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To: Janelle Lynch
Executive Director
House Health Committee

From: John J. Whelan
Delaware County District Attorney

Re: **HB 1992, Health Care Facilities Workplace Violence
Prevention Act**

Testimony In Support of HB 1992

To the Honorable Members of the House:

House Bill 1992 is an important piece of legislation because it works to further society's efforts to ensure the overall safety and security of our valued health care professionals and medical services personnel. The very nature of the health care profession, hospitals, and emergency rooms necessitates contact and interaction not only with persons with urgent medical needs but also with individuals and families who may be highly stressed, in a state of anxiety, in crisis or literally not in their "right minds" due to alcohol, substance abuse, mental health issues or a combination of all of the above. The Pennsylvania Crimes Code recognizes how emergency medical services personnel, which includes, but is not limited to, doctors, residents, interns, registered nurses, licensed practical nurses,

nurses' aides, ambulance attendants and operators, paramedics, emergency medical technicians and members of a hospital security force, can all be placed in harm's way by just doing their jobs. (See 18 Pa.C.S. §2702, elevating the grade of a misdemeanor Simple assault to a second degree felony Aggravated assault where medical services personnel have been victimized while working within the scope of their employment).

House Bill 1992 allows for a proactive educational and prevention effort to be jointly undertaken by health care facility systems management and health care workers themselves. HB 1992 mandates that the Workplace Violence Prevention Program Committee, which is the Act's mechanism for evaluation, planning and prevention, be comprised of at least half of actual direct care workers, the majority of whom must be licensed practical nurses. These are the people with the real front line experience and who will have the ability to effectuate needed changes and improvements at their workplace. Requiring that there must be a violence prevention plan for each facility which is part of a larger health care system recognizes that an effective health care workplace violence prevention program must be tailored to the unique problems and potential risks that exist at each facility. Follow through with the annual risk assessment evaluation and implementation of any recommended action will presumably be a priority of health care management, but the remedy of court action and

an appeal to the Department of Labor and Industry written into the Bill is an added incentive.

Of particular interest to the law enforcement community is the expedited reporting provision and review of workplace incidents by the violence prevention committee. When an assault or other criminal activity occurs at a hospital, the police should be immediately notified so they can “process” the crime scene where necessary, investigate and initiate a criminal prosecution if appropriate. Prompt notification of law enforcement authorities is the first and can be the most important step to a thorough investigation and successful prosecution. Development and support of a crisis response team by the committee to respond to the needs of a health care worker who has been victimized is also crucial.

My review of a criminal case in Delaware County prosecuted last year punctuates to me how an assault on a health care professional can have a long term impact well beyond the healing of any wounds and the loss of time at work. In performing her duties as a RN at a hospital in the City of Chester, the nurse/victim attempted to assist another health care professional with an unruly patient. She was rewarded for her good deed by having the patient severely biting her and removing a chunk out of her arm which resulted in an infection, surgery, and permanent physical and emotional scarring. I have appended her victim impact statement which she read at the defendant’s sentencing hearing which I ask be made part of

this hearing record. As it turned out, the defendant was a forty year old woman who had been smoking “wet” (marijuana laced with either PCP or embalming fluid) and had been picked up by the police when neighbors reported her walking around the neighborhood naked and stated that she had been seen walking around the night before waving a gun.

A final incident which my predecessor G. Michael Green, now Court of Common Pleas Judge G. Michael Green recounted, took place in Chester on a hot summer afternoon in July of 2010. Two sixteen year old males decided to commit an armed robbery of an adult card game in progress. Both the police and the card game participants responded. One of the youths was shot and killed, the other youth shot and wounded and a police officer was also shot. All parties ended up at the same hospital for emergency treatment, along with families and supporters from each faction, along with a large crowd of people who came in response to a report that the police were shooting innocent teenagers. Needless to say, the health care professionals continued to carry out their work of saving lives despite literally and figuratively being in the line of fire and in the midst of a highly volatile gathering of humanity.

I salute the committee’s efforts at putting together a Bill which calls for effective planning, prevention and reduction of the risks that health care professionals must face on a daily basis.