

SAVE A HEART CPR

Bill Number: AB508 and SB1299

We have created this informational piece for the education of hospitals, individuals who would like to attend our course, Registry Agencies or any other individual and or facility who is interested in what the actual law states on AB508 and SB1299.

Please note that this information is copy and pasted directly from the actual AB508 Bill posted on the government website as follows http://www.leginfo.ca.gov/pub/93-94/bill/asm/ab_0501-0550/ab_508_bill_931008_chaptered

We decided to create this for the reason of facilities who seem to insist this course requires a set amount of hours for participants to attend in order to be compliant with the AB508 California state law. Furthermore, facilities are under a false assumption that there is such a thing as an Initial/Provider or Renewal course. The AB508 law clearly shows **“NO SUCH THING EXIST”** and only shows that an individual must have training in certain categories in order to be compliant with the AB508 California State Law under Section Title 22 of the Health and Safety Code.

The training offered by any educational institution that calls this course anything other than AB508 is a **“MADE UP NAME”** for their own potential and possible branding purposes. After extensive research and Google searches we have discovered that all of these businesses listing their **“Class Description”** is exactly what the AB508 California State Law requires for employee/facility compliance. So, if the name of the course is anything as listed below it is the same training as long as it has the required subjects as listed on the AB508 California State Bill.

Course names we found on the world wide web on Google search

1. AB508 (Assembly Bill 508)
2. Managing of Assaultive Behavior (MAB)
3. Management of Assaultive Behavior (MAB)
4. Assaultive Behavior Management (ABM)
5. Assaultive Behavior Training (ABT)
6. Assaultive Behavior Response (ABR)
7. Crisis Prevention Intervention (CPI) *Not to be confused with Crisis Prevention Institute
8. Assaultive Response Compliance (ARC)
9. Behavioral Violence Prevention (BVP)
10. Assaultive Training Response (ATR)
11. Violence Prevention Training (VPT)

“Please note these are not all of the different names we found”

As you can see we found many different names for training, guess what? They all covered the same information listed on the government website for AB508 compliance for Section Title 22.

The actual copy and paste from the website

“Happy Reading”

BILL NUMBER: AB 508 CHAPTERED 10/08/93
BILL TEXT

CHAPTER 936
FILED WITH SECRETARY OF STATE OCTOBER 8, 1993
APPROVED BY GOVERNOR OCTOBER 8, 1993
PASSED THE SENATE AUGUST 31, 1993
PASSED THE ASSEMBLY MAY 27, 1993
AMENDED IN ASSEMBLY APRIL 22, 1993
AMENDED IN ASSEMBLY APRIL 15, 1993

INTRODUCED BY Assembly Member Speier
(Principal Senate coauthor: Senator Killea)
(Coauthor: Senator Watson)

FEBRUARY 18, 1993

An act to add Sections 1257.7 and 1257.8 to the Health and Safety Code, and to amend Section 14083 of the Welfare and Institutions Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 508, Speier. Hospital security.

Existing law prohibits operation of a health facility, as defined, without a license. Existing law requires that hospitals or other health facilities offering maternity services establish written policies to promote the protection of babies, and the reduction of baby thefts.

This bill would require all hospital employees regularly assigned to the emergency department to receive training and education relating to various security topics, including, but not limited to, general safety measures, aggression and violence predicting factors, and verbal and physical maneuvers to diffuse or avoid violent behavior, by January 1, 1995, and on a continuing basis thereafter as provided for in the security plan of the hospital. The bill would require prescribed medical and other staff to receive the same security training or training determined sufficient pursuant to the security plan of the hospital.

This bill would require by July 1, 1995, all general acute care, acute psychiatric, and special hospitals to conduct a security and safety assessment and to develop a security plan.

This bill would require reporting of any act of assault or battery, as defined, against any on-duty hospital personnel to the local enforcement agency within 72 hours, and would make any individual knowingly interfering with or obstructing the reporting process guilty of a misdemeanor, thereby imposing a state-mandated local program. Since violation of health facility licensing standards and willful violation of the regulations adopted for these facilities is a misdemeanor, this bill would impose a state-mandated local program by changing the definition of a crime.

Existing law, the Medi-Cal Act, requires the California Medical Assistance Commission to negotiate rates, terms, and conditions for, or to call bids for, exclusive contracts with hospitals for inpatient services to be rendered to medical

beneficiaries. Existing law specifies various factors to be considered by the negotiator in negotiating these contracts, including, but not limited to, beneficiary access, ability to render services efficiently and economically, and protection against fraud and abuse.

This bill would, in addition, require that the negotiator consider the ability of the contracting hospital to provide a secure environment for the provision of health care services, as prescribed.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

- (a) Violence is an escalating problem in hospital emergency departments throughout California and the nation.
- (b) The emergency department is particularly vulnerable to violence because of its accessibility to all members of the public. The emergency department is open 24 hours a day, seven days a week, to anyone desiring care.
- (c) During the past few years in California, deaths to nurses and other health care workers occurred in emergency rooms, psychiatric hospitals, and community mental health clinics.
- (d) Actual incidence of the problem in all types of health care facilities is greater than documented because of failure to report or failure to maintain records of incidents that are reported.
- (e) A 1991 national survey of emergency room nurses found that two-thirds reported at least one assault during their careers, and over a third had been assaulted at least once during the previous year.
- (f) A 1992 survey of California hospitals reported that nearly 60 percent of hospitals in Fresno, Los Angeles, Sacramento, San Diego, and San Francisco reported injuries to staff, visitors, or patients. Over 40 percent of the incidents involved the use of a gun.
- (g) Patients and emergency personnel should be assured of access to health care in a safe environment. Personnel training and appropriate safety controls should be implemented to minimize the risks and dangers affecting all people in emergency room settings.
- (h) Many hospitals have undertaken numerous efforts to assure that patients and workers are safe from violence. These efforts will be enhanced by the enactment of this act.

SEC. 2. Section 1257.7 is added to the Health and Safety Code, to read:

1257.7. (a) By July 1, 1995, all hospitals licensed pursuant to subdivisions (a), (b), and (f) of Section 1250 shall conduct a security and safety assessment and, using the assessment, develop 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.

In developing this plan, the hospital shall consider any guidelines or standards on violence in health care facilities issued by the state 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.

(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, against any on-duty hospital personnel shall be reported to the local law enforcement agency within 72 hours of the incident. Any individual knowingly interfering with or obstructing the reporting process shall be guilty of a misdemeanor.

SEC. 3. Section 1257.8 is added to the Health and Safety Code, to read:

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.

SEC. 4. Section 14083 of the Welfare and Institutions Code is amended to read:

14083. The factors to be considered by the negotiator in negotiating contracts under this article, or in drawing specifications for competitive bidding, include, but are not limited to, all of the following:

- (a) Beneficiary access.
- (b) Utilization controls.
- (c) Ability to render quality services efficiently and economically.
- (d) Demonstrated ability to provide or arrange needed specialized services.
- (e) Protection against fraud and abuse.
- (f) Any other factor which would reduce costs, promote access, or enhance the quality of care.
- (g) The capacity to provide a given tertiary service, such as specialized children's services, on a regional basis.
- (h) Recognition of the variations in severity of illness and complexity of care.
- (i) Existing labor-management collective bargaining agreements.
- (j) The situation of county hospitals and university medical centers contracting with counties for provision of health care to indigent persons entitled to care under Section 17000, which are burdened to a greater extent than private hospitals with bad debts, indirect costs, medical education programs, and capital needs.
- (k) The special circumstances of hospitals serving a disproportionate number of Medi-Cal beneficiaries and patients who are not covered by other third-party payers, including the costs associated with assuring an adequate supply of registered nurses.
- (l) The costs of providing complex emergency services, including the costs of meeting and maintaining state and local requirements for trauma center designation.
- (m) The hospital does any of the following:
 - (1) Provides additional obstetrical beds.
 - (2) Contracts with one or more comprehensive perinatal providers.
 - (3) Permits certified nurse midwives, subject to hospital rules, and consistent with existing laws and regulations, to admit patients to the health facility.
 - (4) Expands overall obstetrical services in the hospital.
- (n) The special circumstances of hospitals whose Medi-Cal inpatient utilization rate exceeds the mean Medicaid inpatient utilization rate by at least one-half of one standard deviation.
- (o) The ability and capacity of the contracting hospital in a closed health facility planning area to provide health care services to beneficiaries who are in life threatening or emergency situations, but have been sufficiently stabilized at

another noncontracting facility in order to facilitate transportation to the contracting hospital.

(p) The ability of the contracting hospital to provide a secure environment for the provision of health care services.

In this regard, the negotiator shall consider additional security measures that the contracting hospital may have taken to provide a secure environment, including, but not limited to, the use of detection equipment or procedures to detect lethal weapons, the appropriate use of surveillance cameras, limiting access of unauthorized personnel to the emergency department, installation of bullet proof glass as appropriate in designated areas, the use of emergency "panic" buttons to alert local law enforcement agencies, and assigning full-time security personnel to the emergency department.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs which may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, changes the definition of a crime or infraction, changes the penalty for a crime or infraction, or eliminates a crime or infraction. Notwithstanding Section 17580 of the Government Code, unless otherwise specified in this act, the provisions of this act shall become operative on the same date that the act takes effect pursuant to the California Constitution.

[Now please visit our website at this direct link and see exactly what our course covers](#)

Direct Link: <https://saveaheartcpr.com/other-courses-class-mab-ab508-management-assaultive-behavior-managing-assaultive-behavior-training-classes-course/>

Question, did you read anything on amount of hours required for an employee to attend? Anything on Initial/Provider or Renewal course? Anything on how the information must be delivered to participants attending the training? The answer to those questions are..NO you didn't. We are in hopes that this will help clear up any false information that some businesses have relayed to hospitals or any other business about what the California state law requires. If an employee has had the required subject matter delivered to them as stated under the AB508 California State Law Section Title 22 of the Health and Safety Code then they are in compliance with the CA state law. This includes the **1257.7 and 1257.8** as indicated in the AB508 Bill above, we have also provided the link for the **SB1299** that is also required as of January 2017. We have saved you the time of a copy and paste on the SB1299 bill because it's almost identical to the AB508 bill. However there is a few different things stated on the SB1299 and pertains more to hospital specific internal requirements and our course does reference these subjects.

Direct Link for SB1299: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB1299

We would like to thank you for taking the time to read this information and hope this cleared some things up for you, if you have any questions please contact us.

Thank you,

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WWW.SAVEAHEARTCPR.COM

