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H.B. 452*
135th General Assembly

Bill Analysis

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Version: As Reported by House Public Health Policy

Primary Sponsors: Reps. White and Baker

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SUMMARY

- Requires each hospital system and each hospital that is not part of a hospital system to establish a security plan for preventing workplace violence and managing aggressive behaviors.
- Specifies various requirements for the plans, including that the plans be submitted to the Ohio Department of Health (ODH) and be reviewed and evaluated annually.
- Requires each hospital system and each hospital that is not part of a hospital system to establish a workplace violence incident reporting system.
- Requires all hospitals to post a notice that aggressive behavior toward staff will not be tolerated, in place of the existing option to post such a notice.
- Requires the Department of Higher Education, jointly with ODH, to survey colleges and universities that provide education and training to students seeking to become health care providers to determine whether the education and training provided to those students addresses workplace violence prevention and managing aggressive behaviors.
- Requires the Chancellor of Higher Education to make recommendations and prepare a report for the General Assembly based on the results of the survey.

* This analysis was prepared before the report of the House Public Health Policy committee appeared in the House Journal. Note that the legislative history may be incomplete.

June 24, 2024

DETAILED ANALYSIS

Hospital security plans

Establishment and requirements

The bill requires each hospital system, and each hospital that is not part of a hospital system, to establish a security plan for preventing workplace violence and managing aggressive behaviors. The hospital system or hospital making the plan must involve a team consisting of members selected by the hospital system or hospital, including (1) at least one member that is a current or former patient or family member of a patient and (2) at least 50% of the total membership being health care employees who provide direct patient care.¹

The bill also provides that each security plan must:²

1. Be based on the results of a security risk assessment.

The security risk assessment must be conducted for each hospital, and must address all high-risk areas of each hospital, including emergency departments and psychiatric departments, if those departments exist in the hospital being assessed. The assessment must consider any trauma-level designation held by the hospital, overall patient volume, psychiatric and forensic patient volume, past incidents of violence against staff and levels of injury resulting from those incidents, rates of crime in the community, and any other data points specified by the team making the plan, as described above.

2. Include an option for health care employees who provide direct patient care to request a first name only or first name and last initial only identification badge.
3. Require at least one hospital employee trained in de-escalation practices to be present at all times in the hospital's emergency department and psychiatric department, if the hospital has such departments.

The plan may require at least one such trained employee to be present in other high-risk areas that were identified during the hospital's risk assessment. Additionally, based on the risk assessment, the plan must address whether hospital police officers, trained security personnel, or off-duty law enforcement officers are required to be present in the hospital's emergency department and psychiatric department, if any, and in any other high-risk areas that were identified during the hospital's risk assessment.

4. Outline training requirements for security personnel.

The training requirements must address potential use of and response to weapons; defensive tactics; de-escalation techniques; appropriate physical restraint and seclusion techniques; crisis intervention; trauma-informed approaches; and safely addressing

¹ R.C. 3727.18(A).

² R.C. 3727.18(B).

situations involving patients, family members, or other individuals who pose a risk of self-harm or harm to others.

For security personnel employed directly by a hospital system or a hospital, the Attorney General must adopt rules permitting the personnel to access any online training that (a) meets the training requirements under the hospital's security plan and (b) is available under peace officer training programs or otherwise provided by the Ohio Peace Officer Training Academy or at other approved peace officer training schools. The rules must be adopted within six months of the bill's effective date.³

5. Include guidelines outlining when law enforcement officers, including hospital police officers, remain with a patient who has demonstrated violence or poses a risk of self-harm or harm to others.

The guidelines must be developed jointly with local law enforcement authorities, including hospital police departments, that agree to participate.

Review and evaluation

Each security plan established pursuant to the bill must be reviewed and evaluated by the hospital system or hospital annually. The review and evaluation must involve the team that established the plan or a successor team that meets the same membership requirements as the original team. Plans must be revised if revisions are required as determined by the review and evaluation.⁴

Ohio Department of Health verification

The bill requires hospital systems and hospitals to submit to the Ohio Department of Health (ODH), in a manner designated by ODH, verification of compliance with the bill's requirements.⁵

The bill provides that hospital security plans, annual revisions, and any of the verification information submitted to ODH, as described above, are confidential and not public records.⁶

Workplace violence incident reporting system

The bill requires each hospital system, and each hospital that is not part of a hospital system, to establish a workplace violence incident reporting system. The system must be documented, tracked, and analyzed. The results of the analysis must be used to make improvements in preventing workplace violence and managing aggressive behaviors, including improvements achieved through continuing education in targeted areas such as de-escalation

³ R.C. 109.7411.

⁴ R.C. 3727.18(C).

⁵ R.C. 3727.18(D).

⁶ R.C. 3727.18(E).

training, risk identification, and prevention planning. The reporting systems must track: the number of incidents reported through the systems; the number of incidents reported to law enforcement authorities, including those reported to a hospital police department; and the number of individuals involved in the incidents who are criminally charged as a result.

Data from the reporting system must be shared with the team involved in developing or annually reviewing and evaluating security plans, as described above under **“Hospital security plans.”** The reporting system must be clearly communicated to employees, including to all new employees during orientation, and must include guidelines for when and how to report incidents to the employer, security agencies, law enforcement authorities, including hospital police departments, local emergency service organizations, or government agencies.

Each hospital system, and each hospital that is not part of a hospital system, must adopt a policy that prohibits any person from discriminating or retaliating against any health care employee for reporting to, or seeking assistance or intervention from, the employer, security agencies, law enforcement authorities, including hospital police departments, local emergency service organizations, or government agencies. The policy also must prohibit discrimination or retaliation against a health care employee for participating in an incident investigation.⁷

Time to comply

For existing hospital systems and hospitals, the bill specifies the following must be done within three months after the bill’s effective date:⁸

- Establishment of the security plans and workplace incident reporting systems;
- Submission of security plans to ODH; and
- Compliance with the notice requirements described below under **“Notices regarding threatening and aggressive behavior.”**

Rulemaking

The bill authorizes the ODH Director to adopt rules as necessary to implement the bill’s provisions that are described above. The rules must be adopted in accordance with the Administrative Procedure Act. The rules are exempt from certain existing law provisions that apply to rules containing regulatory restrictions.⁹

Notice regarding threatening and aggressive behavior

The bill modifies existing law that authorizes a hospital to post a notice that threatening or aggressive behavior toward staff will not be tolerated. The bill makes such notice mandatory

⁷ R.C. 3727.181.

⁸ Section 3.

⁹ R.C. 3727.18(F); see R.C. 121.95 to 121.953, not in the bill.

for all hospitals, and permits the notice to be in print or digital sign format. The bill maintains current law that specifies areas where the notice may be posted.

The bill makes minor modifications to the content of the notice, and provides that a hospital's notice may use the wording in the statute or similar wording.¹⁰

Survey of education and training for health care students

The bill requires the Department of Higher Education, jointly with ODH, to survey colleges and universities that provide education and training to students seeking to become health care providers, including medical students, nursing students, and allied health students. The purpose of the survey is to determine whether the education and training provided to those students addresses workplace violence prevention and management of aggressive behaviors. The survey must include a determination of whether de-escalation, conflict management, and risk identification and assessment are part of the education and training. The survey must be completed not later than six months after the bill's effective date.

Based on the survey, the Chancellor of Higher Education, in consultation with the Ohio Council of Medical School Deans and the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs, is required to make recommendations and prepare a report for the General Assembly. The report must be completed not later than three months after completion of the survey.¹¹

HISTORY

Action	Date
Introduced	03-20-24
Reported, H. Public Health Policy	---

ANHB0452RH-135/ar

¹⁰ R.C. 3727.182, as renumbered by the bill.

¹¹ Section 4.