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1 AMENDMENT TO HOUSE BILL 399

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 399, AS AMENDED, by  
3 replacing everything after the enacting clause with the  
4 following:

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

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

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

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

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

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

1 Section 10. Definitions. In this Act:

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

8 "Director" means the Secretary of Human Services or the  
9 Director of Public Health, as appropriate.

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

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

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

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

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

1 Section 15. Workplace violence plan.

2 (a) By July 1, 2006 (in the case of a health care workplace  
3 participating in the pilot project under Section 35) or July 1,  
4 2008 (in the case of health care workplaces not participating  
5 in the pilot project), every health care workplace must adopt  
6 and implement a plan to reasonably prevent and protect  
7 employees from violence at that setting. The plan must address  
8 security considerations related to the following items, as  
9 appropriate to the particular workplace, based on the hazards  
10 identified in the assessment required under subsection (b):

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

13 (2) Staffing, including security staffing.

14 (3) Personnel policies.

15 (4) First aid and emergency procedures.

16 (5) The reporting of violent acts.

17 (6) Employee education and training.

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

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

33 (d) It is the intent of the General Assembly that any

1 violence protection and prevention plan developed under this  
2 Act be appropriate to the setting in which it is to be  
3 implemented. To that end, the General Assembly recognizes that  
4 not all health care services are provided in a facility or  
5 other formal setting. Many health care services are provided in  
6 other, less formal settings. The General Assembly finds that it  
7 may be inappropriate and impractical for all health care  
8 workplaces to address workplace violence in the same manner.  
9 When enforcing this Act, the Department shall allow a health  
10 care workplace sufficient flexibility in recognition of the  
11 unique circumstances in which the health care workplace may  
12 deliver services.

13 (e) Promptly after adopting a plan under subsection (a), a  
14 health care workplace must file a copy of its plan with the  
15 Department. The Department shall then forward a copy of the  
16 plan to the appropriate responsible agency.

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

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

1           Section 20. Violence prevention training. By July 1, 2006  
2           (in the case of a health care workplace participating in the  
3           pilot project under Section 35) or July 1, 2009 (in the case of  
4           health care workplaces not participating in the pilot project),  
5           and on a regular basis thereafter, as set forth in the plan  
6           adopted under Section 15, a health care workplace must provide  
7           violence prevention training to all its affected employees as  
8           determined by the plan. For temporary employees, training must  
9           take into account unique circumstances. A health care workplace  
10          also shall provide periodic follow-up training for its  
11          employees as appropriate. The training may vary by the plan and  
12          may include, but need not be limited to, classes, videotapes,  
13          brochures, verbal training, or other verbal or written training  
14          that is determined to be appropriate under the plan. The  
15          training must address the following topics, as appropriate to  
16          the particular health care workplace and to the duties and  
17          responsibilities of the particular employee being trained,  
18          based on the hazards identified in the assessment required  
19          under Section 15:

20                 (1) General safety procedures.

21                 (2) Personal safety procedures.

22                 (3) The violence escalation cycle.

23                 (4) Violence-predicting factors.

24                 (5) Obtaining patient history from a patient with a  
25                 history of violent behavior.

26                 (6) Verbal and physical techniques to de-escalate and  
27                 minimize violent behavior.

28                 (7) Strategies to avoid physical harm.

29                 (8) Restraining techniques, as permitted and governed  
30                 by law.

31                 (9) Appropriate use of medications to reduce violent  
32                 behavior.

33                 (10) Documenting and reporting incidents of violence.

1           (11) The process whereby employees affected by a  
2 violent act may debrief or be calmed down and the tension  
3 of the situation may be reduced.

4           (12) Any resources available to employees for coping  
5 with violence.

6           (13) The workplace violence prevention plan adopted  
7 under Section 15.

8           (14) The protection of confidentiality in accordance  
9 with the Health Insurance Portability and Accountability  
10 Act of 1996 and other related provisions of law.

11           Section 25. Record of violent acts. Beginning no later than  
12 July 1, 2006 (in the case of a health care workplace  
13 participating in the pilot project under Section 35) or July 1,  
14 2008 (in the case of health care workplaces not participating  
15 in the pilot project), every health care workplace must keep a  
16 record of any violent act against an employee, a patient, or a  
17 visitor occurring at the workplace. At a minimum, the record  
18 must include the following:

19           (1) The health care workplace's name and address.

20           (2) The date, time, and specific location at the health  
21 care workplace where the violent act occurred.

22           (3) The name, job title, department or ward assignment,  
23 and staff identification or other identifier of the victim,  
24 if the victim was an employee.

25           (4) A description of the person against whom the  
26 violent act was committed as one of the following:

27           (A) A patient.

28           (B) A visitor.

29           (C) An employee.

30           (D) Other.

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

33           (A) A patient.

1 (B) A visitor.

2 (C) An employee.

3 (D) Other.

4 (6) A description of the type of violent act as one of  
5 the following:

6 (A) A verbal or physical threat that presents  
7 imminent danger.

8 (B) A physical assault with major soreness, cuts,  
9 or large bruises.

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

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

13 (E) A violent act requiring employee response, in  
14 the course of which an employee is injured.

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

16 (8) A description of any weapon used.

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

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

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

30 Section 35. Pilot project; task force.

31 (a) The Department of Human Services and the Department of  
32 Public Health shall initially implement this Act as a one-year

1 pilot project in which only the following health care  
2 workplaces shall participate:

3 (1) The Chester Mental Health Center.

4 (2) The Alton Mental Health Center.

5 (3) The Douglas Singer Mental Health Center.

6 (4) The Jacksonville Developmental Center.

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

9 (b) The Governor shall convene a 6-member task force  
10 consisting of the following: one member appointed by the  
11 President of the Senate; one member appointed by the Minority  
12 Leader of the Senate; one member appointed by the Speaker of  
13 House of Representatives; one member appointed by the Minority  
14 Leader of the House of Representatives; one representative from  
15 a statewide association representing licensed registered  
16 professional nurses; and one representative from the  
17 Department of Human Services. The task force shall submit a  
18 report to the Illinois General Assembly by July 1, 2007 that  
19 shall (i) evaluate the effectiveness of the health care  
20 workplace violence prevention pilot project in the facilities  
21 participating in the pilot project and (ii) make  
22 recommendations concerning the implementation of workplace  
23 violence prevention programs in all health care workplaces.

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

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

29 (20 ILCS 1705/72 new)

30 Sec. 72. Violent acts against employees of facilities under  
31 the Department's jurisdiction. Within 6 months after the



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

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

10 (30 ILCS 5/3-2) (from Ch. 15, par. 303-2)

11 Sec. 3-2. Mandatory and directed post audits. The Auditor  
12 General shall conduct a financial audit, a compliance audit, or  
13 other attestation engagement, as is appropriate to the agency's  
14 operations under generally accepted government auditing  
15 standards, of each State agency except the Auditor General or  
16 his office at least once during every biennium, except as is  
17 otherwise provided in regulations adopted under Section 3-8.  
18 The general direction and supervision of the financial audit  
19 program may be delegated only to an individual who is a  
20 Certified Public Accountant and a payroll employee of the  
21 Office of the Auditor General. In the conduct of financial  
22 audits, compliance audits, and other attestation engagements,  
23 the Auditor General may inquire into and report upon matters  
24 properly within the scope of a performance audit, provided that  
25 such inquiry shall be limited to matters arising during the  
26 ordinary course of the financial audit.

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

32 Simultaneously with the biennial compliance audit of the

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

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

23 (a) require the Auditor General to examine and report  
24 upon specific management efficiencies or cost  
25 effectiveness proposals specified therein;

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

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

33 (d) require the Auditor General to examine and report  
34 upon specific proposals relating to state programs

1 specified in the resolution.

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

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

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

10 (210 ILCS 35/11) (from Ch. 111 1/2, par. 4191)

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

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

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

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

27 (4) Violates the rights of its residents;

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

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

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

2 Section 915. The Community-Integrated Living Arrangements  
3 Licensure and Certification Act is amended by changing Section  
4 6 as follows:

5 (210 ILCS 135/6) (from Ch. 91 1/2, par. 1706)

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

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

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

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

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

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

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

28 (b) If the Department determines that the operation of a  
29 community mental health or developmental services agency or one  
30 or more of the programs or placements certified by the agency  
31 under this Act jeopardizes the health, safety or welfare of the  
32 recipients served by the agency, the Department may immediately

1 revoke the agency's license and may direct the agency to  
2 withdraw recipients from any such program or placement.

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

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