

## Regarding SB 170

My name is Barbara Ritenour. I have been a nurse for more than 30 years, the last 14 as an emergency nurse, of those 12 years in Portland. I have seen and commented on a multitude of bills before the Oregon legislature over the years. I now have a story that highlights Oregon's legal problems with regards to assaults on health care workers.

For my years in health care, I have been fortunate to "only" have been verbally assaulted or had things thrown at me, but 3 years ago that changed, though that was only a scratch compared to my coworker who was strangled by my patient. As a martial artist, I am quick to recognize danger and trained to evade and defend myself.

I remember the weekend vividly, even now. I was working Friday though the weekend. I briefly had the patient, reference above on Friday. I noted the number of FYI's in his chart. FYI's are ways healthcare workers can alert on coming staff to a patient's history of violence. The number one predictor of violence is a history of violence – this is a well-documented fact in healthcare. This particular patient had given a nurse a subdural hematoma (brain bleed), a security officer a broken bone. I noted at least **five** significant injuries caused by this patient in his FYI's. I had communicated to the nurse taking over for me, that I believe the history and minimal interaction I had warranted a move to our one seclusion room. The mental health diagnoses were schizoaffective disorder and antisocial personality disorder.

The following Sunday, I spent my entire shift in our behavioral health pod. This patient had earned seclusion (a locked door) and all staff were recommended to have full security presence upon opening the door. I followed this advice. During the course of caring for this patient, he was cooperative and calm, took his medications and privileges were given. Then he took a nap and woke up, raging. He was cursing, demanding to have the door unlocked and many other things. I informed him, his behavior and threats would not get me to unlock the door and I offered to get security and offered medications or food, which were not what he wanted at the moment. Then he started kicking the bottom of the door. The door has a magnetic lock at the top of the door. Physical aggression mandates forced medication for our protocols. I called security. When they arrived, we asked the patient to sit on the bed, he complied. We opened the door and I offered him a shot or pills, he chose the pills. I gave him the pills with water. He repeated his request to leave the seclusion room to go to the bathroom (he had a urinal and used it a few minutes prior). I informed him the medications needed to have time to work before that would be possible. I backed out to leave, turning at the last minute to pick up his breakfast tray to take to the trash. When I turned, the patient stood up from the bed, hand raised to assault me. One of security officers took him down, so I would not be injured. They landed on the bed, then

ended up to the side of the bed. I paused as I could see the patient had his left hand free. Another security officer came around me to help and the patient took her by the throat with his free hand. The officer who had control of him, then took him to the ground. When on the ground, I took control of his free hand and we paused while other staff called for more help to get him back on the bed. My hand was scratched and bruised during the initial tussle, very minor but I did choose to press charges. He was able to sit quietly until he didn't get his way. He was intentional. He was not in a psychotic state or unaware of his actions. Later that evening, he told another nurse he was responsible for hurting our staff. Our officer had trouble breathing and significant swelling, she was off several weeks recovering. Strangulation charges were filed.

Fast forward to last August, more than two and a half years after the assault. I have received multiple notices from the District Attorney's office, dates for potential trial, subpoenas and talked to a few deputy district DA's regarding the case. The security officer requested to be taken out of the notification list, as she was having too much anxiety every time she was notified and then things were cancelled. I was initially called and offered a cash settlement and an apology letter, I declined that, as I felt that was not sufficient, the story needed to be told. The defendant did not show up to one court appointment. I even got a call after that asking my opinion on whether or not I had an opinion if he should be released again before the next trial. My simple question, "What has changed that makes you think he will show up this time?" Thankfully they chose to keep him for trial.

The Friday before the trial was due to start next week, I got notification, that he made a plea deal for 6 charges, all but one violent crimes, in a matter of hours. All of them now have misdemeanor charges, the charges I was speaking for the 1<sup>st</sup> in that series. At the trial, I learned that the person had NO previous charges. **How can you give a nurse a head bleed and break the bone of a security officer and have NO record? The lawyers were quick to point out that fact.**

**What is so wrong with our legal system that violence is allowed against health care workers? Why is violence recorded in electronic medical records but not reported or charged or followed up by the legal system?**

After everything was said and done, he got probation and time served in psychiatric and jail facilities. Is that justice? Is he really the person you want on the streets, sitting next to you on the bus?

History suggests he will reoffend. I am glad I chose to go the hearing and endure the process, not because I was seriously injured, but those who have been, have not seen

justice. Please fix this legal process and allow healthcare workers to give voice to the violence they endure and hold offenders accountable.