



GAE MAGNAFICI

STATE REPRESENTATIVE • 28th ASSEMBLY DISTRICT

Testimony in Favor of Senate Bill 163

Good morning Chairman Spiros and members of the Committee and thank you for taking the time to hear my testimony today on Assembly Bill 175.

Over 40 years ago, when I was studying and dreaming of becoming a nurse, I never considered that I'd be putting myself in harm's way. The thought of working in a caring and giving profession, yet facing violence on the job, is difficult to comprehend.

Nurses should not be afraid to go to work. They go to work every day to provide excellent patient care, achieve quality outcomes, and make a positive difference in people's lives. They don't expect to be victims of violence from patients, family members, visitors, or even coworkers. As nurses, we tend to place our own safety and well-being second to that of our patients. We see people at their worst and families when they're most vulnerable.

There are several factors associated with violence against nurses. Some of these include stressful situations for patients or families such as long waits to see medical staff, receiving bad news about a loved one, decreased security staff available, gang activity and understaffing of nursing personnel.

In the 35 years I worked as a registered nurse, I saw a wide variety of violent encounters. Occasionally we would deal with "drug seekers" who would try almost anything to get what they wanted. There were instances when a patient, family member, or visitor would arrive severely impaired by drugs or alcohol. There were abusive parents who had harmed or even killed their children. Other parents, under emotional stress from separation or divorce, would resort to berating nurses about small things that had set them off. With these unstable situations, it often felt as though my colleagues and I were walking on eggshells. The police were no strangers to our hospital, as they were often called to handle the volatile situations we faced.

Other situations over the last 5 years of my career included a bomb threat in the Emergency Department, the finding of a gun in the parents' belongings, and another man who had murdered his wife and then dropped his two kids off at the hospital. Most recently, a suicidal man drove to our hospital Emergency Room parking lot and killed himself.

The need to deescalate these situations was often difficult and stressful, and they impacted the quality of care that my colleagues and I could provide to our patients.



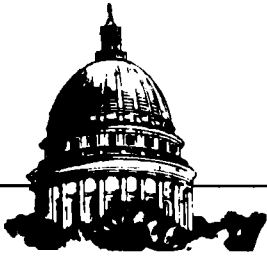
GAE MAGNAFICI

STATE REPRESENTATIVE • 28th ASSEMBLY DISTRICT

Yet in spite of all of these tense, violent, and disturbing situations, it was not until my work on this bill that I took time to really reflect on all the workplace violence I faced. The work that I did was too important. I ignored the dangers to myself because the care of my patients was my only focus. Such was the case with many of my colleagues. Reporting workplace abuse was a low priority compared to caring for our patients. By providing a harsher penalty for these types of abuses, I hope nurses across our state are reminded of how important their work is. They must take whatever steps they need to provide a safe environment for themselves and their patients.

I'm proud to be a co-author of this bill because I believe it will help improve the safety of nurses and patients across Wisconsin. I am confident this bill will empower those in my profession to have the courage to report the abuses that so many of them experience. The public must know that our state stands behind its nurses, and that abusive behavior towards those who provide care will not be tolerated. As the nursing profession continues to face a workforce shortage, supporting them will remain critical. A safer environment for nurses will mean a safer environment for patients and a higher quality of care.

Thank you again for taking the time to hear my testimony today. I'd be happy to answer any questions you might have.



DALE KOOYENGA
STATE SENATOR · 5TH DISTRICT

State Capitol · P.O. Box 7882 · Madison, WI 53707-7882 · (608) 266-2512

September 18, 2019

TO: Assembly Committee on Criminal Justice and Public Safety
FR: Senator Dale Kooyenga
RE: support for Assembly Bill 175 – workplace violence/bodily harm to a nurse

Thank you for holding a hearing on Assembly Bill 175. My co-author, Representative Gae Magnafici, and I have introduced this bill to shine a light on the unfortunate reality of increased workplace violence against nurses.

AB 175 is a straightforward bill that makes it a Class H felony to commit battery against a licensed registered nurse (RN), a licensed practical nurse (LPN), or an individual working under the supervision of an RN or LPN.

Workplace violence should not be a part of the job for a nurse. However, the reality we have all seen depicted in the news shows otherwise and unfortunately, earlier this year, a nurse was beaten to death at an area healthcare facility. Workplace violence against nurses can be found in just about every type of practice setting – hospitals, clinics, home care, psychiatric, long term care and correctional health settings.

Wisconsin has more than 161,400 nurses (RNs, LPNs and CNAs) in our nursing workforce and according to the American Nurses Association, one in four nurses has been abused in the workplace. SB 163 is a public statement to the men and women nurses who work every day to save lives – we must strive to help protect their lives.

We believe this proposal will increase the public's awareness of workplace violence against nurses, while providing greater consequences to deter violence in the workplace. While there is no single remedy to deal with this issue – this bill is a piece in the larger puzzle that will move toward an overall solution.

It has been brought to our attention that additional health care professionals have asked to be covered by this proposed change and we are open to such an amendment.

There is a saying ... "Save one life, you're a hero. Save 100 lives, you're a nurse." I am proud to be the author of this legislation along with Representative Gae Magnafici, a nurse.

Thank you for hearing AB 175. I respectfully ask for your support.



September 18, 2019

Representative John Spiros
Room 212 North
State Capitol
PO Box 8953
Madison, WI 53708

RE: Wisconsin Nurses Association Support of AB 175/SB 163

Dear Chairperson Spiros and members of the Assembly Committee on Criminal Justice and Public Safety. My name is Gina Dennik-Champion. I am a Registered Nurse and Executive Director of the Wisconsin Nurses Association (WNA). WNA is the professional nurses association with membership that is open to any Wisconsin RN. I am here today to register WNA's support of AB 175 and the companion bill SB 163. This legislation will apply a current standard penalty for battery to nurses regardless of the setting where they work.

Thank you Chairperson Spiros for holding a public hearing on this very important issue as it relates to supporting nurse safety while delivering care to their patients. I would also like to recognize two very special legislators, Senator Kooyenga and Representative Magnafici for sponsoring this legislation. Thank you both very much.

The U.S. Department of Labor defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats. There is a current Wisconsin Statute 940.20 (7) which was created in 1995. The statute created a criminal penalty for causing battery to emergency personnel that include nurses. The penalty for causing battery to a nurse in the emergency room is a Class H Felony. If found guilty, the perpetrator can be incarcerated up to six years and/or charged a \$10,000 fine. Class H Felony's are also applied to cases of battery against, correctional officers, fire fighters, commission wardens, probation related workers, jurors, public offices, court and law enforcement personnel, and employees of the Wisconsin Departments of Revenue, Safety and Professional Service, and Workforce Development.

Instances of workplace violence against nurses have gone beyond the emergency room. Incidents are regularly taking place on other units of hospitals, same day surgery, ambulatory care, primary care, long term care, home care, hospice, and employer based clinics. According to a report published by the American Nurses Association one in four nurses are assaulted while on the job. This data is similar to WNA's research. It is important to note that one common theme in all of these reports is that the majority of nurses did not report the incident.

Reasons for not reporting include the belief that assaults are part of the job and/or the belief that their report will not be investigated and acted upon. This is why workplace violence against nurses is also referred to as the "Silent Epidemic".

WNA views this legislation can serve as a means of empowering nurses to report incidents because of the penalty and, it can also be used to help defuse a situation by sharing the criminal penalty that can result from inappropriate behavior.

On behalf of WNA I want to thank you for allowing me to present the issue of workplace violence. This legislation is not the only solution to addressing this issue. Other strategies are needed to be implemented and WNA and others are working on this. What I can say is nurses want to deliver safe care but it can be difficult to do if they do not feel safe.

I respectfully request on behalf of WNA that this bill be voted out of the committee as soon as possible so we can support Wisconsin's 105,000 nurses and the 60,000 certified nurse assistants we supervise.

I will gladly answer any questions you may have.



ADVOCATE. ADVANCE. LEAD.

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TO: Members of the Assembly Committee on Criminal Justice & Public Safety

**FROM: Jon Hoelter, Director Federal & State Relations
Ann Zenk, RN BSN MHA, Vice President Workforce and Clinical Practice**

DATE: September 18, 2019

RE: WHA Supports an Amended Assembly Bill 175 to Discourage Violence Against All Health Care Professionals Working in a Hospital

On behalf of our 140 hospital members and the more than 100,000 employees working in our state's hospitals, the Wisconsin Hospital Association (WHA) supports Assembly Bill 175's goal of decreasing workplace violence against those delivering health care to patients in Wisconsin. Decreasing violence to health care workers is an important issue given that health care professionals in Wisconsin hospitals have agreed to provide life-saving care to anyone who shows up at their door.

Health care employers and professional groups are acutely aware of the continued escalation of violence against health care workers. In Wisconsin the 15% of injuries requiring days away from work for health care workers are due to violence, three times higher than the rate for other Wisconsin workers. Employers and professional groups are partnering to implement specific protocols and establish policies to minimize risks to health care staff in the event a patient becomes combative or violent. Wisconsin hospitals and health systems are always seeking further deterrents to violence against health care workers. Given that nurses are such a large part of the health care workforce, it makes sense to focus on ways to discourage violence done to them through legislation that would create an enhanced penalty for battery.

We would like to suggest the proposal be amended to broaden and clarify the group of health care workers it would cover and provide the same disincentive to commit violence to others, in addition to nurses. Today, hospitals and health systems have a wide range of different health care professionals they employ and contract with, many of whom could benefit from the proposal you've put together to deter workplace violence towards nurses and those supervised by nurses.

WHA supports expanding the group of health care staff covered by this bill beyond nurses and those supervised by nurses to "all health care providers." This would align the proposed statute with the current statute under 940.20(7) which already covers battery committed to any health care worker in a hospital emergency department.

Without an amendment to AB 175, an act of violence against another 50,000 hospital staff, many of whom have direct patient care responsibilities, would be viewed differently under the eyes of the law than an act of violence against nurses and those supervised by nurses. WHA is working with Representative Spiros and supports his efforts to get an amendment to AB 175 to discourage violence to all members of a hospital's patient care workforce as they carry out the important work of providing high-quality, high-value health care to patients in Wisconsin.

September 18, 2019

Representative John Spiros
Room 212 North
State Capitol
PO Box 8953
Madison, WI 53708

Dear Chairperson Spiros and members of the Assembly Committee on Criminal
Justice and Public Safety,

I am a Registered Nurse and a Nursing Leader and I would like your support of
SB163/AB175 the Workplace Violence Against Nurses legislation.

Throughout the course of my 32 year career in nursing, I have been the recipient
of, and have had opportunity to witness incidents of workplace violence against
nursing colleagues. My most recent, and most dramatic, event occurred within
our Medical/Surgical unit.

One of our nursing colleagues was brutally assaulted by a patient causing
immediate physical injury and potentially long-term psychological ramifications.
She was completely caught off-guard by a patient that struck her in the head with
a piece of medical equipment. She was out of work for six weeks, seeking both
medical and emotional attention. When you have dedicated your life to caring for
others—such an attack challenges the very essence of what brought you to this

profession. Being harmed by those that you serve makes you question your personal and professional choices.

As a leader attempting to support a colleague and a team in such a circumstance, I realized the impact to the entire team that was working that night. From the colleagues that witnessed the event to others that became aware of it—they were all traumatized. The nurses present on the nursing unit believed that their co-worker was mortally wounded. How they felt about returning to our previously safe work environment was significantly changed.

After this event, we became aware that the laws surrounding Class H Felony for such a circumstance were specific to nurses working with an Emergency setting. We feel that the distinctions within the laws, as they currently exist, are inappropriate. We Support standardizing the Class H Felony to apply to all nurses working anywhere in Wisconsin.

Colleen M. Koski, RN MSN
Director of Patient Care Services
HSHS St. Clare Memorial Hospital –Critical Access Designation
Oconto falls, Wisconsin 54154
920-848-6320



**Greater Wisconsin
Agency on Aging Resources, Inc.**

Date: September 18, 2019

To: Chairman Spiros, Vice Chair Sortwell, and Members of the Committee on Criminal Justice and Public Safety

From: Janet L. Zander, Advocacy & Public Policy Coordinator

Re: AB 175/SB 163 – Bodily Harm to a Nurse (Informational)

The Greater Wisconsin Agency on Aging Resources (GWAAR), is one of three Area Agencies on Aging in Wisconsin. We provide training and technical assistance to support the successful delivery of aging programs and services in 70 counties (all but Dane and Milwaukee) and the 11 tribes in Wisconsin. GWAAR is also a member of the Wisconsin Aging Advocacy Network (WAAN), a collaborative group of older adults and professional aging associations and organizations – including the Wisconsin Association of Area Agencies on Aging, the Wisconsin Association of Senior Centers, the Wisconsin Association of Nutrition Directors, the Wisconsin Association of Benefit Specialist, the Aging & Disability Professionals Association of Wisconsin (representing aging unit/ADRC directors and managers), the Wisconsin Adult Day Services Association, the Alzheimer's Association Wis. Chapter, the Wisconsin Institute for Healthy Aging (WIHA), the Wisconsin Senior Corps Association (WISCA), and the Wisconsin Tribal Aging Unit Association.

Thank you for this opportunity to share testimony on AB 175/SB 163 relating to bodily harm to a nurse; proposed legislation that would make it a Class H felony to commit *intentional* battery against a licensed registered nurse (RN), a licensed practical nurse (LPN), or an individual working under the supervision of an RN or LPN.

A safe and healthy workplace is very important for nurses, other health care providers, and all workers and we respect the intention of this legislation is to address workplace violence against nurses. We are concerned; however, that this legislation has broader application beyond nurses, involves care provided in many settings, and could have unintended consequences.

AB 175/SB 163 states, “This bill makes it a Class H felony to commit battery against a licensed registered nurse (RN), a licensed practical nurse (LPN), *or an individual working under the supervision of an RN or LPN.*” Nurses provide supervision to home health care aides, personal care workers, certified nursing assistants (CNAs), and other direct care workers. This legislation clearly goes beyond addressing bodily harm only to nurses. Additionally, nurses and care providers are not only working in hospitals and residential facilities, but also in health clinics, social service settings, and individuals’ own homes. Most importantly, while we understand the enhanced penalties are targeted at those who *intentionally* cause bodily harm to a nurse or to an individual acting under the supervision of a nurse, we are concerned this legislation could have unintended consequences for individuals whose behaviors result from their disease, disability or condition.

Physical aggression is a known behavioral manifestation in persons with dementia and is often related to identifiable triggers or communication challenges. Aggressive behavior has also been associated in some individuals with traumatic brain injury (TBI), post-stroke, with mental illness, with post-traumatic stress disorder (PTSD), and other disabilities or disorders. Unfortunately, there are occasions when these types of disabilities result in behavior causing harm to those providing care and under this bill these individuals could be charged with a Class H felony. While *intent* is a required component of this legislation, there is no guarantee that a person with a disability would not be charged or convicted. A Class H felony in Wisconsin is punishable by up to 6 years in state prison, a maximum fine of \$10,000, or both imprisonment and a fine.

Older adults and people with disabilities need and deserve the best, safest, quality of care that can be provided. Nurses and direct care workers providing care deserve the support and training necessary to adequately prepare them to respond to changing care needs, challenging behaviors, and individuals in crisis. It is imperative that we seek to understand the behaviors and processes occurring in caregiving situations involving violence and continue to work together to identify effective strategies and interventions to protect the health and long-term care workers and those in their care.

Thank you for your consideration of these informational comments.

Contact: Janet Zander, Advocacy & Public Policy Coordinator
Greater Wisconsin Agency on Aging Resources
janet.zander@gwaar.org
(715) 677-6723 or (608) 228-7253 (cell)

Date: September 19, 2019

Re: SB 163/ AB 175 – Bodily Harm to a Nurse (Informational)

To: Chairman Spiros and Vice Chair Sortwell, and Members of the Committee on Criminal Justice and Public Safety

From: Barbara Beckert, Disability Rights Wisconsin, Director Milwaukee Officer

Disability Rights Wisconsin (DRW) is the designated Protection and Advocacy system for Wisconsinites with disabilities. DRW is charged with protecting and enforcing the legal rights of individuals with disabilities, investigating systemic abuse and neglect, and ensuring access to supports and services.

Thank you for the opportunity to share this testimony to inform your consideration of AB 175/ SB – 163 Bodily Harm to a Nurse, which make it a Class H felony to commit battery against a licensed registered nurse (RN), a licensed practical nurse (LPN), or an individual working under the supervision of an RN or LPN. We respect the concerns of the bill's authors regarding addressing workplace violence against nurses. However, after reviewing the potential impact of the bill on people with disabilities, we are concerned that the bill may have unintended consequences and would not have changed the tragic incident that this proposal is responding to.

AB 175/ SB 163 has been described as addressing “bodily harm to a nurse” but the actual scope is far broader. The penalty enhancer included in this bill would also be applicable to situations involving “an individual working under the supervision of an RN or LPN.” This is very expansive and would include personal care workers, Certified Nursing Assistants, and other paraprofessionals who work in a wide range of community settings including private homes and apartments, group homes and schools, as well as traditional healthcare settings.

We are also concerned that AB 175/ SB 163 could potentially criminalize actions by some people with disabilities that are a manifestation of their disability. This concern is particularly acute because of the expansive nature of the proposal and its applicability to large numbers of paraprofessionals who provide care to people with disabilities. Certain types of disabilities such as traumatic brain injury, dementia, autism, or mental illness, may in some cases manifest challenging behaviors, especially when an individual is in crisis. Unfortunately, on occasion these behaviors result in bodily harm to a caregiver. Under this bill a person with a disability could be charged with a Class H felony. While we acknowledge that intent is an element, that does not guarantee that a person with a disability will not be charged or convicted.

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Current law includes a battery statute. Policy makers should be cautious about adding expansive penalty enhancers that may have an unintended and disproportionate effect on people with disabilities.

We recognize and respect the important work of nurses and those who report to them, which is vital to the health and independence of many people with disabilities. Nursing staff and direct care workers often do not receive the support, training and mentoring they need to most effectively respond to a person with dementia or a disability who is in crisis. Additionally, in the face of today's healthcare staffing shortage, sometimes staff can be spread too thin, jeopardizing safety and resulting in an increased chance of injuries when responding to an individual who is in crisis or other complex needs. Although not directly relevant to the tragic situation that this bill is responding to, the broader scope of the bill provides an opportunity to reinforce the need to ensure that direct care and nursing staff receive the support, training and mentoring that they need and deserve. regarding how to respond to a crisis, including responding to challenging behaviors that are disability related.

Thank you for your consideration of these informational comments.



WISCONSIN ACADEMY
of
PHYSICIAN ASSISTANTS

To: Chairperson John Spiros
Members, Assembly Committee on Criminal Justice and Public Safety
From: Julie Doyle, PA-C, President
Date: September 18, 2019
Re: AB 175, bodily harm to a nurse

On behalf of the Wisconsin Academy of Physician Assistants, I respectfully request you add Physician Assistants (PAs) to the list of victims battery of whom would trigger the enhanced penalty under AB 175.

Under currently law, it is generally a Class A misdemeanor to cause bodily harm to another. For certain victims, such as emergency department health care providers, it is a Class H felony. Assembly Bill 175 would make it a Class H felony to cause bodily harm to a nurse or to an individual acting under the supervision of nurse.

PAs, like nurses, are unfortunately subject to workplace violence. Assaults on healthcare providers are a serious violation, can compromise the delivery of health care, and can dissuade healthcare providers from professionals from providing care in some of the most underserved populations in Wisconsin.

If you have any questions, please contact either R.J. Pirlot or Caty McDermott of the Hamilton Consulting Group at 608-258-9506.



WISCONSIN BOARD FOR PEOPLE
WITH DEVELOPMENTAL DISABILITIES

September 18, 2019

Representative Spiros
Chair, Assembly Committee on Criminal Justice and Public Safety
Wisconsin State Capitol, Rm 212N
Madison, WI 53708

Dear Representative Spiros and Committee members:

The Wisconsin Board for People with Developmental Disabilities (BPDD) wishes to provide information on AB 175. We see the potential for unintended consequences that could disproportionately impact people with intellectual and developmental disabilities.

Many people with disabilities rely on registered nurses (RN), licensed practical nurses (LPN), and individuals working under the supervision of an RN or LPN—including Certified Nursing Assistants and other paraprofessionals all of whom who would be included under the proposed enhanced penalty. In addition to health care settings, many people with disabilities who need long term care services and supports are interacting with these professionals in their own homes, Adult Family Homes or Community Based Residential facilities, and schools.

We are concerned that SB 163 could potentially criminalize actions of some people with disabilities that are directly related to their disability or lived experience. There are many conditions and circumstances that can manifest themselves as challenging behaviors and could potentially result in staff injury if the appropriate precautions and responses are not known or taken by staff. The potential for misunderstanding or misperception may increase when individuals do not communicate in traditional ways or are interacting with staff who have not worked with them before. Some reasons that could provoke challenging behaviors as a response to staff include:

- Chronic pain
- Reactions to or side effects of medications
- Sensory conditions, such as autism, or other conditions, like epilepsy or traumatic brain injuries, that heighten or change perception
- Temporary or ongoing mental health conditions
- Progressive conditions like dementia, which disproportionally affect individuals with Down Syndrome and epilepsy, that can change behaviors
- Fear or response to previous trauma
- Using behavior as a communication tool
- Staff who do not have experience with the individual inadvertently triggering behavioral responses

While we appreciate the desire to enhance penalties for intentional battery, in practice intent may be difficult to determine. People with disabilities reacting to any of the triggers listed above could potentially commit battery, and it is unclear if those actions would be interpreted as intentional. Often people with disabilities have staff who are working with them one on one; if an incident occurred there may be no impartial observer that could corroborate intent. Even when multiple people are present, direct knowledge of the person and their disability might be needed to establish intent.

BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities (more about BPDD https://wi-bpdd.org/wp-content/uploads/2018/08/Legislative_Overview_BPDD.pdf).

Our role is to seek continuous improvement across all systems—education, transportation, health care, employment, etc.—that touch the lives of people with disabilities. Our work requires us to have a long-term vision of public policy that not only sees current systems as they are, but how these systems could be made better for current and future generations of people with disabilities.

Thank you for your consideration,



Beth Swedeen, Executive Director
Wisconsin Board for People with Developmental Disabilities

Marie Garwood, MS RN

Darien, WI 53114

In 2013, when I chaired the Workforce Advocacy Committee of the Wisconsin Nurses Association, we conducted a workplace violence survey. A similar survey was conducted in 2017. These surveys were conducted across a variety of workplaces including acute care, ambulatory care, schools, long term care and other places nurses provide care. The results were similar across the two surveys.

Workplace violence toward nurses was defined as violent acts (including physical assaults and threats of physical assaults) directed towards persons at work or on duty.

- Assault can be physical, verbal and/or sexual
- Can be patients, family members and visitors

For the 2017 survey 65% report experienced or witnessed workplace violence in the past 12 months.

- 52% reported being verbally assaulted in the past year
- 34% reported physical assault
- 13% reported sexual assault

Physical violence experienced or witnessed included:

- Patient punching staff
- Hitting, kicking, grabbing, spitting
- Patient punched my CNA in the face
- Biting
- Throwing objects TV remotes, furniture,
- Hair pulling, hair ripped out
- Knocked staff out cold
- Throwing bodily fluids on staff
- Headbutt in the face
- 5 Concussions, herniated disc, broken leg, bursitis in shoulder from aggressive contact, knocked out front tooth
- Strangled
- Stabbed with pens
- Gouged nails into my arm
- Thrown to the floor
- Scratched

- Patient jumped on my back and tried to bite me, wrap IV tubing around my neck and try to hit me with the IV pole

Verbal violence experienced or witnessed included:

- Yelling slanderous comments
- Threatening, use of profanity
- Threat of killing my unborn child- patient attacked staff multiple times
- Swearing, berating, insults
- Threats to harm me, rape me, hurt my kids
- Bullied
- Threaten my license
- Legal threats
- Racial Slurs
- Called inappropriate names
- Name calling, racist remarks false accusations, staff bashing

Sexual violence experienced or witnessed included:

- Suggestive dirty talk
- Molestation of male and female staff
- Pushed up against a wall and attempted to kiss
- Coworkers have been stalked by patients, involving sexually inappropriate letters being written after discharge

The results of these surveys show that RN's, LPN's and CNA's are the recipients workplace violence.

Workplace violence can and does impact retention of employees

- Due to injuries suffered
- Contributes to nurse burnout
- Health care workers who leave because of assaults and threats of violence contribute to a healthcare workforce shortage

AB 175 which expands the Level H Felony penalty to all settings where nurses work can support nurse safety by increased visibility that physical, emotional and/or sexual assaults or threats of assaults against nurses will not be tolerated and nurses will feel more empowered to report actual or threats of assaults.

I encourage this committee to support AB 175.

I have recently retired from a position with the State of Wisconsin, Bureau of Nursing Home Resident Care as a Nurse Consultant. In that capacity I have inspected and conducted investigations of complaints in long term care facilities throughout the state.

I have interviewed numerous RN's, LPN's and CNA's who have described physical and verbal violence directed towards them as they try to do their best to care for their residents.

In one particular case, staff were verbally abused daily by the family members of a particular resident. As the family registered numerous complaints with the Bureau, I spent many hours interviewing staff and making observations. Staff tearfully shared examples of how family members belittled and threatened staff. I witnessed numerous notes posted in the resident's room that called staff stupid and incompetent. Many staff were fearful of the family members and only a few staff felt they could adequately care for the resident under that type of duress. Family members reportedly had grabbed CNA's by the arm and dragged them away from caring for other residents to care for their family member.

In another case, staff reported that a younger resident who was competent, was repeatedly threatening, hitting, punching and spitting at staff. Staff were overwhelmed with the attacks and felt as though there was nothing they could do as the resident needed nursing care.

There has to be a better way. Let's give nurses and their CNA's the support through AB175 that holds perpetrators accountable for acts of violence against those attempting to provide compassionate care. Thank you.

**Testimony in Support of
Nurse Workplace Violence Assembly Bill 175**

Assembly Committee on Criminal Justice and Public Safety

Nicole Kalscheur, MSN, RN

September 18, 2019

Good morning, my name is Nicole Kalscheur, I am a master's prepared nurse and have practiced in nursing for over 11 years. Currently, I hold a director level position overseeing Employee Health and Wellbeing at UW Health, an academic medical center serving 17,000 employees including 2500 Registered Nurses. Thank you for allowing me to testify in support of the Nurse Workplace Violence Bill.

Workplace violence is extremely prevalent in health care. The likelihood of health care workers being exposed to violence is higher than prison guards or police officers. Per the Occupational Safety and Health Administration, 70-74% of workplace violence injuries occur in health care and social service arenas. Violence against nurses is at epidemic levels. According to the American Nurses Association, one in four nurses has been abused in the workplace. Between 2012 and 2014, nurses and nurse assistants experienced higher rates of workplace violence injuries than other health care sector workers, according to an April study by the U.S. Centers for Disease Control and Prevention.

The negative impacts on our system include but are not limited to: health consequences including physical injuries, emotional distress and psychological health concerns as well as operational problems, including inflated costs associated with lost work time, health care, legal fees, decreased productivity, low morale, and some individuals leave the nursing profession altogether.

At UW Health, we have implemented processes to evaluate and support victims of workplace violence. Consistent post event follow up and support to our staff and physicians is imperative, but in isolation of other protections, like this legislation, it severely limits our ability to seek appropriate resolution.

This legislation will strengthen the penalty for workplace violence against nurses in Wisconsin. The severity of the penalty will empower nurses to report incidents, increase awareness regarding the prevalence of workplace violence and support nurses who are victims of violence. It is my hope that the

severity of the consequences and increased reporting will deter perpetrators from violent acts. We are in need of a legislative solution as violence of any kind from any source should not be tolerated.

Thank you for allowing me the opportunity to testify in support of the Nurse Workplace Violence bill.

Sincerely,

Nicole Kalscheur, MSN, RN

Fitchburg, WI 53711

Testimony in Support of Nurse Workplace Violence Assembly Bill 175

Assembly Committee on Criminal Justice and Public Safety

Megan LeClair-Netzel, DNP, RN, AGCNS-BC
9-18-2019

Thank you for allowing me the opportunity to testify in support of the Nurse Workplace Violence bill. My name is Megan LeClair-Netzel. I am a doctorally prepared nurse and have been a nurse for over 8 years in Wisconsin. I currently work in Madison as the manager of Employee Health at UW Health with over 2500 nurses in many different settings. I am also the elected Secretary of the Wisconsin Nurses Association.

According to the American Nurses Association, 1 in 4 nurses has been assaulted at work in the United States. In 2018, the Wisconsin Nurses Association surveyed its Wisconsin members, your constituents, and of the 564 who responded, 65% had experienced or witnessed at least 1 episode of workplace violence in the previous 12 months. These types of episodes include patient punching the nurse, hitting, kicking, biting, throwing objects, headbutts, sexual assault and strangulation. Workplace violence against nurses is a national and local issue.

Workplace violence has a demonstrable negative impact on the nursing profession and the overall health care field. Multiple studies have shown that workplace violence can adversely affect the quality of patient care and patient care outcomes, contribute to the development of psychological conditions in nurses, and reduce the Registered Nurses's level of job satisfaction and organizational commitment.

I have personally experienced violence in the workplace on multiple occasions. I did not report these events as I believed the experiences to be part of my work as a nurse. Had I known legislation like this bill existed then, I would have been more likely to report as there would have been a consequence to the perpetrator.

Expanding the Level H Felony penalty to all settings where nurses work, will create increased visibility that assaults against nurses will not be tolerated. Nurses will be more empowered to report events knowing this consequence exists. 31 other states impose additional penalties on workplace violence against nurses in all health care settings.

Again, thank you for your time and the opportunity to testify in support of the Nurse Workplace Violence bill. I ask you to please support voting in favor of this bill moving out of the committee.

Sincerely,

Megan LeClair-Netzel, DNP, RN, AGCNS-BC

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