



Maryland State Council  
Safe Practice Safe Care

To: Maryland House Health and Government Operations Committee  
House Office Building  
6 Bladen Street  
Annapolis, MD 21401  
From: Maryland State Council of the Emergency Nurses Association  
Date: March 15, 2022  
Re: HB 1389 Maryland Department of Health – Prevent Workplace Violence in  
Health Care Settings Public Awareness Campaign Workgroup  
Favorable Written testimony

Dear Chairwoman Pendergrass, Vice Chair Pena-Melnyk, and committee members,

My name is Lisa Tenney, and I am providing written testimony on behalf of The Maryland Emergency Nurses Association in favor of HB 1389 Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup.

Last week an ER nurse manager from a Baltimore hospital testified before the House Judiciary Committee about an ER nurse who had been put in a choke hold by a competent but angry and violent patient. A few months later another patient broke this same nurse's fingers.

Last week a nurse from a Southern Maryland Hospital told me how a patient who was under arrest was brought in by police in handcuffs being going to jail to be processed. He had committed a crime and had been cooperative for the police officer at the scene and during transport. When asked by the nurse to undress and put on scrubs, he complied. However, for some unknown reason, when the nurse asked him to place his belongings in a bag, he suddenly physically attacked her, injuring both of her arms. The police officer, plus six other coworkers, immediately left their patients to subdue the patient, rescue the nurse, and provide care for her. Two nearby elderly patients who witnessed the event were

terrified for their own safety. The busy ER was disrupted, and patient care was negatively impaired.

ER nurses can tell you many stories. Pregnant healthcare workers have been kicked in the stomach. In 2018 one of them from Frederick County lost her baby at 5 months gestation from an abdominal kick. Others have been kicked across rooms, sustaining head and back injuries. An ER nurse from Montgomery County had been strangled, and two other ER nurses at that same ER had been repeatedly punched in the head, sustaining lifelong headaches and cognitive defects, where they have had to leave nursing.

Events like these happen every day in Maryland's emergency rooms (ERs). Workplace violence against healthcare workers has become a national epidemic. In thirty states it is a felony to hurt an emergency room nurse. OSHA (Occupational Safety and Health Administration) found that serious incidents of injuries requiring time off for injured health care workers to recuperate, **were four times** more common than for all other workers in the United States.

- 100% of emergency nurses reported verbal abuse.
- 82.1% of emergency nurses reported physical assault.
- 75% of emergency physicians reported physical assault.
- 80% of physicians said ER violence harmed patient care. Of those, more than 1/2 said patients have been physically harmed.
- The Joint Commission reported that in 2021 "Criminal Events" were the 6<sup>th</sup> most common "sentinel event" in hospitals (a sentinel event occurs when a patient safety event results in death, permanent harm, severe temporary harm, or when intervention is required to sustain life).
- One-third of emergency nurses have considered leaving the profession due to workplace violence. Retention of experienced, highly trained nurses is at stake.
- ENA estimates that one in five ER nurses leaves the profession within the first year of hire, and 1 in three ER nurses actually leave within two years of hire. The pandemic has worsened nurses leaving the profession and the nation is now facing a nursing shortage, especially in areas that require specialty training such as the ER.
- This high turnover rate exerts a massive financial impact on hospitals. ENA estimates that the expense to replace an individual RN costs \$82,000, and the cost may be considerably higher to recruit, hire and train a specialized ER nurse. Using the national nurse turnover rate of 14 percent, ENA says the average hospital can expect to spend upwards of \$4 million per year on nurse turnover.

The verbal threats, abuse, and physical assaults have only increased during the pandemic. The Emergency Nurses Association and the American College of Emergency Physicians found that ERs experience violence at higher rates due to:

- ERs are open 24 hours a day, seven days a week.
- Under EMTALA, (the Federal Emergency Medical Treatment and Labor Act), ERs are required to stabilize and treat all patients.
- There is increased gang activity in urban areas and inner cities.
- The opioid crisis increased during the pandemic. People addicted to these substances come to the ER seeking prescription opioids and benzodiazepines. When not given their drug of choice, they often become violent towards staff.
- More private citizens are arming themselves.
- ERs are being used by law enforcement to “medically clear” violent criminals when drugs or alcohol use is suspected. This practice has increased since the new anti-policing laws went into effect.
- Lack of adult and pediatric psychiatric inpatient beds and outpatient treatment options. Psychiatric patients spend days and weeks in the ER. Some have spent months waiting for appropriate placements.
- CMS and The Joint Commission have very specific and restrictive guidelines on handling violent patients in a healthcare facility.
- In 2021 Maryland had the highest ER waiting times in the United States. Vulnerable patients and their loved ones often come to the ER distraught. Patients tire of waiting. Tempers rise. Patients, family members, and visitors act out and verbally and physically assault emergency staff.

In 2014 Maryland became a leader in healthcare workplace violence prevention. That year the legislature passed, and Governor O’Malley signed, a Workplace Safety bill that requires all Maryland nursing homes and healthcare facilities to implement a comprehensive workplace violence mitigation program. Hospitals have complied with this regulation. But much more is needed. The Maryland Emergency Nurses Association is asking all legislators to commit to ZERO TOLERANCE for violence against healthcare workers. These healthcare workplace violence bills will help accomplish that:

- The **Peace Order Workplace Violence** bill you passed last year works. We use this law when someone threatens to come back and hurt us or follow us to our cars or homes. Thank you.
- **HB 1389/SB 700 Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup** will educate the public to prevent workplace violence towards healthcare workers. This preventative measure will provide “situational awareness” to patients and their visitors that violence towards healthcare workers is wrong. Even though nearly all hospitals and ERs have signs and written literature that inform patients and visitors that verbal and physical abuse and assault will not be tolerated, often “hearing a drumbeat message” is more effective.
- **HB 267/SB 298 Criminal Law – Threat Against Public Health Official or Hospital Staff Member** is before the Judiciary Committees this year. If passed, we will be able to use this law when a patient threatens us and interferes with our ability to provide care.

- **HB 1154 Criminal Law – Felony Second–Degree Assault – Emergency Medical Care Workers** is before the House Judiciary Committee again this year. It will amend §3-203 by including emergency department workers into the special “protected class” of emergency workers, along with law enforcement, firefighters, and emergency medical service workers. When a patient is brought to the ER by police, fire or EMS, ER personnel work along-side of them during the transition of care. Patients arrive in acute states, and as such, often become volatile, impulsive, and violent. Currently, if police, fire, or EMS are assaulted, it is a second- degree felony. If a nurse or a doctor are assaulted, it is misdemeanor second degree assault. This makes a difference. The misdemeanor cases either don’t get heard, get pled down to a lesser charge, or are dismissed. As one defense lawyer on the Eastern Shore told his client who was charged with assaulting a nurse, “Don’t worry about the nurses, they don’t matter.”

Please vote favorably on HB 1389. It will bring us one step closer to Zero Tolerance on violence towards healthcare workers. We cannot allow violence towards emergency department workers to be normalized.

Sincerely,

Lisa Tenney

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