DISABILITY RIGHTS VERMONT

To: **Senate Health and Welfare Committee**

Re: **Senate Bill S. 259 An Act Relating to Preventing Workplace Violence in Hospitals**

From: **Disability Rights Vermont (DRVT)**
Lindsey Owen, Esq., Executive Director
lindsey@disabilityrightsvt.org

Thank you for the invitation to testify regarding H.259, An Act relating to preventing workplace violence in hospitals. My name is Lindsey Owen and I have been with Disability Rights Vermont for 12.5 years. I started as an intern, I worked as an advocate going into the prisons and hospitals throughout the state, I worked as a staff attorney enforcing the rights of individuals with disabilities, and was hired as the Executive Director four years ago, this May. Disability Rights Vermont (DRVT) is the Protection and Advocacy Agency for the State of Vermont and the Mental Health Care Ombudsman. We are uniquely situated to inform this Committee on this bill because of our federal role to monitor and investigate abuse, neglect and rights violations wherever a person with a disability is receiving treatment. We receive complaints directly from patients or family members in hospitals regarding allegations of inappropriate seclusion, restraint and involuntary medication. We also receive reports from the Department of Mental Health regarding these same involuntary procedures, that in any other context would be considered crimes, but in the healthcare setting we permit hospital staff to involuntarily touch, seclude and chemically subdue other people.

At the same time, DRVT strongly supports efforts to protect our healthcare providers. Their work is incredibly important and comes with significant risks that DRVT does not intend to minimize. But ALL lives should be valued and respected equally. That may not be a popular truth nationally in this current environment, but it absolutely should be in Vermont.

DRVT noticed that this bill asks for safety plan teams to be created with three main groups contributing to plan development:

1. Health care employees providing direct patient care at the hospital,
2. Representatives from the designated agency serving the region where the hospital is located; and
3. Representatives of relevant law enforcement agencies.

Next, the Security Plan will be structured on the results of a Security Risk Assessment. An assessment that addresses all high-risk areas of the hospital, including the emergency department, and all patient care areas. The Security Risk Assessment will be developed from consultations with the medical and nursing directors of each department and those hospital employees supervising other high-risk areas of the hospital. The Security Risk Assessment will be based on the patient volume, community crime rates, and the availability of law enforcement to respond to violent incidents at the hospital.

Significantly, there is no mention of the patient's voice or a person with lived experience in the composition of the Safety Planning Teams or in the Security Risk Assessment. This input is crucial especially in the development of the training requirements; such as, but not restricted to, de-escalation techniques, appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed care and strategies. Furthermore, there are specific regulations that might go overlooked, like not relying on security or law enforcement to carry out emergency procedures. DRVT would recommend adding another required member to these safety planning teams, either a self-advocate with lived experience or an advocacy organization with relevant knowledge and experience.

With regard to the reporting requirements in section b(1), DRVT strongly supports this part of the bill, insofar as workplace violence includes the violence committed against people in need of hospital care, or their loved ones, through the implementation of these security plans and existing emergency involuntary procedures. As the Protection and Advocacy system for the State, DRVT suggests that it would be an appropriate entity to receive these reports, in addition to those already mentioned. DRVT would recommend that this be a monthly reporting requirement.

Although this bill does not specifically identify people facing mental health crises, history tells us that it will have a disproportionate impact on this vulnerable population. For example, last session a bill was passed related to expanding the situations in which a person could be arrested without a warrant for disorderly conduct in the healthcare setting. For any women in the group who have had children, I think you'd agree that we checked on the boxes for disorderly conduct during labor, at least I know I did, and we also know no one is sending law enforcement to the maternity ward to arrest laboring mothers. In these current times, we have to be incredibly mindful of the impacts our decisions will have on the most vulnerable Vermonters, in times when services are being cut and protection and oversight is diminishing. Patients in crisis are often unable to control their behavior. These situations are equally frightening to providers and the patient. DRVT supports the requirement for training to enable a situationally appropriate response that protects the provider, the patient, and everyone's rights. This elevation of awareness and skills should extend to law enforcement, emergency medical responders, home health care professionals, and anyone else in the healthcare setting.

Thank you for your time, attention, and interest.

Lindsey Owen