

February 10, 2022

To: Kansas House Judiciary Committee

From: Joshua J. Davis MD

Re: HB 2620

Thank you for allowing me to provide my testimony in support of House Bill 2620, which increases the penalties for interfering with the conduct of a hospital or attacking healthcare personnel. I am testifying today due to my personal experience as an Emergency Medicine physician in Wichita, Kansas. I was assaulted by a patient and family in the summer of 2021. This assault resulted in my being bitten, kicked, shoved, and hit by a patient and their family. I obtained several bite marks that ended up infected, as you will see in the attached images. I still have scars from these injuries and these will likely be permanent. I had to get checked for bloodborne pathogens, like HIV and hepatitis, and complete a course of antibiotics. Despite all of those physical injuries, I feel the worst injury I obtained was the psychological damage. I really lost my trust in human decency and my ability to feel safe at work. I go to my job every day attempting to help patients and improve their health. I should not have to fear for my safety while attempting to do so.

Unfortunately, my experience is a shockingly common occurrence in Emergency Departments. My Emergency Medicine colleagues, including other physicians, nurses, technicians, security staff, and registration staff, have all witnessed or experienced a similar situation. This happens nearly every day I work on various levels. I am forced to relive my trauma almost every day because I see the disrespect patients give to my colleagues who are trying to help them.

The healthcare team in the Emergency Department is legally and morally obligated to provide stabilization for patients presenting with a possible emergency. But, the current protections for them to do so are laughable. No one should be forced to go to work and have to deal with being hit, kicked, spit on, scratched, or even verbally abused. The only deterrent for this despicable behavior is to have the strengthened penalties against those who commit these heinous acts.

Healthcare workers are at an increased risk of violence compared to other sectors. Per the Occupation Safety and Health Administration (OSHA), from 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average. In 2013, the broad “healthcare and social assistance” sector had 7.8 cases of serious workplace violence per 10,000 full-time employees (see graph below). Other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees. In 2013, 80 percent of serious violent incidents reported in healthcare settings were caused by interactions with patients.

Behaviors like this have only worsened in recent years. According to the American College of Emergency Physicians (ACEP), nearly 7 out of 10 emergency physicians believe that emergency department violence is increasing. Their opinions are supported by data. The US Bureau of

Labor Statistics notes that in 2018, the incidence rate for nonfatal occupational injuries and illnesses involving days away from work resulting from intentional injury by other person in the private healthcare and social assistance industry was 10.4 per 10,000 full-time workers, compared to the all-worker incidence rate of 2.1. The health care and social service industries experience the highest rates of injuries caused by workplace violence and are 5 times as likely to suffer a workplace violence injury than workers overall. The Emergency Department and pre-hospital settings (Emergency Medical Services and paramedics) are some of the most common healthcare personnel who end up victims of these assaults.

Healthcare workers are leaving bedside care in droves over the last months. Nearly every institution has experienced these losses of all types of healthcare workers. In speaking to many of my colleagues who have left bedside care, the lack of basic respect from patients and concern for their safety is a huge component of their reason for leaving.

HB 2620 provides increased protections for healthcare workers who are the victims of assault or battery while they are performing their duties. We must continue to protect our healthcare personnel so that they can continue to provide the lifesaving care for our community. We owe it to our community to allow our healthcare workers to continue to provide care in setting where they do not have to fear for their safety.

Sincerely,

Joshua J. Davis, MD

References

Workplace Violence in Healthcare, 2018 (bls.gov).

<https://www.bls.gov/iif/oshwc/foi/workplace-violence-healthcare-2018.htm>

Workplace Violence in Healthcare: Understanding the Challenge (osha.gov).

<https://www.osha.gov/sites/default/files/OSHA3826.pdf>

Liu J, Gan Y, Jiang H, Li L, Dwyer R, Lu K, Yan S, Sampson O, Xu H, Wang C, Zhu Y, Chang Y, Yang Y, Yang T, Chen Y, Song F, Lu Z. Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occup Environ Med.* 2019 Dec;76(12):927-937. doi: 10.1136/oemed-2019-105849. Epub 2019 Oct 13. PMID: 31611310.





















