

SB 537 -3 STAFF MEASURE SUMMARY

Senate Committee On Rules

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Meeting Dates: 4/23

WHAT THE MEASURE DOES:

The measure creates workplace violence prevention requirements in health care settings, directs the Oregon Department of Consumer and Business Services (DCBS) to track incidents of workplace violence, establishes a grant program within the Oregon Health Authority (OHA) to support prevention efforts, and requires certain health care settings to take action to protect workers.

Detailed Summary:

Workplace Violence Prevention for Health Care Employers (Section 1-15)

- Establishes new requirements to be included in DCBS rules related to health care employer safety committees.
 - Requires safety committees established at health care employers to have equal representation of employees, management, and when relevant, union representatives.
 - Requires health care employers to allow labor union representatives to attend safety meetings as non-voting members.
 - Creates procedures for investigating, collecting, and reporting on health care workplace violence incidents.
- Adds requirements to workplace violence prevention programs.
 - Defines home health agency, home hospice program, and workplace violence.
 - Requires health care employers to consult workplace safety committee when conducting safety assessments, developing workplace violence prevention programs, giving annual trainings, measuring incidence of workplace violence and near misses, analyzing the root causes of workplace violence, creating a plan to address workplace violence, and issuing findings on the implementation of security considerations.
 - Requires health care employers to implement workplace violence prevention and response plans and sets minimum standards of the plan.
 - Requires health care employers to provide each employee with a written copy of the workplace violence prevention and response plan and for all new employees to receive a copy of the plan within 30 days of hire.
- Creates reporting requirements for health care employers and DCBS.
 - Requires health care employers to compile data on workplace violence incidents involving assaults, near-miss incidents, and verbal abuse.
 - Directs health care employers to submit a report to DCBS by February 1 of each year.
 - Directs DCBS to submit a consolidated report of the reports received to the Legislative Assembly by December 31 of each year.
 - Directs DCBS to study the impact of workplace on the employees of health care employers every four years and submit a report to the Legislative Assembly on outcomes, beginning September 15, 2029.
- Directs OHA to administer a grant program.
 - Creates the Health Care Facility Workplace Violence Prevention Effort Fund at the State Treasury and continuously appropriates money from the fund to OHA.
 - Directs OHA to develop and administer a grant program for eligible home health agencies, home hospice programs, and hospitals to fund workplace violence prevention efforts.
 - Directs OHA to begin administering grant funds no later than April 1, 2026.

- Allocates money from the General Fund to OHA to administer the grant program.

Safety Requirements for Health Care Settings (Section 15-19)

- Requires health care facilities to post signage to inform the public about circumstances when causing physical injury to another person is a crime.
- Prohibits hospitals, home health agencies, and hospice programs from requiring staff's last name to be included on a badge except when required by federal rule or regulation.
- Requires the implementation of electronic health record or visual flagging systems to indicate if a person poses potential threat of violence or disruptive behavior.

Worker Safety in Home Health Care Settings (Section 20-21)

- Requires home health service entities to gather information during initial client intake to identify and assess any potential safety-related risks posed to staff.
- Directs home health service entities to provide workplace training to all home health care workers, to conduct monthly safety assessments, to provide staff with identifying information for their new clients, to create systems for safety check ins, equip staff with emergency alert devices, and to create policies and procedures to manage safety concerns.

Becomes operative January 1, 2026. Takes effect on the 91st day following adjournment sine die.

Fiscal impact: May have fiscal impact, but no statement yet issued

Revenue impact: May have revenue impact, but no statement yet issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-3 Replaces the measure. Creates workplace violence prevention requirements in health care settings, directs the Oregon Department of Consumer and Business Services (DCBS) to track data regarding incidents of workplace violence, and requires certain health care settings to take action to protect workers from safety risks.

Detailed Summary:

Workplace Violence Prevention for Health Care Employers (Section 1-7)

- Directs DCBS to adopt rules related to safety committees.
 - Requires DCBS to prescribe procedures for health care employers for investigating, collecting, and reporting on incidences of workplace violence.
 - Requires health care employers to permit a union representative representing the employees of the health care employer to attend safety committee meetings as a nonvoting participant.
- Directs health care employers to provide annual workplace violence prevention and protection training to employees and any contracted security personnel in consultation with the employer's safety committee.
 - Adds the requirement for home health agencies and home hospice programs and exempts the Oregon State Hospital.
 - Requires analysis of the root causes and consequences of workplace violence committed against employees and the development of a plan for addressing causes.
 - Directs health care employers to incorporate and implement a workplace violence prevention and response plan to their workplace violence prevention program and sets minimum standards for the plan.
- Requires health care employers to provide workplace violence prevention and protection training to new employees within 90 days of hire and temporary employees within 14 days of hire.
 - Requires health care employers to provide each employee with a written copy of the workplace violence prevention and response plan and for all new employees to receive a copy of the plan within 30 days of hire.

- Directs DCBS to submit a consolidated report to the interim committees of the Legislative Assembly related to business and labor by December 31 of each year that includes information about incidents of workplace violence occurring on the premises of a health care employer.
- Protects employees who report incidences of workplace violence.

Safety Requirements for Health Care Settings (Section 8-14)

- Requires health care facilities to post signage to inform the public about circumstances when causing physical injury to another person is a crime.
- Prohibits hospitals, home health agencies, and hospice programs from requiring staff last name to be included on a badge except when required by federal rule or regulation.
- Requires the implementation of electronic health record or visual flagging systems to indicate if a person poses potential threat of violence or disruptive behavior.
- Permits staff to leave work without losing pay or using leave time if they are affected by an incidence of workplace violence that occurred during the shift and are unable to keep working.
 - Limits an employee's ability to file a worker's compensation claim for the shift if they elect to use this leave.
- Requires hospitals to install bulletproof glass at each emergency room intake window.
 - Applies to hospitals that are newly constructed or that undergo renovations or remodeling to the emergency department on or after the effective date of the measure.

Worker Safety in Home Health Care Settings (Section 15-16)

- Directs home health care service entities to collect information at intake to identify and assess health and safety-related risks that staff may encounter while providing services and provide that information to each staff member who will be responsible for providing services.
 - Requires home health care service entities to provide any history of violence known to the entity to staff who will be responsible for caring for patients who are discharged from a hospital and referred to the entity.
 - Requires the use of a client intake questionnaire that includes, at minimum, the presence of pets, suspected pest infestations, and the willingness of the client to security store any weapons prior to any visits by home health staff.
- Directs home health service entities to provide workplace training to all home health care workers, conduct quarterly safety assessments, provide staff with identifying information for their new clients, create systems for safety check ins, establish implement policies to permit staff to perform data entry outside of the home health care setting, and enable staff to be accompanied by an escort when there are concerns about safety or security in a home health setting.

Becomes operative January 1, 2026. Takes effect on the 91st day following adjournment sine die.

BACKGROUND:

Nationally, health care workers make up 10 percent of the workforce and 48 percent of the nonfatal injuries due to workplace violence ([Centers for Disease Control and Prevention \(CDC\)](#), 2025). Risk factors for workplace violence in health care settings include caring for patients with high acuity of need, environmental barriers limiting appropriate response to violent incidents, and organizational factors such as lack of staff training.

Senate Bill 537 -3 creates workplace violence prevention requirements in health care settings, directs the Oregon Department of Consumer and Business Services to track data regarding incidents of workplace violence, and requires certain health care settings to take action to protect workers from safety risks.