



SB298 – Criminal Law - Threat Against Public Health Official or Hospital Staff Member
Senate Judicial Proceedings Committee – February 8, 2022
Testimony of Christopher Jagoe, Director, Security Support Operations, LifeBridge Health
Position: **SUPPORT**

I am writing to SUPPORT SB298. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Threats of violence and acts of violence are increasing in both occurrence and severity in the health care setting. Hospitals, physician offices, pharmacies, clinics and other sites are open to the public and should be places of refuge and service for individuals who are sick and seeking medical care. According to the Occupational Safety and Health Administration (OSHA), approximately 75 percent of workplace assaults reported annually occurred in health care settings. Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries, thereby indirectly hampering provision of patient care. The experience of workplace violence has not only physical consequences, but personal, emotional, and professional consequences as well.

LifeBridge Health continuously enhances its processes to prevent workplace violence to protect employees, patients and visitors. For example, we use electronic systems for reporting and tracking incidents, implement zero tolerance policies, provide training on de-escalation techniques, install expensive surveillance technology and access control systems, add off-duty & special police officers to our rolls, and in high-risk areas, disseminate personal wearable safety alarms, among other interventions.

ALL personnel are subject to threats in the health care setting, not only clinical personnel such as physicians, nurses and therapists, but also patient transporters, admissions, financial counselors, food service, environmental services, social workers, security officers, patient advocates, and many others. Threats occur from patients, families, and visitors. For example, visitors who don't want to leave when visiting hours end threaten and/or assault clinical and security staff. Family members threaten to kill a surgeon or nurse who treat a gunshot patient if the patient dies. Patients or visitors threaten staff transporting a patient for a procedure, or a patient advocate trying to console them. Even security personnel dispatched to assist staff are threatened. Further, threats occur in all health care settings – physician offices, pharmacies, etc. *Because of the pervasive scope of this threat, we request that the bill be amended to clarify that ALL staff employed or contracted by any health care provider performing duties onsite are covered by the bill.*

For all the above stated reasons, we request a **FAVORABLE** report for SB298.

For more information, please contact:
Martha D. Nathanson, Esq.
mnathans@lifebridgehealth.org
443-286-4812