

House Bill 4088

Sponsored by Representative NELSON, Senators GELSER BLOUIN, MANNING JR, Representative TRAN; Representatives GAMBIA, HELM, JAVADI, LEVY E, LIVELY, RUIZ, Senators FREDERICK, MEEK, TAYLOR, WOODS (Presession 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 directs hospitals to take actions with respect to the protection of hospital staff. The Act directs the OHPB to contract with the OHSU to run a pilot program. The Act directs the OHSU to report on the program by Sept. 1, 2025. (Flesch Readability Score: 65).

Requires hospitals to take certain actions with respect to protecting hospital employees from workplace assaults. Directs hospitals to post signage informing employees of rights and protections regarding workplace assaults.

Requires hospitals to submit an annual report to the interim committees of the Legislative Assembly and to the Director of the Department of Consumer and Business Services regarding the status of the hospital's assault prevention and protection program and the results of any root cause analyses conducted by the hospital.

Expands the crime of assault in the third degree to include causing physical injury to a person working in a hospital while worker is performing official duties. Specifies when a person may not be charged with the crime.

Requires the Oregon Health Policy Board to enter into an agreement with the Oregon Health and Science University to administer a pilot program for purposes of developing recommendations for establishing a statewide program to train hospital staff on procedures to prevent and respond to incidents of workplace violence.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

Relating to safety of persons working in hospitals; creating new provisions; amending ORS 163.165, 441.096, 654.182 and 654.414; and declaring an emergency.

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

HOSPITAL SIGNAGE REQUIREMENTS

SECTION 1. Section 2 of this 2024 Act is added to and made a part of ORS 654.412 to 654.423.

SECTION 2. (1)(a) Every health care employer that is a hospital shall post signage informing the public about the hospital's workplace safety standards. At a minimum, the signage shall inform the public that it is a crime under ORS 163.165 to cause physical injury to another person who is working in a hospital in the performance of their official duties. The hospital shall post the signage:

(A) Within 15 feet of all hospital public entrances in areas that are clearly visible to the public.

(B) At a minimum, in English and the languages most commonly spoken by at least one percent of the residents in the county where the hospital is located.

(b) The Director of the Department of Consumer and Business Services shall make available to hospitals model signage that meets the requirements of this subsection. The

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 **model signage must be made available in at least the five languages that are most commonly**
 2 **spoken in this state.**

3 **(2)(a) In addition to the signage required under subsection (1) of this section, every**
 4 **health care employer that is a hospital shall post signage that informs hospital employees**
 5 **of:**

6 **(A) The rights and protections afforded to employees under ORS chapter 654 with respect**
 7 **to reporting an incident of assault committed against a hospital employee on hospital prem-**
 8 **ises; and**

9 **(B) The procedures, including the necessary contact information, for reporting an inci-**
 10 **dent of assault to law enforcement.**

11 **(b) The hospital shall post the signage:**

12 **(A) In a conspicuous and accessible location where the hospital typically notifies em-**
 13 **ployees of their workplace rights.**

14 **(B) In English and the five most commonly spoken languages in the county where the**
 15 **hospital is located.**

16 **(c) The Commissioner of the Bureau of Labor and Industries shall make available to**
 17 **hospitals model signage that meets the requirements of this subsection.**

18 **SECTION 3.** ORS 441.096 is amended to read:

19 441.096. (1)(a) **Except as provided in paragraph (b) of this subsection,** a health care practi-
 20 tioner working at a health care facility and providing direct care to a patient shall wear an iden-
 21 tification badge indicating the practitioner's name and professional title.

22 **(b) No person working in a hospital shall be required to wear an identification badge that**
 23 **includes the worker's last name unless the worker specifically requests that the badge in-**
 24 **clude the worker's last name.**

25 (2) A health care facility shall develop policies that specify the size and content of the identifi-
 26 cation badge required by subsection (1) of this section.

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

28 (a) "Health care facility" means a health care facility as defined in ORS 442.015 or a mental
 29 health facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS
 30 chapter 426 or 430.

31 **(b) "Hospital" has the meaning given that term in ORS 442.015.**

32 **SECTION 4.** ORS 654.182 is amended to read:

33 654.182. (1) In carrying out ORS 654.176, the Director of the Department of Consumer and
 34 Business Services shall adopt rules that include, but are not limited to, provisions:

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

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

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

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

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

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

2 (C) Evaluating accident and illness prevention programs.

3 (e) Prescribing guidelines for the training of safety committee members.

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

6 **(g) Requiring an employer that is a hospital to permit a representative of a labor union**
7 **that represents the interests of the hospital staff to attend safety meetings and serve as a**
8 **nonvoting member of the employer's safety committee.**

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

13 **SECTION 5.** ORS 654.414 is amended to read:

14 654.414. (1) A health care employer shall:

15 (a) Conduct periodic security and safety assessments to identify existing or potential hazards for
16 assaults committed against employees;

17 (b) Develop and implement an assault prevention and protection program for employees based
18 on assessments conducted under paragraph (a) of this subsection; and

19 (c) Provide assault prevention and protection training on a regular and ongoing basis for em-
20 ployees.

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

23 (a) A measure of the frequency of assaults committed against employees that occur on the
24 premises of a health care employer or in the home of a patient receiving home health care services
25 during the preceding five years or for the years that records are available if fewer than five years
26 of records are available; and

27 (b) An identification of the causes and consequences of assaults against employees.

28 (3) An assault prevention and protection program developed and implemented by a health care
29 employer under subsection (1)(b) of this section shall be based on an assessment conducted under
30 subsection (1)(a) of this section and shall address security considerations related to the following:

31 (a) Physical attributes of the health care setting;

32 (b) Staffing plans, including security staffing;

33 (c) Personnel policies;

34 (d) First aid and emergency procedures;

35 (e) Procedures for reporting assaults; and

36 (f) Education and training for employees.

37 (4)(a) Assault prevention and protection training required under subsection (1)(c) of this section
38 shall address the following topics:

39 (A) General safety and personal safety procedures;

40 (B) Escalation cycles for assaultive behaviors;

41 (C) Factors that predict assaultive behaviors;

42 (D) Techniques for obtaining medical history from a patient with assaultive behavior;

43 (E) Verbal and physical techniques to de-escalate and minimize assaultive behaviors;

44 (F) Strategies for avoiding physical harm and minimizing use of restraints;

45 (G) Restraint techniques consistent with regulatory requirements;

1 (H) Self-defense, including:

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

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

7 (I) Procedures for documenting and reporting incidents involving assaultive behaviors;

8 (J) Programs for post-incident counseling and follow-up;

9 (K) Resources available to employees for coping with assaults; and

10 (L) The health care employer's workplace assault prevention and protection program.

11 (b) A health care employer shall provide assault prevention and protection training to a new
12 employee within 90 days of the employee's initial hiring date.

13 (c) A health care employer may use classes, video recordings, brochures, verbal or written
14 training or other training that the employer determines to be appropriate, based on an employee's
15 job duties, under the assault prevention and protection program developed by the employer.

16 (5) At least once every two years, a health care employer shall establish, in coordination with
17 the health care employer's workplace safety committee as described in ORS 654.176, a process by
18 which the committee shall review the health care employer's assault prevention and protection
19 program developed and implemented under subsection (1)(b) of this section in order to evaluate the
20 efficacy of the program and consider any changes to the program.

21 **(6) On or before September 30 of each year, beginning in 2024, a health care employer
22 that is a hospital shall annually prepare and submit:**

23 **(a) To the interim committees of the Legislative Assembly related to behavioral health
24 and health care, a report summarizing the status of the hospital's assault prevention and
25 protection program, including any measurable outcomes demonstrating a reduction in:**

26 **(A) The number of incidents of assaults committed against employees on hospital prem-
27 ises;**

28 **(B) The number of employee-reported physical injuries resulting from assaults that oc-
29 curred on hospital premises; and**

30 **(C) Employee turnover rates attributable to workplace violence.**

31 **(b) To the Director of the Department of Business Services, the number of root cause
32 analyses conducted under the hospital's assault prevention and protection program, if any,
33 to determine the root causes of assaults committed against hospital employees on hospital
34 premises. A report submitted under this paragraph need only include the date of the root
35 cause analysis and the nature of the assaultive behavior.**

36
37 **ASSAULT**
38

39 **SECTION 6.** ORS 163.165 is amended to read:

40 163.165. (1) A person commits the crime of assault in the third degree if the person:

41 (a) Recklessly causes serious physical injury to another by means of a deadly or dangerous
42 weapon;

43 (b) Recklessly causes serious physical injury to another under circumstances manifesting ex-
44 treme indifference to the value of human life;

45 (c) Recklessly causes physical injury to another by means of a deadly or dangerous weapon un-

1 der circumstances manifesting extreme indifference to the value of human life;

2 (d) Intentionally, knowingly or recklessly causes, by means other than a motor vehicle, physical
 3 injury to the operator of a public transit vehicle while the operator is in control of or operating the
 4 vehicle. As used in this paragraph, “public transit vehicle” has the meaning given that term in ORS
 5 166.116;

6 (e) While being aided by another person actually present, intentionally or knowingly causes
 7 physical injury to another;

8 (f) While committed to a youth correction facility, intentionally or knowingly causes physical
 9 injury to another knowing the other person is a staff member while the other person is acting in the
 10 course of official duty;

11 (g) Intentionally, knowingly or recklessly causes physical injury to an emergency medical ser-
 12 vices provider, as defined in ORS 682.025, while the emergency medical services provider is per-
 13 forming official duties;

14 (h) Being at least 18 years of age, intentionally or knowingly causes physical injury to a child
 15 10 years of age or younger;

16 (i) **With knowledge that another person is working in a hospital, intentionally or know-**
 17 **ingly causes physical injury to the working person while the working person is performing**
 18 **official duties;**

19 [(i)] (j) Intentionally, knowingly or recklessly causes, by means other than a motor vehicle,
 20 physical injury to the operator of a taxi while the operator is in control of the taxi; or

21 [(j)] (k) Intentionally, knowingly or recklessly causes physical injury to a flagger or a highway
 22 worker while the flagger or highway worker is performing official duties.

23 (2)(a) Assault in the third degree is a Class C felony.

24 (b) Notwithstanding paragraph (a) of this subsection, assault in the third degree under sub-
 25 section (1)(a) or (b) of this section is a Class B felony if:

26 (A) The assault resulted from the operation of a motor vehicle; and

27 (B) The defendant was the driver of the motor vehicle and was driving while under the influence
 28 of intoxicants.

29 (3) **A person may not be charged under subsection (1)(i) of this section if the person, at**
 30 **the time of the alleged offense, is experiencing an intellectual disability, developmental disa-**
 31 **bility, delirium, dementia, traumatic brain injury, severe and persistent mental illness or**
 32 **other condition that significantly impairs the person’s judgment or behavior.**

33 [(3)] (4) As used in this section:

34 (a) “Flagger” has the meaning given that term in ORS 811.230.

35 (b) “Highway worker” has the meaning given that term in ORS 811.230.

36 (c) **“Hospital” has the meaning given that term in ORS 442.015, except for a hospital that**
 37 **primarily provides inpatient mental health treatment to adults and adolescents who are be-**
 38 **tween nine and 17 years of age and emergency psychiatric care for adults 18 years of age or**
 39 **older.**

40 [(c)] (d) “Staff member” means:

41 (A) A corrections officer as defined in ORS 181A.355, a youth correction officer, a youth cor-
 42 rection facility staff member, a Department of Corrections or Oregon Youth Authority staff member
 43 or a person employed pursuant to a contract with the department or youth authority to work with,
 44 or in the vicinity of, adults in custody, youths or adjudicated youths; and

45 (B) A volunteer authorized by the department, youth authority or other entity in charge of a

1 corrections facility to work with, or in the vicinity of, adults in custody, youths or adjudicated
2 youths.

3 [(d)] (e) “Youth correction facility” has the meaning given that term in ORS 162.135.
4

5 **PILOT PROGRAM**
6

7 **SECTION 7. (1) No later than September 1, 2024, the Oregon Health Policy Board shall**
8 **enter into an agreement with the Oregon Health and Science University to administer a pilot**
9 **program to research, analyze and develop recommendations for the purposes of:**

10 (a) **Establishing a statewide program to train hospital staff on procedures to prevent and**
11 **respond to incidents of workplace violence; and**

12 (b) **Developing a grant program to assist hospitals in implementing the program.**

13 (2) **In conducting the pilot program, the Oregon Health and Science University shall:**

14 (a) **Explore options for providing training and education on:**

15 (A) **Handling firearms or any other weapons encountered by hospital staff in the**
16 **workplace; and**

17 (B) **Managing incidents involving hostile, angry and violent behavior using de-escalation,**
18 **physical and nonphysical intervention techniques and trauma-informed approaches;**

19 (b) **Compare the incidence rates of workplace violence in rural versus urban hospital**
20 **settings;**

21 (c) **Consider and identify the challenges unique to implementing the program in rural**
22 **versus urban hospital settings;**

23 (d) **Examine the effectiveness of metal detectors and other weapons screening measures**
24 **in preventing hospital workplace violence; and**

25 (e) **Study and identify evidence-based best practices for:**

26 (A) **The delivery of violence prevention training and information in various languages;**
27 **and**

28 (B) **Teaching safety committees and hospital staff how to engage with law enforcement**
29 **regarding:**

30 (i) **The filing of police reports;**

31 (ii) **Expected response times; and**

32 (iii) **The level of engagement of law enforcement in security incidents involving patients,**
33 **including the appropriate time when law enforcement may intervene to take physical custody**
34 **of a patient.**

35 (3) **Not later than September 1, 2025, the Oregon Health and Science University shall**
36 **submit a report on the nature of the pilot program and the recommendations for establishing**
37 **a statewide violence prevention program, which may include recommendations for legis-**
38 **lation, to the interim committees of the Legislative Assembly related to health care.**

39 **SECTION 8. Section 7 of this 2024 Act is repealed on January 2, 2026.**

40 **SECTION 9. Section 2 of this 2024 Act and the amendments to ORS 441.096 and 654.182**
41 **by sections 3 and 4 of this 2024 Act become operative on January 1, 2025.**

42 **SECTION 10. This 2024 Act being necessary for the immediate preservation of the public**
43 **peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect**
44 **on its passage.**
45