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Testimony in Support of SB 537, Dash 4

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Chair and Members of the Committee,

Thank you for the opportunity to provide testimony today. My name is Matt Swanson, and I'm here on behalf of SEIU Oregon State Council, which represents tens of thousands of healthcare workers across Oregon—including nurses, housekeepers, food service workers, PSAs, and behavioral health staff in nearly every kind of care setting, from hospitals to home health to state-run psychiatric facilities like Oregon State Hospital.

We strongly support SB 537 as critical steps toward improving safety in healthcare workplaces. These bills define workplace violence in statute, mandate common-sense prevention strategies, and ensure real support for workers impacted by violent incidents.

Let me ground this discussion with a real story from our union.

Janet Haynes, a Patient Safety Attendant at Legacy Emanuel and a member of SEIU Local 49, has worked the past three years at patients' bedsides. In that time, she's been kicked, choked, threatened, and chased out of rooms—and she's not alone. Janet's experience is disturbingly common among hospital workers tasked with providing direct observation for patients in mental health crisis, detox, or medical distress.

She told the Senate Health Care Committee about a time before she became a PSA, when she worked as a transporter. She was moving a patient with no warning of behavioral risk, when she was kicked in the sternum so hard she needed medical care—and still deals with the effects today. Her story speaks volumes about the urgent need for transparency, de-escalation training, and post-incident support across healthcare facilities.

At the same time, we recognize that not every healthcare setting operates under the same circumstances. That's why SEIU also supports the amendments after consulting the Oregon State Hospital (OSH) to provide clarity on how to implement this policy in this unique setting.

Why OSH Needs Tailored Implementation

OSH serves a unique mission. It provides secure psychiatric care for individuals under civil commitment or who have been found guilty except for insanity (GEI) or incompetent to stand trial (IST). These patients often enter care through the legal system, and many present with persistent and severe psychiatric disorders, including histories of violence that are clinical in nature.

Given this, OSH operates in a controlled, high-security environment with a highly trained and specialized staff. The patient population is not only different from what you'd find in an acute care hospital—it necessitates different safety protocols, clinical workflows, and data reporting practices.

After consulting with OHA and OSH, we support the following amendments proposed by OSH:

1. Refining the Definition of Workplace Violence at OSH

Section 2: Tailored Definition of Workplace Violence

Proposed Addition: Define workplace violence at OSH as limited to physical violence, assault, or homicide.

OSH staff provide care in a highly controlled and specialized psychiatric setting where patient behaviors are often symptomatic of severe mental illness. Applying a broader definition that includes verbal abuse and intimidation—common behavioral expressions in this environment—may misrepresent the nature of the work and result in unintentional overreporting.

This narrower definition allows for more focused safety planning that prioritizes the most serious and disruptive incidents, without overwhelming staff or systems with non-actionable reports. 2. Exemption from Near-Miss Reporting

2. Customized Data Collection Thresholds

OSH is asking for reporting standards that reflect the acuity and complexity of its patient population. This includes flexibility on how incidents are categorized and reported, while still meeting the intent of the law.

Proposed change: This subsection requires employers to measure violence attempts. We wish to exclude OSH from measuring attempts but keep the requirement of measuring attempts to all other hospitals.

The hospital already maintains robust internal systems for tracking and responding to incidents—these amendments would ensure that state-mandated reporting adds value rather than duplicating or diluting existing efforts. Requiring detailed documentation for each could create an unsustainable administrative burden and distract from the proactive work of incident prevention.

Maintaining Strong Safety Oversight

These amendments do not reduce OSH’s responsibility to protect its staff. Instead, they reflect a smart, evidence-informed approach to safety management in a uniquely challenging setting. Staff at OSH still need trauma counseling, protective equipment, de-escalation training, and collaborative safety planning—and this bill, with these amendments, can help ensure they get it.

In Conclusion

Workplace violence should never be “part of the job.” That’s true for Janet at Legacy Emanuel, and it’s true for the psychiatric technician on a high-acuity unit at OSH. But our solutions must match the realities of each setting.

SB 537 takes a bold and necessary step toward making healthcare safer. The OSH amendments improve that step by ensuring it works across the full spectrum of Oregon’s care environments. I urge the committee to advance the bill—and to adopt these thoughtful modifications that will allow it to succeed where the risk is greatest, and the work is hardest.

Thank you for your time and your commitment to Oregon’s caregivers.