

ASSEMBLY BILL NO. 348—ASSEMBLYMEN GORELOW, MUNK,
LEAVITT, ROBERTS; ASSEFA, FLORES, MARTINEZ AND MCCURDY

MARCH 18, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes to prevent and track
workplace violence at medical facilities.
(BDR 53-843)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 14-17)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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EXPLANATION – Matter in **bolded italics** is new; matter between brackets **[omitted material]** is material to be omitted.

AN ACT relating to occupational safety and health; requiring a
medical facility to develop and carry out a plan for the
prevention of workplace violence and report incidents of
workplace violence to the Division of Industrial Relations
of the Department of Business and Industry; prohibiting a
medical facility from taking certain actions against an
employee who seeks the assistance of a public safety
agency in response to workplace violence or who reports
workplace violence; requiring a medical facility to
maintain certain records and provide copies of those
records to certain persons upon request; requiring the
Division to publish an annual report concerning
workplace violence at medical facilities; and providing
other matters properly relating thereto.

Legislative Counsel's Digest:

- 1 Existing law prohibits an employer from maintaining unsafe or unhealthy
- 2 places of employment. (NRS 618.385) Existing law imposes certain requirements
- 3 concerning specific issues related to workplace safety, including the control of
- 4 asbestos, the operation of cranes and the manufacture and use of explosives and
- 5 photovoltaic system projects. (NRS 618.750-618.936) **Section 14** of this bill
- 6 requires a medical facility, other than a nursing pool, to develop and carry out a
- 7 plan for the prevention of workplace violence. **Section 14** requires such a plan to
- 8 require training for employees and independent contractors concerning the



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9 prevention of workplace violence at certain times during employment. **Section 15**
10 of this bill requires a medical facility to collaborate with employees, independent
11 contractors and employee organizations representing employees of medical
12 facilities or independent contractors of medical facilities in developing, reviewing
13 and revising the training.

14 **Section 14** additionally requires the plan to include procedures for responding
15 to workplace violence and situations that create the potential for workplace
16 violence. **Section 16** of this bill prescribes the required contents of those
17 procedures. **Section 14** further requires the plan to include procedures for: (1)
18 correcting hazards that increase the risk of workplace violence; (2) obtaining
19 assistance from security guards and public safety agencies when appropriate; (3)
20 responding to incidents that create the possibility of mass casualties; and (4)
21 annually assessing and improving on the capability of a medical facility to prevent
22 or respond to workplace violence.

23 **Section 17** of this bill requires a medical facility to take certain actions relating
24 to the development and implementation of the plan and provide orientation
25 concerning the plan to temporary employees and independent contractors. **Section**
26 **17** also requires a medical facility to carry out certain controls to prevent and
27 mitigate the risk of workplace violence. **Section 17** additionally requires a medical
28 facility to document and report to the Division of Industrial Relations of the
29 Department of Business and Industry certain incidents of workplace violence.
30 **Section 17** bans a medical facility from prohibiting an employee or independent
31 contractor from reporting an incident of workplace violence or seeking the
32 assistance of a public safety agency in response to an incident of workplace
33 violence or punishing or retaliating against an employee or independent contractor
34 who reports an incident or seeks such assistance.

35 **Section 18** of this bill requires a medical facility to maintain and make
36 available to the Division upon request certain documentation, including: (1) records
37 relating to the identification of hazards and training sessions; and (2) a log of each
38 incident of workplace violence against an employee or independent contractor.
39 **Section 18** requires a medical facility to provide copies of such records to
40 employees and independent contractors, former employees and independent
41 contractors and representatives of such persons upon request. **Section 19** of this bill
42 requires the Division to annually publish a report concerning workplace violence at
43 medical facilities.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Chapter 618 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 19, inclusive, of this
3 act.

4 **Sec. 2.** *As used in sections 2 to 19, inclusive, of this act,*
5 *unless the context otherwise requires, the words and terms defined*
6 *in sections 3 to 13, inclusive, of this act have the meaning ascribed*
7 *to them in those sections.*

8 **Sec. 3.** *“Alarm” means a mechanical or electronic device*
9 *that does not rely on the vocalization of a person to alert others to*
10 *an incident of workplace violence.*



1 **Sec. 4. “Dangerous weapon” means an item capable of**
2 **inflicting death or serious bodily injury, regardless of whether the**
3 **item was designed for that purpose.**

4 **Sec. 5. “Engineering control” means an aspect of a building,**
5 **other designed space or device that removes a hazard from the**
6 **workplace or creates a barrier between an employee or**
7 **independent contractor and the hazard. The term includes,**
8 **without limitation:**

9 1. **Electronic access controls to areas occupied by employees**
10 **or independent contractors;**

11 2. **Detectors for weapons, whether installed or handheld;**

12 3. **Workstations enclosed with glass that is resistant to**
13 **shattering;**

14 4. **Deep service counters;**

15 5. **Separate rooms or areas for patients that pose a high risk**
16 **of workplace violence;**

17 6. **Locks on doors;**

18 7. **Furniture affixed to the floor;**

19 8. **Opaque glass in rooms for patients that allows an**
20 **employee or independent contractor to see the location of the**
21 **patient before entering the room;**

22 9. **Closed-circuit television monitoring and video recording;**

23 10. **Devices designed to aid the sight of an employee or**
24 **independent contractor; and**

25 11. **Personal alarm devices.**

26 **Sec. 6. “Medical facility” has the meaning ascribed to it in**
27 **NRS 449.0151, but does not include a nursing pool, as defined in**
28 **NRS 449.0153.**

29 **Sec. 7. “Patient-specific risk factor” means a factor specific**
30 **to a patient that may increase the likelihood or severity of an**
31 **incident of workplace violence, including, without limitation:**

32 1. **The mental health of a patient;**

33 2. **The status of a patient’s treatment and medication;**

34 3. **A history of violent acts by the patient;**

35 4. **The use of drugs or alcohol by the patient; and**

36 5. **Any other condition that may cause a patient to experience**
37 **confusion or disorientation, fail to respond to instruction or**
38 **behave unpredictably.**

39 **Sec. 8. “Public safety agency” means:**

40 1. **A public fire department, fire protection district or other**
41 **agency of this State or a political subdivision of this State, the**
42 **primary functions of which are to control, extinguish and suppress**
43 **fires;**

44 2. **A law enforcement agency as defined in NRS 277.035; or**

45 3. **An emergency medical service.**



1 **Sec. 9.** *“Security guard” has the meaning ascribed to it in*
2 *NRS 648.016.*

3 **Sec. 10.** *“Threat of violence” means a statement or conduct*
4 *that:*

5 1. *Causes a person to fear for his or her safety because of the*
6 *possibility of physical injury; and*

7 2. *Has no legitimate purpose.*

8 **Sec. 11.** *“Unit” means a component of a medical facility for*
9 *providing patient care that is defined by the scope of service*
10 *provided, the duties of its staff, the orientation process and*
11 *methods for assessing the ability of the members of staff to fulfill*
12 *their responsibilities.*

13 **Sec. 12.** *“Workplace control” means a procedure or rule that*
14 *is used to reduce the risk of workplace violence, including, without*
15 *limitation:*

16 1. *Assigning and placing staff in a manner that reduces*
17 *patient-specific risk factors;*

18 2. *Employing or contracting with security guards; and*

19 3. *Providing training on methods to prevent workplace*
20 *violence and respond to incidents of workplace violence.*

21 **Sec. 13.** *“Workplace violence” means any act of violence or*
22 *threat of violence that occurs at a medical facility, except for a*
23 *lawful act of self-defense or defense of another person. The term*
24 *includes, without limitation:*

25 1. *The use or threatened use of physical force against an*
26 *employee or independent, regardless of whether the employee or*
27 *independent contractor is physically or psychologically injured;*
28 *and*

29 2. *An incident involving the use or threatened use of a*
30 *firearm or other dangerous weapon, regardless of whether an*
31 *employee or independent contractor is physically or*
32 *psychologically injured.*

33 **Sec. 14.** 1. *A medical facility shall develop and carry out a*
34 *plan for the prevention of workplace violence. The plan must:*

35 (a) *Be in writing;*

36 (b) *Be in effect at all times;*

37 (c) *Be available to be viewed by each employee and*
38 *independent contractor of the medical facility at all times;*

39 (d) *Contain specific instructions concerning each unit, area*
40 *and location maintained by the medical facility; and*

41 (e) *Be developed in collaboration with employees and*
42 *independent contractors of the medical facility and any employee*
43 *organization representing employees of the medical facility and*
44 *employees of independent contractors of the medical facility.*



2. The plan developed pursuant to subsection 1 must include, without limitation:

(a) A requirement that all employees and independent contractors of the medical facility receive the training described in section 15 of this act concerning the prevention of workplace violence:

(1) Upon the adoption of a new plan for the prevention of workplace violence;

(2) Upon commencing employment and annually thereafter;

(3) Upon commencing new job duties or a new assignment; and

(4) When conditions change, new equipment or work practices are introduced or a new or previously unrecognized hazard is identified.

(b) Procedures that meet the requirements of section 16 of this act for responding to and investigating incidents of workplace violence.

(c) Procedures that meet the requirements of section 16 of this act for assessing and responding to situations that create the potential for workplace violence.

(d) Procedures for correcting hazards that increase the risk of workplace violence, including, without limitation, using engineering controls and workplace controls to eliminate or minimize exposure of employees and independent contractors to such hazards and carrying out corrective actions pursuant to subsection 2 of section 16 of this act.

(e) Procedures for obtaining assistance from security guards or public safety agencies when appropriate.

(f) Procedures for responding to incidents that create the possibility of mass casualties, including, without limitation, incidents involving an active shooter, through the use of plans for evacuation and sheltering that are feasible and appropriate for the medical facility.

(g) Procedures for annually assessing and improving on the capability of the medical facility to prevent or respond to workplace violence in collaboration with employees, independent contractors and employee organizations representing employees of medical facilities and employees of independent contractors of medical facilities, including, without limitation, reviewing logs of workplace violence maintained pursuant to section 18 of this act, staffing, security systems, job design, equipment, facilities and security risks associated with specific areas, units, locations and times.



1 **Sec. 15. 1.** *The training provided under the plan developed*
2 *pursuant to section 14 of this act must address the risks of*
3 *workplace violence that an employee or independent contractor*
4 *may be reasonably anticipated to encounter on his or her job and*
5 *must include, without limitation, instruction concerning:*

6 (a) *An explanation of the plan and any information necessary*
7 *for employees and independent contractors to:*

8 (1) *Understand how the plan improves the safety of each*
9 *unit, area or location in the medical facility; and*

10 (2) *Perform the duties that may be required of each*
11 *employee or independent contractor under the plan;*

12 (b) *Recognizing situations that may result in workplace*
13 *violence;*

14 (c) *When and how to respond to and seek assistance in*
15 *preventing or responding to workplace violence;*

16 (d) *Reporting incidents of workplace violence to the medical*
17 *facility and public safety agencies when appropriate;*

18 (e) *Resources available to employees and independent*
19 *contractors in coping with incidents of workplace violence,*
20 *including, without limitation, debriefing processes established by*
21 *the medical facility for use after an incident of workplace violence*
22 *and available programs to assist employees and independent*
23 *contractors in recovering from incidents of workplace violence;*
24 *and*

25 (f) *For each employee or independent contractor who has*
26 *contact with patients, training concerning verbal intervention and*
27 *de-escalation techniques that:*

28 (1) *Allows the employee or independent contractor to*
29 *practice those techniques with other employees and independent*
30 *contractors with whom he or she works; and*

31 (2) *Includes a meeting to debrief each practice session*
32 *conducted pursuant to subparagraph (1).*

33 2. *A medical facility shall collaborate with employees and*
34 *independent contractors of the medical facility and any employee*
35 *organizations representing employees of the medical facility or*
36 *employees of independent contractors of the medical facility in*
37 *developing, reviewing and revising the training provided under the*
38 *plan developed pursuant to section 14 of this act and any curricula*
39 *or materials used in that training.*

40 **Sec. 16. 1.** *The procedures for responding to and*
41 *investigating incidents of workplace violence included in the plan*
42 *adopted pursuant to section 14 of this act must include, without*
43 *limitation, procedures to:*



(a) Use alarms and other communications systems to allow employees and independent contractors to seek immediate assistance during an incident of workplace violence;

(b) Ensure an effective response to each incident of workplace violence, including, without limitation, by employing persons who are trained to address such incidents and available to immediately assist in the response to such an incident without conflicting responsibilities;

(c) Provide immediate medical care or first aid to employees or independent contractors who have been injured in an incident of workplace violence;

(d) Identify each employee or independent contractor involved in an incident of workplace violence;

(e) Provide counseling to each employee and independent contractor affected by an incident of workplace violence;

(f) Debrief with each employee and independent contractor, including, without limitation, supervisors and security guards, involved in an incident of workplace violence as soon as possible after the incident;

(g) Review any patient-specific risk factors and any measures specified to reduce those factors;

(h) Review the implementation and effectiveness of corrective measures taken under the plan, including, without limitation, measures relating to staffing, alarms and other means of summoning assistance and the response by staff and public safety agencies, in responding to an incident of workplace violence; and

(i) Solicit the opinion of each employee or independent contractor involved in an incident of workplace violence, including, without limitation, each employee or independent contractor injured in the incident, concerning the cause of the incident and any measures that may have assisted in preventing the incident.

2. The procedures for assessing and responding to situations that create the potential for workplace violence must include, without limitation, procedures for:

(a) Assessing factors that may contribute to or prevent incidents of workplace violence in each unit, area and location of the medical facility. Such factors include, without limitation:

(1) Staffing patterns that contribute to or are insufficient to address the risk of workplace violence;

(2) Sufficiency of security systems, including, without limitation, alarms and emergency response systems and the availability of security guards;

(3) Design of jobs, equipment and facilities;

(4) Environmental risk factors; and



(5) Patient-specific risk factors.

(b) Employees and independent contractors to report incidents of workplace violence and concerns about workplace violence or the potential for workplace violence without fear of reprisal.

(c) Investigating concerns reported pursuant to paragraph (b) and informing employees and independent contractors of the results of such an investigation and any corrective action taken in response to the investigation.

(d) Communicating about workplace violence, including, without limitation:

(1) The manner in which employees and independent contractors may document and communicate information to other employees and independent contractors, including, without limitation, employees and independent contractors who work different hours or on different units, concerning conditions that may increase the potential for workplace violence; and

(2) Means by which to alert employees and independent contractors to the presence, location and nature of a security threat.

3. As used in this section, "environmental risk factors" means factors in the medical facility or an area in which health care services or operations are conducted that may contribute to the likelihood or severity of an incident of workplace violence.

Sec. 17. 1. A medical facility shall:

(a) Ensure that the plan developed pursuant to section 14 of this act is effectively carried out at all times and in all units, areas and locations of the medical facility.

(b) Coordinate risk assessment and development and implementation of the plan developed pursuant to section 14 of this act with independent contractors whose employees work in the medical facility.

(c) Ensure that each temporary employee or independent contractor receives an appropriate orientation in the plan developed pursuant to section 14 of this act before beginning work in the medical facility.

(d) Implement engineering controls, work practice controls and other appropriate measures to prevent and mitigate the risk of workplace violence in all units, areas and locations of the facility. Such controls must include, without limitation:

(1) Assignment or placement of sufficient numbers of staff to reduce patient-specific risk factors;

(2) Reconfiguration of spaces in the facility to prevent or minimize potential incidents of workplace violence;



(3) Procedures to prevent the transportation of unauthorized firearms and other dangerous weapons into and within the medical facility; and

(4) Maintenance at all times of a sufficient number of trained staff, including, without limitation, security guards, to prevent or immediately respond to incidents of workplace violence. Such staff must not have other job duties that hinder their ability to respond immediately to an incident or potential incident of workplace violence.

(e) Report any incident of workplace violence at the medical facility that results in injury, involves a firearm or other dangerous weapon or presents an urgent or emergent threat to the welfare, health or safety of an employee or independent contractor to the Division not later than 24 hours after the incident.

(f) Report any other incident of workplace violence at the medical facility to the Division not later than 72 hours after the incident.

2. A medical facility shall not:

(a) Prohibit an employee or independent contractor from reporting incidents of workplace violence or concerns about workplace violence or seeking the assistance of a public safety agency to respond to an incident of workplace violence; or

(b) Punish or retaliate against an employee or independent contractor for reporting an incident of workplace violence or seeking such assistance.

Sec. 18. 1. A medical facility shall maintain and make available to the Division upon request records related to incidents of workplace violence and actions taken in compliance with sections 14 to 17, inclusive, of this act. Such records must include, without limitation:

(a) Records of the identification, evaluation and correction of hazards that increase the risk of workplace violence.

(b) A log of workplace violence which must include documentation of each incident of workplace violence against an employee or independent contractor of the medical facility, regardless of whether a report of the incident is submitted to the Division pursuant to paragraph (e) or (f) of subsection 1 of section 17 of this act. An entry in the log for an incident of workplace violence must be retained for at least 5 years after the incident and must include, without limitation:

(1) A detailed description of the incident, including, without limitation, the location and circumstances surrounding the incident;

(2) A classification of the perpetrator of the incident;

(3) A classification of the type of incident; and



(4) A description of any consequences of the incident, including, without limitation, any injuries caused by the incident.

(c) A record of each training session provided under the plan developed pursuant to section 14 of this act. Such records must be maintained for at least 1 year after the training session and must include, without limitation, the date and content of the training session and the names and qualifications of each person who provided training as part of the session.

(d) A record of each report to the Division pursuant to NRS 618.378 or paragraph (e) or (f) of subsection 1 of section 17 of this act.

2. Employees, independent contractors, former employees, former independent contractors and representatives of employees or former employees of a medical facility or an independent contractor of a medical facility are entitled to access to any records maintained by a medical facility pursuant to this section. A medical facility shall, upon request, provide copies of the records to the employees, independent contractors, former employees, former independent contractors or representatives within 72 hours after receipt of the request.

3. If a copy of a record is provided pursuant to this section, the first six pages reproduced pursuant to the request must be provided without charge. The charge for each additional page copied must not exceed the cost of reproduction.

4. For the purposes of this section, "representatives of employees or former employees of a medical facility or an independent contractor of a medical facility" means:

(a) A person previously identified to the Division as an authorized representative of the employee bargaining unit of a labor organization which has a collective bargaining relationship with the employer and represents the affected employees.

(b) An attorney acting for an affected employee or independent contractor or former employee or independent contractor.

(c) The spouse, parent or child of an affected employee or independent contractor or former employee or independent contractor.

(d) Any person designated by a court to act as the official representative for the estate of an affected employee or independent contractor or former employee or independent contractor.

Sec. 19. 1. On or before January 31 of each year, the Division shall compile and make available on an Internet website maintained by the Division a report concerning workplace violence at medical facilities in this State. The report must include, without limitation:



1 (a) *The total number of incidents of workplace violence*
2 *reported pursuant to paragraphs (e) and (f) of subsection 1 of*
3 *section 17 of this act by medical facilities in this State and the*
4 *number of such incidents reported by each medical facility;*

5 (b) *The outcome of any inspection or investigation conducted*
6 *in response to an incident of workplace violence at a medical*
7 *facility;*

8 (c) *Any action taken against a medical facility in response to*
9 *an incident of workplace violence; and*

10 (d) *Recommendations of the Division to prevent workplace*
11 *violence at medical facilities.*

12 2. *The report compiled pursuant to this section must not*
13 *include any personally identifiable information concerning an*
14 *employee, independent contractor or patient of a medical facility.*

15 **Sec. 20.** The provisions of NRS 354.599 do not apply to any
16 additional expenses of a local government that are related to the
17 provisions of this act.

18 **Sec. 21.** This act becomes effective:

19 1. Upon passage and approval for the purpose of adopting any
20 regulations and performing any other preparatory administrative
21 tasks that are necessary to carry out the provisions of this act; and

22 2. On January 1, 2020, for all other purposes.

