



SENATE MAJORITY OFFICE

FOR IMMEDIATE RELEASE

June 23, 2025

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Health Care Professionals Will Have New Safeguards Against Workplace Violence Under Measure Passed in Oregon Senate

State agency will track data and health care settings will take action against safety risks

SALEM, OR – Across the country, health care workers make up 10 percent of the workforce but endure 48 percent of nonfatal injuries caused by workplace violence. Oregon can set a better track record in the future under Senate Bill 537, passed in the Oregon Senate today.

“It’s sobering to see the statistics on violence against workers trying to care for patients,” said chief sponsor of the bill, **Senate Health Care Committee Chair Deb Patterson (D – Salem)**. “But even more gripping for me was hearing from the people behind the numbers, who bravely testified publicly on the assaults they’ve suffered on the job.”

Senate Bill 537 requires violence-prevention procedures and protections against safety risks in health care settings, along with official data tracking regarding incidents of workplace violence. Under the measure, workplace violence consists of any act or threat of physical violence, harassment, intimidation, assault, homicide, or any other threatening behavior that occurs in the workplace.

Among its provisions, the legislation specifies:

- Health care employers must provide annual workplace violence prevention training to employees and any contracted security personnel
- Hospitals, home health agencies, and hospice programs must not require staff’s last name be included on a badge unless required by federal laws
- Hospitals, home health agencies, and home hospice programs must set up “flagging” systems for potentially violent individuals in electronic health records or elsewhere
- New or remodeled emergency departments must install bullet-resistant barriers or enclosures at the intake window
- Home health care entities must collect information at intake to identify and assess health and safety-related risks

Fairness for patients is embedded in the measure as well. The required “flagging” protocols must:

- Set criteria and processes for setting up, continuing, deactivating, and reactivating the flags
- Give reasons for initiating or revising such flags

- Have a process for patients or their representative to request review and removal of an electronic health record flag

One Republican joined Senate Democrats in supporting Senate Bill 537. The measure passed in a vote of 18 to 11.

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