

# SB 823: Oregon Health Care Worker Protection Act

## PURPOSE & NEED

Nurses and other health care workers in hospital and home health settings today routinely experience workplace violence. From 2002 to 2013, incidents of serious workplace violence- those requiring days off for an injured worker to recover- were **four times more common in healthcare** than in all other private industry settings.<sup>1</sup>

This issue has been consistently raised amongst the nursing profession and throughout the wider health care sector in Oregon in recent years, with the problem intensifying due to many contributing factors, some internal to the health care environment and others more endemic to our broader communities.

The impacts of this ongoing problem are both varied and significant, frequently resulting in higher incidences of physical harm to individual providers, missed patient care, decreased recruitment and retention rates, increased employee absenteeism as well as related added costs to our system due to turnover and workers compensation claims. In 2017 alone, 25% of all accepted private industry violence-related workers compensation claims in Oregon came from hospitals and ambulatory surgical centers.<sup>2</sup>

The increasing need to address this problem led OAHHS, ONA and other stakeholders to convene the workplace safety initiative which developed the Workplace Violence Prevention Toolkit. A toolkit that all Oregon hospitals are deploying to improve their workplace safety committees and assault and prevention programs.

## SENATE BILL 823: KEY ELEMENTS

### ➤ **Enhanced Incident Reporting & Access to Data**

- Requires the healthcare employer to share a summary of incident reports to the workplace safety committee. These reports include the hospital assault log, the injury and illness log (aka OSHA 300 log) and any other relevant information that inform the prevention of future incidence.
- Expands ability for employees to review facility violent incident records and evaluate ongoing progress toward meaningfully addressing prevention and safety vulnerabilities internally.

### ➤ **Retaliation Protections for Incident Reporting**

- Reinforces that it is an unlawful employment practice for any reprisal to occur against an employee for making a good-faith report of assaults that take place on health care premises.
- The hope is that this begins to better address a persistent trend of underreporting violence affecting health care employees and helps ensure that staff will come forward following incidents to make them known for the record.

### ➤ **Requires Comprehensive Workplace Security Assessment Timeline**

- Implements a timeframe by which certain health care facilities<sup>3</sup> must perform a nationally and state recognized assessment.

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<sup>1</sup> Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

<sup>2</sup> Data source: Department of Consumer and Business Services, 2017 Workers' Compensation Accepted disabling claims by industry (NAICS) and accident or exposure event, <http://www.cbs.state.or.us/external/imd/rasums/2055t/17web/table10.pdf>

<sup>3</sup> Health care facility for this section of the law includes hospitals, ambulatory surgical centers and home health services that are performed by hospital or health system employees.

- The amendment also calls for a report back to the 2022 Legislative Session on the completion of health care employers' assessments.
- **Regular Review of Required Local Assault Prevention Programs**
  - Requires a review of the health care employers' assault prevention and protection plan every two years.

**PLEASE JOIN US IN SUPPORTING SB 823 WITH THE CONCEPTUAL AMENDMENTS**

