



HB547-Sacred Places Safety Act  
House Judiciary – Feb 13, 2024  
Position: **SUPPORT**

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Chairman Clippinger and Judiciary Committee Members,

I am writing and providing testimony in support of HB547. 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. We have over 57 employees reported being assaulted 7 times in a one-year period.

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. We want to ensure that places that provide critical healthcare services are kept safe for patients and staff.

For all the above stated reasons, we request a **FAVORABLE** report for HB547.

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