, and patients.

However, the expansiveness of the scope should not be used to justify a weaker standard of protection. The suggestion of a two-tiered standard made at the Advisory Meeting is not an adequate solution because it would essentially exclude some employers from evaluating workplace violence hazards in

their specific workplaces/work areas. An important element of the CA Healthcare WPV Standard is the requirement that employers evaluate the workplace violence hazards that are specific not just to each facility but to each unit. Workplace violence hazards vary between similar types of facilities or workplaces based on environmental risk factors, including physical infrastructure differences, community-based risk factors, and staffing differences. The example of the Bloodborne Pathogens Standard is useful here—employers must assess their workplaces and work tasks for potential exposure to blood and other potentially infectious material. If the Bloodborne Pathogens Standard had been structured as a two-tiered standard, say applicable in its full form only to healthcare facilities while all other industries had a lower level of personal protective equipment and training, it would have offered inadequate protection to many workers who would have been occupationally exposed to blood and bodily fluids as a result. Cal/OSHA should maintain the expansive scope of the CA General Industry WPV Standard to be hazard-specific.

**Comment #2: More Detailed Definitions Are Needed**

The CA Healthcare WPV Standard includes many detailed and descriptive definitions. These definitions are important in clearly stating the elements that Cal/OSHA requires to be part of an effective workplace violence prevention plan and are likely to be important in Cal/OSHA's enforcement of the standard. Several of these definitions were eliminated in the CA General Industry WPV Standard discussion draft and should be added back in. In particular, the definitions of emergency, engineering controls, environmental risk factors, patient-specific risk factors (perhaps renamed to "person-specific risk factors" to be more applicable to general industry), and work practice controls should be added to reflect other changes that CNA/NNU suggests. Additionally, the definition of injury should be removed to reflect other changes discussed below.

**Comment #3: Workplace Violence Prevention Plan Requirements Should Be More Detailed and Protective Elements Strengthened**

The workplace violence prevention plan requirements in Cal/OSHA's discussion draft are missing some elements necessary to ensure that employers' plans are effective. Providing more detail in subsection (c) of the discussion draft would make it clear to employers what is necessary for their workplace violence prevention plans to be effective, which would result in more successful workplace violence prevention and protection of workers. In turn, detailed plan requirements enhance Cal/OSHA's enforcement—both by making explicit what Compliance Safety and Health Officers (CSHOs) should survey for and by enabling specific and detailed citations that mandate employer action to improve their workplace violence prevention and protection of employees. CNA/NNU has made specific suggestions below for how to provide more detail based on the CA Healthcare WPV Standard model.

*Comment #3a: Workplace Violence Prevention Plans Must Be In Effect At All Times and In All Work Areas*

First, there should be an explicit requirement that employers' workplace violence prevention plans must be in effect at all times and in all work areas and operations. This is essential for 24-hour operations as well as other workplaces where a small number of employees may work late night or early morning shifts. The standard should also include an explicit requirement that the employer's workplace violence

prevention plan be implemented and maintained in every work area and operation. Workplace violence is a hazard that should be addressed wherever employees perform their jobs. During rulemaking for the CA Healthcare WPV Standard, it was important to move past false assumptions that workplace violence was only a concern in certain "high risk" units like the emergency department and inpatient psychiatric units in order to develop a protective standard. Similarly for workplaces covered by the CA General Industry Standard, workplace violence hazards should be assessed and addressed in all parts of the workplace. An important role of an effective workplace violence prevention plan would be to identify not only whether a particular worksite presents risks for violence but whether certain circumstances, including time of day, presents particular risks of workplace violence. For example, in clinic settings, our members report experiencing workplace violence incidents in the waiting room or reception area as well as in treatment rooms and hallways, parking lots and other outside areas. This language can be added to subsection (c) of the discussion draft as follows:

*(c) Workplace Violence Prevention Plan. As part of the Injury and Illness Prevention Program (IIPP) required by title 8, section 3203, the employer shall establish, implement and maintain an effective workplace violence prevention plan (Plan) <u>that is in effect at all times in every work area and operation</u>. [...]*

*Comment #3b: Written Workplace Violence Prevention Plans Must Be Available To Employees At All Times*

Cal/OSHA also included a requirement that the written workplace violence prevention plan be available to employees at all times. This is equally an important requirement that should be maintained in future drafts to ensure that employees have the right to refer at any time to the employer's prevention plan. Additionally, this access can be an important part of being able to provide active involvement in developing, implementing, and reviewing the workplace violence prevention plan.

*Comment #3c: Annual Reviews Are Important to Creating and Maintaining Effective Workplace Violence Prevention Plans*

Cal/OSHA's discussion draft, although it does take the important step of requiring that employers have effective workplace violence prevention plans, does not include a requirement that employers review the effectiveness of their workplace violence prevention plans at least annually. This requirement is included in the CA Healthcare WPV Standard and provides a consistent and regular point of input for employees and their representatives to provide feedback on the workplace violence prevention plan. While it is true that in order for plans to be effective they must be regularly reviewed and updated in conjunction with employees and their representatives, by leaving out the explicit requirement for annual review Cal/OSHA undermines its ability to enforce the requirement that plans will be effective. Cal/OSHA should include an explicit requirement that employers must review and update their workplace violence prevention plans at least annually in conjunction with employees and their representatives regarding their specific work areas. Language regarding annual plan review should be added to subsection (c)(2) of the discussion draft as well as new subsection (e) of CNA/NNU's draft.

*(c)(2) Effective procedures to obtain the active involvement of employees and their representatives in developing, ~~and~~ 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.*

*[...]*

*(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:*

> *Staffing, including staffing patterns and patient classification systems that contribute to, or are insufficient to address, the risk of violence;*
> *Sufficiency of security systems, including alarms, emergency response, and security personnel availability;*
> *Job design, equipment, and facilities;*
> *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.*
> *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:*
> *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;*
> *To include newly recognized workplace violence hazards;*
> *To review and evaluate workplace violence incidents which result in a serious injury or fatality; or*
> *To review and respond to information indicating that the Plan is deficient in any area.*
> *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.*

*Comment 3d: Protections for Employees Who Seek Assistance from Local Law Enforcement During a Violent Incident Are Necessary*

It is important that, in the CA General Industry WPV Standard, Cal/OSHA maintain the protections that were included in the CA Healthcare WPV Standard and mandated by SB 1299 for employees who call local law enforcement during a violent incident. Without this requirement, employers may prohibit employees from gaining assistance from local law enforcement during a violent incident. Employees should always be able to exercise their right to call 911 in an emergency or otherwise seek assistance

from local law enforcement and emergency services. Cal/OSHA should also maintain the important language from the CA Healthcare WPV Standard that prohibits retaliation against employees for seeking assistance from local law enforcement during a violent incident as this is an equally important protection to ensure that employees have the right to seek assistance from local law enforcement during a violent incident. We propose that this language from the CA Healthcare WPV Standard become new subsection (c)(4) in CNA/NNU's draft:

*(c)(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.*

*Comment #3e: Workplace Violence Hazard Assessments Must Be More Detailed*

More detail regarding the frequency of assessments and the factors assessed should be added to subsection (c)(8) of the discussion draft (new subsection (c)(9) in CNA/NNU's draft) regarding workplace violence hazard assessments. The discussion draft requires workplace violence hazard identification to be done using scheduled periodic inspections and whenever the employer is made aware of a new or previously unrecognized hazard. This is a lower frequency than the Injury and Illness Prevention Program Standard, which also requires that employers evaluate hazards whenever conditions in the workplace change. However, simply adding the additional language from the Injury and Illness Prevention Program Standard will not be sufficient. Cal/OSHA developed descriptive language in the CA Healthcare WPV Standard that should be used as a template for the CA General Industry WPV Standard to clarify what employers need to do to identify workplace violence hazards and that should also serve to dispel confusion expressed at the Advisory Meeting about how to assess workplace violence hazards while walking through the workplace. We have made suggestions on including adapted language from the CA Healthcare WPV Standard for fixed operations. Cal/OSHA may also consider including language for non-fixed workplaces such as work areas in the field and other off-site operations. CNA/NNU's language recommendations are as follows:

*(c)~~(8)~~ (9) Procedures to identify and evaluate workplace violence hazards, including scheduled periodic inspections to identify unsafe conditions and work practices and whenever the employer is made aware of a new or previously unrecognized hazard. Assessment procedures to identify and evaluate environmental risk factors, including community-based risk factors, for each work area and operation. This shall include a review of all workplace violence incidents that occurred in the workplaces and operations 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 work area and operation, including areas surrounding the workplace such as employee parking areas and other outdoor areas. Assessment tools, environmental checklists, or other effective means shall be use 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 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 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 objects that can be used as weapons in the areas where workplace violence is likely to occur;*

*9. Storage of high value items, currency, or pharmaceuticals.*

*Comment #3f: Patient-specific Risk Factor Assessments Should Be Included*

Given that the healthcare operations that were excluded from the CA Healthcare WPV Standard are substantially similar to operations covered under the Standard, we support inclusion of language requiring procedures to assess patients and visitors for risk factors for workplace violence. In outpatient clinics not included in the CA Healthcare WPV Standard, the majority of workplace violence that nurses face comes from patients and people accompanying patients. Some examples that our members who work in outpatients clinics have reported include:

A patient threw a chair at a nurse.
A patient hit a nurse with his cane.
A patient was denied a bus pass at the clinic and they became aggressive and verbally abusive and threatening.
A patient had reported that they had a means of transportation before a procedure that necessitated sedation. After the procedure, the patient threatened to leave AMA. When the nurse intervened, the patient threatened the nurse, "You better not stand in my way."
Two patients pulled out knives during group therapy.

We recommend adding adapted language from the CA Healthcare WPV Standard to new subsection (c)(10) in CNA/NNU's draft to expand the risk factors for workplace violence to reflect patient- or client-

specific risks. It is important to include these risk factors that are important for effective workplace violence prevention plans in outpatient clinics even though they may not be applicable in all workplaces covered under the CA General Industry WPV Standard, e.g., a patient or client's treatment and medication status, type, and dosage is highly unlikely to be known by a bank teller and assessing it as a risk factor for an individual would be inappropriate. The inclusion of the "as applicable" language is an important distinction here that enables Cal/OSHA to mandate elements important for some settings like outpatient clinics.

*(c)(10) Procedures to identify and evaluate risk factors associated with individual patients, clients, or other persons who are not employees. Assessment tools or other effective means shall be used to identify situations in which 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. Person-specific risk factors shall include, as applicable, but not necessarily be limited to, the following:*

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

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

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

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

*Comment #3g: Engineering And Work Practice Controls Must Be Prioritized*

Cal/OSHA should add more detail that prioritizes the use of engineering and work practice controls in correction measures to subsection (c)(9) of the discussion draft (new subsection (c)(11) in CNA/NNU's draft) requiring hazard correction. The corresponding subsection in the CA Healthcare WPV Standard includes such requirements. This is an important requirement to maintain in the CA General Industry WPV Standard. Employers often rely exclusively on training and worker behavior when responding to workplace violence. When these are the only measures an employer implements, it effectively shifts the burden of prevention onto employees. While training is an important element of workplace violence prevention, engineering and work practice or administrative controls should be prioritized.

*(c)~~(9)~~ (11) Procedures to correct workplace violence hazards in a timely manner in accordance with title 8, 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 discovered 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 at all times. 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, clients, 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.*

*(C) Configuring work areas and other spaces in the workplace so that employee access to doors and alarm systems cannot be impeded by a patient, client, other persons, or obstacles.*

*(D) Removing, fastening, or controlling furnishings and other objects that may be used as improvised weapons in areas where patients, clients, or other persons 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 workplace in areas where visitors or arriving patients, clients, or other persons 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 workplace 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.*

*(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 workplace 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 workplace, 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 or client-specific Type 2 workplace violence hazards.*

*Comment #3h: Cal/OSHA Should Mandate Response Plans for All Workplace Violence Incidents, Not Just Injuries*

Cal/OSHA should adapt subsection (c)(10) of the discussion draft (new subsection (c)(12) in CNA/NNU's draft) to require post-incident response, not just responding to injuries. It is important for employers to have appropriate and effective procedures to respond to all incidents of workplace violence, not just where injuries occur. Take, for example, the workplace violence incident described by a CNA/NNU member who works in an outpatient clinic where two patients pulled knives during group therapy. Under the discussion draft, the employer would have no responsibility to respond to this workplace violence incident until someone is physically injured with the knives. This is a situation that requires an employer to have a quick, planned response in order to *prevent* an injury from occurring. Cal/OSHA must restructure the CA General Industry WPV Standard to require response to all workplace violence incidents as defined—including incidents of physical violence as well as threats—in order to mandate effective workplace violence prevention. CNA/NNU proposes adding the following language from the CA Healthcare WPV Standard model:

*(c)~~(10)~~ (12) Procedures for post-~~injury~~ 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 specific 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 assitnace, 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.*

**Comment #4: Cal/OSHA Must Mandate Violent Incident Logs for an Effective Standard**

CNA strongly advocates that Cal/OSHA add a requirement that employers create and maintain violent incident logs. Importantly, Cal/OSHA has stated their intent to maintain the same definition of workplace violence as is included in the CA WPV Healthcare Standard. However, by structuring the discussion draft such that the trigger for employers to take any action and keep records is when a workplace violence incident results in an injury meeting the 300 log recording criteria, Cal/OSHA changes the functional definition of workplace violence to be only when a relatively serious injury

occurs. In order to effectively prevent workplace violence, employers must consider and address every workplace violence incident, including both physical acts of violence and threats of violence, in order to create an effective prevention plan. If the CA General Industry WPV Standard requires that employers only address violent incidents that result in injuries, employers plans will be reactionary instead of preventive.

The absurdity of basing WPV hazard correction on 300 log recording criteria can be illuminated using the example from an outpatient clinic discussed above occurred where a CNA/NNU nurse described two patients pulling out knives during a group therapy session. If Cal/OSHA adopted the discussion draft without revision, the employer in the outpatient clinic example would not need to respond to or keep any record of the incident because no one was injured and, thus, the incident did not meet the 300 log reporting threshold. Because there would be no record of the incident, the employer would not assess the workplace violence risk posed by weapons being brought into the workplace and therefore would not implement prevention measures related to this risk. The employer would have no information about the potential increased risk for violence associated with the two patients involved in the incident and, thus, no improved staffing or other prevention measures would be implemented and the next employees who interact with these patients would have no information about the incident. The employer would not prevent similar workplace violence incidents from happening in the future. Simply stated, the employer's workplace violence prevention plan would be non-functional under the discussion draft reporting requirements as written. Cal/OSHA must include in the CA General Industry WPV Standard a requirement that employers maintain violent incident logs about every workplace violence incident regardless of whether the incident resulted in injury that meets the high 300 log threshold. CNA/NNU has proposed language for new subsection (d) using the CA Healthcare WPV Standard as the model:

*(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:*

*(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 the 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.*

**Comment #5: Training**

Cal/OSHA's discussion draft requires training employees just once on the workplace violence hazards the employee may encounter and the employer's workplace violence prevention plan. This is insufficient. Conducting a brief training when an employee is hired or when the employer's workplace violence prevention plan is created does not ensure the employee remains up-to-date on the employer's workplace violence prevention plan. For the employer's plan to be effective, the employer must adjust and adapt the plan in response to new hazards, changing conditions in the workplace, the

introduction of new equipment or work practices, or when an injury occurs. But the discussion draft requires only that employers conduct additional training when new or previously unrecognized hazards are identified and that additional training can be specific to the new/unrecognized hazard. There is no requirement that employers keep employees updated on changes to their workplace violence prevention plans.

An annual refresher training requirement is an important mechanism to ensure that employees have information about employers' updated workplace violence prevention plans. Additionally, if an employee receives training only when they are first hired, it is unlikely they will remember important information from that training five or ten years later without a refresher. It is important for the effectiveness of an employer's workplace violence prevention plan that employees understand the plan, their roles under the plan, policies and procedures included in the plan, what workplace violence hazards have been identified in the workplace and what measures the employer has put in place to prevent workplace violence. Training is vital for employees to understand the employer's workplace violence prevention plan and be able to activate it should a workplace violence incident arise.

In CNA/NNU's experience, the majority of training for employees is conducted through online modules that rarely have a mechanism for employees to ask questions unless Cal/OSHA has required such a mechanism. The CA Healthcare WPV Standard requires that there be a clear mechanism for employees to be able to ask questions and to get an answer from someone who is knowledge about the employer's workplace violence prevention plan. We have proposed adding similar language to the CA General Industry WPV Standard.

For workplaces that have on-site or on-call security staff or other responders to workplace violence incidents as part of their workplace violence prevention plans, appropriate and effective training for these employees is important to an effective response. Such training is also important for employees who are expected to encounter and respond to violent or potentially violent patients, clients, or other individuals. Where security staff is contracted, training on the workplace violence prevention plan for the worksite is equally important. We have proposed adapting language from the CA Healthcare WPV Standard to require training for security staff or other responders to workplace violence incidents.

It is also important to include a requirement in subsection (d)(1) of the discussion draft (new subsection (f)(1) in CNA/NNU's draft) that all employees who are working in the covered work areas or operations be provided training on the employer's workplace violence prevention plan. Increasingly workplaces employ contracted employees. Under Cal/OSHA's discussion draft language, employers are only required to train direct employees. Cal/OSHA should clearly require that all employees who work in the covered work areas or operations should be covered.

*~~(d)~~(f) Training. The employer shall provide effective training to employees as specified in subsections ~~(d)~~(f)(1) and ~~(d)~~(f)(2) that addresses the workplace violence risks that employees are reasonably anticipated to encounter in their jobs. 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 work area or operation shall be provided initial training as described in subsection ~~(d)~~(f)(2) 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)(3).*

*(2) Initial training shall address the workplace violence hazards identified at the workplace and in the work area or operation, the corrective measures the employer has implemented, an explanation of the employer's workplace violence prevention plan, how to seek assistance to prevent or respond to violence, strategies to avoid physical harm, ~~and~~ how to report workplace violence incidents or concerns to the employer without fear of reprisal, how the employer will address workplace violence incidents, and how the employee can participate in reviewing and revising the Plan.*

*(3) Additional training shall be provided when a new or previously unrecognized workplace violence hazard has been identified. The additional training may be limited to addressing the new workplace hazard.*

*(4) Refresher training shall be provided at least annually to review the topics included in the initial training and the results of the review required in subsection (e).*

*(5) Employees assigned to respond to workplace violence incidents or whose jobs 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, as applicable;*

*(H) Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22, as applicable;*

*(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.*

*(6) All training provided under subsection (d) shall include an opportunity for interactive questions and answers with a person knowledgeable about the employer's workplace violence prevention plan.*

**Comment #6: Recordkeeping**

Cal/OSHA should add a requirement that employers maintain records of all workplace violence incidents in addition to injury investigations for five years. Maintenance of violent incident logs is an essential part of creating an effective workplace violence prevention plan (see also Comment #4 above). Access to violent incident logs and other records regarding the employer's workplace violence prevention plan is important for employees to be able to actively engage with the employer regarding the developing and reviewing the effectiveness of the plan. Access to these records should not reveal personally sensitive information, given the requirement that violent incident logs do not capture any personally identifiable information and the requirement that injury investigation records do not contain any personal medical information.

*(g)(3) Records of violent incidents, including but not limited to, violent incident logs required by subsection (d), and workplace violence injury investigations conducted pursuant to subsection (c)~~(10)~~(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).*

Relatedly, the requirement that these records should not contain personal medical information is an important element of confidentiality that should be maintained in the CA General Industry WPV Standard. Violent incident logs should not contain any personally identifiable information.

**Conclusion**

CNA/NNU advocates that Cal/OSHA hold the CA Healthcare WPV Standard as a model and develop a protective CA General Industry WPV Standard that mandates that employers develop workplace-specific workplace violence prevention plans, developed with active employee involvement. We have attached draft language to that effect. Thank you for the opportunity to add our written comments to the record for the January 25, 2018 Advisory Meeting for a General Industry Workplace Violence Standard. If you have any questions regarding these comments, please contact me at 510-433-2771.

Sincerely,

Jane Thomason
Industrial Hygienist
National Nurses United

**CNA/NNU Draft Language- General Industry Workplace Violence Prevention Standard (8 CCR §3343)**

Adaption of the Cal/OSHA Discussion Draft from the Advisory Meeting on January 25, 2018 are based on the model provided by the Workplace Violence Prevention in Health Care Standard (8 CCR §3342).

Scope and Application. This section applies to all employers except as listed below.

EXCEPTION 1: This section does not apply to facilities covered by California Code of Regulations, title 8, section 3342.

EXCEPTION 2: 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 title 8, section 3203 during the closure process.

EXCEPTION 3: This section shall not apply to facilities operated by the California Department of Corrections and Rehabilitation. These facilities shall still comply with title 8, section 3203.

EXCEPTION 4: : This section shall not apply to law enforcement agencies that are a "Department or Participating Department" as defined in title 11, section 1001, and have received confirmation of compliance with the Commission on Peace Officer Standards and Training (POST) Program from the POST Executive Director in accordance with title 11, section 1010. These facilities shall still comply with title 8, section 3203.

(b) Definitions.

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

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

<u>"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.</u>

<u>"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.</u>

"Environmental risk factors" means factors in the workplace or area in which work is performed 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.

"Person-specific risk factors" means factors specific to a patient, client, or customer 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.

~~"Injury" means an injury to an employee that meets the recording criteria listed in title 8, section 14300.7(b)(1).~~

"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.

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 title 8, 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 work area and operation. The Plan shall be in writing 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, ~~and~~ 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 same workplace, where applicable, 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.

(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.

~~(4)~~ (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.

~~(5)~~ (6) Procedures to ensure that supervisory and non-supervisory employees comply with the Plan in accordance with title 8, section 3203(a)(2).

~~(6)~~ (7) Procedures to communicate with employees regarding workplace violence matters including:

(A)How an employee can report a violent incident, threat, or other workplace violence concern;

(B) How employees can communicate workplace violence concerns without fear of reprisal;

(C) 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 (d).

~~(8)~~ (9) Procedures to identify and evaluate workplace violence hazards, including scheduled periodic inspections to identify unsafe conditions and work practices and whenever the employer is made aware of a new or previously unrecognized hazard. Assessment procedures to identify and evaluate environmental risk factors, including community-based risk factors, for each work area and operation. This shall include a review of all workplace violence incidents that occurred in the workplaces and operations 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 work area and operation, including areas surrounding the workplace such as employee parking areas and other outdoor areas. Assessment tools, environmental checklists, or other effective means shall be use 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 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 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 objects that can be used as weapons in the areas where workplace violence is likely to occur;

9. Storage of high value items, currency, or pharmaceuticals.

(10) Procedures to identify and evaluate risk factors associated with individual patients, clients, or other persons who are not employees. Assessment tools or other effective means shall be used to identify situations in which 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. Person-specific risk factors shall include, as applicable, but not necessarily be limited to, the following:

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

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

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

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

~~(9)~~ (11) Procedures to correct workplace violence hazards in a timely manner in accordance with title 8, 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 discovered 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 at all times. 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, clients, 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.

(C) Configuring work areas and other spaces in the workplace so that employee access to doors and alarm systems cannot be impeded by a patient, client, other persons, or obstacles.

(D) Removing, fastening, or controlling furnishings and other objects that may be used as improvised weapons in areas where patients, clients, or other persons 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 workplace in areas where visitors or arriving patients, clients, or other persons 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 workplace 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.

(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 workplace 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 workplace, 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 or client-specific Type 2 workplace violence hazards.

~~(10)~~ (12) Procedures for post-~~injury~~ 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 specific 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 assitnace, 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:

(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 the 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 log 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:

(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.

~~(d)~~(f) Training. The employer shall provide effective training to employees as specified in subsections ~~(d)~~(f)(1) and ~~(d)~~(f)(2) that addresses the workplace violence risks that employees are reasonably anticipated to encounter in their jobs. 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 work area or operation shall be provided initial training as described in subsection ~~(d)~~(f)(2) 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)(3).

(2) Initial training shall address the workplace violence hazards identified at the workplace and in the work area or operation, the corrective measures the employer has implemented, an explanation of the employer's workplace violence prevention plan, how to seek assistance to prevent or respond to violence, strategies to avoid physical harm, ~~and~~ how to report workplace violence incidents or concerns to the employer without fear of reprisal, how the employer will address workplace violence incidents, and how the employee can participate in reviewing and revising the Plan.

(3) Additional training shall be provided when a new or previously unrecognized workplace violence hazard has been identified. The additional training may be limited to addressing the new workplace hazard.

(4) Refresher training shall be provided at least annually to review the topics included in the initial training and the results of the review required in subsection (e).

(5) Employees assigned to respond to workplace violence incidents or whose jobs 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, as applicable;

(H) Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22, as applicable;

(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 training provided under subsection (f) shall include an opportunity for interactive questions and answers with a person knowledgeable about the employer's workplace violence prevention plan.

(g) Recordkeeping.

(1) Records of workplace violence hazard identification, evaluation, and correction shall be created and maintained in accordance with title 8, section 3203(b)(1), except that the exception to title 8, 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. Title 8, 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) and workplace violence injury investigations conducted pursuant to subsection (c)~~(10)~~(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 title 8, section 3204(e)(1) of these orders.