

PROTECT VIRGINIA'S HEALTHCARE WORKERS PUT TRAINED SECURITY IN THE ER

SUPPORT SB827 (FAVOLA): Hospital emergency departments; required security and training

Every Virginia emergency physician has a story of workplace violence — likely one from that day or week — that they or their nurses have experienced from unruly patients or visitors. This bill would require hospitals to have either off-duty police officers or security personnel in the ER 24/7/365. They would have training in conflict resolution, de-escalation, and how to safely physically restrain people. In addition, there is an option allowing the health commissioner to grant a waiver from the “at all times” requirement if the facility can show from a security plan they only need security at certain hours.



AUGUST 2022 SURVEY: ED VIOLENCE ON THE RISE

Patients commit most (98%) of the assaults on emergency physicians.

- Most are under the Influence of drugs or alcohol
- Three in 10 assaults were committed by family or friends of the patient being treated

COVID-19 heightened violence between patients, care teams, and staff.

- Two-thirds of emergency physicians believe COVID-19 increased the amount of violence in emergency departments

Here are real, unedited stories of ER violence from Virginia emergency physicians.

"We routinely take care of those prone to extreme violence, those intoxicated or belligerent, and those too violent or agitated even for jail. ED physicians are unable to hide personal contact info and addresses from disgruntled patients and families and can't even protect ourselves after work within our homes. Just this week, a gun went off in the ED closest to my home where I routinely work by a patient assaulting a police officer, and another officer was hit. The physical and verbal abuse and violence toward all ED staff is out of control. **We are sitting ducks.**"

"I have been practicing as a full time emergency physician in Virginia for the past 30 years. I have been assaulted by patients hundreds of times; I have been punched, kicked, spit on, and had objects thrown at me and weapons pointed at me. All this from the patients whose lives I'm trying to save. I don't expect patients to thank me for doing my job. **I do however insist on the same rights and protection other professionals, and society at large, receive.** And I insist on being able to perform my work without fearing for my safety and the safety of the other Emergency Department staff."

"I have frequently had to check my own nurses and techs into the ER as patients after combative patients have punched and kicked them in the face and other areas, leading to fractures and bleeding. This is on top of verbal abuse and **threats to follow my staff home, or to shoot/stab them when they leave the ER.**"

NEARLY 7 IN 10 ER DOCTORS

Report being assaulted in the past year alone. About 25% report being assaulted multiple times per week.

9 IN 10 PHYSICIANS

Agree that violence in emergency departments harms patient care and results in increased wait times.

MOST GOES UNREPORTED

Many workers decline or are encouraged not to report assaults. Only 2% of hospitals press charges.

August 2022 survey by the American College of Emergency Physicians

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