ENTRY SHIELD SECURITY | CEIA USA

AB 2975 Compliance Playbook

California House Bill AB 2975 establishes mandatory weapons detection screening requirements for hospitals. This playbook provides a practical overview of the law, compliance steps, and a roadmap to implement solutions using CEIA screening hardware supported by Entry Shield's passive screening and workflow technology.

What AB 2975 Requires

- Applies to most California hospitals (acute care).
- Mandates weapons detection at: Main public entrance, Emergency Department (ED) entrance, and Labor & Delivery entrance (if separate).
- Requires automated body-screening devices. Handheld wands cannot be sole method (limited exceptions for small/rural facilities).
- Hospitals must use non-clinical personnel to operate devices; staff need at least 8 hours of training.
- Current employees and licensed providers wearing ID badges may be exempted from routine screening.
- Hospitals must define alternative screening for refusals and procedures for discovered weapons.
- Conspicuous signage required at entrances; care may not be refused.
- Cal/OSHA must finalize standards by March 1, 2027. Enforcement expected within 90 days thereafter.

Compliance Checklist

- Identify required entrances and designate one main public entrance.
- Select compliant automated screening devices (define any exceptions).
- Plan for space, queuing, ADA compliance, and throughput at entrances.
- Assign non-clinical staff; ensure 8-hour training completed.
- Draft and adopt policies for badge exemptions, alternative screening, and weapon detection procedures.
- Prepare signage package that meets visibility and patient-care requirements.
- Develop communication plan (internal staff guidance and public FAQs).
- Pilot program at ED, then expand to Main and L&D; entrances.

Why CEIA + Entry Shield

Our joint solution addresses both the hardware and technology mandates of AB 2975. CEIA provides high-throughput, compliant weapons detection devices. Entry Shield delivers passive screening technology, workflows, alerts, signage, and SOP templates—covering staffing, training records, incident logging, and communication requirements.

Suggested Pilot Plan (ED First, 60 Days)

- Weeks 0–1:Site survey, power/space planning, signage design, draft SOPs.
- Week 2: Install CEIA devices and configure Entry Shield workflows.
- Week 3: Train operators (8 hours), run drills with security and ED staff.
- Weeks 4–6: Soft launch, collect throughput and alarm data, document refusals.
- Weeks 7–8: Optimize ED program, expand to Main entrance and then L&D.;

Key Discovery Questions

- How many entrances (Main, ED, L&D;) need automated screening?
- What is your ED's peak arrival rate and current weapons screening method?
- Any space or egress constraints near entrances?
- Who will staff the screening checkpoints (in-house vs contracted)?
- Will staff/providers with ID badges be exempt?
- What's your current policy for refusals and discovered weapons?

ENTRY SHIELD + CEIA

Turnkey AB2975 Compliance for California Hospitals & More

Why AB 2975 Matters

Beginning in 2027, California hospitals must comply with new state-mandated weapons screening requirements. AB 2975 directs hospitals to deploy automated weapons detection at Main, ED, and L&D; entrances. The law requires trained non-clinical staff, documented workflows, incident reporting, signage, and refusal protocols—far beyond simply purchasing a metal detector.

Why CEIA + Entry Shield Are the Ideal Solution

CEIA provides industry-leading weapons detection hardware. Entry Shield delivers the workflows, reporting, training, and compliance tools hospitals need. Together, we provide a complete, audit-ready AB 2975 solution.

What CEIA Provides

- High-performance walk-through detection systems
- Ferrous, non-ferrous, and MRI safety screening
- ADA-compliant configurations
- Low false-alarm rates and high throughput
- Portable & Quick to Deploy: Lightweight design sets up in minutes—no tools, no wiring, no disruption.

What Entry Shield Provides

- Screening workflows for all entrances
- Time-stamped alerts & after-action reporting
- Documentation for Cal/OSHA
- Alternative screening & refusal protocols
- Training modules meeting AB 2975's 8-hour requirement
- Required signage packages
- Ongoing compliance updates

Why Hospitals Choose Us

- Full compliance package
- Fast ED pilot in 60 days
- Lower staffing burden
- Audit-ready reporting
- Future-proof software
- Screening Flexibility

Next Steps

To schedule a site assessment, pilot, or demo:

info@entryshield.com
855-467-4911
www.entryshield.com

Source: California Hospital Association (CHA)

The following pages are reproduced from publicly available materials published by the California Hospital Association for reference purposes

CHA | California Hospital Association

FAQs

December 4, 2024

Assembly Bill (AB) 2975: Hospital Weapon Detection Policy and Screening

Q1: What does AB 2975 (Gipson, D-Gardena) do?

A1: AB 2975 directs the California Department of Occupational Safety and Health (Cal/OSHA) Standards Board (OSHSB) to amend the existing Workplace Violence Prevention in Health Care standard to comport with its provisions, which include requiring:

- Hospitals to adopt a weapon detection policy that includes weapon screening at specified hospital entrances
- OSHSB to finalize these amended standards by March 1, 2027
- Hospitals to comply on or before a date selected by OSHSB that must be within 90 days of OSHSB finalizing the standards

Q2: Which hospitals must follow the requirements under AB 2975?

A2: All hospitals licensed pursuant to Health and Safety Code Section 1250 (a), (b), or (f) must comply with AB 2975's requirements — except for hospitals operated by the California Department of State Hospitals, the California Department of Developmental Services, or the California Department of Corrections and Rehabilitation.

Q3: What hospital entrances must include weapon detection screening?

A3: Weapon detection screening must be situated at the following three entrances:

- The "main public entrance," defined by AB 2975 as "a singular entrance, as designated by the hospital, which serves as the primary point of access that patients and visitors use to enter the main hospital building"
- Emergency department entrance
- Labor and delivery entrance, if separately accessible to the public

Q4: Are there limitations to the type of weapon detection screening device a hospital may use?

A4: Yes. There are two primary limitations:

- The chosen screening device must screen for and identify "instruments capable of inflicting death or serious bodily injury."
- Except for the hospitals identified in Q5, most hospitals may not use a handheld weapon detection screening device as their sole or primary screening device for compliance purposes; all hospitals may use them as a secondary screening device.

In addition, AB 2975 directsOSHSB to identify the types of permissible screening devices, which it will include in its finalized standards dueMarch 1, 2027.

CHA | California Hospital Association

FAQs

Q5: Where may a handheld weapon detection device be used as the primary screening instrument for purposes of compliance with AB 2975?

A5: Certain types of hospitals and entrances that fall into a certain category may primarily use a handheld weapon detection device, including:

- Small and rural hospitals, as defined under the Small and Rural Hospital Relief Program
- Hospitals that exclusively provide extended care to patients with complex medical and rehabilitative needs, such as hospitals currently federally certified as long-term care hospitals or inpatient rehabilitation facilities
- Entrances with existingspacing limitations where use of a weapon detection device other than a handheld metal detector wandwouldresult in a violation of standards in Title 24 of the California Code of Regulations

Q6: Does AB 2975 includeanystaffing requirements?

A6: Yes. A hospital must havedesignated staff, other than a health care provider, which meets specified training requirements mentioned inQ7.These employees:

- Implement the weapondetection screening policy
- Monitor and operatetheweapon detection screening device
- Must be present atalltimesthe entrance is open to the public

Q7: What type of trainingmustanemployee complete before implementing the hospital's weapon detection screening policy and procedure?

A7: Any employee whoisresponsible for overseeing the hospital's weapon detection screening policy and procedures must receive a minimumofeighthours of training in the following areas:

- The hospital'spoliciesandprocedures on how to respond if a dangerous weapon is detected in a person's possession atthepointofscreening
- How to operatethehospital's weapon detection devices
- De-escalation
- Implicit bias

It is within the hospital'sdiscretionto determine the manner and modality of the training, so long as the total training time is at least eight hoursinduration and covers the topics listed above.

Q8: Does AB 2975 exempthospitalemployees from the weapon detection screening process?

A8: Yes. AB 2975 excludescurrenthospital employees or health care providers who are wearing a hospital identification badge.

Q9: Will AB 2975 require hospitals to store and/or confiscate weapons detected during the screening process?

A9: No. However, a hospital will be required to include in its weapon detection screening policy how it will respond if a dangerous weapon is detected, including the ability for an individual to re-enter the hospital facility following the disposal of a detected weapon.

CHA | California Hospital Association

FAQs

Q10: What do hospitals need to include in their weapon detection screening policy?

A10: All hospitals in California must develop and implement a weapon detection screening policy, and that policy must:

- Identify the type of weapon detection screening used and at which hospital entrances
- Establish reasonable protocols addressing how the hospital will respond if a dangerous weapon is detected
- Establish reasonable protocols for alternative search and screening for patients, families, or visitors who refuse to undergo weapon detection device screening
- Allow an individual to leave the hospital if a weapon is detected in their possession and re-enter without the detected item

Q11: Does AB 2975 include any posting or notice requirements?

A11: Yes. Hospitals must post a notice advising the public that the hospital conducts screenings for weapons upon entry, but that no person shall be refused medical care pursuant to the federal Emergency Medical Treatment and Active Labor Act. This notice must be displayed:

- In a conspicuous location
- In a size and manner determined by OSHSB
- Within reasonable proximity of any public entrances where weapon detection devices are utilized

Q12: Is there anything hospitals can do between now and when OSHSB finalizes the AB 2975 standards?

A12: Yes, hospitals can do the following:

- Identify the required entrances and assess the need to redesign or reconfigure entrance spacing
- Determine whether your hospital facility falls into one of three categories permitting the use of a handheld weapon detection device
- Research weapon detection device options
- Plan for increased staffing
- Prepare FAQs for visitors and patients
- Update security policies

Contact:

Erika Frank
(916) 552-7622
efrank@calhospital.org

ENTRYSHIELD

Protecting What Matters Most

Next Steps

To schedule a site assessment, pilot, or demo:

info@entryshield.com
855-467-4911
www.entryshield.com