



**DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION**

Date: February 27, 2023

To: Nevada Businesses

Re: Guidance on Reporting Incidents and Recommendations for Adequate Controls to Mitigate Workplace Violence in Medical Facilities

Purpose

The purpose of this guidance document is to provide background on the Workplace Violence in the Medical Industry regulation R044-20. This document also provides guidance on reporting requirements and adequate controls that an employer may utilize to comply with the requirements under R044-20.

Background

NRS 618.7301 to 618.7318 was adopted in 2019 to address workplace violence at medical facilities. This legislation required the Division of Industrial Relations to adopt regulations. On December 21, 2021, regulation R044-20 was approved by the Legislative Commission, which became effective on December 22, 2021.

Relevant sections of R044-20 are as follows:

- **Section 3** – Establishes time periods in which a medical facility ([as defined under NRS 618.7305](#)) is required to report certain incidents of workplace violence to the Division of Industrial Relations. Pursuant to R044-20(3), a medical facility is required to report to the nearest office of the Division:
 1. Any fatality, inpatient hospitalization, amputation or loss of an eye of an employee resulting from workplace violence in which physical force or a firearm or other dangerous weapon is used, not later than 8 hours after the time that the fatality, hospitalization, amputation or loss is reported to any agent or employee of the facility.
 2. Any incident of workplace violence in which physical force or a firearm or other dangerous weapon is used but no fatality or injury results, not later than 24 hours after the incident occurs.

3. Any realistic possibility of workplace violence, not later than 30 days after the medical facility learns of the possibility.

- **Section 4** – Establishes requirements for procedures in a medical facility’s plan for the prevention of, and response to, workplace violence. Pursuant to R044-20(4), every plan for the prevention of and response to workplace violence which is developed pursuant to NRS 618.7312 must include procedures for the assessment of workplace violence hazards, as well as communication amongst law enforcement, paramedic, and other emergency medical transportation who are receiving patients who have been identified as having risk factors.
- **Section 5** – Establishes requirements for certain measures to prevent or mitigate risks of workplace violence. Pursuant to R044-20(5), “Any engineering control, work practice control or other appropriate measure which a medical facility implements to prevent or mitigate the risk of workplace violence as identified in an assessment of the workplace pursuant to section 4 of this regulation must, at a minimum, effectively address the hazardous conditions which constitute the risk.”
- **Section 6** – Establishes requirements for a medical facility to maintain, record and review a log of certain information relating to incidents of workplace violence. Pursuant to R044-20(6), “A medical facility shall maintain a log of workplace violence incidents and record in the log information about every incident, post-incident response and investigation regarding an injury resulting from workplace violence.”

Reporting Guidance

Nevada OSHA will continue to require medical facilities to report incidents of workplace violence that meet one of the three reporting criteria in Section 3 of the regulation. The following elements have now been incorporated into the reporting process:

1. Instances of workplace violence resulting in a fatality, inpatient hospitalization, amputation or loss of an eye, as required by R044-20(3)(1), should be reported by calling (702) 486-9020 or (775) 688-3700 for incidents occurring in Southern and Northern Nevada, respectively. The report should include, but is not limited to, at minimum, the date, the name of the medical facility, the specific location within the medical facility where the incident occurred, the identities of the individuals involved' and the circumstances regarding the incident being reported.
2. All other instances of reportable workplace violence incidents and possible threats of workplace violence as required by R044-20(3)(2)-(3) should be reported using the [NV OSHA Workplace Violence Reporting Form](#) on Nevada OSHA’s website.
3. Upon receiving a report, Nevada OSHA will log and track the report, and will make the determination as to how Nevada OSHA will respond.

4. Upon notice of any workplace violence incident under Section 3, Nevada OSHA may initiate a physical inspection of the workplace or issue a letter of inquiry to the employer. If issued a letter of inquiry, the medical facility will be required to investigate the incident and provide a response, which shall include, upon request, a copy of the facility's workplace violence prevention and response plan required by R044-20(4). In addition, the facility's written response shall include any other supporting documentation of its findings and corrective actions. Upon receipt of the employer's response, Nevada OSHA will conduct a review. If the response is found unsatisfactory, Nevada OSHA will conduct an on-site inspection.
5. For workplace violence incidents reported pursuant to R044-20(3)(2)-(3), where the medical facility's prevention and response plan was previously reviewed and found compliant in the preceding 12 months, Nevada OSHA may determine no inspection or inquiry is required. Criteria Nevada OSHA will use to decide whether to conduct inspection is provided in #7 below.
6. The rolling 12-month period will start from the date that the medical facility's response was determined satisfactory, and its prevention and response plan met the requirements of R044-20(4). The medical facility will revert to paragraph 4 for any subsequent report that occurs after the rolling 12-month period.
7. Nevada OSHA will continue to reserve the authority to conduct a physical inspection of the workplace for any report of workplace violence at medical facilities within its jurisdiction, particularly if there is an indication that the medical facility is not carrying out the requirements of their prevention and response plan or that engineering controls, work practice controls, or other appropriate measures within the prevention and response plan do not effectively address the current hazardous conditions as identified in the report.

Adequate Controls to Mitigate Workplace Violence

All employers are required to conduct a hazard assessment of the workplace and take appropriate steps to prevent, or control, identified hazards. To do this effectively an employer should:

- Identify and evaluate control options for workplace hazards,
- Select effective and feasible controls to eliminate or reduce hazards,
- Implement these controls in the workplace,
- Follow up to confirm that these controls are being used and maintained properly, and
- Evaluate the effectiveness of controls and improve, expand, or update these controls as necessary.

Methods to control hazards, when the hazard cannot be eliminated, are generally categorized, in order of effectiveness, as:

1. Substitution
2. Engineering Controls
3. Administrative and Work Practice Controls

Substitution

The best way to eliminate a hazard is to directly eliminate the hazard, and when that option is not available, substitute the work being performed with a safer work practice. While these substitutions may be difficult in a healthcare environment, an example of substitution would be transferring a patient to a more appropriate facility if the patient has a history of violent behavior that may not be appropriate in a less secure healthcare environment.

Engineering Controls

Engineering controls are physical changes that either remove the hazard from the workplace or create a barrier between the worker and the hazard. In facilities where it is appropriate, there are several engineering control measures that can effectively prevent or control workplace hazards. Engineering control strategies include: (a) using physical barriers (such as enclosures or guards) or door locks to reduce employee exposure to the hazard; (b) metal detectors; (c) panic buttons, (d) better or additional lighting; and (e) more accessible exits (where appropriate).

The measures taken should be site specific and based on the hazards identified in the worksite analysis appropriate to the specific therapeutic setting. For example, closed circuit videos and bulletproof glass may be appropriate in a hospital or other institutional setting, but not in a community care facility. Similarly, it should be noted that services performed in the field (e.g., home health or social services) often occur in private residences where some engineering controls may not be possible or appropriate. If new construction or modifications are planned for a facility, assess any plans to eliminate or reduce security hazards. Attachment 1 contains possible engineering controls that could apply in different settings. Note that this is a list of suggested measures. The types of controls implemented should be appropriate to the type of site and in response to hazards identified.

Administrative and Work Practice Controls

Administrative and work practice controls are appropriate when engineering controls are not feasible or not completely protective. These controls affect the way staff perform jobs or tasks. Changes in work practices and administrative procedures can help prevent violent incidents. As with engineering controls, the practices chosen to abate workplace violence should be appropriate to the type of site and in response to hazards identified.

Attachment 2 provides a list of possible administrative and work practice controls that could apply in different settings. Medical facilities should also consider training for administrative and treatment staff that includes therapeutic procedures that are sensitive to the cause and stimulus of violence. For example, research has shown that Trauma Informed Care is a treatment technique that has been successfully instituted in inpatient psychiatric units as a way to reduce patient violence, and the need for seclusion and restraint. As explained by the [Substance Abuse and Mental Health Services Administration](#), trauma-informed services are based on an understanding of the vulnerabilities or triggers of trauma for survivors and can be more supportive than traditional service delivery approaches, thus avoiding re-traumatization.

Enforcement

Pursuant to the Nevada General Duty Clause NRS 618.375(1), every employer shall furnish employment and a place of employment which are free from recognized hazards that are causing, or are likely to cause, death or serious physical harm to employees.

During an inquiry or inspection, Nevada OSHA inspectors will evaluate injury and illness logs, workplace violence logs, and implementation of the employer's prevention and response plan. If deficiencies are identified within the logs, implementation of the employer's prevention and response plan, or elements within the prevention and response plan itself, Nevada OSHA may issue citations for violation of the requirements pursuant to R044-20 or NRS 618.375(1).

Additional Resources

1. Per section 6 of R044-20, employers are required to create and maintain a log of workplace violence incidents and record in the log information about every incident, post-incident response and investigation regarding an injury resulting from workplace violence. An optional template for this log has been created and can be accessed at the [Workplace Violence at Medical Facilities Resource Page](#).
2. A link to the Secretary of State's filing which includes the regulation can be accessed at the [Workplace Violence at Medical Facilities Resource Page](#).
3. [OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)

Attachment 1: Engineering Controls for Different Healthcare and Social Service Settings

Attachment 2: Administrative and Work Practice Controls for Different Healthcare and Social Service Settings

Attachment 3: Approved Regulation of the Division of Industrial Relations of the Department of Business and Industry (LCB File No. R044-20)

Attachment 1

*Possible engineering controls for different healthcare and social service settings**

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Security & silenced alarm systems	<ul style="list-style-type: none"> Panic buttons or paging system at workstations or personal alarm devices worn by employees 			<ul style="list-style-type: none"> Paging system GPS tracking¹ Cell phones 	
	<ul style="list-style-type: none"> Security/silenced alarm systems should be regularly maintained, and managers and staff should fully understand the range and limitations of the system. 				
Exit routes	<ul style="list-style-type: none"> Where possible, rooms should have two exits Provide employee 'safe room' for emergencies Arrange furniture so workers have a clear exit route 		<ul style="list-style-type: none"> Where possible, counseling rooms should have two exits Arrange furniture so workers have a clear exit route 		<ul style="list-style-type: none"> Managers and workers should assess homes for exit routes
	<ul style="list-style-type: none"> Workers should be familiar with a site and identify the different exit routes available. 				
Metal detectors hand-held or installed	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for services being provided and the types of barriers put in place. Metal detectors should be regularly maintained and assessed for effectiveness in reducing the weapons brought into a facility. Staff should be appropriately assigned and trained to use the equipment and remove weapons. 				
Monitoring system & natural surveillance	<ul style="list-style-type: none"> Closed-circuit video – inside and outside Curved mirrors Proper placement of nurses' stations to allow visual scanning of areas Glass panels in doors/walls for better monitoring 		<ul style="list-style-type: none"> Closed-circuit video – inside and outside Curved mirrors Glass panels in doors for better monitoring 		
	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for services being provided and the types of barriers put in place. Staff should know if video monitoring is in use or not and whether someone is always monitoring the video or not. 				

¹Employers and workers should determine the most effective method for ensuring the safety of workers without negatively impacting working conditions.

* [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers - OSHA 3148-06R 2016.](#)

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Barrier protection	<ul style="list-style-type: none"> • Enclosed receptionist desk with bulletproof glass • Deep counters at nurses' stations • Lock doors to staff counseling and treatment rooms • Provide lockable (or keyless door systems) and secure bathrooms for staff members (with locks on the inside) – separated from patient/client and visitor facilities • Lock all unused doors to limit access, in accord with local fire codes 	<ul style="list-style-type: none"> • Deep counters in offices • Provide lockable (or keyless door systems) and secure bathrooms for staff members (with locks on the inside) – separated from patient/client and visitor facilities • Lock all unused doors to limit access, in accord with local fire codes 	<ul style="list-style-type: none"> • Deep counters • Provide lockable (or keyless door systems) and secure bathrooms for staff members (with locks on the inside) – separated from patient/client and visitor facilities 		
	<ul style="list-style-type: none"> • Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for the services being provided and the types of barriers put in place. 				

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)	
Patient & client areas	<ul style="list-style-type: none"> Establish areas for patients/clients to de-escalate Provide comfortable waiting areas to reduce stress Divide waiting areas to limit the spreading of agitation among clients/visitors 	<ul style="list-style-type: none"> Establish areas for patients/clients to de-escalate Provide comfortable waiting areas to reduce stress Assess staff rotations in facilities where clients become agitated by unfamiliar staff 	<ul style="list-style-type: none"> Provide comfortable waiting areas to reduce stress 	<ul style="list-style-type: none"> Establish areas for patients/clients to de-escalate 		
	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for the services being provided and the types of barriers put in place. 					
Furniture, materials & maintenance	<ul style="list-style-type: none"> Secure furniture and other items that could be used as weapons Replace open hinges on doors with continuous hinges to reduce pinching hazards Ensure cabinets and syringe drawers have working locks Pad or replace sharp edged objects (such as metal table frames) Consider changing or adding materials to reduce noise in certain areas Recess any handrails, drinking fountains and any other protrusions Smooth down or cover any sharp surfaces 			<ul style="list-style-type: none"> When feasible, secure furniture or other items that could be used as weapons Ensure cabinets and syringe drawers have working locks Pad or replace sharp edged objects (such as metal table frames) Ensure carrying equipment for medical equipment, medicines and valuables have working locks 	<ul style="list-style-type: none"> Ensure carrying equipment for medical equipment, medicines and valuables have working locks 	
	<ul style="list-style-type: none"> Employers and workers will have to establish a balance between creating the appropriate atmosphere for the services being provided and securing furniture. 					

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Lighting	<ul style="list-style-type: none"> Install bright, effective lighting – both indoors and outdoors on the grounds, in parking areas and walkways 			<ul style="list-style-type: none"> Ensure lighting is adequate in both the indoor and outdoor areas 	<ul style="list-style-type: none"> Work with client to ensure lighting is adequate in both the indoor and outdoor areas
	<ul style="list-style-type: none"> Ensure burned out lights are replaced immediately. While lighting should be effective it should not be harsh or cause undue glare. 				
Travel vehicles	<ul style="list-style-type: none"> Ensure vehicles are properly maintained Where appropriate, consider physical barrier between drive and patients 			<ul style="list-style-type: none"> Ensure vehicles are properly maintained 	

Attachment 2

*Possible administrative and work practice controls for different healthcare and social service settings**

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Workplace violence response policy	<ul style="list-style-type: none"> Clearly state to patients, clients, visitors, and workers that violence is not permitted and will not be tolerated. Such a policy makes it clear to workers that assaults are not considered part of the job or acceptable behavior. 				
Tracking workers		Traveling workers should: <ul style="list-style-type: none"> Have specific log-in and log-out procedures Be required to contact the office after each visit and managers should have procedures to follow-up if workers fail to do so 			Workers should: <ul style="list-style-type: none"> Have specific log-in and log-out procedures Be required to contact the office after each visit and managers should have procedures to follow-up if workers fail to do so Be given discretion as to whether or not they begin or continue a visit if they feel threatened or unsafe
	<ul style="list-style-type: none"> Log-in/log-out procedures should include: <ul style="list-style-type: none"> The name and address of client visited; The scheduled time and duration of visit; A contact number; A code word used to inform someone of an incident/threat; Worker's vehicle description and license plate number; Details of any travel plans with client; Contacting office/supervisor with any changes. 				
Tracking clients with a known history of violence	<ul style="list-style-type: none"> Supervise the movement of patients throughout the facility Update staff in shift report about violent history or incident 		<ul style="list-style-type: none"> Update staff in shift report about violent history or incident 		<ul style="list-style-type: none"> Report all violent incidents to employer

*[Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers - OSHA 3148-06R 2016.](#)

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
	<ul style="list-style-type: none"> Determine the behavioral history of new and transferred patients and clients to learn about any past violent or assaultive behaviors. <ul style="list-style-type: none"> Identify any event triggers for clients, such as certain dates or visitors. Identify the type of violence including severity, pattern and intended purpose. Information gained should be used to formulate individualized plans for early identification and prevention of future violence. Establish a system – such as chart tags, logbooks or verbal census reports – to identify patients and clients with a history of violence and identify triggers and the best response and means of de-escalation. Ensure workers know and follow procedures for updates to patients’ and clients’ behavior. Ensure patient and client confidentiality is maintained. Update as needed. If stalking is suspected, consider varying check-in and check-out times for affected workers and plan different travel routes for those workers. 				
Working alone or in secure areas	<ul style="list-style-type: none"> Treat and interview aggressive or agitated clients in relatively open areas that still maintain privacy and confidentiality Ensure workers are not alone when performing intimate physical examinations of patients Advise staff to exercise extra care in elevators and stairwells Provide staff members with security escorts to parking areas during evening/late hours – Ensure these areas are well lit and highly visible 	<ul style="list-style-type: none"> Advise staff to exercise extra care in elevators and stairwells Provide staff members with security escorts to parking areas during evening/late hours. Ensure these areas are well lit and highly visible 	<ul style="list-style-type: none"> Ensure workers have means of communication – either cell phones or panic buttons Develop policy to determine when a buddy system should be implemented 	<ul style="list-style-type: none"> Advise staff to exercise extra care in unfamiliar residences Workers should be given discretion to receive backup assistance by another worker or law enforcement officer Workers should be given discretion as to whether or not they begin or continue a visit if they feel threatened or unsafe. Ensure workers have means of communication – either cell phones or panic buttons 	
	<ul style="list-style-type: none"> Limit workers from working alone in emergency areas or walk-in clinics, particularly at night or when assistance is unavailable. Establish policies and procedures for secured areas and emergency evacuations. Use the “buddy system,” especially when personal safety may be threatened. 				
Reporting	<ul style="list-style-type: none"> Require the medical facility to log all incidents of workplace violence report in their workplace violence log as required by R044-20(6)(1). Establish a liaison with local police, service providers who can assist (e.g., counselors) and state prosecutors. When needed, give police physical layouts of facilities to expedite investigations. 				

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Entry procedures	<ul style="list-style-type: none"> • Provide responsive, timely information to those waiting; adopt measures to reduce waiting times • Institute sign-in procedures and visitor passes • Enforce visitor hours and procedures for being in the hospital • Have a “restricted visitors” list for patients with a history of violence/gang activity; make copies available to security, nurses, and sign-in clerk 	<ul style="list-style-type: none"> • Institute sign-in procedure with passes for visitors • Enforce visitor hours and procedure • Establish a list of “restricted visitors” for patients with a history of violence or gang activity; make copies available at security checkpoints, nurses’ stations and visitor sign-in areas 	<ul style="list-style-type: none"> • Provide responsive, timely information to those waiting; adopt measures to reduce waiting times 	<ul style="list-style-type: none"> • Ensure workers determine how best to enter facilities 	<ul style="list-style-type: none"> • Ensure workers determine how best to enter clients’ homes
Incident response & high-risk activities	<ul style="list-style-type: none"> • Use properly trained security officers and counselors to respond to aggressive behavior; follow written security procedures • Ensure that adequate and qualified staff members are available at all times, especially during high-risk times such as patient transfers, emergency responses, mealtimes and at night • Ensure that adequate and qualified staff members are available to disarm and deescalate patients if necessary 		<ul style="list-style-type: none"> • Use properly trained security officers and counselors to respond to aggressive behavior; follow written security procedures 		<ul style="list-style-type: none"> • Ensure assistance if children will be removed from the home

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
	<ul style="list-style-type: none"> Assess changing client routines and activities to reduce or eliminate the possibility of violent outbursts 				
	<ul style="list-style-type: none"> Advise workers of company procedures for requesting police assistance or filing charges when assaulted—and assist them in doing so if necessary. Provide management support during emergencies. Respond promptly to all complaints. Ensure that adequately trained staff members and counselors are available to de-escalate a situation and counsel patients. Prepare contingency plans to treat clients who are “acting out” or making verbal or physical attacks or threats. Emergency action plans should be developed to ensure that workers know how to call for help or medical assistance 				
Employee uniforms/dress	<ul style="list-style-type: none"> Provide staff with identification badges, preferably without last names, to readily verify employment. Discourage workers from wearing necklaces or chains to help prevent possible strangulation in confrontational situations. Discourage workers from wearing expensive jewelry or carrying large sums of money. Discourage workers from carrying keys or other items that could be used as weapons. Encourage the use of head netting/cap so hair cannot be grabbed and used to pull or shove workers. 				
Facility & work procedures	<ul style="list-style-type: none"> Survey facility periodically to remove tools or possessions left by visitors or staff that could be used inappropriately by patients Survey facilities regularly to ensure doors that should be locked are locked—smoking policies should not allow these doors to be propped open Keep desks and work areas free of items, including extra pens and pencils, glass photo frames, etc. 	<ul style="list-style-type: none"> Survey facility periodically to remove tools or possessions left by visitors or staff that could be used inappropriately by patients Keep desks and work areas free of items, including extra pens and pencils, glass photo frames, etc. 	<ul style="list-style-type: none"> Survey facility periodically to remove tools or possessions left by visitors or staff that could be used inappropriately by patients Establish daily work plans to keep a designated contact person informed about employees’ whereabouts throughout the workday; have a contact person follow up if an employee does not report in as expected 	<ul style="list-style-type: none"> Have clear contracts on how home visits will be conducted, the presence of others in the home during visits and the refusal to provide services in clearly hazardous situations Establish daily work plans to keep a designated contact person informed about employees’ whereabouts 	

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
					throughout the workday; have a contact person follow up if an employee does not report in as expected
Transport procedures	<ul style="list-style-type: none"> • Develop safety procedures that specifically address the transport of patients. • Ensure that workers transporting patients have an effective and reliable means of communicating with their home office 			<ul style="list-style-type: none"> • Develop safety procedures that specifically address the transport of patients. • Ensure that workers transporting patients have an effective and reliable means of communicating with their home office 	

**APPROVED REGULATION OF THE
DIVISION OF INDUSTRIAL RELATIONS OF THE
DEPARTMENT OF BUSINESS AND INDUSTRY**

LCB File No. R044-20

Filed December 22, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: § 1, NRS 618.295; §§ 2-5, NRS 618.295 and 618.7317; § 6, NRS 618.295, 618.7316 and 618.7317.

A REGULATION relating to occupational safety; establishing time periods within which a medical facility is required to report certain incidents of workplace violence to the Division of Industrial Relations of the Department of Business and Industry; establishing certain requirements for procedures in a medical facility’s plan for the prevention of and response to workplace violence; establishing certain requirements for certain measures to prevent or mitigate risks of workplace violence; requiring a medical facility to maintain, record and review a log of certain information relating to incidents of workplace violence; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires certain medical facilities to develop and carry out a plan for the prevention of and response to workplace violence and to report incidents of workplace violence to the Division of Industrial Relations of the Department of Business and Industry. (NRS 618.7312-618.7318)

Existing law requires each medical facility’s plan for the prevention of and response to workplace violence to be specific for each unit, area and location maintained by the medical facility. (NRS 618.7312) Under existing law, the Division is required to define by regulation the term “unit” for the purposes of the plan. (NRS 618.7317) **Section 2** of this regulation defines the term “unit” for the purposes of the requirement that the plan be specific to each unit, area and location maintained by the medical facility.

Section 3 of this regulation establishes time periods within which a medical facility must report to the Division certain incidents relating to workplace violence.

Section 4 of this regulation sets forth certain requirements for procedures which a medical facility must include in its plan for the prevention of and response to workplace violence.

Section 5 of this regulation requires certain controls and measures implemented by a medical facility to prevent or mitigate the risk of workplace violence identified in the facility’s

assessment of its workplace to effectively address the hazardous conditions which constitute the risk.

Section 6 of this regulation requires a medical facility to: (1) maintain and record in a log certain information relating to incidents of workplace violence; and (2) review that log annually.

Section 1. Chapter 618 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 6, inclusive, of this regulation.

Sec. 2. *For the purposes of NRS 618.7301 to 618.7318, inclusive, the Division interprets the term “unit” to mean a component of a medical facility, including, without limitation, a group, department, section or wing, that is used for providing patient care or support services.*

Sec. 3. *A medical facility shall report to the nearest office of the Division:*

1. Any fatality, inpatient hospitalization, amputation or loss of an eye of an employee resulting from workplace violence in which physical force or a firearm or other dangerous weapon is used, not later than 8 hours after the time that the fatality, hospitalization, amputation or loss is reported to any agent or employee of the facility.

2. Any incident of workplace violence in which physical force or a firearm or other dangerous weapon is used but no fatality or injury results, not later than 24 hours after the incident occurs.

3. Any realistic possibility of workplace violence, not later than 30 days after the medical facility learns of the possibility. The information reported pursuant to this subsection must include, without limitation:

(a) Any and all measures taken or to be taken to address the threat;

(b) The names of the persons who took measures or are responsible for initiating the measures; and

(c) The date by which the facility completed or anticipates completing the measures.

Sec. 4. 1. Every plan for the prevention of and response to workplace violence which is developed pursuant to NRS 618.7312 must include:

(a) Procedures for the assessment of potential workplace hazards which are designed to identify and evaluate patient-specific risk factors and assess visitors and other persons who are not employees. Patient-specific risk factors include, without limitation:

(1) A patient's mental status and conditions which may cause the patient to be nonresponsive to instruction or behave unpredictably, disruptively, uncooperatively or aggressively;

(2) A patient's treatment and medication status, including type and dosage, if known;

(3) A patient's history of violence, as it is known to the medical facility and employees;

and

(4) Any disruptive or threatening behavior displayed by a patient.

(b) Assessment tools, decision trees, algorithms or other effective means to:

(1) Identify situations in which workplace violence involving a patient is likely to occur;

and

(2) Assess visitors and other persons who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence.

(c) Procedures for communication among law enforcement, paramedic and other emergency medical transportation services and facilities receiving patients to identify risk factors associated with patients who are being transported to the receiving facility.

2. A medical facility must develop procedures to respond to a hazard relating to workplace violence not later than 30 days after the medical facility recognizes the specific hazard. The procedures must take into account, without limitation:

(a) Engineering controls and work practice controls to eliminate or minimize, to the extent possible, the exposure of employees to the hazard.

(b) Measures to immediately protect employees from imminent danger.

(c) Measures to protect employees from a serious hazard not later than 7 days after the serious hazard is identified, except as otherwise provided in paragraph (d). A serious hazard is a hazard from which there is a realistic possibility that death or serious physical harm could result.

(d) Interim measures to abate an identified serious hazard until permanent control measures can be implemented if the permanent control measures cannot be implemented within 7 days.

Sec. 5. *Any engineering control, work practice control or other appropriate measure which a medical facility implements to prevent or mitigate the risk of workplace violence as identified in an assessment of the workplace pursuant to section 4 of this regulation must, at a minimum, effectively address the hazardous conditions which constitute the risk.*

Sec. 6. 1. *A medical facility shall maintain a log of workplace violence incidents and record in the log information about every incident, post-incident response and investigation regarding an injury resulting from workplace violence.*

2. *Information which is recorded in the log about each incident must be based on information solicited from the employees who witnessed or experienced the workplace violence. Except as otherwise provided in subsection 3, the information recorded in the log must include:*

(a) The date, time and specific location of the incident, including the unit of the medical facility in which the incident took place.

(b) A detailed description of the incident.

(c) A classification of the person who committed the violent act, including whether the perpetrator was:

(1) A patient, employee or provider of health care of the medical facility;

(2) A vendor or supplier of or to the medical facility;

(3) A family member or friend of a patient, employee, provider of health care, vendor or supplier;

(4) A coworker, supervisor or manager employed by the medical facility;

(5) A partner, spouse, parent or other relative of an employee of the medical facility;

(6) A stranger with criminal intent; or

(7) Any other person.

(d) A classification of surrounding circumstances at the time of the incident, including, without limitation, whether the employee was:

(1) Performing his or her usual job duties;

(2) Working in a poorly lit area;

(3) Required to work in an abnormally hurried manner;

(4) Working during a period of low staffing levels;

(5) In an area where crime rates are higher than in surrounding areas;

(6) Isolated or alone;

(7) Unable to get help or assistance;

(8) Working in a community setting; or

(9) Working in an unfamiliar or new location.

- (e) A classification of the location where the incident occurred, including, without limitation, whether it occurred in:*
- (1) The room of a patient;*
 - (2) An emergency room or urgent care center;*
 - (3) A hallway;*
 - (4) A waiting room;*
 - (5) A restroom or bathroom;*
 - (6) A break room;*
 - (7) A cafeteria of the medical facility;*
 - (8) A parking lot or other area which is controlled by the medical facility and used by employees, staff, visitors of patients, vendors or suppliers;*
 - (9) A personal residence; or*
 - (10) Any other location.*

- (f) The type of incident, including whether it involved:*
- (1) A physical attack, including, without limitation, biting, choking, grabbing, hair-pulling, kicking, punching, slapping, pushing, pulling, scratching or spitting;*
 - (2) An attack with a weapon or object, including, without limitation, a firearm, knife or other object;*
 - (3) The threat of physical force or use of a weapon or other object; or*
 - (4) A sexual assault or threat of sexual assault, including, without limitation, rape or attempted rape, physical display or unwanted verbal or physical sexual conduct.*

- (g) The consequences of the incident, including:*

- (1) Whether medical treatment was provided to the employee;*

(2) Who, if anyone, provided assistance necessary to conclude the incident;

(3) Whether security staff for the medical facility was contacted;

(4) Whether law enforcement was contacted;

(5) The amount of time, in hours, lost from work, if any; and

(6) Actions taken to protect employees from a continuing threat, if any.

(h) Information about the person recording the information in the log, including the name, job title, telephone number and electronic mail address of the person, and the date each entry to the log was made.

3. The employer shall omit from the log any element of personally identifiable information which is sufficient to allow identification of any person involved in a workplace violence incident, including, without limitation, any:

(a) Person's name;

(b) Person's address;

(c) Person's electronic mail address;

(d) Person's telephone number;

(e) Person's social security number; or

(f) Other information that, alone or in combination with other publicly available information, reveals the identity of any person.

4. Each medical facility shall review the log which that facility maintains pursuant to this section at the time the facility conducts its annual assessment of the effectiveness of its plan for the prevention of and response to workplace violence pursuant to the procedures included in the plan as required by paragraph (g) of subsection 2 of NRS 618.7312.