
SENATE COMMITTEE ON HEALTH

Senator Richard Roth, Chair

BILL NO: AB 2975
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SUBJECT: Occupational safety and health standards: workplace violence prevention plan: hospitals

SUMMARY: Requires workplace violence prevention standards at hospitals to include a requirement to implement a weapons detection screening policy that requires the use of weapons detection devices at the hospital's main public entrance, the emergency department, and the labor and delivery entrance if separately accessible to the public.

Existing law:

- 1) Licenses and regulates general acute care hospitals, acute psychiatric hospitals, and special hospitals (hospitals) by the California Department of Public Health. [HSC §1250]
- 2) Requires hospitals to conduct a security and safety assessment (annually reviewed and updated) and, using the assessment, develop a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior. The plan must include specified security considerations. The plan may include security considerations relating to efforts to cooperate with local law enforcement regarding violent acts in the facility and requires the hospital to consult with affected employees, including the recognized collective bargaining agent or agents, if any, and members of the medical staff. [HSC §1257.7]
- 3) Requires all hospital employees regularly assigned to the emergency department to receive, on a continuing basis as provided for in the security plan develop pursuant to 2) above, security education and training relating to specified topics, including aggression and violence predicting factors, strategies to avoid harm, and restraining techniques. [HSC §1257.8]
- 4) Establishes the Division of Occupational Safety and Health (Cal/OSHA) within the Department of Industrial Relations to, among other things, propose, administer, and enforce occupational safety and health standards. [LAB §6300 et seq.]
- 5) Establishes the Occupational Safety and Health Standards Board (Cal/OSHA Standards Board), within DIR, to promote, adopt, and maintain reasonable and enforceable standards that will ensure a safe and healthful workplace for workers. [LAB §140 et seq.]
- 6) Requires employers to establish, implement and maintain an Injury and Illness Prevention Program that must include, among other things, a system for identifying and evaluating workplace hazards, including a workplace violence prevention plan (WVPP). [LAB §6401.7]
- 7) Requires every employer to file a complete report with Cal/OSHA of every occupational injury or occupational illness to each employee which results in lost time beyond the date of the injury or illness, or which requires medical treatment beyond first aid. A report must be filed within five days after the employer obtains knowledge of the injury or illness. In addition to this report, in every case involving a serious injury or illness, or death, the

employer is required to make an immediate report to Cal/OSHA by telephone or email. Failure to file this report as required deems an employer guilty of a misdemeanor punishable by up to six months in a county jail and/or a \$5,000 fine. [LAB §6409.1]

- 8) Requires the Cal/OSHA Standards Board to adopt standards that require a licensed general acute care hospital, acute psychiatric hospital, or special hospital to adopt a workplace violence prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Requires these workplace violence plans to include, among other requirements, a system to assess and improve upon factors that may contribute to, or help prevent workplace violence, including sufficiency of security systems, including alarms, emergency response, and security personnel availability. [LAB §6401.8]
- 9) Under regulations adopted by the Cal/OSHA Standards Board to implement the workplace violence standards for health facilities in 6) above, health facilities are required to create 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 violence. Requires this plan to 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. [8 CCR §3342(c)(11)(E)]
- 10) Prohibits a person who has been granted a license to carry a concealable firearm from carrying the firearm into certain specified places, including a building, property, or parking area under the control of a public or private hospital or hospital affiliate, mental health facility, nursing home, medical office, urgent care facility, or other place at which medical services are customarily provided. [PEN §26230]

This bill:

- 1) Requires the Cal/OSHA Standards Board, by March 1, 2025, to amend the hospital workplace violence prevention standards to include a requirement that a hospital implement a weapons detection screening policy that requires the use of weapons detection devices at the hospital's main public entrance, at the hospital's emergency department, and at the hospital's labor and delivery entrance if separately accessible to the public. Specifies this requirement may not apply to the ambulance entrance.
- 2) Requires a weapons detection screening policy to include security mechanisms, devices, or technology designed to screen and identify instruments capable of inflicting death or serious bodily injury. Prohibits metal detector wands from being the sole equipment used, but permits wands to be used in connection with other weapons detection devices.
- 3) Requires the Cal/OSHA Standards Board to define the list of applicable security mechanisms, devices, or technologies that meet the standard in 2) above.
- 4) Requires the workplace violence prevention standards to include a requirement that a hospital assign appropriate personnel, other than a health care provider, who meet training standards, as specified, to implement the weapon detection screening policy, including the monitoring and operation of the weapons detection devices at each specified public entrance at all times the entrance is open to the public.

- 5) Requires a hospital to implement training for personnel responsible for implementing the weapons detection screening policy that includes a minimum of eight hours of training on the hospital policies and procedures on weapons confiscation and storage, operations of weapons detection devices, patient de-escalation, and implicit bias.
- 6) Prohibits anyone other than trained personnel who meet the training requirements in this bill from searching personal belongings at any hospital entrance or confiscate weapons.
- 7) Requires a hospital adopt reasonable protocols for storage or confiscation, and return, of any patient, family, or visitor property that might be used as a weapon and reasonable protocols for alternative search and screening for patients, family, or visitors who refuse to undergo weapons detection device screening.
- 8) Requires an individual who triggers the weapons detection device to have the right to leave the facility with the object and return without being denied entry for that reason.
- 9) Requires a hospital to post, in a conspicuous location in a size and manner determined by the Cal/OSHA Standards Board, within reasonable proximity of any public entrances where weapons detection devices are utilized, a notice adopted by the Cal/OSHA Standards Board advising the public that the hospital conducts screening for weapons upon entry but that no person shall be refused medical care, pursuant to the federal Emergency Medical Treatment and Active Labor Act.

FISCAL EFFECT: According to the Assembly Appropriations Committee, costs of approximately \$736,000 in the first year and \$324,000 each additional year of the rulemaking to Cal/OSHA and the Cal/OSHA Standards Board (Occupational Safety and Health Fund). This estimate assumes Cal/OSHA and the Cal/OSHA Standards Board would include training guidance within the developed regulations. Cal/OSHA and the Cal/OSHA Standards Board note it is unclear whether they would be required to develop a workplace violence training program and certification for security personnel assigned to monitor metal detectors. If such a program is the intent, Cal/OSHA and OSHSB would require additional significant resources.

PRIOR VOTES:

Assembly Floor:	55 - 0
Assembly Appropriations Committee:	11 - 1
Assembly Labor and Employment Committee:	6 - 0

COMMENTS:

- 1) *Author's statement.* According to the author, healthcare workers are on the front lines of patient care and often face patients or family members in crisis. According to the U.S. Bureau of Labor Statistics, healthcare workers are five times more likely to suffer a workplace violence injury than workers overall, and the prevalence of this violence has been trending upward. The issue of workplace violence adds to healthcare worker stress and burnout. This bill proposes to enhance the required safety measures for hospitals by requiring common-sense measures, such as properly staffed metal detectors, to ensure that hospitals remain a safe place of healing, not violence.
- 2) *Background on workplace violence at hospitals.* According to an umbrella review of meta-analyses published in Frontiers in Public Health in 2022, healthcare workers are at high risk

for workplace violence exposure, with studies reporting that 50% to 88% of health care workers having being exposed to workplace violence. The rates can be higher depending on the type and setting of the health care environment, with up to 90% of emergency medicine health care workers reporting some degree of workplace violence. According to the Bureau of Labor Statistics, health care workers accounted for 73% of all nonfatal workplace injuries and illnesses due to violence in 2018. A study that looked at the effect of the COVID-19 pandemic on workplace violence in California's hospitals, comparing the number of violent incidents in the period before the pandemic to the period following California's shutdown, found that despite major reductions in patient volume, workplace violence incidents remained essentially unchanged. Workplace violence is constantly on the rise in the health care industry due to risking workloads, demanding work pressures, excessive work stress, deteriorating interpersonal relationships, social uncertainty, and economic restraints. Most violent cases are committed by patients' family members or friends, followed by patients themselves. The most vulnerable health care workers victimized are staff at emergency departments, especially nurses and paramedics, and staff directly involved with inpatient care.

- 3) *Weapons detection systems in hospitals.* According to a 2021 study published in *Public Health in Practice*, hospitals with metal detectors were more than five times as likely to frequently confiscate weapons, suggesting this intervention is effective. It also found that hospitals with psychiatric units were more likely to have frequent confiscation of weapons, likely due to the standard procedure of searching patients before admission to the psychiatric unit. The authors of the study concluded that the data suggests that searching patients and using metal detectors are important tools in the prevention of weapons entering a health care setting. Another study published in the *Annals of Emergency Medicine* in 1999 looked at the impact of a hospital security system to intercept and remove weapons from patients coming to a hospital emergency department. This study found that the patient volume-adjusted rate of weapons confiscation more than doubled after implementation of a screening program. While the number of assaults occurring in patient care areas remained the same after implementation, the number of assaults involving weapons decreased. The assaults that occurred were thus carried out without a weapon. According to a recent article in *Beckers Hospital Review*, survey data and results from health systems that have widely adopted enhanced weapons screening stand in contrast to a longstanding sentiment in health care that certain visible security measures such as metal detectors could hinder the welcoming and friendly environment hospitals aim to create. According to this article, in 2023 alone, Cleveland Clinic confiscated 30,000 weapons from patients and visitors.
- 4) *Double referral.* This bill was heard in the Senate Labor, Public Employment and Retirement Committee on June 16, 2024, and passed with a 5-0 vote.
- 5) *Prior legislation.* SB 2 (Portantino, Chapter 249, Statutes of 2023) provided that a person granted a license to carry a pistol, revolver, or other firearm capable of being concealed upon the person shall not carry a firearm on or into any of several specified "sensitive places," including hospitals and other health facilities.

1299 (Padilla, Chapter 842, Statutes of 2014) required the Cal/OSHA Standards Board to adopt standards that require hospitals to adopt a workplace violence prevention plan as part of their injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior.

AB 1083 (Perez, Chapter 506, Statutes of 2009) required hospital security and safety assessments to be conducted not less than annually, and required hospital security plans to be updated annually; and, required hospitals to consult with affected employees and members of the medical staff in developing their security plans, and for their plans to include efforts to cooperate with local law enforcement regarding violent acts at the facility.

AB 508 (Speier, Chapter 936, Statutes of 1993) required hospitals to conduct security assessments, develop security plans, and have sufficient personnel to provide security and required hospitals to report any act of assault against on-duty personnel to a local law enforcement agency within a specified time frame.

- 6) *Support.* The Service Employees International Union California (SEIU) is sponsoring this bill, stating that workplace violence is a growing concern in hospitals, with reported rates of violence at an all-time high. SEIU pointed to a 2022 incident at Encino Hospital where a patient came in with a knife and became enraged about the wait times in the emergency room. The patient stabbed one nurse and the nurse and physician who responded to the incident. The hospital's emergency department had to be shut down, which delayed access to care for everyone in that community, including the three health care workers who had to be driven to a different hospital for care. This bill improves safety in hospitals by including a requirement to have metal detectors at public entrances to hospitals, including the emergency room and maternity wards.
- 7) *Concerns.* The California Association of Public Hospitals and Health Systems (CAPH) submitted a letter of concerns. CAPH states that they recognize the importance of addressing and implementing preventative measures aimed at reducing violent behavior in hospitals, but is concerned that these requirements would cause significant impact on the flow of patients and visitors, including requiring changes in hospital layout and likely bottlenecks at entrances. CAPH also is concerned about the lack of flexibility for alternative types of weapon detection systems, liability associated with storage of weapons, and the significant costs associated with staffing, training, and infrastructure to comply. CAPH notes that existing workplace violence prevention regulations permits hospitals to consider metal detection devices in areas where visitors and patients are “reasonably anticipated to possess firearms or other weapons” that could be used to commit violence. Consequently, many hospitals across the state have already implemented metal detection screening protocols at specific locations and entrances where heightened security measures are deemed necessary. The flexibility of the regulations allow hospitals to tailor solutions to the needs of their individual hospitals and the communities they serve.
- 8) *Oppose unless amended.* The California Hospital Association (CHA) is opposed to this bill unless amended, echoing many of the concerns expressed by CAPH. Additionally, CHA states that this bill places the responsibility on the hospital, not law enforcement or trained security personnel, to develop a contraband policy that includes storing confiscated items that could be used as a weapon. Placing the onus on hospital personnel to store confiscated personal items places hospital workers in the most vulnerable position – between the person and their weapon. Hospitals should have the discretion to determine how they want to handle the confiscation of weapons, whether that be through law enforcement or by denying visitors entrance.

The Association of California Healthcare Districts (ACHD) is also opposed to this bill unless it is amended to exempt rural hospitals from the bill, or at the very least permit a hand-held

weapon detection system to be the sole mechanism for weapons detection. ACHD states that installing metal detectors in facilities that do not already have them will add significant costs for public facilities that are already struggling. The most significant concern is the increased liability created by mandating metal detectors, and that hospitals are not and should not be storage facilities for personal property, especially weapons. ACHD notes that recent amendments make significant progress in addressing their concerns, but the amendments only allow for hand-held metal detectors to be used in conjunction with another metal detection system. For small and rural providers, ACHD states that allowing the use of a hand-held detection system would achieve the goal of the bill while ensuring their providers can meet the bill's requirements.

9) *Policy comments.*

- a) *Where should weapons detection systems be located?* This bill requires a weapons detection system at a hospital's main public entrance, emergency department, and labor and delivery entrance if separately accessible to the public. However, some hospitals may have more than one public entrance, so it is not clear that this bill requires a weapons detection system at every public point of entry. Some hospitals have only implemented weapons detections systems at emergency departments, which often have a single public entry point, and is where the risk of violence is highest in a hospital. As described in comments received from hospital associations, requiring weapons detections at specified locations in a hospital could require changes in hospital layout and create bottlenecks. Since this bill does not create a clear requirement that all entrances accessible to the public have a weapons detection system, the Committee may wish to consider whether a weapons detection system should only be required in emergency departments, and allow for the workplace violence prevention plans adopted by hospitals to determine whether additional detection systems at other locations in the hospital is appropriate for that setting based on an assessment of risk.
- b) *Should wands be prohibited as the sole method of detection?* This bill does not define what constitutes a "weapons detection system," instead allowing the Cal/OSHA Standards Board to define the list of devices or technologies that can be used. However, the bill does prohibit the use of handheld metal detector wands as the sole method of weapons detection, while allowing them to be used in conjunction with another method. The Committee may wish to consider whether this is a decision that should be left to the Cal/OSHA Standards Board. A walk-through metal detector may be necessary in larger, urban hospitals with greater traffic and higher risk profiles, but rural and small hospitals may be able to employ handheld detectors safely where there is less traffic into a hospital or emergency room.

SUPPORT AND OPPOSITION:

Support: Service Employees International Union California (sponsor)
California Labor Federation

Oppose: Association of California Healthcare Districts (unless amended)
California Hospitals Association (unless amended)

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