



ASSEMBLY MEMBER

Freddie Rodriguez

DISTRICT 52

FACT SHEET

Assembly Bill 329 (Rodriguez) Violence in the Hospital As introduced 1/31/2019

Summary

Assembly Bill 329 would close an alarming loophole in current law by equalizing penalties for assaults committed against healthcare providers, regardless of whether the assault occurs *inside* or *outside* of a hospital.

Background

Workplace violence is one of the most complex and dangerous occupational hazards facing healthcare workers in today's environment. According to the Emergency Nurses Association, the healthcare industry leads all other sectors in the incidence of non-fatal workplace assaults. In a national survey by the Journal of Emergency Medicine, 78% of physicians surveyed experienced at least one act of workplace violence in just 12 months. Precipitating factors such as patients under the influence of drugs and alcohol; crowding; high patient volume, and long waiting times contribute to an increased risk of violence.

Under current law, an assault or battery against a physician or nurse rendering emergency medical care *outside* of a hospital, clinic or health care facility is a misdemeanor punishable by a fine of up to \$2,000, or one year in county jail, or both. However, if an assault or battery occurs *inside* the health care facility, the crime is punishable as a lower misdemeanor with jail time of up to six months and or a fine of up to \$1,000.

Nurses are on the front lines of patient care and, as a result, report the highest rate of workplace assaults. However, the problem is not limited to nurses. Physicians, pharmacists, nurse practitioners, physician assistants, nurses' aides, therapists, technicians, home healthcare workers, social/welfare workers, and

emergency medical care personnel are all at risk of violence by patients or visitors. No one is immune to the risk.

The San Diego Union Tribune chronicled the wide range of violent behavior healthcare providers in hospitals across the country are subject to ("*Bites, punches, guns: ER doctors often targets of assault.*" *October 2, 2018*) The article states, "Getting spit on by a patient is so common that it's hardly worth mentioning. It's the bites, punches, firearms and airborne objects that you really need to watch out for." Emergency Room physicians detail incidents from being bitten through protective gear by a patient with HIV to having a monitor thrown at their head. Unfortunately it has become all too common for the crimes to go unprosecuted and the assailants to go unpunished.

In 2017, The California Occupational Safety and Health Administration received a total of 2,177 incident reports during the span of 3 months. Disturbingly, incidents of workplace violence regularly go unreported in large part due to limited or no remedial action taken against the perpetrator. The discrepancy in penalties does not serve as a deterrent against violence and puts the health and safety of hospital staff at risk. As a result, many are choosing to abandon the health profession, further contributing to the existing shortage of healthcare providers.

This Legislation

AB 329 would:

- Equalize penalties for assaults against healthcare workers rendering aid *inside* a

facility with assaults committed *outside* of a facility by increasing the allowable maximum sentence from 6 months to 1 year, and increasing the maximum fine to \$2,000 from its current level of \$1,000.

- Allow a health facility that maintains and operates an emergency department to post a notice in the emergency room stating that an assault and battery against hospital staff is a crime and may result in a felony conviction.

Support

California State Council, Emergency Nurses
Association (Sponsors)
Riverside Sheriff's Association

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