1257.7. (a) After July 1, 2010, all hospitals licensed pursuant to

subdivisions (a), (b), and (f) of Section 1250 shall conduct, not

less than annually, a security and safety assessment and, using the

assessment, develop, and annually update based on the assessment, a

security plan with measures to protect personnel, patients, and

visitors from aggressive or violent behavior. The security and safety

assessment shall examine trends of aggressive or violent behavior at

the facility. These hospitals shall track incidents of aggressive or

violent behavior as part of the quality assessment and improvement

program and for the purposes of developing a security plan to deter

and manage further aggressive or violent acts of a similar nature.

The plan may include, but shall not be limited to, security

considerations relating to all of the following:

(1) Physical layout.

(2) Staffing.

(3) Security personnel availability.

(4) Policy and training related to appropriate responses to

violent acts.

(5) Efforts to cooperate with local law enforcement regarding

violent acts in the facility.

In developing this plan, the hospital shall consider guidelines or

standards on violence in health care facilities issued by the

department, the Division of Occupational Safety and Health, and the

federal Occupational Safety and Health Administration. As part of the

security plan, a hospital shall adopt security policies including,

but not limited to, personnel training policies designed to protect

personnel, patients, and visitors from aggressive or violent

behavior. In developing the plan and the assessment, the hospital

shall consult with affected employees, including the recognized

collective bargaining agent or agents, if any, and members of the

hospital medical staff organized pursuant to Section 2282 of the

Business and Professions Code. This consultation may occur through

hospital committees.

(b) The individual or members of a hospital committee responsible

for developing the security plan shall be familiar with all of the

following:

(1) The role of security in hospital operations.

(2) Hospital organization.

(3) Protective measures, including alarms and access control.

(4) The handling of disturbed patients, visitors, and employees.

(5) Identification of aggressive and violent predicting factors.

(6) Hospital safety and emergency preparedness.

(7) The rudiments of documenting and reporting crimes, including,

by way of example, not disturbing a crime scene.

(c) The hospital shall have sufficient personnel to provide

security pursuant to the security plan developed pursuant to

subdivision (a). Persons regularly assigned to provide security in a

hospital setting shall be trained regarding the role of security in

hospital operations, including the identification of aggressive and

violent predicting factors and management of violent disturbances.

(d) Any act of assault, as defined in Section 240 of the Penal

Code, or battery, as defined in Section 242 of the Penal Code, that

results in injury or involves the use of a firearm or other dangerous

weapon, against any on-duty hospital personnel shall be reported to

the local law enforcement agency within 72 hours of the incident. Any

other act of assault, as defined in Section 240 of the Penal Code,

or battery, as defined in Section 242 of the Penal Code, against any

on-duty hospital personnel may be reported to the local law

enforcement agency within 72 hours of the incident. No health

facility or employee of a health facility who reports a known or

suspected instance of assault or battery pursuant to this section

shall be civilly or criminally liable for any report required by this

section. No health facility or employee of a health facility who

reports a known or suspected instance of assault or battery that is

authorized, but not required, by this section, shall be civilly or

criminally liable for the report authorized by this section unless it

can be proven that a false report was made and the health facility

or its employee knew that the report was false or was made with

reckless disregard of the truth or falsity of the report, and any

health facility or employee of a health facility who makes a report

known to be false or with reckless disregard of the truth or falsity

of the report shall be liable for any damages caused. Any individual

knowingly interfering with or obstructing the lawful reporting

process shall be guilty of a misdemeanor. "Dangerous weapon," as used

in this section, means any weapon the possession or concealed

carrying of which is prohibited by Section 12020 of the Penal Code.

1257.8. (a) All hospital employees regularly assigned to the

emergency department shall receive, by July 1, 1995, and thereafter,

on a continuing basis as provided for in the security plan developed

pursuant to Section 1257.7, security education and training relating

to the following topics:

(1) General safety measures.

(2) Personal safety measures.

(3) The assault cycle.

(4) Aggression and violence predicting factors.

(5) Obtaining patient history from a patient with violent

behavior.

(6) Characteristics of aggressive and violent patients and

victims.

(7) Verbal and physical maneuvers to diffuse and avoid violent

behavior.

(8) Strategies to avoid physical harm.

(9) Restraining techniques.

(10) Appropriate use of medications as chemical restraints.

(11) Any resources available to employees for coping with

incidents of violence, including, by way of example, critical

incident stress debriefing or employee assistance programs.

(b) As provided in the security plan developed pursuant to Section

1257.7, members of the medical staff of each hospital and all other

practitioners, including, but not limited to, nurse practitioners,

physician assistants, and other personnel, who are regularly assigned

to the emergency department or other departments identified in the

security plan shall receive the same training as that provided to

hospital employees or, at a minimum, training determined to be

sufficient pursuant to the security plan.

(c) Temporary personnel shall be oriented as required pursuant to

the security plan. This section shall not be construed to preempt

state law or regulations generally affecting temporary personnel in

hospitals.