

Senate Bill 537

Sponsored by Senator PATTERSON, Representative NELSON, Senators TAYLOR, MEEK, REYNOLDS, Representative NOSSE; Senators FREDERICK, PROZANSKI, Representatives ISADORE, PHAM H (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act creates new laws for workplace violence prevention in health care settings. The Act takes effect 91 days following sine die. (Flesch Readability Score: 72.6).

Creates workplace violence prevention requirements for certain health care entities. Requires subject entities to compile data concerning incidents of workplace violence and submit reports to the Department of Consumer and Business Services.

Requires certain health care employers and home care settings to take certain actions to protect workers against risks of violence and other safety-related risks.

Requires the Oregon Health Authority to develop and administer a grant program to provide financial assistance to eligible entities for workplace violence prevention efforts. Establishes a timeline within which the authority must begin distributing funds to approved grant applicants.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to violence in health care settings; creating new provisions; amending ORS 441.096, 654.062, 654.182, 654.412, 654.414 and 654.416; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE EMPLOYERS (Safety Committees)

SECTION 1. ORS 654.182 is amended to read:

654.182. (1) In carrying out ORS 654.176, the Director of the Department of Consumer and Business Services shall adopt rules that include, but are not limited to, provisions:

(a) Prescribing the membership of the committees to ensure equal numbers of employees, who are volunteers or are elected by their peers, and employer representatives and specifying the frequency of meetings.

(b) Requiring that the membership of safety committees established at a health care employer consists of equal representation of employees, management and employee union representatives, if any.

(b) (c) Requiring employers to make adequate written records of each meeting and to file and maintain the records subject to inspection by the director.

(c) (d) Requiring employers to compensate employee representatives on safety committees at the regular hourly wage while the employees are engaged in safety committee training or are attending safety committee meetings.

(d) (e) Prescribing the duties and functions of safety committees, which include, but are not limited to:

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 (A) Establishing procedures for workplace safety inspections by the committee.

2 (B) Establishing procedures for investigating all safety incidents, accidents, illnesses and deaths.

3 (C) Evaluating accident and illness prevention programs.

4 [(e)] (f) Prescribing guidelines for the training of safety committee members.

5 [(f)] (g) Prescribing alternate forms of safety committees and safety meetings to meet the special
6 needs of small employers, agricultural employers and employers with mobile worksites.

7 **(h) Prescribing procedures for health care employers for investigating, collecting and**
8 **reporting on incidents of workplace violence.**

9 **(i) Requiring health care employers to permit a representative of a labor union repre-**
10 **senting employees of the health care employer to attend safety meetings of the health care**
11 **employer’s safety committee as a nonvoting member.**

12 (2) An employer that is a member of a multiemployer group operating under a collective bar-
13 gaining agreement that contains provisions regulating the formation and operation of a safety com-
14 mittee that meets or exceeds the minimum requirements of this section and ORS 654.176 shall be
15 considered to have met the requirements of this section and ORS 654.176.

16 **(3) As used in this section, “health care employer” and “workplace violence” have the**
17 **meanings given those terms in ORS 654.412.**

18
19 **(Workplace Violence Prevention Program)**

20
21 **SECTION 2.** ORS 654.412 is amended to read:

22 654.412. As used in ORS 654.412 to 654.423:

23 (1) “Assault” means intentionally, knowingly or recklessly causing physical injury.

24 (2) “Energy generating device” means a tool that performs a surgical function using heat, laser,
25 electricity or other form of energy.

26 (3) “Health care employer” means:

27 (a) An ambulatory surgical center as defined in ORS 442.015.

28 (b) A hospital as defined in ORS [442.015] **441.760.**

29 **(c) A home health agency as defined in ORS 443.014.**

30 **(d) A home hospice program.**

31 (4) “Home health care services” means items or services furnished to a patient by an employee
32 of a health care employer in a place of temporary or permanent residence used as the patient’s
33 home.

34 **(5) “Home hospice program” means a coordinated program of home care, available 24**
35 **hours a day, that utilizes an interdisciplinary team of personnel trained to provide palliative**
36 **and supportive services to a patient-family unit experiencing a life threatening disease with**
37 **a limited prognosis.**

38 [(5)] **(6) “Smoke evacuation system” means equipment that effectively captures or neutralizes**
39 **surgical smoke before the smoke makes contact with the eyes or the respiratory tract of the occu-**
40 **pants of a room.**

41 [(6)] **(7) “Surgical smoke” means the by-product that results from contact with tissue by an en-**
42 **ergy generating device.**

43 **(8) “Workplace violence” includes any act or threat of physical violence, harassment,**
44 **intimidation, verbal abuse, assault, homicide or any other threatening behavior that occurs**
45 **in the workplace.**

SECTION 3. ORS 654.414 is amended to read:

654.414. (1) A health care employer, **in consultation with the employer’s workplace safety committee described in ORS 654.176**, shall:

(a) Conduct periodic security and safety assessments to identify existing or potential *[hazards for assaults committed against employees]* **threats of workplace violence**;

(b) Develop and implement *[an assault]* **a workplace violence** prevention and protection program for employees based on assessments conducted under paragraph (a) of this subsection; and

(c) Provide *[assault]* **workplace violence** prevention and protection training on *[a regular and ongoing]* **an annual** basis for employees, **volunteers and any contracted security personnel who work at the premises of the health care employer.**

(2) An assessment conducted under subsection (1)(a) of this section shall include, but need not be limited to:

(a) A measure of the frequency of *[assaults]* **workplace violence, including near-miss incidents of workplace violence, that are** committed against employees *[that occur]* on the premises of a health care employer or in the home of a patient receiving home health care services during the preceding five years or for the years that records are available if fewer than five years of records are available; *[and]*

(b) An *[identification]* **analysis** of the **root** causes and consequences of *[assaults]* **workplace violence committed** against employees*[.]* **including a plan for addressing the identified causes; and**

(c) **Findings on the extent to which the security considerations described in subsection (3) of this section were implemented to mitigate risks of workplace violence.**

(3) *[An assault]* **A workplace violence** prevention and protection program developed and implemented by a health care employer under subsection (1)(b) of this section shall **incorporate and implement a workplace violence prevention and response plan. The plan shall:**

(a) Be based on an assessment conducted under subsection (1)(a) of this section. *[and shall]*

(b) Address security considerations related to the following:

[(a)] (A) Physical attributes of the health care setting;

[(b)] (B) Staffing plans, including security staffing;

[(c)] (C) Personnel policies;

[(d)] (D) First aid and emergency procedures;

[(e)] (E) Procedures for reporting *[assaults]* **incidents of workplace violence**; and

[(f)] (F) Education and training for employees.

(c) **Include policies and procedures for:**

(A) **Conducting internal investigations of incidents of workplace violence that occur on the premises of the health care employer.**

(B) **Identifying employees involved in a workplace violence incident.**

(C) **Conducting post-incident employee interviews for the purpose of gathering factual details about an incident of workplace violence.**

(D) **Implementing post-incident response strategies that address the provision of:**

(i) **First-aid or medical care to employees who have been injured in a workplace violence incident; and**

(ii) **Trauma counseling for employees affected by an incident of workplace violence.**

(4)(a) *[Assault]* **Workplace violence** prevention and protection training required under subsection (1)(c) of this section shall address the following topics:

1 (A) General safety and personal safety procedures, **including emergency response guidelines**
 2 **that may be used to notify employees of a threat or occurrence of workplace violence;**

3 **(B) The meaning of workplace violence;**

4 [(B)] (C) Escalation cycles for assaultive behaviors **and other violent or threatening behav-**
 5 **iors;**

6 [(C)] **(D) [Factors that predict assaultive behaviors] Predictive factors of workplace violence;**

7 [(D)] **(E) Techniques for obtaining medical history from a patient with assaultive or other**
 8 **threatening or violent behavior;**

9 [(E)] **(F) Verbal and physical techniques to de-escalate and minimize assaultive behaviors and**
 10 **threats of workplace violence;**

11 [(F)] **(G) Strategies for avoiding physical harm and minimizing use of restraints;**

12 [(G)] **(H) Restraint techniques consistent with regulatory requirements;**

13 [(H)] **(I) Self-defense, including:**

14 (i) The amount of physical force that is reasonably necessary to protect the employee or a third
 15 person from assault; and

16 (ii) The use of least restrictive procedures necessary under the circumstances, in accordance
 17 with an approved behavior management plan, and any other methods of response approved by the
 18 health care employer;

19 [(I)] **(J) Procedures for documenting and reporting incidents involving assaultive behaviors and**
 20 **incidents of workplace violence;**

21 [(J)] **(K) Programs for post-incident counseling and follow-up;**

22 [(K)] **(L) Resources available to employees for coping with assaults; [and]**

23 [(L)] **(M) The health care employer's workplace [assault] violence prevention and protection**
 24 **program[.], including the health care employer's internal investigation process for investigat-**
 25 **ing incidents of workplace violence; and**

26 **(N) Visual cues and other methods that may be used to identify or notify employees**
 27 **about individuals exhibiting behavioral indicators of workplace violence.**

28 (b) A health care employer shall provide [assault] **workplace violence** prevention and protection
 29 training to:

30 **(A) A new employee, other than a temporary employee,** within 90 days of the employee's in-
 31 tial hiring date.

32 **(B) A temporary employee, before the employee's start date.**

33 (c) A health care employer may use classes, video recordings, brochures, verbal or written
 34 training or other training that the employer determines to be appropriate, based on an employee's
 35 job duties, under the [assault] **workplace violence** prevention and protection program developed by
 36 the employer.

37 (5) [At least once every two years] **Once a year,** a health care employer shall establish, in coor-
 38 dination with the health care employer's workplace safety committee as described in ORS 654.176,
 39 a process by which the committee shall review the health care employer's [assault] **workplace vi-**
 40 **olence** prevention and protection program developed and implemented under subsection (1)(b) of this
 41 section in order to evaluate the efficacy of the program and consider any changes to the program
 42 **that are necessary to promote the prevention of workplace violence.**

43 **(6)(a) A health care employer shall provide to each employee and, if applicable, to the**
 44 **employee's union representative, a written copy of the workplace violence prevention and**
 45 **response plan described under subsection (3) of this section, including a written statement**

1 explaining that an employee who reports an incident of workplace violence has a right to be
2 protected from retaliation.

3 (b) For newly hired employees, the health care employer shall provide the copy of the
4 plan and the accompanying statement within 30 calendar days from the date of hire.

5
6 (Reporting)
7

8 **SECTION 4.** Sections 5, 6, 7 and 8 of this 2025 Act are added to and made a part of ORS
9 654.412 to 654.423.

10 **SECTION 5.** (1) Each year, a health care employer shall compile the following data, dis-
11 aggregated by workplace violence incidents involving assaults, near-miss incidents and verbal
12 abuse, whenever possible:

13 (a) Information regarding each incident of workplace violence, including:

14 (A) The date, time and location where the workplace violence incident occurred.

15 (B) The nature and extent of injuries to employees, if any.

16 (C) The existence of any previously identified environmental or patient risk factors that
17 were contributing factors in the workplace violence incident.

18 (D) A description of the person responsible for committing the act of workplace violence
19 and nature of the relationship with the employee against whom the workplace violence was
20 committed, excluding any personally identifiable information of the person.

21 (b) Information regarding actions taken to prevent and respond to threats of workplace
22 violence, including:

23 (A) A description of the mitigation and de-escalation methods used with respect to a
24 threat of workplace violence.

25 (B) A description of any post-incident responses and investigation methods that were
26 implemented following an incident of workplace violence.

27 (c) The percentage of the health care employer's workforce that attended the workforce
28 violence prevention and protection training described under ORS 654.414 for the current year.

29 (2) Not later than February 1 of each year, a health care employer shall prepare and
30 submit a report to the Department of Consumer and Business Services. The report shall in-
31 clude the data compiled under subsection (1) of this section and any information included in
32 a report made available under ORS 654.416 (3) for the calendar year immediately preceding
33 the date of the report required under this section.

34 (3) The Director of the Department of Consumer and Business Services shall adopt by
35 rule a common recording form for the purposes of compiling and reporting data required
36 under this section.

37 **SECTION 6.** Not later than December 31 of each year, the Department of Consumer and
38 Business Services shall prepare and submit a consolidated report of the reports received
39 from health care employers under section 5 of this 2025 Act. The department shall submit
40 the report, in the manner provided in ORS 192.245, including recommendations for legis-
41 lation, if any, to the interim committees of the Legislative Assembly related to business and
42 labor.

43 **SECTION 7.** (1) Every four years, the Department of Consumer and Business Services
44 shall commission a study of the impact of workplace violence on employees of health care
45 employers in this state. The study must review incidents of workplace violence occurring on

1 the premises of a health care employer during the previous four-year period and include an
2 analysis of:

3 (a) The location where each workplace violence incident occurred.

4 (b) The nature of the incident.

5 (c) The nature and severity of any employee injuries stemming from the workplace vi-
6 olence incident.

7 (d) The job titles of any employees who were injured as a result of workplace violence.

8 (e) Any increases or decreases in the number of incidents of workplace violence since the
9 previous study conducted under this section.

10 (2) The department shall report to the Legislative Assembly, in the manner provided in
11 ORS 192.245, once every four years on the outcomes of the study.

12 SECTION 8. The Department of Consumer and Business Services shall commission the
13 first study required under section 7 of this 2025 Act by September 15, 2029.

14
15 (Grant Program)

16
17 SECTION 9. The Health Care Facility Workplace Violence Prevention Efforts Fund is
18 established in the State Treasury, separate and distinct from the General Fund. The fund
19 shall consist of moneys credited to the fund, including moneys appropriated, allocated, de-
20 posited or transferred to the fund by the Legislative Assembly or otherwise. Interest earned
21 by the Health Care Facility Workplace Violence Prevention Efforts Fund shall be credited to
22 the fund. Moneys in the fund are continuously appropriated to the Oregon Health Authority
23 to carry out the provisions of section 10 of this 2025 Act.

24 SECTION 10. (1) As used in this section:

25 (a) "Access security measures" means a system that enhances security at entrance and
26 access points within a hospital, including, but not limited to:

27 (A) Metal detector screenings.

28 (B) Weapons detection systems.

29 (C) Trained screening staff.

30 (b) "Home health agency" has the meaning given that term in ORS 443.014.

31 (c) "Home hospice program" has the meaning given that term in ORS 654.412.

32 (d) "Hospital" has the meaning given that term in ORS 441.760.

33 (e) "Safety committee" means a safety committee described under ORS 654.176.

34 (f) "Workplace violence" includes any act or threat of physical violence, harassment, in-
35 timidation, verbal abuse, assault, homicide or any other threatening behavior that occurs in
36 the workplace.

37 (g) "Workplace violence prevention efforts" includes, but is not limited to:

38 (A) Providing workplace violence prevention and protection training required under ORS
39 654.414 (1).

40 (B) Implementing access security measures.

41 (2)(a) The Oregon Health Authority shall develop and administer a program for awarding
42 grants to eligible home health agencies, home hospice programs and hospitals to help fund
43 workplace violence prevention efforts and any workforce, construction and equipment costs
44 that are necessary to implement the workplace violence prevention efforts.

45 (b) To be eligible for a grant under this section, a home health agency, home hospice

1 program or a hospital must demonstrate to the authority's satisfaction that the home health
 2 agency, home hospice program or the hospital has secured approval from the entity's safety
 3 committee of the workplace violence prevention efforts for which the entity is seeking grant
 4 funding.

5 (3) The authority shall adopt rules to carry out the provisions of this section, including
 6 rules governing the form and process by which home health agencies, home hospice pro-
 7 grams and hospitals may apply for and be awarded grants under the program. At a mini-
 8 mum, the rules must:

9 (a) Include a methodology for reviewing and accepting grant applications;

10 (b) Establish grant application periods that enable the authority to distribute grant funds
 11 in accordance with the grant distribution requirements established under section 11 of this
 12 2025 Act; and

13 (c) Require applicants to include in a grant application information that demonstrates
 14 that the applicant received approval from the safety committee of the workplace violence
 15 prevention efforts for which the applicant is seeking grant funding.

16 (4) In reviewing grant applications for hospitals, the authority shall give priority to ap-
 17 plications received from:

18 (a) Critical access hospitals as defined by the authority by rule; and

19 (b) Type A or type B rural hospitals as described in ORS 442.470.

20 **SECTION 11.** The Oregon Health Authority shall begin distributing the funds specifically
 21 appropriated to the authority under section 9 of this 2025 Act to approved grant applicants
 22 at the conclusion of a grant application period established under section 10 of this 2025 Act,
 23 but not later than 90 days after the operative date specified in section 23 of this 2025 Act.

24 **SECTION 12.** In addition to and not in lieu of any other appropriation, there is appro-
 25 priated to the Oregon Health Authority, for the biennium beginning July 1, 2025, out of the
 26 General Fund, the amount of \$_____ for the purpose of carrying out the provisions of
 27 section 10 of this 2025 Act.

28 **SECTION 13.** (1) Section 10 of this 2025 Act is repealed on January 2, 2030.

29 (2) On the date of the repeal of section 10 of this 2025 Act by subsection (1) of this sec-
 30 tion, any moneys in the Health Care Facility Workplace Violence Prevention Efforts Fund
 31 established under section 9 of this 2025 Act that are unexpended, unobligated and not subject
 32 to any conditions shall revert to the General Fund.

33
 34 (Conforming Amendments)

35
 36 **SECTION 14.** ORS 654.062 is amended to read:

37 654.062. (1) Every employee should notify the employer of any violation of law, regulation or
 38 standard pertaining to safety and health in the place of employment when the violation comes to the
 39 knowledge of the employee.

40 (2) However, any employee or representative of the employee may complain to the Director of
 41 the Department of Consumer and Business Services or any authorized representatives of the director
 42 of any violation of law, regulation or standard pertaining to safety and health in the place of em-
 43 ployment, whether or not the employee also notifies the employer.

44 (3) Upon receiving any employee complaint, the director shall make inquiries, inspections and
 45 investigations that the director considers reasonable and appropriate. When an employee or repre-

1 representative of the employee has complained in writing of an alleged violation and no resulting citation
2 is issued to the employer, the director shall furnish to the employee or representative of the em-
3 ployee, upon written request, a statement of reasons for the decision.

4 (4) The director shall establish procedures for keeping confidential the identity of any employee
5 who requests protection in writing. When a request has been made, neither a written complaint from
6 an employee, or representative of the employee, nor a memorandum containing the identity of a
7 complainant may be disclosed under ORS 192.311 to 192.478.

8 (5) It is an unlawful employment practice for any person to bar or discharge from employment
9 or otherwise discriminate against any employee or prospective employee because the employee or
10 prospective employee has:

11 (a) Opposed any practice forbidden by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to
12 654.780;

13 (b) Made any complaint or instituted or caused to be instituted any proceeding under or related
14 to ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780, or has testified or is about to
15 testify in any such proceeding;

16 (c) Exercised on behalf of the employee, prospective employee or others any right afforded by
17 ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780;

18 (d) In good faith reported an assault **or other incident of workplace violence** that occurred
19 on the premises of a health care employer as defined in ORS 654.412 or in the home of a patient
20 receiving home health care services; or

21 (e) With no reasonable alternative and in good faith, refused to expose the employee or pro-
22 spective employee to serious injury or death arising from a hazardous condition at a place of em-
23 ployment.

24 (6)(a) Any employee or prospective employee alleging to have been barred or discharged from
25 employment or otherwise discriminated against in compensation, or in terms, conditions or privileges
26 of employment, in violation of subsection (5) of this section may, within one year after the employee
27 or prospective employee has reasonable cause to believe that the violation has occurred, file a
28 complaint with the Commissioner of the Bureau of Labor and Industries alleging discrimination un-
29 der the provisions of ORS 659A.820. Upon receipt of the complaint the commissioner shall process
30 the complaint under the procedures, policies and remedies established by ORS chapter 659A and the
31 policies established by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780 in the same
32 way and to the same extent that the complaint would be processed if the complaint involved
33 allegations of unlawful employment practices under ORS 659A.030 (1)(f).

34 (b) Within 90 days after receipt of a complaint filed under this subsection, the commissioner
35 shall notify the complainant of the commissioner's determination.

36 (c) The affected employee or prospective employee may bring a civil action in any circuit court
37 of the State of Oregon against any person alleged to have violated subsection (5) of this section. The
38 civil action must be commenced within one year after the employee or prospective employee has
39 reasonable cause to believe a violation has occurred, unless a complaint has been timely filed under
40 ORS 659A.820.

41 (d) The commissioner or the circuit court may order all appropriate relief including rehiring or
42 reinstatement to the employee's former position with back pay.

43 (7)(a) In any action brought under subsection (6) of this section, there is a rebuttable
44 presumption that a violation of subsection (5) of this section has occurred if a person bars or dis-
45 charges an employee or prospective employee from employment or otherwise discriminates against

1 an employee or prospective employee within 60 days after the employee or prospective employee has
 2 engaged in any of the protected activities described in subsection (5)(a) to (e) of this section. The
 3 person may rebut the presumption that a violation of subsection (5) of this section has occurred by
 4 a demonstration of a preponderance of the evidence.

5 (b) If a person bars or discharges an employee or prospective employee from employment or
 6 otherwise discriminates against the employee or prospective employee more than 60 days after the
 7 employee or prospective employee has engaged in any of the protected activities described under
 8 subsection (5)(a) to (e) of this section, such action does not create a presumption in favor of or
 9 against finding that a violation of subsection (5) of this section has occurred. Where such action has
 10 occurred more than 60 days after the protected activity, this subsection does not modify any existing
 11 rule of case law relating to the proximity of time between a protected activity and an adverse em-
 12 ployment action. The burden of proof shall be on the employee or prospective employee to demon-
 13 strate by a preponderance of the evidence that a violation occurred.

14 (8) The director shall adopt rules necessary for the administration of subsection (5)(e) of this
 15 section that are in accordance with the federal Occupational Safety and Health Act of 1970 (29
 16 U.S.C. 651 et seq.).

17 **SECTION 15.** ORS 654.416 is amended to read:

18 654.416. (1) A health care employer shall maintain a record of assaults committed against em-
 19 ployees that occur on the premises of the health care employer or in the home of a patient receiving
 20 home health care services. The record shall include, but need not be limited to, the following:

21 (a) The name and address of the premises on which each assault occurred;

22 (b) The date, time and specific location where the assault occurred;

23 (c) The name, job title and department or ward assignment of the employee who was assaulted;

24 (d) A description of the person who committed the assault as a patient, visitor, employee or
 25 other category;

26 (e) A description of the assaultive behavior as:

27 (A) An assault with mild soreness, surface abrasions, scratches or small bruises;

28 (B) An assault with major soreness, cuts or large bruises;

29 (C) An assault with severe lacerations, a bone fracture or a head injury; or

30 (D) An assault with loss of limb or death;

31 (f) An identification of the physical injury;

32 (g) A description of any weapon used;

33 (h) The number of employees, including nursing staff as defined in ORS 441.179, in the immediate
 34 area of the assault when it occurred; and

35 (i) A description of actions taken by the employees and the health care employer in response
 36 to the assault.

37 (2) A health care employer shall maintain the record of assaults described in subsection (1) of
 38 this section for no fewer than five years following a reported assault.

39 (3)(a) Upon the request of an employee or of a workplace safety committee conducting a review
 40 pursuant to ORS 654.414, the health care employer shall generate and make available to the re-
 41 questing party a report summarizing:

42 (A) The information in the record required under subsection (1) of this section; and

43 (B) Information regarding work-related injuries and illnesses recorded by the health care em-
 44 ployer to comply with applicable federal health and safety recordkeeping requirements.

45 (b) A report made available under this subsection:

1 (A) May not include any personally identifiable information; and

2 (B) May be used only for the purposes of conducting a review of the [assault] **workplace vi-**
3 **olence** prevention and protection program under ORS 654.414 or for other purposes that are related
4 to improving the program.

5 (4) The Director of the Department of Consumer and Business Services shall adopt by rule a
6 common recording form for the purposes of this section.

7
8 **SAFETY REQUIREMENTS FOR HEALTH CARE SETTINGS**

9 **(Signage)**

10
11 **SECTION 16. Section 17 of this 2025 Act is added to and made a part of ORS chapter 654.**

12 **SECTION 17. (1)(a) Every employer that is a health care facility shall post signage that**
13 **informs the public of the circumstances under which causing physical injury to another**
14 **person constitutes a crime under ORS 163.165 to cause physical injury to another person.**

15 (b) Each health care facility shall post the signage within 15 feet of all public entrances
16 in areas that are clearly visible to the public.

17 (c) Each health care facility shall post the signage in English, and may additionally post
18 the signage in other languages based on the most commonly spoken languages in the county
19 where the health care facility is located.

20 (d) The Director of the Department of Consumer and Business Services shall make
21 available to health care facilities model signage that meets the requirements of this sub-
22 section. The model signage must be made available in at least the five languages that are
23 most commonly spoken in this state.

24 (2)(a) In addition to the signage required under subsection (1) of this section, every em-
25 ployer that is a health care facility shall post signage that:

26 (A) Informs employees of the rights and protections provided under ORS 654.062 (5)(d);
27 and

28 (B) Explains that victims of an assault may contact law enforcement by calling 9-1-1 or
29 another identified law enforcement telephone number.

30 (b) The health care facility shall post the signage in a conspicuous and accessible location
31 where the health care facility typically notifies employees of their workplace rights.

32 (c) The health care facility shall post the signage in English and Spanish, and may addi-
33 tionally post the signage in other languages based on the most commonly spoken languages
34 in the county where the health care facility is located.

35 (d) The Commissioner of the Bureau of Labor and Industries shall make available model
36 language, in English and Spanish, that may be used by health care facilities for purposes of
37 complying with the signage requirements under this subsection.

38 (3) As used in this section, “health care facility” has the meaning given that term in ORS
39 442.015.

40
41 **(Identification Badges)**

42
43 **SECTION 18. ORS 441.096 is amended to read:**

44 441.096. (1) **Except as provided in subsection (2)(b) of this section,** a health care practitioner
45 working at a health care facility and providing direct care to a patient shall wear an identification

1 badge indicating the practitioner’s name and professional title.

2 (2)(a) A health care facility shall develop policies that specify the size and content of the iden-
3 tification badge required by subsection (1) of this section.

4 (b) **Except where applicable federal law or rules and regulations require otherwise, no**
5 **person working in a hospital, a home health agency or a hospice program shall be required**
6 **to wear an identification badge that includes the worker’s last name unless the worker spe-**
7 **cifically requests that the badge include the worker’s last name.**

8 (3) As used in this section[,]:

9 (a) “Health care facility” means:

10 (A) A health care facility as defined in ORS 442.015 [*or*], **except for a hospital.**

11 (B) A mental health facility, alcohol treatment facility or drug treatment facility licensed or
12 operated under ORS chapter 426 or 430.

13 (b) **“Home health agency” has the meaning given that term in ORS 443.014.**

14 (c) **“Home hospice program” has the meaning given that term in ORS 654.412.**

15 (d) **“Hospital” has the meaning given that term in ORS 441.760.**

16
17 (Flagging Systems)

18
19 **SECTION 19.** (1) **As used in this section:**

20 (a) **“Authorized staff” means the staff of a covered entity who are responsible for creat-**
21 **ing and tracking electronic health record flags.**

22 (b) **“Covered entity” means:**

23 (A) **A hospital as defined in ORS 441.760.**

24 (B) **A home health agency as defined in ORS 443.014.**

25 (C) **A home hospice program as defined in ORS 654.412.**

26 (c) **“Disruptive behavior” includes physically aggressive, abusive or destructive behavior.**

27 (d) **“Electronic health record” has the meaning given that term in ORS 413.300.**

28 (e) **“Electronic health record flag” means an alert generated within the electronic health**
29 **record of a patient that notifies providers that a patient may pose a potential safety risk to**
30 **themselves or to others due to the patient’s history of violent or disruptive behavior.**

31 (f) **“Flagging system” means a system used to identify, communicate, monitor and man-**
32 **age potential threats of violence or disruptive behavior by patients or other individuals who**
33 **may encounter health care providers and staff.**

34 (g) **“Health care provider” or “provider” has the meaning given those terms in ORS**
35 **413.300.**

36 (h) **“Visual flags” means paper-based physical cues, including wristbands, signage, color-**
37 **coded indicators, symbols and other visible cues built within the care environment to facili-**
38 **tate immediate recognition of potential threats of violence or disruptive behavior without**
39 **having to access an electronic health record.**

40 (2) **A covered entity shall implement flagging systems with the capabilities and functions**
41 **to communicate potential threats of violence or disruptive behavior to providers and staff**
42 **of the covered entity using electronic health record flags and visual flags.**

43 (3) **Each covered entity shall establish protocols and procedures regarding implementa-**
44 **tion of the following flagging systems:**

45 (a) **For electronic health record flags, the protocols and procedures must address, at a**

1 **minimum:**

2 (A) Designating authorized staff to initiate an electronic health record flag.

3 (B) Training and education requirements for persons authorized to initiate an electronic
4 health record flag.

5 (C) Provider and staff responsibilities when an electronic health record flag is present.

6 (D) Evaluating and identifying potential threats of violence or disruptive behavior.

7 (E) Consistent practices for assigning, tracking, monitoring and documenting information
8 in the electronic health record flag.

9 (F) Reviewing and updating electronic health record flags, as necessary, for purposes of
10 determining whether to remove or maintain a the flag.

11 (G) Communication and collaboration about flagged conduct or behaviors recorded in an
12 electronic health record flag.

13 (H) Safety protocols and precautions for engaging with patients with an electronic health
14 record flag.

15 (I) Patient privacy in relation to worker safety, including compliance with patient privacy
16 requirements under the federal Health Insurance Portability and Accountability Act privacy
17 regulations, 45 C.F.R. parts 160 and 164 when communicating information through the elec-
18 tronic health record regarding an electronic health record flag.

19 (b) For visual flags, the protocols and procedures must address, at a minimum, education
20 and training for authorized staff of a covered entity on:

21 (A) Identifying circumstances and assessing behaviors and actions of patients and other
22 individuals that may increase risk for potential violence or disruptive behavior;

23 (B) Consistent approaches to initiating a visual flag; and

24 (C) Safety protocols and precautions to take when encountering patients or other indi-
25 viduals when a visual flag is present.

26 (4) Providers and staff of a covered entity may not take any of the following actions
27 based solely on the presence of an electronic health record flag:

28 (a) Deny admission to a program or service provided by the covered entity to which the
29 patient would otherwise be eligible;

30 (b) Make decisions regarding the patient’s access to care.

31 (c) Prevent or restrict the right of the patient to file a complaint with the appropriate
32 federal or state agency concerning the patient’s right to privacy.

33 (d) Deny or restrict the patient’s right to access or obtain the patient’s protected health
34 information.

35 (e) Contact, report or disclose information to law enforcement.

36 (f) Deny, restrict or withhold medical or nonmedical care that is appropriate for the pa-
37 tient.

38 (g) Punish or penalize the patient.

39
40 **WORKER SAFETY IN HOME HEALTH CARE SETTINGS**
41 **(Client Intake Requirements)**

42
43 **SECTION 20.** (1) As used in this section and section 21 of this 2025 Act:

44 (a) “Client” means a person who receives home health care services.

45 (b) “Client intake” means the process of gathering information from new clients to fa-

1 cilitate the provision of home health care services.

2 (c) “Home health care services entity” means any of the following entities that provide
3 for the delivery of home health care services in a home health care setting:

4 (A) A home health agency as defined in ORS 443.014.

5 (B) A home hospice program as defined in ORS 654.412.

6 (d) “Home health care services” means items and services furnished to an individual by
7 a home health care services entity, or by others under arrangements with such provider, on
8 a visiting basis, in a place of temporary or permanent residence used as the individual’s
9 home for the purpose of maintaining that individual at home.

10 (e) “Home health care setting” means a place of temporary or permanent residence of
11 an individual where home health care services are furnished to the individual.

12 (f) “Home health care staff” means individuals who provide home health care services.

13 (g) “Household individual” means an individual, other than a client receiving home health
14 care services, who is present or reasonably anticipated to be present in the home health care
15 setting within a specified time.

16 (2) As part of any client intake process, a home health care services entity shall:

17 (a) Collect information necessary to identify and assess potential safety-related risks,
18 including workplace violence as defined in ORS 654.412, that home health care staff may en-
19 counter while providing home health care services in home health care settings; and

20 (b) Provide such information, to the extent known by the home health care services
21 provider, to each home health care staff who will be responsible for providing the home
22 health care services.

23 (3) Information collected by a home health care services provider under subsection (1)
24 of this section shall include, as applicable:

25 (a) Information regarding a client’s:

26 (A) Behavioral, mental health and psychiatric history.

27 (B) History of violent or aggressive behavior.

28 (C) History of substance use.

29 (D) History of violence or domestic abuse;

30 (E) Current infections, including any medications or treatments administered for the in-
31 fection.

32 (F) Current medical condition, including whether any symptoms or diagnoses have ad-
33 vanced or stabilized over time.

34 (b) Information regarding a household individual’s:

35 (A) Name and relationship to the client.

36 (B) Psychiatric history.

37 (C) History of violence or domestic abuse.

38 (D) Criminal record.

39 (E) History of substance use.

40 (c) Information regarding the physical environment of the home health care setting, in-
41 cluding:

42 (A) The location of the home health care setting.

43 (B) The presence of hazardous materials such as used needles and syringes.

44 (C) The presence of firearms or other weapons.

45 (D) The working status of any installed fire alarm systems.

1 (E) Potential health, safety and electrical hazards.

2
3 (Training)

4
5 **SECTION 21.** (1) To support the safety of home health care staff while working in a home
6 health care setting, each home health care services entity shall:

7 (a) Provide training to home health care staff that:

8 (A) Includes, but is not limited to, training on recognizing hazards that are commonly
9 encountered by home health care staff in home health care settings and protocols for man-
10 aging such hazards.

11 (B) Is consistent with training for home health care workers that is endorsed by the
12 National Institute for Occupational Safety and Health and the Occupational Safety and
13 Health Administration.

14 (b) Conduct monthly safety assessments with home health care staff who have been as-
15 signed to provide home health care services in a home health care setting.

16 (c) Provide home health care staff with identifying information, including photographs,
17 that may be used to verify the identity of a client before an initial visit to a home health care
18 setting.

19 (d) Provide mechanisms by which home health care staff can perform safety checks, in-
20 cluding but not limited to, the use of a mobile application to access the relevant safety-
21 related information collected by the home health care services entity under section 20 of this
22 2025 Act.

23 (e) Equip home health care staff with an emergency alert device to be worn by the staff
24 while providing home health care services in a home health care setting.

25 (f) Establish and implement policies and procedures that allow for home health care staff
26 to:

27 (A) Perform data entry and chart updates at a time and place outside of the home health
28 care setting.

29 (B) Be accompanied by an escort to a home health care setting when there are concerns
30 about safety or security with respect to the home health care setting.

31 (2) As used in this section, an “emergency alert device” means a wearable safety device
32 that has the capabilities to:

33 (a) Track, in real time, the user’s location using a global positioning system;

34 (b) Send distress signals to emergency responders with the press of a button; and

35 (c) Provide direct connection to emergency services for purposes of requesting immediate
36 assistance in the event of an emergency.

37
38 **CAPTIONS**

39
40 **SECTION 22.** The unit captions used in this 2025 Act are provided only for the conven-
41 ience of the reader and do not become part of the statutory law of this state or express any
42 legislative intent in the enactment of this 2025 Act.

43
44 **OPERATIVE DATE**

1 **SECTION 23.** (1) Sections 5 to 11, 17 and 19 to 21 of this 2025 Act and the amendments
2 to ORS 441.096, 654.062, 654.182, 654.412, 654.414 and 654.416 by sections 1, 2, 3, 14, 15 and 18
3 of this 2025 Act become operative on January 1, 2026.

4 (2) The Bureau of Labor and Industries, the Department of Consumer and Business
5 Services and the Oregon Health Authority may take any action before the operative date
6 specified in subsection (1) of this section that is necessary to enable the bureau, the de-
7 partment and the authority to exercise, on and after the operative date specified in sub-
8 section (1) of this section, all of the duties, functions and powers conferred on the bureau,
9 the department and the authority by sections 6, 7, 10, 11 and 17 of this 2025 Act and the
10 amendments to ORS 654.182 by section 1 of this 2025 Act.

11

12

EFFECTIVE DATE

13

14 **SECTION 24.** This 2025 Act takes effect on the 91st day after the date on which the 2025
15 regular session of the Eighty-third Legislative Assembly adjourns sine die.

16
