



HB 452 – Healthcare Workplace Safety Act

Written Testimony by Risa Ruiz, RN

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Good morning, Chairperson Mathews, Vice Chair Stewart, Ranking Member Liston, and members of the Public Health Policy Committee. My name is Risa Ruiz, and I am an RN in the psychiatric emergency unit of St. Vincent Charity Health Center. I have nearly 9 years of experience working in the psychiatric area and have a solid foundation for giving testimony on the importance of this House Bill becoming law.

With regard to Section 3333.96, I believe it is of vital importance for all colleges and universities to provide training in the prevention of workplace violence and the management of aggressive behavior. Speaking from my own personal experience, training in these areas was not available during my nursing education. Although I have a Master's Degree in Community Counseling and worked in the field for 5 ½ years before becoming a nurse, I feel that I was not equipped to manage the aggressive behavior and violence I encountered when I began my practice as an RN. Training in de-escalation and conflict management, as well as risk identification and assessment, will prepare staff to prevent incidents of aggressive behavior and workplace violence, resulting in a reduction of harm to staff and patients.

Section 3727.18, which calls for all hospitals and hospital systems to establish a security plan to prevent workplace violence, will provide an extra layer of protection against these incidents. Specifically, section B2, which gives the option for healthcare staff who provide direct patient care to request first-name only ID badges, will prevent patients from obtaining their personal information (addresses, telephone numbers, etc.). In my own position as a psychiatric nurse, I have this benefit and can attest to the extra level of security it provides me, knowing that patients are unable to access my personal information.

Section B3 of 3727.18, requiring an employee trained in de-escalation procedures to be present on psychiatric and emergency units, would also be of great benefit in preventing workplace violence. In my current nursing role, all of my coworkers are required to complete de-escalation training every 2 years. I am a testament to the ability of nurses,

nursing assistants, ancillary staff, and security personnel to manage potentially aggressive behaviors, resulting in a heightened level of safety for everyone involved.

In reference to Section 3727.181, a workplace violence incident reporting system assists in both informing and establishing revised plans for addressing these occurrences when needed. This type of plan is in place in my work area, and I have personally found that it assists staff through a review of the incident, which includes precursors of the occurrence as well as methods of prevention in future situations.

Section 3727.182, which mandates hospitals to post notices regarding workplace violence and assaults on staff, will serve as a deterrent to patients and others who may pose a threat. In my own experience on psychiatric units, signage of this nature is present, and I believe that it has been successful in preventing incidents of harm to staff.

In summary, I believe this bill to be crucial for the safety and security of both hospital staff and patients. Far too often, it is reported that staff assaults have resulted in career-ending injuries, with lifelong effects of pain and suffering, in addition to the trauma experienced by both the victim and witnesses to the incident. As healthcare staff, we must lend our support to this legislation and provide testimony to protect ourselves, our coworkers, and our patients.