

Submitter: Jessica Taylor
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB537
Re: SB 537

My name is Jessica and I have been a nurse for going on 8 years. In that time I have worn many hats. I am currently a case manager at Providence St Vincent but have worked in post op recovery, primary care with Multnomah County, and most of my career, I worked bedside in the ICU.

I started my career at PeaceHealth in Vancouver, WA and as a new nurse, looking back, it feels almost unbelievable that conversations that should happen, do not. Very early on in my career, I worked with a patient who was experiencing delirium and hallucinations who unfortunately became violent during my care. A code grey, or the code that alerts security to come to the room, was called, and I found that it was my coworkers who came to my rescue to restrain and medicate this gentleman, and while security was eventually present, their intervention was minimal. It was my feisty, 5'8" West Texas charge nurse with 30 years of experience who held this patients chest while he threw blow after blow, not the uniformed security guard who watched from the door.

And while in the moment it's hard to know what to do, it's hard to jump into the fray of an out of control situation, the moments after the dust settles should be a time to reflect, but it often isn't.

As a baby nurse, I learned very quickly that there is this unspoken ambivalence to situations like these where we all agree this is a problem and then we move on. We don't always fill out incidence reports and it's hard to know if we should, we don't have formal debriefs, we don't place expectations on the patients to improve their behavior regardless of their mental status.

And we should do all of these things. Instead we write it off as a reality of the job and fall back on the adage "this is what we signed up for." But we didn't. Not really. We deserve to feel safe and supported at work just like every other profession.

That is why I am speaking to SB 537. We have been talking a long time about promoting a culture of safety from violence but it feels like nothing changes. That why we need legislation. We cannot count on the hospital systems to lead this change because they haven't. We need safer staffing, we need de-escalation training, we need risk assessments, and we need our leadership to take it seriously when incidents eventually occur. No more shrugging off as "this is what we signed up for"

because we didn't. We signed up to help people. And we need to be given the resources to do so.