

Workplace Violence



Healthcare Workplace Violence Prevention

How to Comply with the Cal/OSHA Regulation



CALIFORNIA
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How to Comply with the Cal/OSHA Regulation

January 2017

1st Edition

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Sacramento, CA 95814

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Published by the California Hospital Association.
Printed in the United States of America.

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Quick Reference Guide

Healthcare Workplace Violence Prevention

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Preface

Workplace violence prevention has been a focus of the health care community for many years. On Oct. 20, 2016, the Cal/OSHA Standards Board adopted the much-anticipated health care workplace violence prevention regulation, Section 3342 of Title 8 of the California Code of Regulations. The regulation is effective April 1, 2017. Employers are required to comply with the reporting and record-keeping requirements (including maintaining a Violent Incident Log) starting on the effective date. However, employers have until April 1, 2018 to develop their workplace violence prevention plan, assess the workplace, correct identified hazards, and train their employees.

The first part of this guidebook explains the requirements of the Cal/OSHA regulation and related laws, the elements of a workplace violence prevention plan, how to implement a plan in your workplace, and what to expect regarding enforcement. The second part of this guidebook consists of a task-by-task checklist that provides helpful information, implementation tips, and resources not contained in the laws themselves.

Many health care facilities and other entities are affected by the regulation: hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, hospices, emergency medical services, medical transport companies, and drug treatment programs. Each entity must develop and implement a workplace violence prevention plan at all times for all units, services and operations, and the plan must be specific to the hazards of each unit, service or operation. The employer must implement required policies and procedures, and develop and maintain required documentation. All employees must receive appropriate training.

The *Healthcare Workplace Violence Prevention* guidebook is intended to help hospitals and other covered employers understand the requirements of the law and implement it. It is written specifically for California hospitals and health care human resources executives, employee relations managers, chief operating officers, chief nursing officers, security officers, legal counsel, risk managers and department directors.

Readers should note the scope of this guidebook extends beyond the Cal/OSHA regulation to describe, where applicable, pertinent laws that have been in place for several years.

Complying with the workplace violence prevention regulation is a significant undertaking. CHA is pleased to publish this manual as a service to our members and others, and hope you find it useful. If you have any comments or suggestions on how to improve the *Healthcare Workplace Violence Prevention* guidebook, please feel free to contact us.

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Acknowledgments

CHA is grateful for the assistance of the members of the Workplace Violence Prevention Task Force who contributed their time and expertise in the creation of this guidebook. We would like to express special thanks to those who attended multiple meetings and public hearings.

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1 Introduction and Definitions

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1 Introduction and Definitions

I. INTRODUCTION

Workplace violence prevention has been a focus of the health care community for many years. The California Legislature first entered the debate in 1993 with the passage of AB 508 (Chapter 936, Stats. 1993). This bill enacted Health and Safety Code Sections 1257.7 and 1257.8, requiring hospitals to conduct annual security and safety assessments and implement a security plan to protect employees, patients and visitors from aggressive and violent behavior at work. These two laws also require hospitals to report injuries sustained by on-duty hospital personnel to law enforcement, and to provide training to hospital employees regularly assigned to the emergency department and other high-risk areas, as identified by the hospital. (These laws are described in IV. “Hospital Security Plan (as Required by California Hospital Licensing Laws),” page 2.8.)

In 2014, the Legislature again passed legislation regarding hospital workplace violence prevention. SB 1299 (Chapter 842, Stats. 2014) required the Cal/OSHA Standards Board to adopt a regulation requiring hospitals to include a workplace violence prevention plan as part of the injury and illness prevention plan that all employers are required to establish. The Cal/OSHA Standards Board decided to make the regulation — Title 8, California Code of Regulations, Section 3342 — apply more broadly than SB 1299 required. Section 3342 applies to many different types of health care facilities and other settings where health care services are provided, including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, hospices, emergency medical services, medical transport companies, and drug treatment programs. Indeed, Cal/OSHA has indicated that it will develop a workplace violence prevention regulation that will apply to all employers, not just healthcare-related employers. Cal/OSHA also points out that all employers have been required to have an Injury and Illness Prevention Program since at least 1977; prevention of workplace violence injuries should be included in this program.

The first part of this guidebook describes all the safety and security laws hospitals must comply with. The second part of this guidebook consists of a task-by-task Checklist for Complying with Cal/OSHA’s Workplace Violence Prevention Regulation (*see tab*) that provides helpful information and implementation tips not contained in the laws themselves.

A list of helpful internet resources may be found at V. “Helpful Resources,” page 1.4.

NOTE: Throughout this guidebook, the word “must” indicates a legal requirement. The words “may” or “should” indicate something optional that is not a legal requirement. For example, when the guidebook says that a hospital “may” wish to establish a Workplace Violence Prevention Task Force, this is merely an idea or a suggestion, not a requirement of the law.

II. QUICK OVERVIEW OF THE REGULATION

The Cal/OSHA healthcare workplace violence prevention regulation requires hospitals and other covered organizations to:

1. Develop and implement a workplace violence prevention (WVP) plan
2. Identify who is responsible for administering the plan
3. Coordinate with other employers of employees working at a covered worksite
4. Identify and evaluate safety and security risks
5. Correct hazards
6. Communicate with employees and others about workplace violence matters
7. Train staff
8. Respond to and investigate violent incidents
9. Report incidents to Cal/OSHA
10. Document incidents, training and other requirements
11. Review and update the WVP plan at least annually

This guidebook describes the requirements of the regulation and related laws, and provides tips on how to comply. The complete text of the regulation is found at the end of this guidebook as WVP Appendix A, “Cal/OSHA Healthcare Workplace Violence Prevention Regulation.”

III. WHO MUST COMPLY WITH THIS LAW?

This law applies to many different types of health care facilities and other settings in which health care services are provided, as described below.

A. Health Facilities

This law applies to work in health facilities, meaning any facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and 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. For the purposes of this law, a health facility includes hospital-based outpatient clinics and other operations located at a health facility, and all off-site operations included within the license of the health facility. For example, an ambulatory surgery center (ASC) or clinic operated under a hospital’s license is covered, while stand-alone ASCs and clinics, even if owned by the hospital, are not.

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 (including critical access hospitals)
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

B. Non-Facility Settings

This law applies to the following health care operations:

1. Home health care and home-based hospice,
2. Emergency medical services and medical transport, including these services when provided by firefighters and other emergency responders (including police who transport 5150 patients or other patients),
3. Drug treatment programs, and
4. Outpatient medical services to the incarcerated in correctional and detention settings, such as county jails. However, this regulation does **not** apply to facilities operated by the California Department of Corrections and Rehabilitation.

IV. EFFECTIVE DATES

The Cal/OSHA Healthcare Workplace Violence Prevention regulation is effective April 1, 2017. However, not all of its provisions must be implemented by then. See below for when various portions of the regulation must be fully implemented:

1. The hospital must record all violent incidents in a Violent Incident Log starting April 1, 2017 (*see I. "Violent Incident Log," page 4.1*).
2. The hospital must document workplace violence hazard identification, evaluation, and correction; training; and violent incident investigations as described in chapter 4, "Documentation Requirements," starting on April 1, 2017.
3. The hospital must report incidents to Cal/OSHA as described in chapter 5, "Reporting Requirements," starting on April 1, 2017.
4. The hospital's written workplace violence prevention plan must be in place by April 1, 2018.
5. All employees must be trained by April 1, 2018.

Note that while the recording and reporting obligations take effect on April 1, 2017, training does not need to be completed until April 1, 2018. Cal/OSHA has clarified that hospitals should record and report any workplace violence incidents under their current policies and procedures and training. Therefore, hospitals are not required to implement new recording or reporting requirements in advance of the comprehensive training requirement that must be implemented by April 1, 2018, with the exception of the new obligation to report incidents to Cal/OSHA, as discussed in I. “Online Reports to Cal/OSHA,” page 5.2.

Readers should note that many portions of this guidebook describe laws that have been in place for several years, such as requirements regarding the hospital security plan (see IV. “Hospital Security Plan (as Required by California Hospital Licensing Laws),” page 2.8), employed security personnel (see chapter 7), and reporting assault and battery to local law enforcement and to the California Department of Public Health (CDPH) (see chapter 5).

V. HELPFUL RESOURCES

The California Hospital Association has a web page that provides up-to-date information about the Cal/OSHA workplace violence prevention regulations at www.calhospital.org/workplace-violence-prevention. This website also contains links to helpful information and tools developed by other organizations.

The state and federal governments also maintain websites that contain links to helpful resources:

1. California Occupational Safety & Health Administration:
www.dir.ca.gov/oshsb/Workplace-Violence-Prevention-in-Health-Care.html
2. Federal Occupational Safety & Health Administration:
www.osha.gov/dsg/hospitals/workplace_violence.html and
www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html
3. National Institute for Occupational Safety and Health:
www.cdc.gov/niosh/topics/violence/pubs.html and
www.cdc.gov/niosh/docs/2002-101/ and
www.cdc.gov/niosh/topics/violence/training_nurses.html

Additional information and tools:

1. American Hospital Association: www.aha.org/advocacy-issues/violence/index.shtml
2. American Society for Healthcare Risk Management risk assessment tool:
www.ashrm.org/resources/workplace_violence/index.dhtml
3. ECRI Institute:
www.ecri.org/components/HRC/pages/safsec3.aspx
4. Emergency Nurses Association violence prevention toolkit:
www.ena.org/practice-research/Practice/ToolKits/ViolenceToolkit/Documents/toolkitpg9.htm

5. Sample workplace violence risk assessment:
www.mtpinnacle.com/pdfs/WorkplaceViolence-risk-ass.pdf
6. Workplace security profile; workplace violence inspection checklist:
www.calchamber.com/hrcalifornia/forms-tools/Pages/forms.aspx?Filter=NameS (scroll down to forms that begin with “W”)

The California Hospital Association’s emergency preparedness website has information on planning for an active shooter incident at www.calhospitalprepare.org/active-shooter.

VI. DEFINITIONS

The following definitions were developed by Cal/OSHA for purposes of its workplace violence prevention regulation. There are other laws described in this guidebook that use the same terms as Cal/OSHA, but which have a different definition (or have a specific definition where Cal/OSHA does not). Where that is the case, the definition to be used in interpreting the law is included in the portion of the guidebook where the term is used.

“Acute psychiatric hospital” (APH) means a hospital licensed by CDPH under Health and Safety Code Section 1250(b) 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.

“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 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 interfacility 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:

1. Electronic access controls to employee occupied areas;
2. Weapon detectors (installed or handheld);
3. Enclosed workstations with shatter-resistant glass;
4. Deep service counters;
5. Separate rooms or areas for high-risk patients;
6. Locks on doors;
7. Furniture affixed to the floor;
8. Opaque glass in patient rooms (protects privacy, but allows the health care provider to see where the patient is before entering the room);
9. Closed-circuit television monitoring and video recording;
10. Sight-aids; and
11. 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.

“First aid” means the following:

1. Using a nonprescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for record-keeping purposes);
2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
3. Cleaning, flushing or soaking wounds on the surface of the skin;
4. Using wound coverings such as bandages, Band-Aids®, gauze pads, etc.; or using butterfly bandages or Steri-Strips® (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
5. Using hot or cold therapy;
6. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for record-keeping purposes);
7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, backboards, etc.);
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
9. Using eye patches;
10. Removing foreign bodies from the eye using only irrigation or a cotton swab;
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
12. Using finger guards;
13. Using massages (physical therapy or chiropractic treatment are considered medical treatment for record-keeping purposes); or
14. Drinking fluids for relief of heat stress.

This is a complete list of all treatments considered first aid for purposes of this law. [Title 8, California Code of Regulations, Section 14300.7(b)(5)(B)]

“General acute care hospital” means a hospital licensed by CDPH under Health and Safety Code Section 1250(a) 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, and 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. For the purposes of this law, a health facility includes hospital-based outpatient clinics and other operations located at a health facility, and all off-site operations included within the license of the health facility.

“Health facility” includes facilities with the following bed classifications, as established by CDPH:

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 of the California Code of Regulations (see Sections 70053.2 and 70217).

“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. Note that Cal/OSHA has said that “patient contact” means physical proximity, not touching. Therefore, admitting clerks, patient financial services staff, environmental services staff, dietary workers, and other personnel in the hospital who do not touch patients may still be considered to have patient contact.

“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.

“Special hospital” means a hospital licensed by the California Department of Public Health in accordance with Health and Safety Code Section 1250(f) as a health facility having a duly constituted governing body with overall administrative and professional

responsibility and an organized medical or dental staff that provides inpatient or outpatient care in dentistry or maternity. (A “special” hospital is different from a “specialty” hospital. There is no definition in California law for a specialty hospital, which is a term frequently used for a hospital that specializes in cardiac care or orthopedic care. In California, specialty hospitals are licensed as general acute care hospitals. Special hospitals, by definition, specialize in dentistry or maternity services and are not licensed as general acute care hospitals. There are only a handful of special hospitals in California.)

“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 that are used to effectively reduce workplace violence hazards. Work practice controls include, as applicable, but are not limited to:

1. Appropriate staffing levels
2. Provision of dedicated safety personnel (i.e., security guards);
3. Employee training on workplace violence prevention methods; and
4. 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 does not include lawful acts of self-defense or defense of others. Workplace violence includes the following:

1. 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;
2. 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;
3. Four workplace violence types:
 - a. **“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.
 - b. **“Type 2 violence”** means workplace violence directed at employees by customers, clients, patients, students, inmates, visitors or other individuals accompanying a patient.
 - c. **“Type 3 violence”** means workplace violence against an employee by a present or former employee, supervisor, or manager.
 - d. **“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.

2 The Workplace Violence Prevention Plan

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2 The Workplace Violence Prevention Plan

I. INTRODUCTION

Cal/OSHA has long mandated that every employer must adopt an Injury and Illness Prevention Program (IIPP) as required by Title 8, California Code of Regulations, Section 3203 (see *WVP Appendix B, “Cal/OSHA Injury and Illness Prevention Program Regulation”*). Comprehensive information about the IIPP, as well as helpful tools, may be found at www.dir.ca.gov/DOSH/etools/09-031/index.htm. In addition, the California legislature passed a law in 1993 requiring hospitals to conduct security assessments, implement a security plan, report injuries, and train employees (see *IV. “Hospital Security Plan (as Required by California Hospital Licensing Laws),” page 2.8, for more information about this legislation*). Finally, in 2014, the California legislature passed SB 1299, which directed Cal/OSHA to promulgate a workplace violence prevention regulation for hospitals.

On Oct. 20, 2016, the Cal/OSHA Standards Board adopted a comprehensive, extensive, healthcare Workplace Violence Prevention (WVP) regulation, which requires that specified health care employers establish, implement and maintain an effective written WVP plan for every unit, service and operation. An employer’s existing IIPP may already include several components related to workplace violence prevention. Each employer should consult its IIPP during the development of its WVP plan. Hopefully, some of the work of implementing the new regulation will already be done. The written WVP plan may be incorporated into the written IIPP or maintained as a separate document. Health care employers must implement their WVP plan by April 1, 2018.

The WVP plan must be in writing, must be specific to the hazards and corrective measures for the unit, service or operation, and must be available to employees at all times. The employer must provide all safeguards required by the Cal/OSHA regulation, 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.

II. REQUIRED ELEMENTS OF THE WVP PLAN

The WVP plan must include all of the following elements:

1. Names or job titles of the persons responsible for implementing the WVP plan.
2. Procedures to obtain the active involvement of employees and their representatives in developing, implementing and reviewing the WVP plan, including their participation in identifying, evaluating and correcting workplace violence hazards, designing and implementing training, and reporting and investigating workplace violence incidents. (*See Checklist Task 5 for information about engaging employees and their representatives.*)

3. Methods the employer will use to coordinate the implementation of the WVP 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 WVP plan. These methods must ensure that all employees are provided the required training (*see chapter 3 for information on training curriculum as well as who must be trained*) and must ensure that workplace violence incidents involving any employee are reported, investigated, and recorded. (*See Checklist Tasks 7 and 8 for information about coordinating with other employers.*)
4. 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. (*See Checklist Task 6 for information about coordinating with law enforcement.*)
5. 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. (*See Checklist Tasks 15, 16 and 19 for more information.*)
6. Procedures to ensure that supervisory and non-supervisory employees comply with the WVP plan in accordance with Title 8, California Code of Regulations, Section 3203(a)(2) (*see Appendix B*). Section 3203(a)(2) requires that the IIPP include a system for ensuring that employees comply with safe and healthy work practices, and states that substantial compliance with this provision includes recognizing employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other similar means to ensure employee compliance.
7. Procedures to communicate with employees regarding workplace violence matters, including:
 - a. How employees will document and communicate to other employees (including 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 required training (*see chapter 3*). The employer must have a process to obtain the active involvement of employees and their representatives in developing the training. (*See Checklist Tasks 21-25.*)
9. Assessment procedures to identify and evaluate environmental risk factors (as defined on page 1.6), including community-based risk factors, for each facility, unit, service or operation. This must 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. CHA has included a form at the end of this guidebook, “Environmental Risk Factor Worksheet” (Form WVP 1-D), that hospitals may use to document the evaluation of environmental risk factors. (*See Checklist Task 12 for more information about environmental risk factors.*)

Fixed Workplaces. 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 must be used to identify locations and situations where violent incidents are more likely to occur. Procedures must specify the frequency with which such environmental assessments will take place. Environmental risk factors must include, as applicable, but must not necessarily be limited to, the following:

- a. 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;
- b. Poor illumination or blocked visibility of areas where possible assailants may be present;
- c. Lack of physical barriers between employees and persons at risk of committing workplace violence;
- d. Lack of effective escape routes;
- e. Obstacles and impediments to accessing alarm systems;
- f. Locations within the facility where alarm systems are not operational;
- g. Entryways where unauthorized entrance may occur, such as doors designated for staff entrance or emergency exits;
- h. Presence of furnishing or any objects that can be used as weapons in the areas where patient contact activities are performed;
- i. Storage of high-value items, currency, or pharmaceuticals.

Home Care. 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.

Emergency Medical Services. 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. 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. 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 must 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. In making this assessment, the employer should focus on the patient's behavior rather than exclusively on the diagnosis;
 - b. A patient's treatment and medication status, type, and dosage, as is known to the health facility and employees;
 - c. A patient's history of violence, as is known to the health facility and employees;
 - d. Any disruptive or threatening behavior displayed by a patient.

(See Checklist Task 9 for more information about patient-specific risk factors.)

11. Procedures to assess visitors or other persons who are not employees. Assessment tools, decision trees, algorithms or other effective means must be used to assess visitors or other persons who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence. *(See Checklist Task 11 for more information about assessing visitors.)*
12. Procedures to correct workplace violence hazards in a timely manner in accordance with Title 8, California Code of Regulations, Section 3203(a)(6) (see *Appendix B*). Section 3203(a)(6) requires that the plan include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:
 - a. When observed or discovered; and,
 - b. When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing

condition. Employees necessary to correct the hazardous condition must be provided the necessary safeguards.

Engineering and work practice controls must be used to eliminate or minimize employee exposure to the identified hazards to the extent feasible. The employer must take measures to protect employees from imminent hazards immediately, and must 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 the seven-day time frame, the employer must take interim measures to abate the imminent or serious nature of the hazard while completing the permanent control measures. Corrective measures include, as applicable, but are not 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 must be provided for an employee who needs to enter the area.
- c. Configuring 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. The plan must 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. Employers must comply with Cal/OSHA's regulation about employee alarm systems (Title 8, California Code of Regulations, Section 6184). This regulation may be found at www.calregs.com (click on "Search" in the upper right corner, then enter the title and section number).
- 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 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. (They may have other assignments, so long as the assignments do not prevent them from responding immediately.) The response plan must 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.

(See Checklist Task 13 for more information about workplace hazards.)

13. 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 WVP 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.

(See Checklist Task 16 for more information.)

III. REVIEWING THE WVP PLAN

A. Annual Review

The employer must establish and implement a system to review the effectiveness of the WVP 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 of the WVP plan must be corrected in accordance with paragraph 12 on page 2.4. The annual review must 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. Violent Incident Log (*see I. "Violent Incident Log," page 4.1*).

B. Review Due to New Procedures or Information

The WVP plan must be reviewed for a unit, facility or operation, and updated whenever necessary, as follows:

1. To reflect new or modified tasks and procedures that may affect how the WVP plan is implemented, such as changes in staffing, engineering controls, construction or modification of the facilities, evacuation procedures, alarm systems and emergency response;
2. To include newly recognized workplace violence hazards;
3. To review and evaluate workplace violence incidents that result in a serious injury or fatality; or
4. To review and respond to information indicating that the WVP plan is deficient in any area.

When a revision to the WVP 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 WVP plan for the facility as a whole.

IV. HOSPITAL SECURITY PLAN (AS REQUIRED BY CALIFORNIA HOSPITAL LICENSING LAWS)

Hospital licensing laws require each general acute care hospital, acute psychiatric hospital, and special hospital to develop and implement a security plan to protect patients, visitors and staff from violence and to train employees [Health and Safety Code Sections 1257.7 and 1257.8]. These laws predate the Cal/OSHA workplace violence prevention regulation; unlike the Cal/OSHA regulation, they apply only to hospitals and are enforced by the California Department of Public Health (CDPH). Therefore, other entities can skip over this section of the guidebook. Hospitals should note that there is significant overlap between these laws and the Cal/OSHA requirement. At the same time, there are significant differences. Thus, while current compliance with Health and Safety Code obligations will provide a good foundation, it is likely that additional steps are necessary to comply with the Cal/OSHA regulation.

A. Security Plan

Every general acute care hospital, acute psychiatric hospital, and special hospital must develop and implement a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior. The plan may include, but must not be limited to, security considerations relating to all of the following:

1. Physical layout.
2. Staffing.
3. Security personnel availability.
4. Policy and training related to appropriate responses to violent acts.
5. Efforts to cooperate with local law enforcement regarding violent acts in the facility.

In developing the plan, the hospital must:

1. Consider guidelines or standards on violence in health care facilities issued by the California Department of Public Health, Cal/OSHA and federal OSHA; and
2. Consult with affected employees, including the recognized collective bargaining agent or agents, if any, and members of the medical staff. This consultation may occur through hospital committees.

The individual or members of a hospital committee responsible for developing the security plan must be familiar with all of the following:

1. The role of security in hospital operations.
2. Hospital organization.
3. Protective measures, including alarms and access control.
4. The handling of disturbed patients, visitors, and employees.
5. Identification of aggressive and violent predicting factors.
6. Hospital safety and emergency preparedness.
7. The rudiments of documenting and reporting crimes, including, by way of example, not disturbing a crime scene.

B. Required Security Policies

California law states that, as part of the security plan, hospitals must adopt security policies including, but not limited to, personnel training policies designed to protect personnel, patients, and visitors from aggressive or violent behavior. More information about Cal/OSHA required training may be found in chapter 3.

C. Annual Assessment and Update

At least annually, hospitals must conduct a security and safety assessment and update their security plan using the assessment. In developing the assessment, the hospital must consult with affected employees, including the recognized collective bargaining agent or agents, if any, and members of the medical staff. This consultation may occur through hospital committees.

The annual security and safety assessment must examine trends of aggressive or violent behavior at the facility.

Hospitals must track incidents of aggressive or violent behavior as part of the quality assessment and improvement program, and for the purposes of developing a security plan to deter and manage further aggressive or violent acts of a similar nature. (See I. "Violent Incident Log," page 4.1, for more information about Cal/OSHA required tracking of violent incidents.)

D. Staffing

Every general acute care hospital, acute psychiatric hospital, and special hospital must have sufficient personnel to provide security pursuant to its security plan.

Persons regularly assigned to provide security in a hospital setting must be trained regarding the role of security in hospital operations, including the identification of aggressive and violent predicting factors and management of violent disturbances. [Health and Safety Code Section 1257.7(c)]

E. State Hospitals

Hospitals operated by the State of California must also comply with Welfare and Institutions Code Section 4141, which requires their IIPP to address the following:

1. Control of physical access throughout the hospital and grounds.
2. Alarm systems.
3. Presence of security personnel.
4. Training.
5. Buddy systems.
6. Communication.
7. Emergency responses.

In addition, each state hospital is required to establish an injury and illness prevention committee comprised of hospital management and employees designated by the hospital's director in consultation with employee bargaining units. The committee is responsible for providing recommendations to the hospital director for updates to the IIPP. The committee must meet at least four times per year.

Each state hospital must develop an incident reporting procedure. Data obtained from the incident reporting procedures must be accessible to staff. The incident reporting procedure must provide hospital management with immediate notification of reported incidents. Incident reports must also be forwarded to the injury and illness prevention committee.

3 Training

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3 Training

I. CAL/OSHA WORKPLACE VIOLENCE PREVENTION TRAINING REQUIREMENTS

A. Overview

Each employer subject to the Cal/OSHA workplace violence prevention regulation must provide effective training to employees that addresses the workplace violence risks that the employees are reasonably anticipated to encounter in their job as well as other required elements. All employees must be trained by April 1, 2018, including employees in traditional employment relationships, contract employees, and temporary employees.

Training must be provided at no cost to the employee, at a reasonable time and place for the employee, and during the employee's paid time. Training not given in person (for example, web-based training) must provide for interactive questions to be answered within one business day by a person knowledgeable about the WVP plan.

The employer must 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 must be used.

Required documentation of training is discussed under IV. "Training Records," page 4.4. (See *chapter 7 regarding required training for security personnel.*)

Physicians

Where a hospital employs physicians directly, it has an obligation to ensure they are trained in accordance with the regulations. Where a physician is not employed by the hospital, but is a member of the medical staff and provides services at the hospital on a regular basis, the hospital should work with the physician's employer (the employing medical group, for example) to ensure the physician is trained in accordance with the regulations. A physician may also be a sole practitioner, and not an employee of a medical group or other organization. If such a physician is on the medical staff and provides services at the hospital on a regular basis, the hospital may wish to provide training, although the law may not technically require it.

Where a physician does not regularly provide services at the hospital, the hospital's training obligation is not entirely clear at this point. CHA is working with Cal/OSHA to clarify this issue.

Volunteers and Students

Occupational safety and health standards, including the Cal/OSHA healthcare WVP regulation, apply only to employers and employees. Cal/OSHA therefore does not require that volunteers and students be trained. However, a hospital may provide training to them if it wishes to do so. It is advisable to train volunteers and students how

to identify a patient determined to be at risk of a violent incident, and what to do. For example, a hospital may put an orange dot on the door jamb of a high-risk patient's room, and train volunteers and students not to enter a room with an orange dot.

B. Frequency of Training

Employees must be trained as follows:

1. **Initial training.** Initial training must be provided to all employees when the WVP plan is first established and when an employee is newly hired or newly assigned to perform duties for which required training was not previously required. Cal/OSHA has stated that new and reassigned employees must be trained before they perform their new duties.
2. **Annual refresher training.** At least every twelve months, employees who have patient contact and their supervisors must receive refresher training.
3. **Additional training for new equipment, work practices or hazards.** Employers must provide additional training 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 practices or workplace hazard.

C. Content of Initial Training

Initial training for all employees must address the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs, the workplace violence hazards identified in the facility, unit, service or operation, and the corrective measures the employer has implemented, and must include:

1. An explanation of the employer's WVP 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 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. (The regulation requires employers to offer trauma counseling to employees affected by a workplace violence incident.)

8. An opportunity for interactive questions and answers with a person knowledgeable about the WVP plan.

Additional Cal/OSHA Training Requirements for Specified Employees

In addition to the training requirements listed above, employees (a) who are assigned to respond to alarms or other notifications of violent incidents or (b) whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior must be provided training on the following topics prior to initial assignment and during the annual refresher training:

1. General and personal safety measures.
2. Aggression and violence predicting factors.
3. The assault cycle.
4. Characteristics of aggressive and violent patients and victims.
5. Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior.
6. Strategies to prevent physical harm.
7. Appropriate and inappropriate use of restraining techniques in accordance with Title 22. **NOTE:** The use of physical and chemical restraints in health care facilities is highly regulated by both the state and federal governments. CHA's *Mental Health Law Manual* includes a thorough explanation of all requirements related to the use of restraints.
8. Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22.
9. 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 must be corrected.

Additional Hospital Licensing Training Requirements

All hospital employees regularly assigned to the emergency department must be provided training including the nine elements listed above, plus:

1. Aggression and violence predicting factors.
2. Obtaining patient history from a patient with violent behavior.
3. Resources available to employees for coping with incidents of violence, including critical incident stress debriefing or employee assistance programs.

Members of the medical staff regularly assigned to the emergency department or other departments identified in the security plan must receive appropriate training also. [Health and Safety Code Section 1257.8]

D. Content of Refresher Training

Employees who have patient contact and their supervisors must receive refresher training at least every 12 months. This included nurses, respiratory therapists and other direct patient care staff as well as staff who interact with patients, such as dietary, environmental services, patient registration and financial services staff. The refresher

training must review the topics included in the initial training and the results of the annual WVP plan review and/or any review conducted due to new procedures or new information (see III. “Reviewing the WVP Plan,” page 2.7). Refresher training must include an opportunity for interactive questions and answers with a person knowledgeable about the WVP plan. Refresher training not given in person (for example, web-based training) must provide for interactive questions to be answered within one business day by a person knowledgeable about the employer’s WVP plan.

4 Documentation Requirements

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4 Documentation Requirements

I. VIOLENT INCIDENT LOG

Every employer subject to the Cal/OSHA WVP regulation must record information in a violent incident log (Log) about every workplace violence incident, post-incident response, and investigation. Information about each incident must be based on information solicited from the employees who experienced the incident.

The employer must omit from the Log any element of personal identifying information sufficient to allow identification of any person (victim or perpetrator) involved in a violent incident, such as the person's name, address, email address, phone number, social security number, or any other information that, alone or in combination with other publicly available information, reveals the person's identity. CHA recommends that the employer assign a case number for each workplace violence incident. The same case number should be used in the Violent Incident Log, on the "Documentation of Investigation of Workplace Violence Incident" form (WVP Form 1-B), and other documentation to protect the privacy of the individuals involved. The facility should maintain a separate document that identifies the names of each employee, patient and other person involved in the incident. CHA has developed the "Workplace Violence Incident Case Number Assignment Form" (WVP Form 1-A) that hospitals may use to track the case number and the individuals involved.

Health facilities should note that not all of the incidents recorded in the Log are required to be reported to Cal/OSHA, law enforcement agencies, or the California Department of Public Health (CDPH). For example, if a workplace violence incident involves the threat of force, rather than the use of force, it must be recorded in the Log but it does not need to be reported to Cal/OSHA, local police/sheriff, or CDPH. (*See chapter 5 regarding which incidents must be reported.*)

NOTE: The Cal/OSHA WVP regulation does not replace pre-existing law about record keeping regarding occupational injuries. Records regarding injuries occurring from workplace violence should be kept in accordance with all pre-existing law, including the required Cal/OSHA forms, such as the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses, the Cal/OSHA Form 300A Summary of Work-Related Injuries and Illnesses, and the Cal/OSHA Form 301 Injury and Illness Incident Report. These forms and related information may be found at www.dir.ca.gov/DOSH/etools/recordkeeping/CaStandard/CalStandard.htm. [Title 8, California Code of Regulations, Sections 14300-14400]

A. Incidents That Must be Recorded in the Log

"Workplace violence" means any act of violence or threat of violence that occurs at the work site, including:

1. 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. (A 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 that the person might be physically injured, and that serves no legitimate purpose. Cal/OSHA has stated that if a patient who makes a threat is not actually in a coherent state, or the patient habitually makes threatening statements as a manifestation of his/her condition, the threat may not involve a reasonable possibility that an employee might be injured. In that case, the incident would not be required to be recorded in the Log.)
2. 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.

Workplace violence does not include lawful acts of self-defense or defense of others.

The Cal/OSHA regulation does not define “injury,” “psychological trauma,” or “stress” for purposes of clarifying which incidents must be included in the Log. Cal/OSHA personnel have stated, however, that if an employee feels stress as a result of the threat or use of physical force, then the incident should be included in the Log. It appears, therefore, that Cal/OSHA interprets the Log documentation requirement broadly.

In addition, Cal/OSHA has not defined “dangerous weapon.” This term is defined for other purposes (*see III. “Reports to Law Enforcement: Incidents Involving Employees,” page 5.5*), but it appears that Cal/OSHA uses the term more broadly, since it includes the use of common objects as weapons.

Note that “workplace violence” includes four 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, 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.

It is important to note that bullying by co-workers or others qualifies as an incident of workplace violence where it involves the threat or use of physical force that results in, or has a high likelihood of resulting in, injury, psychological trauma or stress, regardless of whether the employee sustains an injury. Behavior that does not meet this threshold is not required to be recorded but should be addressed as part of the employer’s measures to prevent workplace violence.

B. Information That Must be Recorded in the Log

The information recorded in the Log must 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 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, rest room 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; and
 - e. Actions taken to protect employees from a continuing threat, if any.
8. Information about the person completing the Log, including the person's name, job title, phone number, email address, and the date completed.

Hospitals may wish to capture additional information. If so, they may wish to keep the additional information separate from the Log, so that the additional information need not be disclosed when the Log is required to be disclosed — for example, during the annual

review of the WVP plan (see III. “*Reviewing the WVP Plan*,” page 2.7) or to employee representatives (see B. “*Employees/Designated Representatives*,” page 4.6).

C. Retention Period

The log must be retained for at least five years.

II. RECORDS OF WORKPLACE VIOLENCE HAZARDS

Records of workplace violence hazard identification, evaluation, and correction must be created and maintained for one year. CHA has developed the “Environmental Risk Factor Worksheet,” WVP Form 1-D, that hospitals may use to document environmental risk factors.

III. RECORDS OF WORKPLACE VIOLENCE INVESTIGATIONS

The WVP regulation requires that certain inquiries be made and documented when a workplace violence incident occurs (see paragraph 13 on page 2.6 for a list of the requirements). CHA has developed a form, “Documentation of Investigation of Workplace Violence Incident” (CHA Form WVP 1-B) that hospitals may wish to use as a template for documenting investigations.

A. Confidentiality Considerations

Records of investigations must not include “medical information” as defined by Civil Code Section 56.05, which defines “**medical information**” to mean “any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental or physical condition, or treatment.”

“**Individually identifiable**” means that “the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity.” To comply with this privacy requirement, health facilities should assign a unique case number to each incident and keep a separate, confidential list of the case number and employee and patient names. (See “*Workplace Violence Incident Case Number Assignment Form*,” WVP Form 1-A.)

B. Retention Period

Records of workplace violence investigations must be retained for at least five years.

IV. TRAINING RECORDS

Training records must be created and include the following information:

1. Training dates;
2. Contents or a summary of the training sessions;
3. Names and qualifications of persons conducting the training; and
4. Names and job titles of all persons attending the training sessions.

The above requirements are the Cal/OSHA documentation requirements for training. However, the California Department of Public Health (CDPH) requires that all staff development programs be documented by:

1. A record of the title, length of course in hours, and objectives of the education program presented;
2. Name, title, and qualifications of the instructor or the title and type of other educational media;
3. A description of the content;
4. A date, a record of the instructor, process, or media and a list of attendees; and
5. Written evaluation of the course content by attendees.

[Title 22, California Code of Regulations, Section 70214(d)]

CHA recommends that hospitals comply with both the Cal/OSHA and the CDPH documentation requirements. CHA has developed a form, “Documentation of Workplace Violence Prevention Training” (WVP Form 1-C), that hospitals may wish to use as a template for documenting training.

V. RECORD RETENTION PERIOD

Cal/OSHA requires that all records required by the WVP regulation be maintained for at least one year, including records of workplace violence hazard identification, evaluation and correction [Title 8, California Code of Regulations, Sections 3203(b) and 5120(e)(1)(B)]. However, records of violent incidents, including the violent incident log, reports to Cal/OSHA as described in I. “Online Reports to Cal/OSHA,” page 5.2, and workplace violence injury investigations must be kept for five years [Title 8, California Code of Regulations, Section 3342(h)(3)].

In addition, Title 22, California Code of Regulations, Section 70214 states that orientation and competency validation must be documented in the employee’s file and must be retained for the duration of the individual’s employment. To the extent that training is included in orientation, or that training records include competency validation, those records should be documented in the employee’s file and retained for the duration of employment. **NOTE:** CHA recommends that the employee file be kept for several years after the termination of employment, but CDPH only requires the records documenting competency be kept for the duration of employment.

VI. WHO MAY ACCESS WORKPLACE VIOLENCE RECORDS

A. Cal/OSHA

Records of workplace violence hazards, training records and records of violent incidents must be made available on request to the Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations and his or her representatives (such as Cal/OSHA investigators) for examination and copying.

B. Employees/Designated Representatives

Records of workplace violence hazards, training records and records of violent incidents must be made available on request to employees and their representatives for examination and copying in accordance with Title 8, California Code of Regulations, Section 3204(e)(1). Section 3204(e)(1) states:

1. Whenever an employee or designated representative requests access to a record, the employer must assure that access is provided in a reasonable time, place, and manner, but in no event later than fifteen (15) days after the request for access is made. If the employer wants an extension to the 15-day deadline, the employer must request an extension from the Chief, Division of Occupational Safety and Health of the Department of Industrial Relations (or his or her representative). The chief must grant the extension if he/she finds that the employer has good cause for requesting the extension. The extension must be requested before the 15-day deadline has passed, and the employer must notify the employee or designated representative in writing of the request for extension.
2. The employer may require of the requester only such information as should be readily known to the requester and which may be necessary to locate or identify the records being requested (for example, dates and locations where the employee worked during the time period in question).
3. Whenever an employee or designated representative requests a copy of a record, the employer must assure that either:
 - a. A copy of the record is provided without cost to the employee or designated representative;
 - b. The necessary mechanical copying facilities (for example, photocopying) are made available without cost to the employee or designated representative for copying the record; or
 - c. The record is loaned to the employee or designated representative for a reasonable time to enable a copy to be made.
4. In the case of an original X-ray, the employer may restrict access to on-site examination or make other suitable arrangements for the temporary loan of the X-ray.
5. Whenever a record has been provided previously without cost to an employee or designated representative, the employer may charge reasonable, non-discriminatory administrative costs (for example, search and copying expenses, but not including overhead expenses) for additional copies of the record. However, an employer must not charge for an initial request for a copy of new information that has been added to a record which was previously provided.

A **“designated representative”** is defined as “any individual or organization to whom an employee gives written authorization to exercise a right of access. A recognized or certified collective bargaining agent must be treated automatically as a designated representative for the purpose of access to employee exposure records and analyses using exposure or medical records, but access to an employee’s medical records

requires the employee's written consent." [Title 8, California Code of Regulations, Section 3204(c)(3)]

NOTE: Employees and collective bargaining agents may collectively bargain to obtain access to information in addition to that available under this law.

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5 Reporting Requirements

Hospitals may be subject to reporting requirements under multiple laws if an employee is the victim of a workplace violence incident. This chapter addresses reporting requirements under the Cal/OSHA WVP regulation and other laws; hospitals should check each reporting law described in this chapter to determine if the circumstances require a report under that particular law. For example, some reporting requirements are triggered only if the perpetrator is a patient or a person accompanying a patient. Other reporting requirements are triggered if the perpetrator is another employee. Finally, some reports are required irrespective of whether the employee was physically injured. In addition, the various laws occasionally define terms differently — for example, the term “dangerous weapon” as used in the WVP regulation is different from the same term as used in the Health and Safety Code, and Cal/OSHA defines the term “injury” differently, even within its own regulation. The relevant definition is included as applicable in the description of the reporting requirement in this chapter. Each reporting requirement should be read carefully to determine if it is triggered by an incident. Depending on the circumstances, hospitals may be required to report to Cal/OSHA, local law enforcement, and/or CDPH.

The reporting requirements described in this guidebook apply whether the patient (or visitor) intended to harm the employee or not. Many incidents occur related to psychiatric disorders, developmental disorders, dementia, brain injuries, substance abuse or pediatric patients. A patient’s aggression, combativeness, or other harmful behavior may be a direct result of illness, injury or substance use. It is important to know that the mental state of the patient is not relevant to the question of whether the incident must be reported. Sympathetic health care workers may feel that they shouldn’t report because “the patient didn’t mean it” or “it’s not really the patient’s fault — she’s just sick.” Employers should explain that the law requires these incidents to be reported as part of the effort to track incidents and avoid or minimize future incidents. It may require some work on the part of management to achieve this culture shift.

Note that the reporting requirements described in this chapter apply to hospitals only (general acute care hospitals, acute psychiatric hospitals, and special hospitals) and all operations under the hospital license. Separately-licensed home health agencies or hospices, as well as distinct-part skilled nursing facilities, are not required to comply with the hospital reporting requirements (although they must comply with the rest of the WVP regulation). To the extent that a home health agency or hospice operates under the hospital’s license, the hospital must report workplace violence incidents that affect employees assigned to the home health agency or hospice. The one exception to this rule is that all employers must report to Cal/OSHA immediately by telephone any serious work-related injury, illness or death as described in II. “Telephone Reports to Cal/OSHA District Office,” page 5.5.

I. ONLINE REPORTS TO CAL/OSHA

Cal/OSHA is developing an online reporting system for hospitals to use to report workplace violence incidents.

At the time of publication of this guidebook, Cal/OSHA's time frame was as follows:

1. Feb. 2017 — Cal/OSHA will send a pre-registration letter addressed to each hospital's CEO or administrator. Cal/OSHA tutorial modules 1-3 will be available.
2. March 2017 — Hospitals should submit their pre-registration information to Cal/OSHA IT as directed in the letter. Cal/OSHA's tutorial modules 4-6 will be available at this time.
3. March 8, 2017 — Hospitals may start registering users (each hospital must have one designated person to authorize users to submit reports).
4. April 1, 2017. The system will accept reports.

Each hospital must have a generic email address for receipt of information from Cal/OSHA on WVP activities. Additional information about the Cal/OSHA online portal will be posted at www.calhospital.org/workplace-violence-prevention when available as well as at Cal/OSHA's website.

NOTE: The Cal/OSHA WVP regulation does not replace pre-existing law about record keeping regarding occupational injuries. Records regarding injuries occurring from workplace violence should be kept in accordance with all pre-existing law, including the required Cal/OSHA forms, such as the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses, the Cal/OSHA Form 300A Summary of Work-Related Injuries and Illnesses, and the Cal/OSHA Form 301 Injury and Illness Incident Report. These forms and related information may be found at www.dir.ca.gov/DOSH/etools/recordkeeping/CaStandard/CalStandard.htm. [Title 8, California Code of Regulations, Sections 14300-14400]

A. Incidents That Must Be Reported

Every general acute care hospital, acute psychiatric hospital, and special hospital must report to the Division of Occupational Safety and Health of the Department of Industrial Relations any incident occurring on or after April 1, 2017 involving either:

1. An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury. For purposes of this reporting requirement, a **“dangerous weapon”** means an instrument capable of inflicting death or serious bodily injury.
2. 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. For purposes of determining whether an incident must be reported, **“injury”** means an incident which results in one or more of the following:

- a. Death — Any occupational injury that results in death, regardless of the time between injury and death [Title 8, California Code of Regulations, Section 14300.46].
- b. One or more days away from work (which includes the day the injury occurred).
- c. Restricted work or transfer to another job. Restricted work occurs when, as a result of the work-related injury, the employer keeps the employee from performing one or more of the routine functions of the job, or from working the full workday that he or she would otherwise have been scheduled to work; or a licensed health care professional recommends the employee not perform one or more of the routine functions of the job, or not work the full workday. A **“routine function”** is a work activity that the employee regularly performs at least once per week. [Title 8, California Code of Regulations, Section 14300.7(b)(4)]
- d. Medical treatment beyond first aid. **“Medical treatment”** means the management and care of a patient to combat disease or disorder. For the purposes of this law, medical treatment does not include:
 - Visits to a licensed health care professional solely for observation or counseling;
 - The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
 - First aid, as defined on page 1.6.
- e. Loss of consciousness, regardless of the length of time the employee remains unconscious.
- f. A significant injury diagnosed by a licensed health care professional. In the context of workplace violence, this could be a fractured or cracked toe or rib, or a punctured eardrum. Most significant injuries that must be reported will involve one of the categories above (death, days away from work, medical treatment beyond first aid, or loss of consciousness).

[Title 8, California Code of Regulations, Section 14300.7] If the employee reports psychological trauma or stress as a result of the use of physical force by a patient, visitor, employee or other individual at the worksite, the incident must be reported, even if there is no physical injury.

B. Timing of Reports

Reports to the Division of Occupational Safety and Health of the Department of Industrial Relations must be made within 24 hours after the employer knows (or with diligent inquiry would have known) of the incident, if it:

1. Results in **“injury,”** defined for purposes of the 24-hour reporting deadline as involving 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;

2. Involves the use of a firearm or other dangerous weapon; or
3. Presents an urgent or emergent threat to the welfare, health, or safety of hospital personnel. 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.

All other required reports must be made within 72 hours.

Hospitals should submit an initial report within the required time frame based on the information available at that time. There is no obligation to update the report as additional information becomes available. If a hospital chooses to submit an updated report, the hospital will receive a new incident number from Cal/OSHA. Having two Cal/OSHA incident numbers for the same incident could cause confusion, and is discouraged.

This requirement is *in addition to*, and does not replace, the reporting requirement described below under II. “Telephone Reports to Cal/OSHA District Office,” page 5.5.

C. Content of Reports

Reports must include the following items and be submitted via the Cal/OSHA online reporting portal:

1. 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.
2. Date, time and specific location of the incident.
3. 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.
4. The number of employees injured and the types of injuries sustained.
5. Whether security or law enforcement was contacted, and how security or law enforcement assessed the employee(s).
6. 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.
7. A unique incident identifier.
8. Whether the incident was reported to the nearest Division of Occupational Safety and Health of the Department of Industrial Relations District Office.
9. The report must not include any employee or patient names. A separate file should be maintained by the hospital to link the unique incident identifier with the names of employees and patients who were involved. Employee names must be furnished upon request to the Division of Occupational Safety and Health of the Department of Industrial Relations.

The employer must provide supplemental information regarding the incident within 24 hours after a request for the information by the Division of Occupational Safety and Health of the Department of Industrial Relations.

These reports must be retained for at least five years.

II. TELEPHONE REPORTS TO CAL/OSHA DISTRICT OFFICE

The Cal/OSHA WVP regulation states that employers must continue to report immediately by telephone to the nearest District Office of the Division of Occupational Safety and Health (www.dir.ca.gov/dlse/DistrictOffices.htm) any serious work-connected injury, illness or death as required by Title 8, California Code of Regulations, Section 342(a).

“Immediately” means as soon as practically possible but not longer than eight hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. However, if the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

“Serious injury or illness” is defined in Title 8, California Code of Regulations, Section 330(h) to mean any injury or illness which requires inpatient hospitalization 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. However, an injury or illness or death caused by the commission of a Penal Code violation (except the violation of Penal Code Section 385, which relates to high voltage overhead conductors) or an accident on a public street or highway, need not be reported.

Since a serious injury or death resulting from a workplace violence incident would usually be the result of a Penal Code violation (for example, assault or battery, Penal Code Sections 240 and 242, respectively), this reporting requirement probably would not be triggered. It is unclear why this language was included. Hospitals may wish to make a phone report to the nearest Cal/OSHA District Office of a serious injury or death from workplace violence just to be on the safe side.

III. REPORTS TO LAW ENFORCEMENT: INCIDENTS INVOLVING EMPLOYEES

A general acute care hospital, acute psychiatric hospital, and special hospital must report acts of assault or battery against on-duty hospital personnel to the local law enforcement agency as described below [Health and Safety Code Section 1257.7(d)]. For most hospitals, the local law enforcement agency is the local police department or sheriff. **NOTE:** *This requirement comes from a different law than the Cal/OSHA reporting requirement and has different definitions of terms.*

A. Required Reports

Any act of assault or battery (as defined below) against on-duty hospital personnel *must* be reported to the local law enforcement agency if it:

1. Results in injury, or
2. Involves the use of a firearm or other dangerous weapon (as defined below), even if there is no injury.

B. Optional Reports

Any other act of assault or battery against on-duty hospital personnel *may* be reported to the local law enforcement agency, but isn't required to be reported.

C. Reporting Timeline and Process

Reports (both required and optional) must be made within 72 hours of the incident.

The law does not specify whether the report must be made orally or in writing. Whichever method the hospital uses, it should maintain adequate documentation of the report. The law also does not specify the content of the report (i.e., whether the name of the patient or the employee must be reported or whether details of the incident must be reported). It would therefore appear that a summary report complies with the law. For confidentiality reasons, it is recommended that hospitals not include the names of patients or employees in the initial report.

CHA recommends that hospitals develop a reporting policy and procedure and specify who is responsible for ensuring that reports are made. CHA has developed a form, "Assault or Battery Against Hospital Personnel" (CHA Form 19-1), which hospitals may use to fulfill this requirement. As noted earlier, however, this reporting obligation is narrower than the reporting obligation under the WVP regulation, which does not require an injury.

D. Definitions

An **"assault"** is "an unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another" [Penal Code Section 240]. In other words, intent to commit violence, accompanied by acts which, if not interrupted, will be followed by personal injury, constitutes an assault. An assault may be considered an attempted battery.

An action need not result in a physical injury to be considered an assault under California law. Indeed, a person may commit an assault without making actual physical contact with the body of the victim. However, there must be the physical means to accomplish an injury. An assault that results in injury (which, technically, would be a battery) or involves a dangerous weapon must be reported. Other assaults may be reported, but are not required to be reported.

A **"battery"** is defined in California law as "any willful and unlawful use of force or violence upon the person of another" [Penal Code Section 242]. A battery that results in injury or involves a weapon must be reported. Other batteries may be reported, but are not required to be reported.

“Dangerous weapon,” for purposes of this law, means any weapon the possession or concealed carrying of which is prohibited by Penal Code Section 16590. (See *Appendix D, “Definition of ‘Dangerous Weapon’ for Law Enforcement Reporting Requirement,” for details.*)

E. Examples

Example 1. A patient grabs an IV pole and threatens to hit a nurse with it. The patient’s words, behavior, stance, and closeness to the nurse indicate that he indeed will hit the nurse. However, a visitor grabs the patient’s hand and causes the patient to drop the IV pole, and he returns to his room and calms down. This behavior constitutes an assault. However, because there was no injury and it did not involve a dangerous weapon as defined in this law, this assault is not required to be reported to law enforcement under this law. (It may be reported voluntarily, however.) It must be reported to Cal/OSHA within 24 hours through the online portal: Cal/OSHA reporting does not require an injury, and Cal/OSHA defines “dangerous weapon” broadly to include an IV pole used in this manner.

Example 2. A patient grabs an IV pole and threatens to hit a nurse with it. The patient’s words, behavior, stance, and closeness to the nurse indicate that he indeed will hit the nurse. However, a visitor grabs the patient’s hand and causes the patient to drop the IV pole which slightly bruises the nurse as it hits her. The patient returns to his room and calms down. This behavior constitutes a battery, because the patient willfully and unlawfully used force on the body of the nurse. A bruise (even a small one) is an injury; thus this battery must be reported to law enforcement under this law. It must be reported to Cal/OSHA as well.

Example 3. A patient grabs a kitchen knife off his meal tray and threatens to stab a nurse with it. The patient’s words, behavior, stance, and closeness to the nurse indicate that he indeed will stab the nurse. However, a visitor grabs the patient’s hand and causes the patient to drop the knife, and he returns to his room and calms down. There is no physical injury. This behavior constitutes an assault. The incident did not involve a dangerous weapon as defined in this law: although a knife is considered to be a “dirk” or “dagger” (see *Appendix D, “Definition of ‘Dangerous Weapon’ for Law Enforcement Reporting Requirement”*), in this case the dirk/dagger was not concealed. Thus, this incident is not required to be reported to law enforcement under this law. (It may be reported voluntarily, however.) If the knife had been concealed by the patient prior to his threatening to stab the nurse, this would constitute a reportable incident under this law.

Example 4. A patient grabs a belt buckle knife and threatens to stab a nurse with it. The patient’s words, behavior, stance, and closeness to the nurse indicate that he indeed will stab the nurse. However, a visitor grabs the patient’s hand and causes the patient to drop the knife, and he returns to his room and calms down. There is no physical injury. This behavior constitutes an assault. Because the incident involved a dangerous weapon as defined in this law, it must be reported to law enforcement.

F. Caution Regarding Reporting Requirements

As mentioned above, the definitions of terms in this section are specific to the requirement to report to law enforcement under this particular reporting law. An incident

that does not need to be reported to law enforcement may nonetheless be required to be reported to Cal/OSHA and/or CDPH, and may need to be entered into the Violent Incident Log. Hospitals should assess each incident, compare it to the requirements of each law, and act accordingly.

G. Penalties

Any individual knowingly interfering with or obstructing the lawful reporting process is guilty of a misdemeanor.

H. Immunities

No health facility or facility employee who reports a known or suspected incident of assault or battery as required by this law will be held civilly or criminally liable for making the report.

No health facility or facility employee who reports a known or suspected incident of assault or battery as authorized by this law will be held civilly or criminally liable for making the report, unless it can be proven that a false report was made and that the facility or employee knew that the report was false or made the report with reckless disregard for the truth or falsity of the report. Any facility or facility employee who makes an authorized report that is known to be false or with reckless disregard of the truth or falsity of the report is liable for any damages caused.

IV. REPORTS TO LAW ENFORCEMENT: INCIDENTS INVOLVING PATIENTS (“SUSPICIOUS INJURY REPORTING”)

Penal Code Section 11160 requires health practitioners employed by specified entities (including hospitals) to make reports to a local law enforcement agency when they treat persons with specified injuries (sometimes called “suspicious injury reports”). Additionally, under Penal Code Section 11161, every physician treating such persons also has a duty to make a report, even if the physician is not an employee. This law predates the Cal/OSHA WVP regulation, and applies to all patients, even if they are not employees working at the facility. That is why some incidents that are unlikely to occur in the employment context are included in the law.

It is important to note that this law applies only when the hospital or health practitioner is actually treating the employee/patient for a physical injury.

A. Who Must Report

Reports must be made by:

1. Any health practitioner employed in a health facility, clinic, physician’s office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department; and
2. A physician who has an injured patient under his or her charge or care.

The reporting duties under this law apply to each individual. However, when two or more persons who are required to report are present and jointly have knowledge of a reportable event, they may agree among themselves to report as a team and make a single report. The team may mutually select a member of the team to make a report by

telephone and a single written report. The written report must be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so must thereafter make the report.

No supervisor or administrator may impede or inhibit the reporting duties required under the law and no person making a report may be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established consistent with the above. The internal procedures must not require any employee required to make a report to disclose his or her identity to the employer.

B. Reports Required to be Made

A report must be made when a health practitioner, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows:

1. A person suffering from any wound or other physical injury where the injury is by means of a firearm, whether inflicted by the patient him/herself or by another person.
2. A person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct [Penal Code Section 11160].

The duty to report arises where the health practitioner provides medical services to a patient for any physical condition, not just the condition or injury arising from the assault, battery or firearm incident. If the health practitioner is providing services for a psychological condition alone, this reporting requirement is not triggered.

A report must also be made by every physician who has such a person under his or her charge or care [Penal Code Section 11161(a)].

C. Definitions

“Assaultive or abusive conduct” includes any of the following offenses, as they are defined in their respective provisions of the Penal Code:

1. Murder
2. Manslaughter
3. Mayhem
4. Aggregative mayhem
5. Torture
6. Assault with intent to commit mayhem, rape, sodomy or oral copulation
7. Administering controlled substances or anesthetic to aid in commission of a felony
8. Battery
9. Sexual battery

10. Incest
11. Throwing any vitriol, corrosive acid or caustic chemical with intent to injure or disfigure
12. Assault with a stun gun or taser
13. Assault with a deadly weapon, firearm, assault weapon or machine gun, or by means likely to produce great bodily injury
14. Rape
15. Spousal rape
16. Procuring any female to have sex with another man
17. Child abuse or endangerment
18. Abuse of spouse or cohabitant
19. Sodomy
20. Lewd and lascivious acts with a child
21. Oral copulation
22. Sexual penetration by a foreign object
23. Elder abuse
24. An attempt to commit any crime specified in the offenses listed above.

[Penal Code Section 11160(d)]

“Health practitioner” is defined in the law to include:

1. A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker or any other person who is currently licensed under Business and Professions Code Section 500 *et seq.*;
2. An emergency medical technician I or II, paramedic or other person certified pursuant to Health and Safety Code Section 1797 *et seq.*;
3. A psychological assistant registered pursuant to Business and Professions Code Section 2913;
4. A marriage and family therapist trainee, as defined in Business and Professions Code Section 4980.03(c);
5. An unlicensed marriage and family therapist intern registered under Business and Professions Code Section 4980.44;
6. A state or county public health employee who treats a minor for venereal disease or any other condition;
7. A coroner; or
8. A medical examiner or any person who performs autopsies.

[Penal Code Sections 11162.5(a) and 11165.7]

“Injury” does not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restrictive dangerous drug [Penal Code Section 11160(c)].

“Reasonably suspects” means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate from his or her training and experience, to suspect [Penal Code Section 11162.5(d)].

D. Timing and Form of Report

A report by telephone must be made immediately or as soon as practically possible to a local law enforcement agency.

A written report must be prepared and sent to a local law enforcement agency within two working days. The California Office of Emergency Services (Cal OES) has developed a standard form to be used by health practitioners. The “Suspicious Injury Report” (Cal OES 2-920) may be found at www.ccfmtc.org.

A report must be made even if the person who suffered the injury has died, regardless of whether or not the injury or assaultive or abusive conduct was a factor contributing to the death and even if the evidence of the conduct of the perpetrator of the injury or assaultive or abusive conduct was discovered during an autopsy.

E. Notification of Victim

The patient/employee must be promptly informed that a report to law enforcement has been or will be made, unless:

1. The health care provider believes, in the exercise of professional judgment, that informing the patient would place him or her at risk of serious harm; or
2. The health care provider would be informing a personal representative (because the patient/employee is unconscious for example), and the provider reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the patient as determined by the provider in the exercise of professional judgment. [45 C.F.R. Section 164.512(c)]

These exceptions are unlikely to apply in the employment context.

Verbal notification to the patient/employee is sufficient. A report must be made even if the patient/employee objects.

F. Medical Record Documentation

Penal Code Section 11161 recommends (but does not require) that the medical record of a person who is the subject of a report include the following:

1. Any comments by the injured person regarding past domestic violence or regarding the name of any persons suspected of inflicting the wound, other physical injury, or assaultive or abusive conduct upon the person.
2. A map of the injured person’s body showing and identifying injuries and bruises at the time of the health care, and a copy of the law enforcement reporting form.

G. Immunity From Liability

Penal Code Section 11161.9 specifies that a health practitioner who makes a report of injury or abuse as specified under the law shall not incur civil or criminal liability as a result of any report required or authorized by the law. Furthermore, the practitioner shall not incur civil or criminal liability as a result of providing access to the victim at the request of an adult protective services agency or a law enforcement agency.

Health practitioners who have made reports and who incur attorneys' fees as a result of legal action taken against them on the basis of making the report may present a claim to the California Board of Control for their reasonable attorney's fees if the health practitioner prevails in the legal action.

Immunity is also provided in connection with the taking of photographs of a person about whom a report is made or for disseminating the photographs to local law enforcement with the reports. However, no immunity is provided for any other use of the photographs.

No employee may be discharged, suspended, disciplined or harassed for making a report pursuant to this law.

H. Confidentiality

The reports required by this law must be kept confidential by the health facility, clinic or physician's office that submitted the report, and by local law enforcement agencies [Penal Code Section 11163.2(b)].

In no case shall the person suspected or accused of inflicting the wound, other injury, or assaultive or abusive conduct upon the injured person or his or her attorney be allowed access to the injured person's whereabouts.

In a court proceeding or administrative hearing, neither the physician-patient privilege nor the psychotherapist-patient privilege applies to the information required to be reported under this law [Penal Code Section 11163.2(a)].

V. REPORTS TO THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

The death or significant injury of a staff member resulting from a physical assault that occurs within or on the grounds of a facility is a reportable adverse event [Health and Safety Code Sections 1279.1, 1279.2, 1279.3, 1280.4]. General acute care hospitals, acute psychiatric hospitals, special hospitals and outpatient settings (defined below) must report these incidents to the California Department of Public Health (CDPH) no later than five days after the adverse event has been detected. If the event is an ongoing urgent or emergent threat to the welfare, health or safety of patients, personnel, or visitors, the report must be made not later than 24 hours after the adverse event has been detected. This reporting law does not define the terms "significant injury" or "physical assault."

For purposes of this reporting requirement, an "**outpatient setting**" is defined as:

1. Any facility, clinic, unlicensed clinic, center, office, or other setting that is not part of a general acute care facility, as defined in [Health and Safety Code Section 1250], and where anesthesia, except local anesthesia or peripheral

nerve blocks, or both, is used in compliance with the community standard of practice, in doses that, when administered have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes. A clinic or ambulatory surgery center that does not meet this definition — i.e., does not use general anesthesia — is not subject to this reporting requirement.

2. Facilities that offer in vitro fertilization, as defined in Health and Safety Code Section 1374.55(b).

Outpatient settings do not include, among other settings, any setting where anxiolytics and analgesics are administered, when done so in compliance with the community standard of practice, in doses that do not have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes.

Distinct-part skilled nursing facilities are not required to report under this law. However, other reporting laws may apply.

[Health and Safety Code Sections 1248 and 1248.15]

A. How to Report

CDPH has developed a web-based reporting tool that health care facilities may use to report adverse events, called the "California Healthcare Event and Reporting Tool" (CalHEART). Information about the online reporting tool may be found in CDPH All Facility Letter 13-12 at www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-13-12.pdf. Hospitals are not required to use this tool; a letter to CDPH or a paper form developed by the hospital may be submitted instead. CHA has developed a form, "Adverse Event Report Form" (CHA 20-1), that hospitals may use to report an adverse event to CDPH. CDPH has stated it will accept the CHA form. This form is found at the end of this guidebook.

B. Penalties for Failure to Report to CDPH

A hospital that fails to report an adverse event may be assessed a civil penalty in an amount not to exceed \$100 per day for each day that the adverse event is not reported following the initial five-day or 24-hour period, as applicable. If a hospital disputes a determination by CDPH regarding an alleged failure to report an adverse event, the hospital may, within 10 days, request a hearing pursuant to Health and Safety Code Section 100171. Penalties do not have to be paid until all appeals have been exhausted.

VI. CAL/OSHA PUBLIC REPORTING

Cal/OSHA must annually post a report on its website containing information regarding violent incidents at hospitals that includes, but is not limited to:

1. The total number of reportable workplace violence incidents that hospitals reported to Cal/OSHA, and which specific hospitals filed reports.
2. The outcome of any related inspection or investigation.
3. The citations levied against a hospital based on a violent incident.
4. Cal/OSHA recommendations on the prevention of violent incidents at hospitals.

The information posted on Cal/OSHA's website must protect patient and employee confidentiality. Cal/OSHA has stated that it will not identify specific hospitals with the number of reports filed; instead, it will post aggregate information. Violent incidents reported by hospitals operated by the State Department of State Hospitals, State Department of Developmental Services and the Department of Corrections and Rehabilitation will not be included in the information posted on Cal/OSHA's website.

[Labor Code Section 6401.8]

VII. OTHER REPORTING REQUIREMENTS

If an injured employee is under the age of 18 or over the age of 64, child abuse or elder abuse reporting requirements may also apply. A thorough discussion of child abuse and elder abuse reporting requirements is included in CHA's *Consent Manual*.

6 Enforcement

I. Cal/OSHA Enforcement Procedures.....	6.1
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6 Enforcement

I. CAL/OSHA ENFORCEMENT PROCEDURES

Cal/OSHA may inspect hospitals and other employers at any time to assess compliance with any Cal/OSHA regulation, including the WVP regulation. Inspections are supposed to be conducted without advance notice. In the rare instance where notice is given, it is generally given less than 24 hours before the inspection. Therefore, it is important to prepare for an inspection in advance. Hospitals and other employers should develop a plan to respond to a Cal/OSHA inspection and train on the plan.

Hospitals may wish to consider the following in their inspection response plan:

1. Designate which hospital management employee(s) will meet with the Cal/OSHA Compliance Officer (CO). Be sure to identify several back-up individuals for occasions when the main individual is on vacation or otherwise unavailable.
2. Create a list of employees (phone or text numbers or email addresses) to be contacted when a CO visits the hospital.
3. Train employees who are likely to be the CO's first point of contact to check the CO's credentials and activate the contact list.
4. The CO will hold an opening conference and explain the purpose of the visit and the scope of the investigation. COs are required to hold a joint opening conference with the employer and the bargaining unit representative of the employees. If it is not possible to hold a joint opening conference, they will hold separate opening conferences when appropriate.
5. The CO is required to honor the confidentiality of an employee complainant. In order to achieve this, the CO may be very vague about the nature of the complaint. You may be curious about who complained, but as with any potential whistleblower situation, you are best off not knowing the identity of the complainant to avoid any later claim that an adverse employment action taken against the complainant was retaliatory in nature.
6. The CO will inspect specific work areas that she or he is focused on, or conduct a broader "wall-to-wall" inspection. The CO has very broad inspection power. An employer representative (or more than one) may accompany the CO on the inspection. It is recommended that one employee serve as the CO's escort and another serve as a note-taker, if possible. During the walk-around, an authorized employee representative will be offered the opportunity to accompany the CO during the inspection. If there is no authorized employee bargaining unit representative at the inspected work site, the CO will consult with a representative number of the employer's employees concerning matters of workplace safety and health.

7. The CO will hold a closing conference to discuss with the employer any alleged unsafe or unhealthful conditions observed during the inspection, and indicate all apparent violations for which he or she may issue or recommend a citation and a proposed penalty. The employer is generally afforded the opportunity to bring any pertinent information to the attention of the CO. This closing conference is on the “record” — anything said by the employer can become part of the file and/or form the basis for a citation. The CO will include employee representatives at the closing conference, unless the employer objects to their presence. If the employer objects to the presence of employees at the closing conference, but employee representatives want to be present, the CO will conduct a separate closing conference with employee representatives.
8. Be polite and cooperative with the CO at all times.

Cal/OSHA enforcement tends to be heavily complaint-driven. It appears that the areas of needlesticks and workplace violence are of special interest to Cal/OSHA. Other areas of interest include:

1. Safe patient handling
2. Aerosol Transmissible Disease standard
3. Bloodborne pathogens
4. Novel pathogens (Ebola, Zika)
5. Ergonomics
6. Hazard communication
7. Injury and illness prevention plans

When Cal/OSHA responds to a complaint, it is not limited to inspecting areas of the hospital involved in the complaint. It may inspect any area it wishes, and compliance with any of its regulations.

CHA publishes a *California Hospital Survey Manual — A Guide to the Licensing & Certification Survey Process* that focuses on inspections conducted by the California Department of Public Health. The manual includes information that can also be used to prepare for and respond to an inspection by Cal/OSHA. See www.calhospital.org/survey-manual for more information.

7 **Employed Security Personnel**

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7 Employed Security Personnel

I. INTRODUCTION

Hospitals and other organizations may employ private security personnel to work in their facilities; this chapter addresses pertinent laws that are not part of the Cal/OSHA WVP regulation, but are included here for convenience. Private security employees should be registered as “security guards” or “proprietary private security officers,” as defined in California law, with the California Department of Consumer Affairs, Bureau of Security and Investigative Services (BSIS). Security guards are required to complete more hours of training than proprietary private security officers. In addition, security guards may carry weapons if they have completed the appropriate training and received the appropriate permits; proprietary private security officers may not.

II. SECURITY GUARDS

A. Definition and Training

Security guards are employed to protect persons or property or prevent theft on the employer’s premises or in the company of persons being protected. A hospital may employ security guards directly, or may contract with a private patrol operator. Security guards must undergo a criminal background check and complete “power to arrest training” prior to registration with the BSIS and issuance of a “guard card.” They must also complete 32 hours of training in security officer skills within the first six months of licensure. In addition, eight hours of continuing training must be completed annually.

B. Registration and Uniform

Security guard registration may be verified at www.bsis.ca.gov/forms_pubs/online_services/verify_license.shtml. A security guard must carry a valid and current security guard registration card on his or her person while on duty. A security guard who carries a firearm, tear gas or baton while on duty must complete special training, and obtain and carry special permits. A security guard with a current guard card need not register as a proprietary private security officer, even if the individual could qualify as one.

Security guards may not use or wear a badge, except while engaged in guard work and while wearing a distinctive uniform that has a patch on each shoulder that reads “private security” and that includes the name of the employer and a badge or cloth patch on the upper left breast of the uniform. All patches and badges must be approved by BSIS and must be clearly visible. Security guards may use or wear a baton or exposed firearm only when in uniform.

C. Reporting

Any incident involving a physical altercation, the discharge and/or use of a firearm, or the use of a deadly weapon while on duty by security guards must be reported to the BSIS within seven days (the guard must notify the employer within 24 hours). For purposes of this law, a deadly weapon is defined to include any instrument or weapon commonly known as a blackjack, slingshot, billy club, sandclub, sandbag, metal knuckles, any dirk or dagger, any firearm, any knife having a blade longer than five inches, any razor with an unguarded blade and any metal pipe or bar used or intended to be used as a club. BSIS has developed an incident report form, which may be found at www.bsis.ca.gov/forms_pubs/index.shtml. If a firearm was discharged, a copy of the report must also be given to the law enforcement agency (police or sheriff) with jurisdiction over the area where the incident occurred.

[Business and Professions Code Sections 7580 *et seq.* and 7599.42]

III. PROPRIETARY PRIVATE SECURITY OFFICERS

Hospitals that employ proprietary private security officers must register with BSIS. A proprietary private security officer is an unarmed individual who is employed exclusively by any one employer whose primary duty is to provide security services for his or her employer, whose services are not contracted to any other entity or person, and who is required to wear a distinctive uniform clearly identifying the individual as a security officer, and is likely to interact with the public while performing his or her duties. These employees must also register with BSIS. [Business and Professions Code Sections 7574-7574.33] This section of the guidebook describes the registration requirements and process.

A. Employer Registration

Under California law, the Proprietary Security Services Act, an employer that employs security personnel must obtain a Proprietary Private Security Employer license from the California Bureau of Security & Investigations (BSIS) within the Department of Consumer Affairs. Under this law, a **“proprietary private security employer”** means:

an entity that has one or more employees who provide security services for the employer and only for the employer. A person who employs proprietary private security officers pursuant to this law at more than one location shall be considered a single employer.

The employer must complete an application and pay a fee. The application is available online at www.bsis.ca.gov/forms_pubs/index.shtml; visit www.bsis.ca.gov for current fee information. The employer will receive a registration certificate that is valid for two years. A proprietary private security employer may not contract out, sublet or sublease their proprietary private security officers to any other person, business, or entity. (However, this law does not prohibit an employer from transferring employees from one location to another or from one subsidiary to another.)

The Proprietary Security Services Act does not apply to government-operated hospitals (state, county, district). It also does not apply to hospitals that contract with local law enforcement agencies to obtain services of peace officers (police, sheriff).

B. Employer Duties

A proprietary private security employer must:

1. Maintain an accurate and current record of the name, address, commencing date of employment, and position of each proprietary private security officer, and the date of termination of employment when a proprietary private security officer is terminated.
2. Maintain an accurate and current record of proof of completion of required training by each proprietary private security officer. The employer must keep proof of training in the employee's file, and retain it for at least two years.

C. Employee Registration

Employees who work as proprietary private security officers must register with BSIS. They must complete an application, submit fingerprints, and pay a fee. The application is available online at www.bsis.ca.gov/forms_pubs/index.shtm. The employee will receive a registration card from BSIS that is valid for two years. A person may work as a proprietary private security officer pending receipt of the registration card if he or she has been approved by BSIS and carries on his or her person a hard copy printout of the approval from the BSIS web site and either a valid driver's license or DMV identification card.

Proprietary private security officer registration may be verified at www.bsis.ca.gov/forms_pubs/index.shtml.

D. Employee Duties

Each proprietary private security officer must carry a valid and current proprietary private security officer registration card on his or her person while on duty.

Proprietary private security officers may not carry a firearm, baton, or other deadly weapon.

E. Training

A person registered and hired as a proprietary private security officer must complete training in security officer skills prior to employment or within six months from the date upon which registration is issued, or within six months of employment with a proprietary private security employer. As of this printing, the initial training is 16 hours. In addition, proprietary private security officers must complete two hours of continuing education each year. The California Department of Consumer Affairs has established required elements of the training.

The proprietary private security employer (the hospital) may provide the training, or another entity approved by the California Department of Consumer Affairs may provide the training. A proprietary private security employer that wishes to provide the training must submit a written request to the BSIS Chief or Deputy Chief. Once BSIS has reviewed and verified the information provided by the requestor, an approval will be granted and the requestor will receive an authorization letter with the training material.

The required elements of initial training currently include power to arrest, weapons of mass destruction and terrorism awareness training, authority, ethics, professionalism, cultural awareness, sexual harassment, liability issues, BSIS laws and regulations, duty

of care, common liabilities, reporting and documentation, communication and conflict management, situational awareness, and emergency preparedness [Title 16, California Code of Regulations Section 645]. Visit www.bsis.ca.gov for up-to-date details regarding training requirements.

A person registered and hired as a proprietary private security officer may submit Verification of Military Experience and Training records that document that the person has completed equivalent military training in lieu of completing a course of training in security officer skills. Check with BSIS to see what military training is required.

Checklist for Complying with Cal/OSHA's Workplace Violence Prevention Regulation

Complying with the Cal/OSHA Workplace Violence Prevention (WVP) regulation is a significant undertaking. All hospital departments will be affected. The following checklist of tasks will help hospitals in their effort to implement this regulation throughout their facility.

NOTE: Throughout this checklist, the word “must” indicates a legal requirement. The words “may” or “should” indicate something optional that is not a legal requirement. For example, when the checklist says that a hospital “may” wish to establish a Workplace Violence Prevention Task Force, this is merely a suggestion, not a requirement of the law.

TASK 1: Establish a Task Force

The hospital may wish to establish a Workplace Violence Prevention Task Force to implement the requirements of the Cal/OSHA Workplace Violence Prevention regulation (or convene an appropriate existing committee, such as a Safety and Security Committee, if one exists). Members of the task force may include representatives from:

- Employee Health
- Employee Relations
- Human Resources
- Workers' Compensation
- Staff Development
- Security
- Facilities/Physical Plant
- Nursing
- Emergency Department
- Behavioral Health
- Outpatient Clinics
- Home Health
- Diagnostic Imaging

- Pharmacy
- Medical Staff Coordinator
- Contracting Office
- Vendor Management
- Marketing/Communications
- Legal
- Emergency/Disaster Preparedness
- Compliance
- Risk Management

The task force does not need to include all of these people — each hospital will have different organizational structures and supervisory relationships, so each hospital's task force will have a different composition. Determine which of these people should be on your core team and which will be intermittent contributors. For example, a hospital may choose to involve its marketing/communications department to help the task force maintain a culture of safety by implementing a messaging campaign throughout the facility. The marketing department may be asked to assist in creating a safety campaign, but not be expected to attend every task force meeting.

The hospital should clearly identify a leader of the Workplace Violence Prevention Task Force. In addition, a senior executive should be identified to champion the importance of safety in the workplace and advocate for the necessary budget/resources/support. This senior executive will likely be the person/position identified as responsible for implementing the WVP plan as required by subsection (c)(1) of the Cal/OSHA WVP regulation.

The members of the task force must be familiar with the role of security in hospital operations; hospital organization; protective measures, including alarms and access control; the handling of disruptive patients, visitors, and employees; identification of aggressive and violent predicting factors; hospital safety and emergency preparedness; and the rudiments of documenting and reporting crimes, such as not disturbing a crime scene. (This requirement comes from Health and Safety Code Section 1257.7(b), not the Cal/OSHA regulation, and is discussed on page 2.8 of the guidebook.) Thus, task force members may need to be provided training in some of these areas.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 2: Inform the Task Force

You may wish to provide task force members with:

1. A copy of your hospital's Injury and Illness Prevention Plan (IIPP);
2. A copy of your hospital's Security and Safety Plan and the facility's most recent security and safety assessment; and
3. Applicable portions, if any, of your facility's Emergency/Disaster Preparedness Plan and other relevant policies and procedures.

You may also wish to provide each member of the task force with a copy of the Cal/OSHA Workplace Violence Prevention regulation or this guidebook (which contains a copy of the regulation).

Additional copies of CHA's *Healthcare Workplace Violence Prevention* guidebook can be ordered online at www.calhospital.org/manuals.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 3: Departmental Considerations for Plan Development

Consider the various units, services and departments throughout your organization. Determine whether you will have one WVP plan for the entire organization or separate plans for different units, services or departments. Note that the regulation requires that the WVP plan must be specific to the hazards and corrective measures for the unit, service or operation. For example, it may make sense to have a separate plan for home health and field operations, such as mobile clinics. Alternatively, a hospital may wish to have a combination of these approaches — one overall WVP plan with appropriate subplans for specific units. The latter approach may be easiest when it comes time to train employees: all employees would be trained on the overall plan, and affected employees would be additionally trained on the appropriate subplan(s).

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 4: Security Personnel Requirements

If your organization employs security personnel, be sure to review chapter 7, to ensure compliance with registration, reporting, continuing education and documentation requirements.

Target Date for Completion: _____

Name of Person Responsible: _____

□ TASK 5: Engage Employees and Representatives

Develop procedures to obtain the active involvement of employees and their representatives in developing and implementing the plan(s). Hospitals must include employees and their representatives in all phases: developing, implementing, and reviewing the WVP plan; identifying, evaluating and correcting workplace violence hazards; designing and reviewing training; and reporting and investigating workplace violence incidents. Hospitals should involve front line staff, not just management.

Some ways hospitals may accomplish this include (but are not limited to) having a member of the WVP Task Force attend staff meetings of different departments throughout the facility to obtain employee input; using an existing committee with wide representation to obtain employee input; distributing a survey to all employees; interviewing employees; reaching out to collective bargaining agents/union representatives if the hospital has unionized employees.

Hospitals that use a survey may wish to emphasize that the hospital cares about staff safety, and that there will be no retaliation for identifying safety concerns. Your marketing department may be able to assist in drafting a survey that contains a positive message and elicits useful information. Hospitals could offer a small incentive to employees who complete the survey. (Note that survey responses may be discoverable; check with your legal counsel if you have questions or concerns about the discoverability.)

Document the activities you take to obtain the active involvement of employees and their representatives.

Target Date for Initial Completion (ongoing obligation): _____

Name of Person Responsible: _____

TASK 6: Engage Law Enforcement

Develop effective procedures for obtaining assistance from the appropriate law enforcement agency during all work shifts. You may wish to meet with local law enforcement agencies to develop and/or strengthen the relationship and involve them in planning. Designate a hospital employee to be the liaison with outside law enforcement. Most law enforcement agencies have a “Senior Lead Officer” whose job it is to be the liaison with your facility. Find out who this is — go up the chain of command if you need to.

You may wish to provide the law enforcement agency with a tour of the facility and information they may need if a security incident occurs — for example, maps of the facility, information about alarms, key cards, phone numbers, utility and television shut-off, etc. Ask the police or sheriff to conduct a safety assessment of your facility with you. They may identify concerns and/or solutions that you hadn't considered. Develop a communications plan to implement when a violent incident occurs.

You may wish to designate a location in your facility for law enforcement officers to respond, regardless of where the initial call came from in the hospital — and have a policy that a hospital employee will meet the officers there each time to escort them to the location that called. Some hospitals have agreed to allow local law enforcement to have a substation on hospital grounds.

Consider inviting the Senior Lead Officer to appropriate committee meetings and to participate in drills/exercises. The hospitals' Emergency/Disaster Preparedness Committee may already be doing this; be sure to coordinate with them.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 7: Engage Partners and Other Employers

Make a list of all other employers whose employees work in your health care facility, service or operation. You will need to coordinate with the other employers regarding workplace violence prevention training as well as reporting, investigating and documenting workplace violence incidents.

Employees of other employers may include registry nurses, physicians, first responders (ambulance companies, fire departments, police who transport 5150 patients or other patients), contracted dialysis services providers, etc. Your contracting manager or the person in your facility who manages vendors may be able to help identify these people, or you may wish to send a questionnaire to hospital managers — or you may wish to do both. Some of this work may have been done as part of compliance with the Cal/OSHA Safe Patient Handling (SPH) regulation; you may wish to check with the person in charge of that issue. However, the SPH regulation only required the hospital to identify employees of other employees who were present in patient care units; the WVP regulation requires the hospital to identify all employees of other employees regardless of where they may be assigned in the hospital.

Target Date for Completion: _____

Name of Person Responsible: _____

□ TASK 8: Designate Partner Liaisons

Designate a hospital employee to work with each employer identified in Task 7. Make separate lists of which positions (employees):

1. Have patient contact;
2. Are assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior; and
3. Are assigned to the emergency department.

Determine the appropriate training for each group. All employees must be trained, but different training is required for different employees (employees in the three groups noted above require special initial or refresher training). Note that Cal/OSHA has said that "patient contact" means physical proximity, not touching. Therefore, admitting clerks, patient financial services staff, dietary workers, environmental services staff, and other personnel in the hospital who do not touch patients may still be considered to have patient contact.

Determine which employer will provide the training. The hospital and the other employer will also need to coordinate procedures for reporting, investigating and documenting workplace violence incidents. Cal/OSHA has stated that if a violent incident takes place on hospital property, the hospital is the employer responsible for reporting it.

Contracts between the hospital and the employers of these personnel should be clear regarding the responsibilities of each party; the hospital's contracting manager may wish to draft a contract (or an addendum to existing contracts) and have it signed by the other employer, particularly if the other employer will be responsible for training, or for reporting, investigating and documenting workplace violence incidents involving these employees.

Consider developing a procedure for auditing (or obtaining some type of verification from) employers who have assumed responsibility for initial and ongoing compliance with the WVP regulation.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 9: Identify Patient-Specific Risk Factors

Develop procedures to identify and evaluate patient-specific risk factors. **“Patient-specific risk factors”** are defined as “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. Assessment tools, decision trees, algorithms, or other effective means must be used to identify situations in which patient-specific Type 2 violence (Type 2 = workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient) is more likely to occur.

Cal/OSHA has stated that the diagnosis of a particular illness (such as a particular mental health disorder) with no indication of violence from other factors does not necessarily warrant a finding of an increased violence risk. Cal/OSHA has noted that research indicates that frequent assaulters are more likely to have personality disorders and predatory behavior rather than thought disorders such as schizophrenia.

See paragraph 10 on page 2.4 for more information about this requirement.

Target Date for Completion: _____

Name of Person Responsible: _____

□ TASK 10: Develop Internal/External Communication Processes

Develop procedures for documenting and communicating to other employees and between shifts and units, information that may increase the potential for workplace violence incidents. This should include procedures for communicating with employees of other employers (for example, providing specific information to EMTs who are transferring a discharged patient to a skilled nursing facility).

The hospital may wish to develop a paper form or an electronic screen in the EHR to help employees evaluate patient-specific risk factors, as well as a patient record flag to document and communicate this evaluation. It is important to use accurate terms when describing patient behavior. The term “violent” is not specific, and labeling a patient “violent” or “potentially violent” may result in difficulty placing the patient in a skilled nursing facility or other setting after discharge from the hospital. Consider using more descriptive words, such as “patient cursed at me” or “patient verbally threatened to throw an object” or “patient kicked the bedside table.” The following words may be useful in describing a patient’s behavior: agitated, aggressive, angry, combative, disruptive. If the patient’s actions were a response to a specific triggering event, that may be noted to help others avoid future triggers, if possible.

Develop a process to communicate with employees who do not have access to the EHR or medical record, such as environmental services employees, dietary employees, etc. Signs, stickers or magnets on door frames, charts, or the wall above the patient’s bed may work; check with your infection control department regarding acceptable devices. Other ideas include using a specific color (perhaps orange) felt pen to enter the patient’s name on the unit’s tracking board; or using an orange label on the chart back. Employees should be trained on the meaning of designated signage (e.g., “go to the nurses’ station and get more information about this patient before entering”).

Hospitals should develop criteria for discontinuing the flagging of a patient for risk of violence potential when that risk is mitigated or resolved.

Target Date for Completion: _____

Name of Person Responsible: _____

□ TASK 11: Visitor Assessment

Develop procedures to assess visitors or other persons who are not employees. Assessment tools, decision trees, algorithms, or other effective means must be used to assess visitors or other persons who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence. Note that the regulation does not require that all visitors be assessed — only those visitors who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence.

Hospitals typically restrict visitors who are known to have a history of disruptive, abusive, aggressive or violent behavior; who are intoxicated; or who behave in a significantly emotionally unstable manner. Hospitals should develop policies outlining the circumstances under which a person will not be permitted to enter or remain in the facility. Hospitals should train staff on what to do if such a person comes to the facility, or becomes angry when asked to leave. Sample scripts may be useful for frontline personnel. Hospitals should also develop criteria for discontinuing the flagging of a visitor for risk of violence potential if the risk is due to a temporary situation.

The hospital may wish to maintain a digital patient directory that contains information about visitor restrictions — for example, if a patient has asked to be a “no information” patient or if a patient has directed that certain potential visitors be excluded. The hospital may also wish to track individual visitors, so that if a visitor is disruptive when visiting one patient, but later returns to visit a different patient, a record of the visitor can be found.

Commercial software products are available to manage visitors, and modules can be purchased that photograph visitors and their IDs, use biometric scanning, conduct DOJ checks on visitors, and print temporary visitor badges that fade away over time so they cannot be re-used.

Commercial products also are available to credential and manage vendors — to track and document their immunization status, HIPAA training, fire safety training, and other requirements.

Use of commercial software products (or hospital-developed software) is not required, however.

Hospital should also develop a plan to communicate the violence potential of a visitor to staff.

Target Date for Completion: _____

Name of Person Responsible: _____

□ TASK 12: Identify and Assess Environmental Risk Factors

Develop assessment procedures to identify and evaluate environmental risk factors for each facility, unit, service or operation. Environmental risk factors may include employees working alone or in remote locations; poor illumination or blocked visibility; lack of physical barriers between employees and persons at risk of committing workplace violence; lack of effective escape routes; locations where alarms are not operational; presence of furnishings or any objects that can be used as weapons in areas of patient contact; storage of high-value items, currency or pharmaceuticals; unsupervised entry points; and other factors. CHA has developed an "Environmental Risk Factor Worksheet" (WVP Form 1-D) that hospitals may wish to use to document their assessment of these factors.

Assessment procedures must include assessment tools, environmental checklists, or other effective means to identify locations and situations where violent incidents are more likely to occur. Be sure to include areas surrounding the facility such as employee parking areas and other outdoor areas. There are special requirements for field operations such as mobile clinics and home health services.

The assessment must include an examination of trends of aggressive or violent behavior at the facility [Health and Safety Code Section 1257.7]. You should also review workplace violence incidents that occurred in the previous year.

Assessments must be performed at least annually [Health and Safety Code Section 1257.7]. Determine how often your facility will perform assessments, and create a schedule.

(See paragraph 9 on page 2.3 for more information about this requirement.)

Target Date for Completion: _____

Name of Person Responsible: _____

□ TASK 13: Identify and Correct Workplace Hazards

Develop procedures to identify, evaluate and correct workplace violence hazards once the WVP plan is in place. Develop procedures to obtain the active involvement of employees and their representatives in identifying, evaluating, and correcting hazards. (Refer to Checklist Task 5 for ideas about involving employees and their representatives.) CHA has developed the “Environmental Risk Factor Worksheet,” (WVP Form 1-D), that hospitals may use to document environmental risk factors.

Workplace violence hazards must be corrected in a timely manner. Engineering and work practice controls must be used to eliminate or minimize employee exposure to the identified hazards to the extent feasible. Corrective measures may include:

1. Ensuring that sufficient trained staff is available.
2. Providing line of sight or other immediate communication in areas where patients or public are present, for example, removal of sight barriers or adding surveillance or alarm systems.
3. Configuring facility space systems so that employee access to doors and alarms can't be impeded.
4. Removing or fastening objects that may be used as weapons.
5. Establishing an effective response plan.

(See paragraph 12 on page 2.4 for more information about this requirement.)

Historically, Cal/OSHA staff has indicated a preference for the use of personal alarms (alarms that are attached to an employee's uniform), security cameras and metal detectors. However, this is not a legal requirement. A hospital may consider the use of such technology and determine, for example, that the expense or burden is not justified in its particular circumstances or that it would not solve the problem being addressed. The requirement is that the hospital must have a 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.

Hospitals may wish to undertake pilot projects in limited portions of the facility before implementing a particular solution hospital-wide.

Hospitals should document the solutions they consider and their reasons for implementing or not implementing each one. Some solutions may require the approval of OSHPD and/or CDPH.

Consider engineering and work practice controls when planning new buildings, units or service lines.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 14: Policy Communications

Develop procedures to communicate with employees regarding workplace violence matters, including how to document and communicate information about conditions that may increase the potential for violence to other employees; an employee may report a violent incident, threat, or other concern without fear of reprisal; how employee concerns will be investigated; and how employees will be informed of investigation results and corrective action.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 15: Responding to an Incident

The hospital must develop a policy for responding to workplace violence incidents. Determine who will respond: security personnel only; security personnel and designated patient care staff; or designated patient care staff only. The policy may vary by unit — for example, the response to an incident occurring within the facility may be different from the response to an incident occurring in a home health setting.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 16: Develop Post-incident Response Procedures

Develop procedures for post-incident response and investigation. The procedures must address the elements listed in paragraph 13 on page 2.6 (for example, providing immediate medical care and making available trauma counseling; conducting a debriefing; obtaining opinions from employees regarding the cause of the incident and prevention measures). Develop procedures to obtain the active involvement of employees and their representatives in investigating incidents.

CHA has developed a form, "Documentation of Investigation of Workplace Violence Incident" (WVP Form 1-B), that hospitals may wish to use as a template for documenting investigations. Be sure to coordinate investigations of incidents involving employees of other employers with those other employers as appropriate (see *Checklist Task 8*).

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 17: Create a Violent Incident Log

Design a violent incident log that contains all of the required elements. If you already have a process in place to track and document violent incidents, consider whether to use that method to comply with the Cal/OSHA regulation. It is important to remember that the Log must be made available to employees and their representatives. Therefore, if your current tracking method contains confidential information, you may not want to rely on that as your Cal/OSHA-required “Violent Incident Log.” The log may be electronic or paper-based. (See I. “Violent Incident Log,” page 4.1, for more information about the data elements that must be included in the log and employee confidentiality considerations.)

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 18: Reporting Policies

Develop and implement policies to report incidents to Cal/OSHA, law enforcement, and CDPH as required. (See chapter 5 for more information.)

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 19: Non-Retaliation Policy

Ensure that the WVP plan includes a policy prohibiting the hospital/supervisors from disallowing an employee from, or taking punitive or retaliatory action against, an employee for calling local emergency services or law enforcement when a violent incident occurs.

The policy must state that employees have the right to call local law enforcement. It is permissible to include in the policy that the employee must first (or concurrently) notify hospital administration if possible (identify in the policy the position, office and/or phone number that employees must notify).

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 20: Policy Review

Review and revise (as needed) your current policies and procedures related to anti-retaliation, reporting and record keeping regarding occupational injuries, Cal/OSHA access to records, and employee/designated representative access to records to clarify that those policies and procedures also apply to workplace violence prevention and response activities.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 21: Develop Initial Training

Develop curricula for initial training of all employees (including temporary employees and employees of other employers identified in Checklist Task 7). Training must be done when the plan is first established and when an employee is newly hired. The employer must have an effective procedure for obtaining the active involvement of employees and their representatives in designing training curricula and materials; participating in training; and reviewing and revising the training program.

Initial training must include the elements listed in C. "Content of Initial Training," page 3.2. The training must include an opportunity for interactive questions and answers, or for questions to be answered within one business day, with a person knowledgeable about the employer's WVP plan.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 22: Develop Special Training

Determine which employees are assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior. These employees must be provided special training prior to initial assignment and at least annually thereafter. This training may be included with the initial training or done separately.

This special training must include the elements listed in "Additional Cal/OSHA Training Requirements for Specified Employees," page 3.3 (aggression and violence predicting factors; the assault cycle; verbal and physical maneuvers to defuse and prevent violence; restraining techniques, etc.). The training must provide an opportunity to practice the maneuvers and techniques included in the training with other employees they will work with.

Note that employees and members of the medical staff regularly assigned to the emergency department must also receive additional training. (See "Additional Hospital Licensing Training Requirements," page 3.3.)

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 23: Develop Refresher Training

Determine which employees need annual refresher training -- only employees who have patient contact, and their supervisors, must have the annual refresher training. Note that Cal/OSHA has said that “patient contact” means physical proximity, not touching. Therefore, admitting clerks, patient financial services staff, dietary workers, environmental services staff, and other personnel in the hospital who do not touch patients may still be considered to have patient contact.

Create and implement a refresher training schedule. Refresher training must include the topics included in the initial training and the results of the annual WVP plan review and any review done as a result of new procedures or new information. Refresher training must include an opportunity for interactive questions and answers, or questions to be answered within one business day, with a person knowledgeable about the employer’s WVP plan.

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 24: Identify Trainers

Identify training instructors. Create a train-the-trainer program if desired. Create a training schedule for current employees and implement it. Determine how new employees will receive training. Be sure to document all training; CHA has developed a form, “Documentation of Workplace Violence Prevention Training” (WVP Form 1-C), that hospitals may use as a template for documenting training. (See IV. “Training Records,” page 4.4.)

Target Date for Completion: _____

Name of Person Responsible: _____

TASK 25: Update Training Materials

Develop a procedure to ensure that additional training is 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.

Be sure to document all training; CHA has developed a form, “Documentation of Workplace Violence Prevention Training” (WVP Form 1-C), that hospitals may use as a template for documenting training. (See IV. “Training Records,” page 4.4.)

Target Date for Completion: _____

Name of Person Responsible: _____

 TASK 26: Policy Access

Develop a means by which every employee can access, at all times, the WVP plan applicable to the unit to which he/she is assigned. For example, the hospital may wish to post the WVP plan(s) on the hospital's intranet or make paper copies available in binders on each unit. The hospital should implement a procedure to ensure that updates are also made available.

Target Date for Completion: _____

Name of Person Responsible: _____

 TASK 27: Policy Documentation

Write your Workplace Violence Prevention plan(s)/policies. The WVP plan must be specific to the hazards and corrective measures for the unit, service or operation. It may be incorporated into the written IIPP or maintained as a separate document. It must incorporate all of the elements included in paragraphs 1 through 13 starting on page 2.1. Develop a procedure for reviewing, at least annually, the effectiveness of the WVP plan. This procedure must include review of the elements listed in III. "Reviewing the WVP Plan," page 2.7.

Target Date for Completion: _____

Name of Person Responsible: _____

 TASK 28: Employee Compliance

Develop procedures to ensure that supervisory and non-supervisory employees comply with the WVP plan. Cal/OSHA states that substantial compliance with this provision includes recognizing employees who follow safe work practices, training and retraining programs, disciplinary actions, and other similar means to ensure employee compliance. Your IIPP and your musculoskeletal injury prevention plan (MIPP) should already include procedures like these, so you may want to use your IIPP and/or MIPP as a model or revise your IIPP to include workplace violence prevention activities.

Target Date for Completion: _____

Name of Person Responsible: _____

Forms and Appendixes

WVP Appendix A	Cal/OSHA Healthcare Workplace Violence Prevention Regulation
WVP Appendix B	Cal/OSHA Injury and Illness Prevention Program Regulation
WVP Appendix C	Where to Find the Laws
WVP Appendix D	Definition of “Dangerous Weapon” for Law Enforcement Reporting Requirement
WVP Form 1-A	Workplace Violence Incident Case Number Assignment Form
WVP Form 1-B	Documentation of Investigation of Workplace Violence Incident
WVP Form 1-C	Documentation of Workplace Violence Prevention Training
WVP Form 1-D	Environmental Risk Factor Worksheet
Form 19-1	Assault or Battery Against Hospital Personnel
Form 20-1	Adverse Event Report Form — <i>Sample</i>

Cal/OSHA Healthcare Workplace Violence Prevention Regulation

Title 8, California Code of Regulations, Section 3342

(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 [insert the effective date]. General acute care hospitals, acute psychiatric hospitals, and special hospitals shall also implement subsection (g) by [insert the effective date]. Employers with employees in operations identified in subsections (a)(1)(A) through (a)(1)(E) shall implement the requirements of subsections (c), (e), and (f) by [insert one year after the effective date].

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.

(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 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:

- (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.
- (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;
 - (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.
 - (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:
- (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:
- (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:
 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.
- (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:
- (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.
- (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.

Cal/OSHA Injury and Illness Prevention Program Regulation

TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 3203

(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:

- (1) Identify the person or persons with authority and responsibility for implementing the Program.
- (2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.
- (3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with subsection (a)(3).

(4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

- (A) When the Program is first established;

Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing section 3203.

- (B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

- (C) Whenever the employer is made aware of a new or previously unrecognized hazard.

(5) Include a procedure to investigate occupational injury or occupational illness.

(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

- (A) When observed or discovered; and,

- (B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area

except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

(7) Provide training and instruction:

(A) When the program is first established;

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

(B) To all new employees;

(C) To all employees given new job assignments for which training has not previously been received;

(D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,

(F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

(b) Records of the steps taken to implement and maintain the Program shall include:

(1) Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected. (**NOTE:** This exception does not apply to WVP-related records.)

(2) Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.

Exception No. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties. (**NOTE:** This exception does not apply to WVP-related records.)

Exception No. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

Exception No. 3: For Employers with fewer than 20 employees who are in industries that are not on a designated list of high-hazard industries established by the Department of Industrial Relations (Department) and who have a Workers' Compensation Experience Modification Rate of 1.1 or less, and for any employers with fewer than 20 employees who are in industries

on a designated list of low-hazard industries established by the Department. Written documentation of the Program may be limited to the following requirements:

- A. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).
- B. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).
- C. Written documentation of training and instruction as required by subsection (a)(7).

Exception No. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

NOTE 1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written Program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

NOTE 2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employees' job duties.

(c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

- (1) Meets regularly, but not less than quarterly;
- (2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. The committee meeting records shall be maintained for at least one (1) year;
- (3) Reviews results of the periodic, scheduled worksite inspections;
- (4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;
- (5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;
- (6) Submits recommendations to assist in the evaluation of employee safety suggestions; and
- (7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

Where to Find the Laws

All of the laws discussed in *Healthcare Workplace Violence Prevention* guidebook can be found on the Internet.

FEDERAL LAW

A federal statute is written by a United States Senator or Representative. It is voted on by the United States Senate and the House of Representatives, and then signed by the President. A federal statute is referenced like this: 42 U.S.C. Section 1395. “U.S.C.” stands for “United States Code.” Federal statutes may be found at www.gpo.gov/fdsys or at www.law.cornell.edu.

A federal regulation is written by a federal agency, such as the U.S. Department of Health and Human Services or the U.S. Food and Drug Administration. The proposed regulation is published in the Federal Register, along with an explanation (called the “preamble”) of the regulation, so that the general public and lobbyists may comment on it. The federal agency must summarize and respond to each comment it receives on the proposed regulation. The agency may or may not make changes to the proposed regulation based on the comments. The final regulation is also published in the Federal Register. A federal regulation is referenced like this: 42 C.F.R. Section 482.1 or 42 C.F.R. Part 2. “C.F.R.” stands for “Code of Federal Regulations.” Federal regulations may be found at www.gpo.gov/fdsys or at www.ecfr.gov. The preamble, however, is only published in the Federal Register and not in the Code of Federal Regulations. The Federal Register may be found at www.gpo.gov/fdsys or at www.federalregister.gov.

The Centers for Medicare & Medicaid Services publishes its Interpretive Guidelines for surveyors on the internet. They may be found at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo. There are several appendices that hospitals will find useful; for example, A (hospitals), AA (psychiatric hospitals), V (EMTALA), and W (critical access hospitals).

A federal law must be obeyed throughout the United States, including in California, unless the federal law expressly states otherwise. As a general rule, if a federal law conflicts with a state law, the federal law prevails, unless the federal law expressly states otherwise.

If there is no conflict, such as when one law is stricter but they don’t actually conflict with each other, both laws generally must be followed. For example, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the federal law states that providers must conform to whichever provision of federal or state law provides patients with greater privacy protection or gives them greater access to their medical information.

STATE LAW

A state statute is written by a California Senator or Assembly Member. It is voted on by the California Senate and Assembly, and then signed by the Governor. A state statute is referenced like this: Civil Code Section 56 or Health and Safety Code Section 819. State statutes may be found at www.leginfo.ca.gov. Proposed laws (Assembly Bills and Senate Bills) may also be found at this website.

A state regulation is written by a state agency, such as the California Department of Public Health or the California Department of Mental Health. A short description of the proposed regulation is published in the California Regulatory Notice Register, more commonly called the Z Register, so that the general

public and lobbyists may request a copy of the exact text of the proposed regulation and comment on it. The state agency must summarize and respond to each comment it receives on the proposed regulation. The agency may or may not make changes to the proposed regulation based on the comments. A notice that the final regulation has been officially adopted is also published in the Z Register. The Z Register may be found at www.oal.ca.gov/notice_register.htm.

A state regulation is referenced like this: Title 22, C.C.R., Section 70707. “C.C.R.” stands for “California Code of Regulations.” State regulations may be found at www.calregs.com.

A state law must be obeyed in California only. As a general rule, if a California law conflicts with a federal law, the federal law prevails, unless the federal law expressly states otherwise. (If there is no conflict, such as when one law is stricter but they don’t actually conflict with each other, both laws generally must be followed.)

Definition of “Dangerous Weapon” for Law Enforcement Reporting Requirement

“**Dangerous weapon,**” for purposes of reporting assault or battery against on-duty personnel to law enforcement, means any weapon the possession or concealed carrying of which is prohibited by Penal Code Section 16590. Besides firearms, this includes:

1. An air gauge knife. An “**air gauge knife**” means a device that appears to be an air gauge but has concealed within it a pointed, metallic shaft that is designed to be a stabbing instrument which is exposed by mechanical action or gravity which locks into place when extended [Penal Code Section 16140].
2. Ammunition that contains or consists of a flechette dart. A “**flechette dart**” means a dart, capable of being fired from a firearm, that measures approximately one inch in length, with tail fins that take up approximately five-sixteenths of an inch of the body [Penal Code Section 16570].
3. A ballistic knife. A “**ballistic knife**” means a device that propels a knifelike blade as a projectile by means of a coil spring, elastic material, or compressed gas. A ballistic knife does not include any device that propels an arrow or a bolt by means of any common bow, compound bow, crossbow, or underwater speargun [Penal Code Section 16220].
4. A belt buckle knife. A “**belt buckle knife**” is a knife that is made an integral part of a belt buckle and consists of a blade with a length of at least two and one-half inches [Penal Code Section 16260].
5. A bullet containing or carrying an explosive agent. This does not include tracer ammunition manufactured for use in a shotgun.
6. A camouflaging firearm container. A “**camouflaging firearm container**” means a container that meets all of the following criteria:
 - a. It is designed and intended to enclose a firearm.
 - b. It is designed and intended to allow the firing of the enclosed firearm by external controls while the firearm is in the container.
 - c. It is not readily recognizable as containing a firearm.

However, a “camouflaging firearm container” does not include any camouflaging covering used while engaged in lawful hunting or while going to or returning from a lawful hunting expedition. [Penal Code Section 16320]

7. A cane sword. A “**cane sword**” means a cane, swagger stick, stick, staff, rod, pole, umbrella, or similar device, having concealed within it a blade that may be used as a sword or stiletto [Penal Code Section 16340].
8. A *concealed* dirk or dagger (emphasis added). A “**dirk**” or “**dagger**” means a knife or other instrument with or without a handguard that is capable of ready use as a stabbing weapon that may inflict great bodily injury or death. A non-locking folding knife, a folding knife that is not prohibited by Penal Code Section 21510 (which prohibits switchblade knives having a blade two or more inches long), or a

pocketknife is capable of ready use as a stabbing weapon that may inflict great bodily injury or death only if the blade of the knife is exposed and locked into position. Note that a dirk or dagger (knife) in plain view (not concealed) is not included in this definition. [Penal Code Section 16470]

9. A concealed explosive substance, other than fixed ammunition.
10. A large-capacity magazine. A "**large-capacity magazine**" means any ammunition feeding device with the capacity to accept more than 10 rounds, but shall not be construed to include any of the following:
 - a. A feeding device that has been permanently altered so that it cannot accommodate more than 10 rounds.
 - b. A .22 caliber tube ammunition feeding device.
 - c. A tubular magazine that is contained in a lever-action firearm.

[Penal Code Section 16740]
11. A leaded cane or an instrument or weapon of the kind commonly known as a billy, blackjack, sandbag, sandclub, sap, or slungshot. A "**leaded cane**" means a staff, crutch, stick, rod, pole, or similar device, unnaturally weighted with lead [Penal Code Section 16760].
12. A lipstick case knife. A "**lipstick case knife**" means a knife enclosed within and made an integral part of a lipstick case [Penal Code Section 16830].
13. Metal knuckles. "**Metal knuckles**" means any device or instrument made wholly or partially of metal that is worn for purposes of offense or defense in or on the hand and that either protects the wearer's hand while striking a blow or increases the force of impact from the blow or injury to the individual receiving the blow. The metal contained in the device may help support the hand or fist, provide a shield to protect it, or consist of projections or studs which would contact the individual receiving a blow. [Penal Code Section 16920]
14. A metal military practice hand grenade or a metal replica hand grenade.
15. A multi-burst trigger activator.
16. A nunchaku. A "**nunchaku**" means an instrument consisting of two or more sticks, clubs, bars, or rods to be used as handles, connected by a rope, cord, wire, or chain, in the design of a weapon used in connection with the practice of a system of self-defense such as karate [Penal Code Section 16940].
17. A shobi-zue. A "**shobi-zue**" means a staff, crutch, stick, rod, or pole concealing a knife or blade within it, which may be exposed by a flip of the wrist or by a mechanical action [Penal Code Section 17160].
18. A shuriken. A "**shuriken**" means any instrument, without handles, consisting of a metal plate having three or more radiating points with one or more sharp edges and designed in the shape of a polygon, trefoil, cross, star, diamond, or other geometric shape, for use as a weapon for throwing. [Penal Code Section 17200].
19. A writing pen knife. A "**writing pen knife**" means a device that appears to be a writing pen but has concealed within it a pointed, metallic shaft that is designed to be a stabbing instrument which is exposed by mechanical action or gravity which locks into place when extended or the pointed, metallic shaft is exposed by the removal of the cap or cover on the device [Penal Code Section 17350].

NOTE: This is the definition to use when determining whether to report an assault or battery against on-duty personnel to law enforcement. It is not the definition Cal/OSHA uses in its WVP regulation.

Workplace Violence Incident Case Number Assignment Form

Health facilities may use this form to document the identities of individuals involved in a workplace violence incident. The case number should be used in the Violent Incident Log, on the “Documentation of Investigation of Workplace Violence Incident” form (WVP Form 1-B), and in other documentation to protect the privacy of the individuals involved.

Workplace Violence Incident Case Number: _____

Date and time of incident: _____ AM/PM

Location of incident: _____

Individuals involved:

Employee #1: _____

Employee #2: _____

Employee #3: _____

Patient A: _____

Patient B: _____

Other person #1: _____

Other person #2: _____

This form must be retained for at least five years.

Documentation of Investigation of Workplace Violence Incident

INSTRUCTIONS

This form may be used to document workplace violence incident investigations. The employer must conduct a post-incident debriefing as soon as possible after the incident with all employees, supervisors, and security involved in the incident. The information required to be documented may be obtained during this debriefing or at another time. After the form is completed, please send it to: _____

_____ *[hospital to insert name of person or department to receive completed forms]*

If you have questions related to the completion of this form, contact: _____ *[hospital to insert name and phone number of person who can assist in completion of the form]*

****NOTE:** This form should not include the patients' or employees' names, addresses, email addresses, phone numbers, social security numbers, or other information that, alone or in combination with other publicly available information, reveals an employee's or patient's identity. Hospitals should assign a case number to each incident and keep a separate, confidential list of the case numbers and the names of all patients and employees involved in each incident. CHA has developed a form, WVP Form 1-A, "Workplace Violence Incident Case Number Assignment Form," that hospitals may use to track the case number and the individuals involved.

Attach extra pieces of paper if necessary.

Date of incident: _____ Time of incident: _____ AM/PM

Unit where incident occurred: _____

Case number**: _____

Name of person completing this form: _____

Title: _____

Phone number: _____

Please include all information requested below, to the extent available.

1. Describe the incident: _____

- 2. Describe any patient-specific risk factors: _____
Patient's mental status/behaviors: _____
Patient's use of drugs (prescribed or illicit): _____
Patient's use of alcohol: _____
Patient's condition or disease process that would cause confusion and/or disorientation: _____

Patient history of violence: _____
Other: _____
- 3. Describe any risk reduction measures that were specified for the patient: _____

- 4. Were appropriate corrective measures developed under the hospital's WVP plan effectively implemented? Yes No
Describe: _____

- 5. Document whether any alarms (or other means of summoning assistance) were available in the area of the incident: _____

- 6. Document whether any alarms (or other means of summoning assistance) were used during the incident: _____

- 7. If assistance was summoned, document the response by staff or law enforcement: _____

- 8. Were any other corrective measures developed under the hospital's WVP plan implemented? (Corrective actions may include removal of sight barriers, provision of surveillance systems or other sight aids such as mirrors, buddy system, improved illumination, removing/controlling objects that may be used as weapons in areas where patients at-risk for Type 2 violence are anticipated to be, weapon detection devices, etc. *See page 2.6 of CHA's Healthcare Workplace Violence Prevention guidebook for more information on corrective measures.*) Describe: _____

9. Ask the injured employee his or her opinion about the cause of the incident. Write down the injured employee's answer: _____

10. Ask the injured employee whether any measure would have prevented the injury. Write down the injured employee's answer: _____

11. Ask all other personnel involved in the incident their opinions about the cause of the incident. Write down their answers: _____

12. Ask all other personnel involved in the incident whether any measure would have prevented the injury. Write down their answers: _____

Signature of person completing this form: _____

Date of completion: _____ Time of completion: _____ AM/PM

REMINDER: The employer must provide immediate medical care or first aid to injured employees, as well as trauma counseling to all employees affected by the incident.

THIS FORM AND ATTACHMENTS (IF ANY) MUST BE RETAINED FOR AT LEAST FIVE YEARS.

Documentation of Workplace Violence Prevention Training

This form should be completed for each workplace violence prevention training course.

1. Title of course: _____
2. Length of course (in hours): _____
3. Training dates and times: _____

4. Objectives of the education program: _____

5. Name, title and qualifications of instructor(s): _____

6. Description of content of education program: _____

Signature of person completing this form: _____

Name of person completing this form (please print clearly): _____

Title: _____

Phone number: _____

Date and time of completion: _____ AM/PM

NOTE: Attach the following information to this sheet:

1. Names and job titles of all persons attending the training sessions
2. Written evaluation of the course content by attendees
3. Written materials distributed or shown to attendees.

Cal/OSHA requires that this form and attachments be retained for at least one year. In addition, CDPH licensing regulations require that orientation and competency validation must be documented in the employee's file and be retained for the duration of the individual's employment.

Environmental Risk Factor Worksheet

Floor/unit/service/parking garage/parking lot/other area to be inspected:

Date and time of inspection: _____ AM/PM

Name and phone number of inspector: _____

Title: _____

Phone number: _____

The Cal/OSHA workplace violence prevention regulation requires that health facilities identify and evaluate environmental risk factors in each unit and area, including areas surrounding the facility such as employee parking areas and other outdoor areas. Hospitals will want to assess their emergency department, lobby, radiology area(s), clinical lab(s), drawing stations, admissions office, morgue, central supply area, each inpatient and outpatient pharmacy, operating and procedure rooms, labor and delivery, each inpatient unit, each ICU, newborn nursery, psychiatric unit, all outpatient clinics, cafeteria, gift shop, parking lot and garages, restrooms, entries/exits, etc. This form may be used to document that the required assessment of environmental risk factors was performed. After the risk factors are documented on this form, the hospital should document the action taken to eliminate or minimize, to the extent feasible, each risk factor. Remediation measures should also be documented. (Use of this form is not required. Facilities may develop their own form or use a different method of documentation.)

NOTE: “Environmental risk factors” means factors in the facility or are in which health care service 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 collection of money.

1. Are 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?

- No
- Yes. Describe problem: _____

2. Is there poor illumination where possible assailants may be present?

- No
- Yes. Describe problem: _____

3. Is there blocked visibility where possible assailants may be present?

No

Yes. Describe problem: _____

4. Are there physical barriers between employees and persons at risk of committing workplace violence?

Appropriate physical barriers exist in this area

No physical barriers are needed in this area. Describe why: _____

No physical barriers exist in this area, but they could be potentially useful. Describe potential physical barriers and how they could reduce risk of violence in this area: _____

5. Are there effective escape routes?

Yes

No

Describe: _____

6. Are there obstacles or impediments to accessing alarm systems?

No

Yes. Describe: _____

7. Are there locations within the facility where alarm systems are not operational?

No

Yes. Describe: _____

NOTE: If an alarm system is necessary, it must be operational. If it is not necessary, it should be removed. Cal/OSHA frowns on alarm systems that are not operational.

8. Are there entryways where unauthorized entrance may occur, such as doors designated for staff entrance or emergency exits?

No

Yes. Describe _____

9. Are there furnishings or other objects that can be used as weapons in areas where patient contact activities are performed? (**NOTE:** Cal/OSHA has stated that “patient contact” means physical proximity, not touching. Therefore, admitting clerks, patient financial services staff, and other personnel in the facility who do not touch patients may still be considered to have patient contact.)

No

Yes. Describe: _____

(The facility may wish to consider keeping a room or rooms with minimal furnishings ready for potentially violent individuals, and train employees to recognize these individuals and assign them to these rooms.)

10. Are there high-value items present, such as money or pharmaceuticals?

No.

Yes. Describe: _____

11. Note any unsafe conditions and/or work practices not identified above: _____

FOR HOME HEALTH/HOSPICE:

1. Are there weapons in the home?

No

Yes. Describe: _____

Patient/family declined to answer

2. Is there evidence of substance abuse?

No

Yes. Describe: _____

3. Are there uncooperative cohabitants?

No.

Yes. Describe: _____

4. Note any unsafe conditions and/or work practices not identified above: _____

This form must be retained for at least one year.

ASSAULT OR BATTERY AGAINST HOSPITAL PERSONNEL REPORT FORM

[Hospital Letterhead]

[Date]

[Local Law Enforcement Agency Name]

[Address]

Dear _____:

Pursuant to California Health and Safety Code Section 1257.7, we are reporting that an assault and/or battery against on-duty hospital personnel took place on *(date)* _____.

Check the following:

- 1. The incident resulted in injury to the employee. Yes* No
- 2. The incident involved the use of a firearm or other dangerous weapon. Yes* No

Please contact _____ at _____ if you have any questions.

Sincerely,

[Signature]

[Name]

[Title]

**Report is required if this box is checked.*

If the assault and/or battery did not result in injury to an employee and did not involve the use of a firearm or other dangerous weapon, the hospital is not required to make a report to the local law enforcement agency. However, other reporting requirements may apply, such as Cal/OSHA requirements. See chapter 5 in CHA's Healthcare Workplace Violence Prevention guidebook for details on all reporting requirements.

Adverse Event Report Form – Sample

[HOSPITAL LETTERHEAD]

(Must include hospital name and address elsewhere if this form is not reproduced on hospital letterhead)

[Date of report]

State of California, Department of Public Health
Licensing and Certification District Office
[Street Address]
[City], CA [ZIP]

To Whom It May Concern:

This hospital believes it may have detected the adverse event indicated below as defined in Health and Safety Code Section 1279.1, and is hereby reporting pursuant to Health and Safety Code Section 1279.1.

Due to the short time frame required for reporting in the law, the information this hospital has may be incomplete. If further investigation shows that no adverse event as defined in this law took place, you will be notified. However, in order to comply with the law's short time frame, this hospital is taking a precautionary measure and reporting accordingly.

This hospital may have detected the adverse event checked below:

- 1. Surgery performed on a wrong body part that is inconsistent with the documented informed consent for that patient. This does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.
- 2. Surgery performed on the wrong patient.
- 3. The wrong surgical procedure performed on a patient, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. This does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.
- 4. Retention of a foreign object in a patient after surgery or other procedure, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.
- 5. Death during or up to 24 hours after induction of anesthesia after surgery of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.

- 6. Patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.
- 7. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, “device” includes, but it not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.
- 8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
- 9. An infant discharged to the wrong person.
- 10. Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity.
- 11. A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for the admission to the health facility.
- 12. A patient death or serious disability associated with a medication error, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.
- 13. A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
- 14. A maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days postdelivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.
- 15. Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility.
- 16. Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, “hyperbilirubinemia” means bilirubin levels greater than 30 milligrams per deciliter.
- 17. A Stage 3 or 4 ulcer, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.
- 18. A patient death or serious disability due to spinal manipulative therapy performed at the health facility.

- 19. A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric countershock.
- 20. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance.
- 21. A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility.
- 22. A patient death associated with a fall while being cared for in a health facility.
- 23. A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health facility.
- 24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
- 25. The abduction of a patient of any age.
- 26. The sexual assault of a patient within or on the grounds of a health facility.
- 27. The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility. [Note: if this item is checked because a staff member suffered death or significant injury due to a physical assault on the grounds of the facility, please indicate the staff member’s name at the bottom of the form, rather than a patient’s name.]
- 28. An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor. [Note: An “adverse event” is defined as the incidents described in items 1. through 27., above. Thus, this category probably does not capture any additional adverse events not described in items 1. through 27. above. If for some reason an adverse event report is made about an event not listed in items 1. through 27. above, a brief description of the event should be included on this form. If a hospital has an adverse event that causes the death or serious disability of a patient, personnel, or visitor but is not listed above in items 1. through 27., legal counsel should be consulted to determine whether it should be reported. A different reporting requirement may apply.]

Hospital’s code to link this report to its file regarding this potential adverse event:

Date hospital detected the adverse event: _____

Please contact me at [insert phone number] or at [insert fax number] if you require further information.

Sincerely,

[Name]

[Title]

(over)

NOTE: “Serious disability” means:

- a. A physical or mental impairment that substantially limits one or more of the major life activities of an individual, if the impairment lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or
- b. The loss of bodily function, if the loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or
- c. The loss of a body part.

**Generally, this report must be made within five days of detection. However, if the adverse event is an ongoing or urgent threat to the welfare, health, or safety of patients, personnel or visitors, a report must be made within 24 hours of detection.*