

My name is Mary Louise San Blise. I am an RN and have worked in mental health since 1963. I am past president of the local chapter of Oregon Nurses Association, and a founding member of the American Psychiatric Nursing Association. I am currently employed at Oregon State Hospital. I do not represent any of those organizations, but rather the nurses who work the front lines across the state. The description of this bill identifies it as applying to OSH only. That is an error. All nurses should be covered, all areas of the hospital, all areas of the community. We recently had an incident where a mental health worker was killed when making a house call. I envision a bill that would cover home health workers, Emergency Room nurses and doctors, and floor nurses on other areas as well as psychiatric nurses. And by "nurses" I mean all who work directly with the patients and their families.

Other areas of service have special legislation that makes even spitting an assault. We are not asking for that. We are asking for the right to press charges and for the police and district attorneys to follow up on those charges in the same manner that they would if the assault happened in Denny's. Frequently, nurses are told that the person is already locked up, as in a psych unit, or that they were under the influence of drugs or alcohol.

If the assault occurred in another setting, police have a far different response. There was an incident where a customer got angry at a fast food store, and threw a breakfast sandwich, hitting a server on the back of the head. The manager took the license plate, and called the police, who tracked him down and arrested him for assault.

Contrast this with the statement to the staff at a local hospital: “Even if a bone was sticking out, we won’t press charges.” Staff in Crisis Centers have been told by the police that they not only could not press charges, but that if they discharged the person, the police would charge the staff with abuse and abandonment.

California has a law that fines hospitals for preventing charges from being pressed. It insures that police arrest and book the patient, and then the police if necessary, can return the patient to the hospital. Even if they are returned immediately, they have a court date, a statement that the community holds them responsible for their behavior, no matter where they are.

If in the normal course of events, the person would have served time in jail, they should serve the time in jail, not a hospital. They can return to the hospital when their time has been served.

When I worked in VA hospitals, psych nurses had to be pro-active, as all of our patients knew how to kill us with their bare hands. We designed a simple form that said that if they purposefully broke something, they would be billed, and if they purposefully hurt someone, we would press charges. Assaults diminished dramatically.

Statistics from states that enacted Nurse Protection Laws have seen a drop in the number of assaults on nurses and health care providers. Even the most psychotic person will respect the statement, "If you try to hurt someone, we will press charges." I have seen patients drop chairs, metal pipes, and a telephone when informed that "We will press charges."

And, indeed, it is not the person alone who presses charges, but "We, the people of the State of Oregon" who press charges." Nurses would like to feel that they have the same protection as a server at Denny's.

