

AN ACT concerning employment.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 1. Short title. This Act may be cited as the Health Care Workplace Violence Prevention Act.

Section 5. Findings. The General Assembly finds as follows:

(1) Violence is an escalating problem in many health care workplaces in this State and across the nation.

(2) The actual incidence of workplace violence in health care workplaces, in particular, is likely to be greater than documented because of failure to report such incidents or failure to maintain records of incidents that are reported.

(3) Patients, visitors, and health care employees should be assured a reasonably safe and secure environment in a health care workplace.

(4) Many health care workplaces have undertaken efforts to ensure that patients, visitors, and employees are safe from violence, but additional personnel training and appropriate safeguards may be needed to prevent workplace violence and minimize the risk and dangers affecting people in connection with the delivery of health care.

Section 10. Definitions. In this Act:

"Department" means (i) the Department of Human Services, in the case of a health care workplace that is operated or regulated by the Department of Human Services, or (ii) the Department of Public Health, in the case of a health care workplace that is operated or regulated by the Department of Public Health.

"Director" means the Secretary of Human Services or the

Director of Public Health, as appropriate.

"Employee" means any individual who is employed on a full-time, part-time, or contractual basis by a health care workplace.

"Health care workplace" means a mental health facility or developmental disability facility as defined in the Mental Health and Developmental Disabilities Code, other than a hospital or unit thereof licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act. "Health care workplace" does not include, and shall not be construed to include, any office of a physician licensed to practice medicine in all its branches, an advanced practice nurse, or a physician assistant, regardless of the form of such office.

"Imminent danger" means a preliminary determination of immediate, threatened, or impending risk of physical injury as determined by the employee.

"Responsible agency" means the State agency that (i) licenses, certifies, registers, or otherwise regulates or exercises jurisdiction over a health care workplace or a health care workplace's activities or (ii) contracts with a health care workplace for the delivery of health care services.

"Violence" or "violent act" means any act by a patient or resident that causes or threatens to cause an injury to another person.

Section 15. Workplace violence plan.

(a) By July 1, 2007 (in the case of a health care workplace participating in the pilot project under Section 35) or July 1, 2008 (in the case of health care workplaces not participating in the pilot project), every health care workplace must adopt and implement a plan to reasonably prevent and protect employees from violence at that setting. The plan must address security considerations related to the following items, as appropriate to the particular workplace, based on the hazards identified in the assessment required under subsection (b):

(1) The physical attributes of the health care workplace.

(2) Staffing, including security staffing.

(3) Personnel policies.

(4) First aid and emergency procedures.

(5) The reporting of violent acts.

(6) Employee education and training.

(b) Before adopting the plan required under subsection (a), a health care workplace must conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment must include, but need not be limited to, a measure of the frequency of, and an identification of the causes for and consequences of, violent acts at the workplace during at least the preceding 5 years or for the years for which records are available.

(c) In adopting the plan required by subsection (a), a health care workplace may consider any guidelines on violence in the workplace or in health care workplaces issued by the Department of Public Health, the Department of Human Services, the federal Occupational Safety and Health Administration, Medicare, and health care workplace accrediting organizations.

(d) It is the intent of the General Assembly that any violence protection and prevention plan developed under this Act be appropriate to the setting in which it is to be implemented. To that end, the General Assembly recognizes that not all health care services are provided in a facility or other formal setting. Many health care services are provided in other, less formal settings. The General Assembly finds that it may be inappropriate and impractical for all health care workplaces to address workplace violence in the same manner. When enforcing this Act, the Department shall allow a health care workplace sufficient flexibility in recognition of the unique circumstances in which the health care workplace may deliver services.

(e) Promptly after adopting a plan under subsection (a), a

health care workplace must file a copy of its plan with the Department. The Department shall then forward a copy of the plan to the appropriate responsible agency.

(f) A health care workplace must review its plan at least once every 3 years and must report each such review to the Department, together with any changes to the plan adopted by the health care workplace. If a health care workplace does not adopt any changes to its plan in response to such a review, it must report that fact to the Department. A health care workplace must promptly report to the Department all changes to the health care workplace's plan, regardless of whether those changes were adopted in response to a periodic review required under this subsection. The Department shall then forward a copy of the review report and changes, if any, to the appropriate responsible agency.

(g) A health care workplace that is required to submit written documentation of active safety and violence prevention plans to comply with national accreditation standards shall be deemed to be in compliance with subsections (a), (b), (c), and (f) of this Section when the health care workplace forwards a copy of that documentation to the Department.

Section 20. Violence prevention training. By July 1, 2006 (in the case of a health care workplace participating in the pilot project under Section 35) or July 1, 2009 (in the case of health care workplaces not participating in the pilot project), and on a regular basis thereafter, as set forth in the plan adopted under Section 15, a health care workplace must provide violence prevention training to all its affected employees as determined by the plan. For temporary employees, training must take into account unique circumstances. A health care workplace also shall provide periodic follow-up training for its employees as appropriate. The training may vary by the plan and may include, but need not be limited to, classes, videotapes, brochures, verbal training, or other verbal or written training that is determined to be appropriate under the plan. The

training must address the following topics, as appropriate to the particular health care workplace and to the duties and responsibilities of the particular employee being trained, based on the hazards identified in the assessment required under Section 15:

- (1) General safety procedures.
- (2) Personal safety procedures.
- (3) The violence escalation cycle.
- (4) Violence-predicting factors.
- (5) Obtaining patient history from a patient with a history of violent behavior.
- (6) Verbal and physical techniques to de-escalate and minimize violent behavior.
- (7) Strategies to avoid physical harm.
- (8) Restraining techniques, as permitted and governed by law.
- (9) Appropriate use of medications to reduce violent behavior.
- (10) Documenting and reporting incidents of violence.
- (11) The process whereby employees affected by a violent act may debrief or be calmed down and the tension of the situation may be reduced.
- (12) Any resources available to employees for coping with violence.
- (13) The workplace violence prevention plan adopted under Section 15.
- (14) The protection of confidentiality in accordance with the Health Insurance Portability and Accountability Act of 1996 and other related provisions of law.

Section 25. Record of violent acts. Beginning no later than July 1, 2007 (in the case of a health care workplace participating in the pilot project under Section 35) or July 1, 2008 (in the case of health care workplaces not participating in the pilot project), every health care workplace must keep a record of any violent act against an employee, a patient, or a

visitor occurring at the workplace. At a minimum, the record must include the following:

- (1) The health care workplace's name and address.
- (2) The date, time, and specific location at the health care workplace where the violent act occurred.
- (3) The name, job title, department or ward assignment, and staff identification or other identifier of the victim, if the victim was an employee.
- (4) A description of the person against whom the violent act was committed as one of the following:
 - (A) A patient.
 - (B) A visitor.
 - (C) An employee.
 - (D) Other.
- (5) A description of the person committing the violent act as one of the following:
 - (A) A patient.
 - (B) A visitor.
 - (C) An employee.
 - (D) Other.
- (6) A description of the type of violent act as one of the following:
 - (A) A verbal or physical threat that presents imminent danger.
 - (B) A physical assault with major soreness, cuts, or large bruises.
 - (C) A physical assault with severe lacerations, a bone fracture, or a head injury.
 - (D) A physical assault with loss of limb or death.
 - (E) A violent act requiring employee response, in the course of which an employee is injured.
- (7) An identification of any body part injured.
- (8) A description of any weapon used.
- (9) The number of employees in the vicinity of the violent act when it occurred.
- (10) A description of actions taken by employees and

the health care workplace in response to the violent act.

Section 30. Assistance in complying with Act. A health care workplace that needs assistance in complying with this Act may contact the federal Department of Labor for assistance. The Illinois departments of Human Services and Public Health shall collaborate with representatives of health care workplaces to develop technical assistance and training seminars on developing and implementing a workplace violence plan as required under Section 15. Those departments shall coordinate their assistance to health care workplaces.

Section 35. Pilot project; task force.

(a) The Department of Human Services and the Department of Public Health shall initially implement this Act as a 2-year pilot project in which only the following health care workplaces shall participate:

- (1) The Chester Mental Health Center.
- (2) The Alton Mental Health Center.
- (3) The Douglas Singer Mental Health Center.
- (4) The Andrew McFarland Mental Health Center.
- (5) The Jacksonville Developmental Center.

Each health care workplace participating in the pilot project shall comply with this Act as provided in this Act.

(b) The Governor shall convene a 6-member task force consisting of the following: one member appointed by the President of the Senate; one member appointed by the Minority Leader of the Senate; one member appointed by the Speaker of House of Representatives; one member appointed by the Minority Leader of the House of Representatives; one representative from a statewide association representing licensed registered professional nurses; and one representative from the Department of Human Services. The task force shall submit a report to the Illinois General Assembly by January 1, 2008 that shall (i) evaluate the effectiveness of the health care workplace violence prevention pilot project in the facilities

participating in the pilot project and (ii) make recommendations concerning the implementation of workplace violence prevention programs in all health care workplaces.

Section 40. Rules. The Department shall adopt rules to implement this Act.

Section 900. The Mental Health and Developmental Disabilities Administrative Act is amended by adding Section 72 as follows:

(20 ILCS 1705/72 new)

Sec. 72. Violent acts against employees of facilities under the Department's jurisdiction. Within 6 months after the effective date of this amendatory Act of the 94th General Assembly, the Department shall adopt rules prescribing the procedures for reporting, investigating, and responding to violent acts against employees of facilities under the Department's jurisdiction. As used in this Section, "violent acts" has the meaning ascribed to that term in the Health Care Workplace Violence Prevention Act.

Section 905. The Illinois State Auditing Act is amended by changing Section 3-2 as follows:

(30 ILCS 5/3-2) (from Ch. 15, par. 303-2)

Sec. 3-2. Mandatory and directed post audits. The Auditor General shall conduct a financial audit, a compliance audit, or other attestation engagement, as is appropriate to the agency's operations under generally accepted government auditing standards, of each State agency except the Auditor General or his office at least once during every biennium, except as is otherwise provided in regulations adopted under Section 3-8. The general direction and supervision of the financial audit program may be delegated only to an individual who is a Certified Public Accountant and a payroll employee of the

Office of the Auditor General. In the conduct of financial audits, compliance audits, and other attestation engagements, the Auditor General may inquire into and report upon matters properly within the scope of a performance audit, provided that such inquiry shall be limited to matters arising during the ordinary course of the financial audit.

In any year the Auditor General shall conduct any special audits as may be necessary to form an opinion on the financial statements of this State, as prepared by the Comptroller, and to certify that this presentation is in accordance with generally accepted accounting principles for government.

Simultaneously with the biennial compliance audit of the Department of Human Services, the Auditor General shall conduct a program audit of each facility under the jurisdiction of that Department that is described in Section 4 of the Mental Health and Developmental Disabilities Administrative Act. The program audit shall include an examination of the records of each facility concerning (i) reports of suspected abuse or neglect of any patient or resident of the facility and (ii) reports of violent acts against facility staff by patients or residents. The Auditor General shall report the findings of the program audit to the Governor and the General Assembly, including findings concerning patterns or trends relating to (i) abuse or neglect of facility patients and residents or (ii) violent acts against facility staff by patients or residents. However, for any year for which the Inspector General submits a report to the Governor and General Assembly as required under Section 6.7 of the Abused and Neglected Long Term Care Facility Residents Reporting Act, the Auditor General need not conduct the program audit otherwise required under this paragraph.

The Auditor General shall conduct a performance audit of a State agency when so directed by the Commission, or by either house of the General Assembly, in a resolution identifying the subject, parties and scope. Such a directing resolution may:

- (a) require the Auditor General to examine and report upon specific management efficiencies or cost

effectiveness proposals specified therein;

(b) in the case of a program audit, set forth specific program objectives, responsibilities or duties or may specify the program performance standards or program evaluation standards to be the basis of the program audit;

(c) be directed at particular procedures or functions established by statute, by administrative regulation or by precedent; and

(d) require the Auditor General to examine and report upon specific proposals relating to state programs specified in the resolution.

The Commission may by resolution clarify, further direct, or limit the scope of any audit directed by a resolution of the House or Senate, provided that any such action by the Commission must be consistent with the terms of the directing resolution.

(Source: P.A. 93-630, eff. 12-23-03.)

Section 910. The Community Living Facilities Licensing Act is amended by changing Section 11 as follows:

(210 ILCS 35/11) (from Ch. 111 1/2, par. 4191)

Sec. 11. Grounds for denial or revocation of a license. The Department may deny or begin proceedings to revoke a license if the applicant or licensee has been convicted of a felony or 2 or more misdemeanors involving moral turpitude, as shown by a certified copy of the court of conviction; if the Department determines after investigation that such person has not been sufficiently rehabilitated to warrant the public trust; or upon other satisfactory evidence that the moral character of the applicant or licensee is not reputable. In addition, the Department may deny or begin proceedings to revoke a license at any time if the licensee:

(1) Submits false information either on Department licensure forms or during an inspection;

(2) Refuses to allow an inspection to occur;

(3) Violates this Act or rules and regulations promulgated under this Act;

(4) Violates the rights of its residents;

(5) Fails to submit or implement a plan of correction within the specified time period; or

(6) Fails to submit a workplace violence prevention plan in compliance with the Health Care Workplace Violence Prevention Act.

(Source: P.A. 82-567.)

Section 915. The Community-Integrated Living Arrangements Licensure and Certification Act is amended by changing Section 6 as follows:

(210 ILCS 135/6) (from Ch. 91 1/2, par. 1706)

Sec. 6. (a) The Department shall deny an application for a license, or revoke or refuse to renew the license of a community mental health or developmental services agency, or refuse to issue a license to the holder of a temporary permit, if the Department determines that the applicant, agency or permit holder has not complied with a provision of this Act, the Mental Health and Developmental Disabilities Code, or applicable Department rules and regulations. Specific grounds for denial or revocation of a license, or refusal to renew a license or to issue a license to the holder of a temporary permit, shall include but not be limited to:

(1) Submission of false information either on Department licensure forms or during an inspection;

(2) Refusal to allow an inspection to occur;

(3) Violation of this Act or rules and regulations promulgated under this Act;

(4) Violation of the rights of a recipient; ~~or~~

(5) Failure to submit or implement a plan of correction within the specified time period; or

(6) Failure to submit a workplace violence prevention plan in compliance with the Health Care Workplace Violence

Prevention Act.

(b) If the Department determines that the operation of a community mental health or developmental services agency or one or more of the programs or placements certified by the agency under this Act jeopardizes the health, safety or welfare of the recipients served by the agency, the Department may immediately revoke the agency's license and may direct the agency to withdraw recipients from any such program or placement.

(Source: P.A. 85-1250.)

Section 999. Effective date. This Act takes effect upon becoming law.