



Rep. Lou Lang

**Filed: 3/9/2005**

09400HB0399ham003

LRB094 05629 DRJ 43483 a

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

7 "Department" means the Department of Labor.

8 "Director" means the Director of Labor.

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

12 "Health care workplace" means a mental health facility or  
13 developmental disability facility as defined in the Mental  
14 Health and Developmental Disabilities Code, other than a  
15 hospital or unit thereof licensed under the Hospital Licensing  
16 Act or operated under the University of Illinois Hospital Act.

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

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

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

27 Section 15. Workplace violence plan.

28 (a) By July 1, 2006, every health care workplace must adopt  
29 and implement a plan to reasonably prevent and protect  
30 employees from violence at that setting. The plan must address  
31 security considerations related to the following items, as  
32 appropriate to the particular workplace, based on the hazards

1 identified in the assessment required under subsection (b):

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

4 (2) Staffing, including security staffing.

5 (3) Personnel policies.

6 (4) First aid and emergency procedures.

7 (5) The reporting of violent acts.

8 (6) Employee education and training.

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

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

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

1 care workplace sufficient flexibility in recognition of the  
2 unique circumstances in which the health care workplace may  
3 deliver services.

4 (e) Promptly after adopting a plan under subsection (a), a  
5 health care workplace must file a copy of its plan with the  
6 Department. The Department shall then forward a copy of the  
7 plan to the appropriate responsible agency.

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

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

26 Section 20. Violence prevention training. By July 1, 2007,  
27 and on a regular basis thereafter, as set forth in the plan  
28 adopted under Section 15, a health care workplace must provide  
29 violence prevention training to all its affected employees as  
30 determined by the plan. For temporary employees, training must  
31 take into account unique circumstances. A health care workplace  
32 also shall provide periodic follow-up training for its  
33 employees as appropriate. The training may vary by the plan and

1 may include, but need not be limited to, classes, videotapes,  
2 brochures, verbal training, or other verbal or written training  
3 that is determined to be appropriate under the plan. The  
4 training must address the following topics, as appropriate to  
5 the particular health care workplace and to the duties and  
6 responsibilities of the particular employee being trained,  
7 based on the hazards identified in the assessment required  
8 under Section 15:

9 (1) General safety procedures.

10 (2) Personal safety procedures.

11 (3) The violence escalation cycle.

12 (4) Violence-predicting factors.

13 (5) Obtaining patient history from a patient with a  
14 history of violent behavior.

15 (6) Verbal and physical techniques to de-escalate and  
16 minimize violent behavior.

17 (7) Strategies to avoid physical harm.

18 (8) Restraining techniques.

19 (9) Appropriate use of medications to reduce violent  
20 behavior.

21 (10) Documenting and reporting incidents of violence.

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

25 (12) Any resources available to employees for coping  
26 with violence.

27 (13) The workplace violence prevention plan adopted  
28 under Section 15.

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

- 1 (1) The health care workplace's name and address.
- 2 (2) The date, time, and specific location at the health  
3 care workplace where the violent act occurred.
- 4 (3) The name, job title, department or ward assignment,  
5 and staff identification or other identifier of the victim,  
6 if the victim was an employee.
- 7 (4) A description of the person against whom the  
8 violent act was committed as one of the following:
  - 9 (A) A patient.
  - 10 (B) A visitor.
  - 11 (C) An employee.
  - 12 (D) Other.
- 13 (5) A description of the person committing the violent  
14 act as one of the following:
  - 15 (A) A patient.
  - 16 (B) A visitor.
  - 17 (C) An employee.
  - 18 (D) Other.
- 19 (6) A description of the type of abuse as one of the  
20 following:
  - 21 (A) A verbal or physical threat that presents  
22 imminent danger to an employee.
  - 23 (B) A physical assault with major soreness, cuts,  
24 or large bruises.
  - 25 (C) A physical assault with severe lacerations, a  
26 bone fracture, or a head injury.
  - 27 (D) A physical assault with loss of limb or death.
- 28 (7) An identification of any body part injured.
- 29 (8) A description of any weapon used.
- 30 (9) The number of employees in the vicinity of the  
31 violent act when it occurred.
- 32 (10) A description of actions taken by employees and  
33 the health care workplace in response to the violent act.

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

11           Section 35. Rules. The Department shall adopt rules to  
12 implement this Act.

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

16           (20 ILCS 1705/72 new)

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

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

28           (30 ILCS 5/3-2) (from Ch. 15, par. 303-2)

29           Sec. 3-2. Mandatory and directed post audits. The Auditor

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

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

21 Simultaneously with the biennial compliance audit of the  
22 Department of Human Services, the Auditor General shall conduct  
23 a program audit of each facility under the jurisdiction of that  
24 Department that is described in Section 4 of the Mental Health  
25 and Developmental Disabilities Administrative Act. The program  
26 audit shall include an examination of the records of each  
27 facility concerning (i) reports of suspected abuse or neglect  
28 of any patient or resident of the facility and (ii) reports of  
29 suspected abuse of facility staff by patients or residents. The  
30 Auditor General shall report the findings of the program audit  
31 to the Governor and the General Assembly, including findings  
32 concerning patterns or trends relating to (i) abuse or neglect  
33 of facility patients and residents or (ii) abuse of facility  
34 staff. However, for any year for which the Inspector General



1 submits a report to the Governor and General Assembly as  
2 required under Section 6.7 of the Abused and Neglected Long  
3 Term Care Facility Residents Reporting Act, the Auditor General  
4 need not conduct the program audit otherwise required under  
5 this paragraph.

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

10 (a) require the Auditor General to examine and report  
11 upon specific management efficiencies or cost  
12 effectiveness proposals specified therein;

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

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

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

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

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

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

31 (210 ILCS 35/11) (from Ch. 111 1/2, par. 4191)

32 Sec. 11. Grounds for denial or revocation of a license. The

1 Department may deny or begin proceedings to revoke a license if  
2 the applicant or licensee has been convicted of a felony or 2  
3 or more misdemeanors involving moral turpitude, as shown by a  
4 certified copy of the court of conviction; if the Department  
5 determines after investigation that such person has not been  
6 sufficiently rehabilitated to warrant the public trust; or upon  
7 other satisfactory evidence that the moral character of the  
8 applicant or licensee is not reputable. In addition, the  
9 Department may deny or begin proceedings to revoke a license at  
10 any time if the licensee:

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

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

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

16 (4) Violates the rights of its residents;

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

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

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

23 Section 915. The Community-Integrated Living Arrangements  
24 Licensure and Certification Act is amended by changing Section  
25 6 as follows:

26 (210 ILCS 135/6) (from Ch. 91 1/2, par. 1706)

27 Sec. 6. (a) The Department shall deny an application for a  
28 license, or revoke or refuse to renew the license of a  
29 community mental health or developmental services agency, or  
30 refuse to issue a license to the holder of a temporary permit,  
31 if the Department determines that the applicant, agency or  
32 permit holder has not complied with a provision of this Act,

1 the Mental Health and Developmental Disabilities Code, or  
2 applicable Department rules and regulations. Specific grounds  
3 for denial or revocation of a license, or refusal to renew a  
4 license or to issue a license to the holder of a temporary  
5 permit, shall include but not be limited to:

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

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

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

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

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

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

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

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

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