

We can help our healthcare workers most by preventing acts of assault and intimidation from occurring in the first place.

In order to protect our frontline workers from experiencing physical and psychological harm, we must ensure their work environment has a plan and policies in place that meaningfully promote safety, deter violence, and appropriately respond to victims of workplace violence.

WORKPLACE VIOLENCE IN HEALTHCARE SETTINGS

Workplace violence in our healthcare settings has emerged as a serious occupational and public health concern in Colorado and across the country.

- Healthcare workers are **5x more** likely to experience violence at the workplace compared to other workers.
- Patients (44%), relatives/visitors (29.5%), and hospital staff and supervisors (19%) are the most common perpetrators.
- **Verbal aggression** accounts for 60% of violence, followed by threat (36%), physical violence (29%), and the use of an object or weapon (4%).
- Since 2020, the **majority of healthcare workers (68%)** cited an increase in verbal abuse compared to 44% of workers reporting an increase in physical violence.

SOLUTIONS THAT PROTECT HEALTHCARE WORKERS & PATIENTS

There is a menu of evidence-based solutions that healthcare facilities can implement to protect healthcare workers and their patients from workplace violence. Our healthcare workers must also have access to tools, training, and support systems to foster a safe environment for them and their patients.

Developing Worker Safety Plans:

- California decreased assault rates by 48% after implementing the Hospital Safety and Security Act, a bill that requires hospitals to develop security plans.

Staff Ratios:

- The Joint Commission (2018, 2022) recommends that healthcare leaders make it clear that it is an organizational responsibility to address workplace safety, specifically suggesting the development of clear workplace violence protocols and taking steps to address staffing shortages and turnover.
- The October 2023 NSI National Health Care Retention and RN Staffing Report found that close to 40% of new hires are leaving hospital employment within the first year and that new graduate RN turnover is at 28%.

Staff Engagement:

- Including employees in creating policies can result in an 81% implementation rate and reduced workplace violence rates.

Implementing Trainings

- Requiring training has been shown to decrease verbal abuse by up to 90%, increase confidence to appropriately respond to aggression, and improve communication.

WHAT COLORADO NURSES ARE SAYING



In 2023, the Colorado Nurses Association asked members and non-members about what they would like to see to reduce workplace violence. They said:

"Invest in more consistent and competent staff (not travelers). I need time to build trust and relationships with patients."

"Help us work with consistent security staff and local police departments for a coordinated response."

"Have administrators talk and listen to us, you will hear a different story."

"I don't have time to chart, let alone complete a complicated incident report within the time required."

PREVENTING WORKPLACE VIOLENCE AND BULLYING

HB24-XXX requires hospitals to create workplace violence prevention committees that are required to review incidents of workplace violence in the facility quarterly and are responsible for creating a workplace violence prevention plan based on the most up-to-date data on how and why violence is occurring in their facility by unit.

Hospitals must create workplace violence prevention plans, which must include:

- A definition of workplace violence
- Required workplace violence training, including de-escalation and trauma-informed care
- A system for responding to and investigating violent incidents
- Address physical security and safety
- Require employees to report incidents of workplace violence without disclosing patient or employee personally identifiable information

The bill requires a facility to offer immediate post-incident services, including any mental health support.

The bill requires hospitals to establish and streamline consistent reporting of incidents of workplace violence to CDPHE.

Finally, unless CDPHE promulgates rules to outline other minimum safe staffing requirements as called for in HB22-1401, the bill defines default minimum staffing requirements by unit type in a hospital.

SUPPORTING ORGANIZATIONS



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Dear Representative Ortiz,

RE: [HB24-1066 Prevention of Workplace Violence in Certain Health Settings](#)

On behalf of Colorado Nurses Association (CNA), Colorado largest professional nursing association, we are submitting for your review, stories submitted by clinical RNs in Colorado within the past week in lieu of providing in person testimony.

As disappointing as this may sound, many nurses and health care workers are afraid to speak out publicly on the issues related to workplace safety.

As a way of assuring their story and voices can be heard, CNA made available a confidential survey monkey asking for stories related to incidents of workplace violence, incivility, and bullying. We affirmed permission of the person submitting that we may share their story and we prioritized validation of their person and role as a nurse.

I am attaching direct submissions in the pages attached to this document.

It is our hope that these stories will heighten your interest in supporting thoughtful and meaningful changes in certain health care facilities workplace safety practices and policies.

We look forward to your Committee work this next week.

If you have any questions or recommendations, please reach out to Colleen Casper. or any of our lobbyist team, Gil Romero, Ryan Romero, or Alec Romero.

Thank you,

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Colorado Nurses Stories & Testimony HB24-1066
Submitted to House Health & Human Services Committee
February 26, 2024

Have you experienced or witnessed an incident of workplace violence that would help the Colorado legislators understand the importance of this bill?

Working in a hospital brings a mixture of patients and family members. I, personally, have been slapped in the face and kicked in the stomach. I have seen staff being grabbed at to the point the patient had the employee's shirt tight in their hand and then ripped multiple holes in the front of the shirt. There are countless accounts of patients being physically and verbally aggressive towards staff. Not only patients but also visitors who have threatened staff. Not enough is being done to secure the safety of healthcare employees. We have had patients associated with gangs threaten to have members come to the facility with guns.

I have witnessed numerous incidents of workplace violence.

I currently work in an inpatient behavioral health facility that has a few nurses and behavioral health specialists/techs that are degrading, unapproachable, and considered to be "bullies" within our organization. Additionally, we have had staff members psychologically and physically injured by patient physical violence due to poor staffing ratios, as well as inconsistent and inefficient training.

I was assigned to an aggressive patient while in my third trimester of pregnancy even with a doctor's note to not be assigned to aggressive patients. This patient was aggressive towards staff when I was assigned to be the nurse. I have also witnessed several incidents of violence that have resulted in long term injuries.

Here are just a few examples of violence I experienced in my emergency nursing career: - A young man was found unresponsive in a park in downtown Denver. He was brought in by ambulance. As he entered the assigned room in the ED, I said, "Hi. My name is XXXXX and I'm going to be your nurse. What's your name?" At that point he forcefully spat in my face. It left me feeling frazzled and demeaned for the rest of the day, even after I returned home that evening. - I cared for a man with an extremely high blood alcohol level. He was actually on a ventilator during the night to keep him breathing. As his blood alcohol level lessened, we weaned him off the ventilator. Upon discharge he became volatile and screamed "I'm going to come back and f**king kill you" as he stormed out of the department. For the remainder of my 12-hour shift, every time the ED department door opened, a chill went down my spine and I looked to see who was entering through the doors. - I was caring for multiple patients in the ED observation unit on a night shift. One man had been medicated and placed in restraints due to an earlier altercation. As per protocol, I eventually began removing one restraint at a time every half hour since he was remaining calm. Before the last restraint was removed, he suddenly jumped off the bed and pursued me, dragging the cart behind him. Luckily, a co-worker entered the unit just as I fell backwards in a corner of the room. My colleague called for help and the

patient was subdued and placed back into restraints. I often wonder how seriously I might have been injured if my colleague didn't happen to enter the room at the exact moment he did. I have also witnessed and been a victim of lateral violence from peers and managers in the workplace. When an employee is singled out by peers and/or a manager for some personal trait, having absolutely nothing to do with their reliability and quality of work in the department, the impact can be significant. Team members are suddenly not available when you need to change the linens of an incontinent patient, or push a 300-pound patient up to the floor. It is almost impossible to give high quality care if the team has hidden agendas at play. In reality, the employee and the patients both suffer. You might have a manager that has done a lot of good work for the department, earning the respect of his/her peers, as well as many physicians, nurses, and ancillary personnel in the department. But that manager might allow the bullying of an individual to continue, and promotions and more desirable shifts never open up for the bullied employee. Unfortunately, the front-line clinical nurse, or staff, can be quite powerless. One can take it up the chain of command. However, the hospital has invested money in growing their management team, and the administration may not side with the frontline staff worker. In my situation, I ultimately decided to leave the hostile work environment. However, I had been in the hospital system for over two decades, and the security of having hundreds of hours in an extended ill bank, the highest hourly pay for my position, and a high rate of earning vacation time was lost in the process. I never regained the same level of financial security and earned time off cushions for the remainder of my career.

I am an ER nurse in.... Violence in the workplace has become entirely too common. It is difficult to focus on caring for your patients when you are always watching for a fist or a kick out of the corner of your eye. I have seen coworkers be kicked, punched, bitten, spit on and strangled. Personally, I have had to have tendons in my wrist surgically repaired after being attack by a patient. I had to help restrain a patient after they punched a light switch on the wall so hard it broke the switch and put a hole in the wall. Nurses are leaving the field in droves. We care about people. We want to help. But we can't keep sacrificing our own safety to help others.

Yes, I witnessed many instances. One of note, a Social worker was being strangled by a patient. Rn's responded to assist after code yellow was called. The social worker was not ultimately injured but the staff experienced episodes of PTSD due to the response of the facility as they were then involved in a fact finding, while they were not allowed to do their daily job. Staff put in dangerous situations responded, then were evaluated for their response, staff was taken of their duty stations to complete the fact-finding leaving staff stressed/anxious/and insecure about their employment. They did not create this incident, they were simply working their shift, they responded with the best PMDB skills that they knew how. And still, they were punished for this instance. I speak to some of the staff involved in that incident and they are still upset over the incident. They feel the leadership does not support us. Does not value our safety. If we are assaulted the immediate response is to blame the staff. No one is supporting the nurses, but the nurses are the ones being injured. No security to intervene quick enough. Not enough police staffed to respond in a timely manner. Onsite police cannot assist staff until an injury or assault occurs. This is not preventative.

I currently work in an inpatient behavioral health facility that has a few nurses and behavioral health specialists/techs that are degrading, unapproachable, and considered to be "bullies" within our organization. Additionally, we have had staff members psychologically and physically injured by patient physical violence due to poor staffing ratios, as well as inconsistent and inefficient training.

I have experienced physical and psychological violence as a RN on more occasions than I can count in my career, regardless of the hospital setting. This violence has created long-term psychological damage for me and many, many more nurses. I believe that nurses are trained to put up with anything that comes their way, because we are conditioned that this is "the job."

Lateral violence is as traumatic as patient-incurred violence.

Are you able to share your organizations response to your incident of workplace violence?

Told to fill out an incident report. Nothing has ever happened to a patient. Minimal has happened to visitors.

I can tell you that there was a mixed response, but ultimately, I encountered a strong pressure to leave.

Some of these "bullies" have been removed from leadership roles and others have maintained their leadership roles. I do not know much beyond this. In regard to patient/staff safety, the organization has been trying to hire more staff members, but training is still inefficient. There is a push from the highest level of leadership that this organization must maintain a specific ratio, although this does not allow staff (RN, MD, etc.) to practice under safe ratios.

No response from my employer when I voiced my concern about being assigned to an aggressive patient while in my third trimester

My current employer does not support the employees and will admit patients again, even if they committed violent acts towards other patients or staff.

A hospital I recently worked for in Colorado a staff actually went viral on social media after a friend of a patient was recorded trying to break into the ICU. This man is recorded while threatening the nursing staff stating he had guns and he would be back. When our staff begged administration to increase security, install a metal detector at the front door, and assist as nurses entered and exited the building, we were given zero consideration. The organization consistently bends to the demands and violence of the patients instead of supporting and protecting staff. This forces nurses to care for people who are known to be violent toward staff. We need the support from this bill that would force healthcare organizations to protect those of us that are vulnerable while we simply try to do our jobs.

The workplace violence prevention program director at this facility bullies' staff in other services and tells others he's in Charge of us [he is not]. He is allowed to harass us.

Fact finding against the staff members to find fault within the staff during the incident.

It's been one year of email bullying and harassment without resolution despite being reported. it's enough to make me retire [I truly am, in two weeks].

Are there any other facts/stories you would like the legislators to know about how important this bill is for healthcare workers?

Does this bill include inpatient psychiatric facilities?

We need assistance in getting safety for our staff. We need to hold hospital systems accountable for their lack of response towards staff safety.

Unfortunately, assaults occur at especially high rates in emergency departments (EDs) where I spent the majority of my nursing career. EDs are open 24/7 and are required to treat all patients under the Emergency Medical Treatment and Labor Act (EMTALA). Studies show that emergency nurses experience a violent event about once every couple of months. Further, a 2011 study reported that one-third of emergency nurses reported they had considered leaving the profession due to workplace violence. In order to decrease the high turnover rate and stabilize the healthcare workforce, WPV needs to be addressed. I strongly support HB24-1066 and ask for you to vote yes to approve it. This is not a punitive bill. It is preventive in nature. It involves frontline clinical staff working to assess and mitigate risks of violence in the workplace. It calls for facilities to support nurses who have experienced WPV. It involves transparency in reporting and collecting data, the lack of which is a key reason why this problem has been allowed to fester and grow over the decades. It does involve reporting to the Colorado Department of Public Health & Environment (CDPHE). I believe including this neutral third party is essential to empower the frontline clinical staff in healthcare. Thank you for considering my comments and lived experiences as a nurse with decades of acute care nursing in Colorado.

I have seen a high amount of turnover at my place of employment many times due to workplace violence. This affects patient care due to the continuous new, inexperienced staff.

With the threat of shootings everywhere we really need to make sure healthcare facilities and staff are safe.

Private facilities continue to admit individuals that have a history of violence towards health care workers.

Is it possible, either through the legislature or the governor, to increase spending for CDPHE so that it can effectively follow through on this bill, and the previous staffing bill