

1 AN ACT concerning employment.

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

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

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

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

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

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

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

24 Section 10. Definitions. In this Act:

25 "Abuse" means (i) any physical injury, sexual abuse, or
26 mental injury inflicted on a patient, employee, or visitor at a
27 health care workplace other than by accidental means or (ii) a
28 perceived immediate, threatened, or impending risk of physical
29 injury.

30 "Department" means the Department of Labor.

31 "Director" means the Director of Labor.

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

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

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

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

22 "Violence" or "violent act" means any act by a person that
23 causes abuse of another person.

24 Section 15. Workplace violence plan.

25 (a) By July 1, 2006, every health care workplace must adopt
26 and implement a plan to reasonably prevent and protect
27 employees from violence at that setting. The plan must address
28 security considerations related to the following items, as
29 appropriate to the particular workplace, based on the hazards
30 identified in the assessment required under subsection (b):

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

33 (2) Staffing, including security staffing.

34 (3) Personnel policies.

35 (4) First aid and emergency procedures.

1 (5) The reporting of violent acts.

2 (6) Employee education and training.

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

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

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

32 (e) Promptly after adopting a plan under subsection (a), a
33 health care workplace must file a copy of its plan with the
34 Department. The Department shall then forward a copy of the
35 plan to the appropriate responsible agency.

36 (f) A health care workplace must review its plan at least

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

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

18 Section 20. Violence prevention training. By July 1, 2007,
19 and on a regular basis thereafter, as set forth in the plan
20 adopted under Section 15, a health care workplace must provide
21 violence prevention training to all its affected employees as
22 determined by the plan. For temporary employees, training must
23 take into account unique circumstances. A health care workplace
24 also shall provide periodic follow-up training for its
25 employees as appropriate. The training may vary by the plan and
26 may include, but need not be limited to, classes, videotapes,
27 brochures, verbal training, or other verbal or written training
28 that is determined to be appropriate under the plan. The
29 training must address the following topics, as appropriate to
30 the particular health care workplace and to the duties and
31 responsibilities of the particular employee being trained,
32 based on the hazards identified in the assessment required
33 under Section 15:

34 (1) General safety procedures.

35 (2) Personal safety procedures.

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

23 Section 25. Record of violent acts; reporting of violent
24 acts. Beginning no later than July 1, 2006, every health care
25 workplace must keep a record of any violent act against an
26 employee, a patient, or a visitor occurring at the workplace.
27 At a minimum, the record must include the following:

- 28 (1) The health care workplace's name and address.
- 29 (2) The date, time, and specific location at the health
- 30 care workplace where the violent act occurred.
- 31 (3) The name, job title, department or ward assignment,
- 32 and staff identification or other identifier of the victim,
- 33 if the victim was an employee.
- 34 (4) A description of the person against whom the
- 35 violent act was committed as one of the following:

1 (A) A patient.

2 (B) A visitor.

3 (C) An employee.

4 (D) Other.

5 (5) A description of the person committing the violent
6 act as one of the following:

7 (A) A patient.

8 (B) A visitor.

9 (C) An employee.

10 (D) Other.

11 (6) A description of the type of abuse as one of the
12 following:

13 (A) A verbal or physical threat that presents
14 imminent danger to an employee.

15 (B) A physical assault with major soreness, cuts,
16 or large bruises.

17 (C) A physical assault with severe lacerations, a
18 bone fracture, or a head injury.

19 (D) A physical assault with loss of limb or death.

20 (7) An identification of any body part injured.

21 (8) A description of any weapon used.

22 (9) The number of employees in the vicinity of the
23 violent act when it occurred.

24 (10) A description of actions taken by employees and
25 the health care workplace in response to the violent act.

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

1 Section 35. Rules. The Department shall adopt rules to
2 implement this Act.

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

6 (20 ILCS 1705/72 new)

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

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

18 (30 ILCS 5/3-2) (from Ch. 15, par. 303-2)

19 Sec. 3-2. Mandatory and directed post audits. The Auditor
20 General shall conduct a financial audit, a compliance audit, or
21 other attestation engagement, as is appropriate to the agency's
22 operations under generally accepted government auditing
23 standards, of each State agency except the Auditor General or
24 his office at least once during every biennium, except as is
25 otherwise provided in regulations adopted under Section 3-8.
26 The general direction and supervision of the financial audit
27 program may be delegated only to an individual who is a
28 Certified Public Accountant and a payroll employee of the
29 Office of the Auditor General. In the conduct of financial
30 audits, compliance audits, and other attestation engagements,
31 the Auditor General may inquire into and report upon matters

1 properly within the scope of a performance audit, provided that
2 such inquiry shall be limited to matters arising during the
3 ordinary course of the financial audit.

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

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

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

32 (a) require the Auditor General to examine and report
33 upon specific management efficiencies or cost
34 effectiveness proposals specified therein;

35 (b) in the case of a program audit, set forth specific
36 program objectives, responsibilities or duties or may

1 specify the program performance standards or program
2 evaluation standards to be the basis of the program audit;

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

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

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

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

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

17 (210 ILCS 35/11) (from Ch. 111 1/2, par. 4191)

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

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

31 (2) Refuses to allow an inspection to occur;

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

34 (4) Violates the rights of its residents;

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

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

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

7 Section 915. The Community-Integrated Living Arrangements
8 Licensure and Certification Act is amended by changing Section
9 6 as follows:

10 (210 ILCS 135/6) (from Ch. 91 1/2, par. 1706)

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

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

24 (2) Refusal to allow an inspection to occur;

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

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

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

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

33 (b) If the Department determines that the operation of a
34 community mental health or developmental services agency or one

1 or more of the programs or placements certified by the agency
2 under this Act jeopardizes the health, safety or welfare of the
3 recipients served by the agency, the Department may immediately
4 revoke the agency's license and may direct the agency to
5 withdraw recipients from any such program or placement.

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

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