



**Oregon Chapter
American College of
Emergency Physicians**

March 20, 2025

**To: Chair Patterson
Vice Chair Hayden
Members of the Committee**

From: Dr. Craig Rudy, Immediate Past President OR-ACEP

RE: SB 537 Workplace Violence

Chair Patterson, Vice-Chair Hayden and members of the committee, please accept this statement in support of SB 537 on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

Emergency Department violence is an ongoing epidemic that remains unaddressed. I am pleading for your support for our staff, our patients, and our safety net. A recent prospective study showed that staff experienced aggression or violence at least every 3.5 shifts. That means, once a week a staff member experiences some form of violence — from verbal threats to physical assaults.

Once per week...

Flagrantly violent racist language is not an infrequent occurrence. This should not be tolerated in any workplace, let alone a place of healing. Staff are unlikely to report these events because “it is just part of the job,” however this should not be part of the job. We would not tolerate this level of violence in any other workplace.

Patients are frequently appalled when they witness these conditions. With the ever worsening boarding epidemic, we are increasingly forced to practice in hallways and waiting rooms. Patients are even more likely to witness violence spilling into common areas and may even be at indirect risk of becoming involved despite the absolutely best efforts of our security staff to protect other patients. This violence spilled into crowded waiting rooms with sick individuals, pregnant women, and children.

This same study cited that the most at risk are those that are: young, nurses, and/or women. This jeopardizes our safety net. I have personally seen staff leave the emergency department due to the working conditions. Without staff, it becomes increasingly difficult to care for patients. The emergency department should be a place

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that all are welcome – including staff. We should not be weeding out future team members who “aren’t tough enough” or “need thicker skin”.

Furthermore, I personally have called the police for real violence on more than one occasion and received minimal assistance. At no point was a police report written. From the patient who threw a chair at our front windows of our emergency department while making verbal threats, to the next actively wielding a knife, or the patient with the actual threat to return and shoot the staff in our ED. Sadly, these are all true stories. None of which have received a real consequence or even an arrest. Hopelessly, these barely register as shocking stories to anyone who has worked in an emergency department.

The emergency department is place that exists in a state of violence. Our communities deserve better. Our staff deserves to be safe and our patients deserve a place that they can feel safe. I have not met a healthcare provider who wishes to have charges brought against acute decompensated psychiatric illness. Rather, we ask for your help on patients who knowingly endanger our safety net and to protect providers and those seeking care from violence in the ED.

Thank you.

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