



SB 1621 & SB 1622: VIOLENCE IN THE EMERGENCY DEPARTMENT

Violence against healthcare workers is has been significantly increasing in the past few years, and the Emergency Department (ED) is at the forefront of workplace violence. Nearly all ED staff has been assaulted, and significant numbers have been injured. This has added pressure to an already understaffed emergency medical system, causing further staffing shortages, delays, and dangerous gaps in care which will only increase further in the coming months and years. One of the significant causes is the complete lack of consequence for assaulting ED staff in Illinois.

The Illinois College of Emergency Physician's (ICEP) is pursuing legislation which sets a significant minimum penalty for assaulting healthcare staff. Specifically, the bill sets penalties for attacks on ED staff which mirrors the consequences for attacks on peace officers—specifically, raising the penalty for battery on ED staff to the level of a felony. Just as in the legislation for attacks on police officers, the law should not protect assailants who are intoxicated—this is not an acceptable excuse. We are hoping to join the many other states who have already passed such legislation in demonstrating that the citizens of Illinois value and support their ED healthcare workers as strongly as we support police, and that neither group should face danger to their person just for performing their extremely necessary work.

ICEP is also pursuing legislation that amends the Health Care Violence Prevention Act to require the health care facility to report any incident of verbal aggression or physical assault of a health worker in an emergency department to the Illinois Department of Public Health. These incidents should be tracked to better assess how each institution is doing on systemically limiting this behavior.

Emergency Physicians say ED violence has resulted in an increase in wait times and often patients leave without being seen or treated by a doctor. Physical violence, intimidation and threats are not accepted in any other workplace, and they shouldn't be allowed or tolerated in a health care setting. Emergency departments should be a safe space where patients are guaranteed they have the full attention and dedication of their care team to treat their ailments.

We urge you support of these important bills.

The Illinois College of Emergency Physicians is the state medical specialty society representing more than 1,300 emergency physicians across Illinois. As the state chapter of the American College of Emergency Physicians, ICEP works to support quality emergency care.



Violence in in Illinois Emergency Department is an Epidemic for Patients, Physicians, Health Care Providers, Hospitals, and the Public

Violence in Emergency Departments is exacerbating the burnout and impacts of mental health of the health care workers and causes risks to patients receiving high-quality care.

- **The rate of violence experienced has significantly increased.**
 - 85% of emergency physicians believe the rate of violence experienced in emergency departments has increased over the past five years.
 - Two-thirds of emergency physicians report being assaulted in the past year alone (66%), while more than one-third of respondents say they have been assaulted more than once.
 - Assaults are on the rise with nearly a quarter (24%) of emergency physicians reporting being assaulted multiple times a week (up from 8% in 2018).
 - Patients committed nearly all assaults (98%) against emergency physicians. Additionally, three in ten assaults (31%) were committed by family or friends of the patient being treated.

- **ED violence has increased rates of health care worker burnout and harming patient care.**
 - More than eight in ten emergency physicians say ED violence has resulted in an increase in wait times (85%).
 - 87% of emergency physicians report a loss of productivity from the physician or staff as a result.
 - 85% of emergency physicians report emotional trauma and an increase in anxiety because of ED violence.

- **The full impact of violence against healthcare workers is understated because many incidents are never reported.**
 - Many health care workers decline or are encouraged not to report assaults for a variety of reasons and leaving most assailants not held accountable.
 - When administration does get involved, physicians note it is often to de-escalate the situation in a way that appeases the family or patient, and not the physicians or staff.
 - Many emergency physicians indicated the hospital's reaction is minimal: escorting the patient off property, restraining the patient, or in many cases, no action at all.

Physical violence, intimidation, and threats are not accepted in any other workplace, and they should not be allowed or tolerated in a health care setting. Proper protection protocols and practices should be in place to ensure safety of patients, family, friends, and health care workers on the frontlines in Emergency Departments.

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Stories from Illinois Emergency Physicians

These are firsthand accounts shared from emergency physicians experiencing violence in the ED.

“I had a patient who was in our ED for possible homicidal thoughts (had been dropped off in the waiting room by police, but no one had been given warning that she was there). She was heard by staff saying that she wanted to kill her family who lived in a town 20 min away. We brought her back to the room, and in the room, was me, 2 nurses, a tech and 2 security guards as we were trying to calm her down, deescalate and get her to talk to us. I turned for a moment to close the door of the room, and she pounced off the bed (with everyone in the room) and grabbed my neck, her force pounded my head into the door, I was knocked out and she continued to choke me until the staff was able to get her off me. I had a concussion from that, choke/bruise marks on my neck, and of course the emotional hurt as well.”

“I am a paramedic. On one call, we had a psychiatric patient spit at another paramedic in the face while transferring care in the ED. She was restrained, but since she was a younger woman and we were two male paramedic providers, we elected not to sedate her further due to her allegations on scene that we would sexually assault her. This occurred at a time before the COVID-19 pandemic where facial PPE precautions were not as well emphasized as they are now.”

“One of the physicians that I worked with in the ED was punched and had his coat ripped by a patient who was abusing alcohol and looking for prescription narcotic medications. While the patient was arrested, charges with later dismissed due to his psychiatric problems.”

“Patient with acute psychiatric illness had escalated in his aggressive behavior while being in the ED. This patient had required medical stabilization. Patient's mother became also very agitated and directed her agitation towards our Security officer, pushing the officer. Officer fell sustaining injuries to his extremity.”

“Patient who had been seen weeks ago, a healthcare worker with mental health problems, and had threatened certain staff in our ED, so people knew that she always had to have security nearby when she came in. She came back from the backside of the hospital on a day I was working, snuck into the employee door, and came right up to me at my computer, reached in her pocket, and threw some pebbles at me saying... next time, you would not be alive if I come in again. I honestly thought she was going to pull a gun out.”

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