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Bill Analysis

Version: As Introduced

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.

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 of 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, and rates of crime in the community.

2. Include an option for health care employees who provide direct patient care to request a first name 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 such an employee to be present in other high-risk areas that are part of the hospital's risk assessment. Additionally, based on the risk assessment, the plan shall address whether hospital police officers, trained security personnel, or off-duty law enforcement officers are required to be present in the hospital's high-risk areas, including the hospital's emergency department and psychiatric department, if any.

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 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.³

¹ R.C. 3727.18(A).

² R.C. 3727.18(B).

³ R.C. 109.7411.

5. Include guidelines outlining when law enforcement 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.

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 includes the team of health care employees who helped establish the plan. 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, as part of their licensure by the Ohio Department of Health (ODH) under existing law, to submit to ODH, in a manner designated by ODH, verification of compliance with the hospital security plan requirements described above, and compliance with any related requirements of the hospital system or hospital's accrediting agency.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 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 that includes health care employees who are involved in developing security plans, as described above under "**Hospital security plans.**" The reporting system must be clearly communicated to employees and must include guidelines for when and how to report incidents to the employer, security agencies, law enforcement authorities, local emergency service organizations, or government agencies.

⁴ R.C. 3727.18(C).

⁵ R.C. 3727.18(D).

⁶ R.C. 3727.18(E).

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, 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 of the bill's effective date:⁸

- Establishment of the security plans and workplace incident reporting systems; and
- Submission of security plans to ODH.

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 for all hospitals. The bill maintains current law that specifies areas where the notice may be posted. Under the bill, a hospital must post the notice, and may consider posting the notice in the areas specified in current law.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.

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.

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

Based on the survey, the Chancellor of Higher Education is required to make recommendations and prepare a report for the General Assembly.¹¹

HISTORY

Action	Date
Introduced	03-20-24

ANHB0452IN-135/ts

¹¹ R.C. 3333.96.