

**SB 537 Workplace Violence Prevention Safety Requirements in Healthcare Settings Rule
Advisory Committee**

November 10, 2025

9 a.m. via Microsoft Teams

RAC MEMBER ATTENDEES	
Alicia Holihan	Peace Health
Barb Hansen	Oregon Hospice and Palliative Care Assoc
Ben Gurewitz	Disability Rights Oregon
Bill Schueler	Oregon Emergency Nurses Association
Brian Boggess	Samaritan Health Services
Christie Wiles	Sky Lakes Medical Center
Myra Khushbakht (for C. Craig Rudy)	Oregon Chapter, ACEP
Emily Bennett	Providence Home & Community Care
Emily Cronan	Oregon Nurses Association
Hollie Caldwell	Oregon Center for Nursing
Iria Nishimura	Willamette Vital Health
Jamie Daugherty	Oregon Association for Home Care
Craig Abel (for Jamie Harbick)	Registered Nurse
Janna Higgins	OHSU
Jennifer Thornburgh	Kaiser Permanente
Katie Harris	Hospital Association of Oregon
Mark Bonanno	Oregon Medical Association
Mark Sohm	Legacy Health
Matt Swanson	SEIU
Matt Clark	Samaritan Evergreen Hospice
Michelle Brenholdt	Registered Nurse
Odalis Aguilar	Oregon AFSCME
Travis Nelson	Oregon Legislature
Tyler Kerns	Saint Alphonsus Health System
Wendy Trapp	Providence
OTHER INTERESTED PARTY ATTENDEES	
AmyBeth Altenhofen	Chief of Staff-Rep. Nelson
Jesse Cornett	Kaiser Permanente
Tracy Douglas	Crisis Prevention Institute

OHA and State Partners

Anna Davis	Public Health Division (PHD), Health Care Regulation and Quality Improvement (HCRQI)
Dana Selover	PHD-HCRQI
Gretchen Hall-Wunderlich	Dept of Consumer and Business Services (DCBS) - Oregon OSHA
Gretchen Koch	Oregon State Board of Nursing (OSBN)
Jerry Walker	PHD-HCRQI
Linda Presnell	DCBS-Oregon OSHA
Mellony Bernal	PHD-HCRQI
Sadie Morrissey	PHD HCRQI

Welcome and Meeting Procedures

Mellony Bernal welcomed RAC members and introduced the meeting and went over meeting procedures and expectations.

- In lieu of introductions to save time, participants were asked to identify themselves in the Chat.
- It was noted that the meeting is being recorded and all information shared is a matter of public record and may be disclosed.
- Per OHA policy, members of the public may observe only. Should public members have information they would like to share, they can send information by email to mellony.c.bernal@oha.oregon.gov or to sadie.morrissey@oha.oregon.gov. Any information received will be shared with RAC members and OHA staff.
- The agenda was briefly reviewed.

D. Selover thanked members for their participation, recognizing that these conversations can be difficult as we work to address both real and potential harm to healthcare workers. At the same time, she acknowledged the need to consider the risks to patients, particularly when exclusions from care may occur because of violent behaviors. It was noted that any rules developed must comply with the legislation. As the HCRQI section reviews input, the guiding priority will be ensuring that the rules are focused on reducing harm.

- D. Selover acknowledged that there is pressure to get these rules filed and in effect by January 2026 and reminded RAC members that as we consider final input at this meeting, there will be another opportunity to provide oral feedback at a public hearing, or to provide written public comment during the public comment period.
- It was noted that as facilities implement the requirements and learn of gaps or redundancies, rules can be amended provided they stay within the bounds of the statute.

Administrative Rule Review

M. Bernal reviewed the following changes to rule in response to feedback received in writing and during RAC meetings.

OAR 333-027-0046 – Geographic Service Area (Home Health)

With respect to a branch office of a Home Health Agency (HHA) operating within the geographic service area of the parent HHA, reference to 'level of care' has been added, noting that the branch office must provide the same 'level of care' and range of care and services offered by the parent HHA.

No further comments from the RAC.

OAR 333-027-0060 – Administration of Home Health Agency

Language that was previously under clinical record requirements has been moved to this rule. Language added clarifies that an HHA must establish in writing and review annually, policies relating to worker safety program requirements and flagging systems.

No further comments from the RAC.

OAR 333-027-0115 – Worker Safety Program Requirements (HHA)

M. Bernal noted that changes reflected in this rule have also been made to Hospice Programs (333-035) and Special Inpatient Care Facilities (333-071). In response to a question by a RAC member, comments regarding all three of these facility types may be shared. The following changes were identified and discussed:

- Definition of "hazard" was added based on the recommendation of a RAC member. A few changes were made to the definition to align with SB 537 or OHA policy.
 - RAC member shared concerns that the definition includes a reference to a 'lack of law enforcement or emergency response capability' noting that facilities may not know whether there is coverage or not. Staff remarked that facilities can consider whether there is a known or unknown issue, or whether it's not an issue for their location. Examples – known dead zone cell coverage, how long it may take EMS to respond to certain areas, etc.
 - RAC member suggested adding the word "timely" in front of law enforcement or emergency response capability.
 - RAC member shared that 'including but not limited to' language gives leeway for facilities to add other language in their own policies without being written in the rule.
- Intake risk assessment language was revised to align with language in SB 537, including reference to weapons.
- A time frame of 12 months for patient's history of violence was identified for purposes of hospital discharge coordination.
 - RAC member questioned whether any evidence-based rationale was used for 12-months. Staff noted that based on previous discussions about one-time events and

focusing on recent behaviors, and the fact that policies and procedures need to be reviewed annually, that 12-months was chosen. RAC members were encouraged to share any articles or other evidence for consideration.

- To address some of the duplicate training standards (SB 537, Section 4 and Section 13), language has been added noting that the additional training elements may be incorporated into the training required under ORS 654.414.
- In response to the request to add examples of the types of safety assessments to conduct, language was added indicating the safety assessment may include the same criteria identified under ORS 654.414(2) and (3). These criteria include frequency of workplace violence including attempts, causes and consequences of workplace violence against employees, plans to address causes, and whether security considerations were implemented.
- In response to written feedback, language under 'Safety checks' was amended, incorporating examples of the types of mechanisms that can be put in place in alignment with ORS 654.421.

Several RAC members indicated via Chat support for the changes.

ACTION: Consider adding "timely" to law and enforcement and emergency response capabilities.

OAR 333-027-0125 – Potential Threat or Disruptive Behavior Flagging Systems

M. Bernal reiterated that most of the changes in this rule were made to align with language in SB 537 and reviewed additional changes based on comments received and previous RAC discussions.

- Previously, RAC questioned whether to include a reference to sexual harassment in the definition of disruptive behavior. Staff noted that the current definition includes reference to harassing behavior and would interpret this to capture sexual harassment.
- The definition of 'flagging system' as defined in SB 537 was added to the rule and further clarified by noting that 'other individuals' may include caregivers or support persons.
- The definition of 'visual flags' as defined in SB 537 was further clarified based on concerns stated by RAC members that visual flags may be stigmatizing by nature. The following language was added, "Visual flags may be used to communicate essential information in a clear, respectful, and non-stigmatizing manner to promote safety and provide neutral alerts or reminders that guide appropriate action without assigning negative labels or implying violence."
 - RAC members indicated appreciation and agreement with the change via Chat.
- In terms of requirements for electronic health record (EHR) flags, additional clarifying language was added as follows:
 - Training and education on the assignment of EHR flags needs to include instruction on reducing unconscious bias to ensure that EHR flags are not unfairly or disproportionately applied to persons of color or persons with disabilities.

- EHR flags must be reviewed on a regular, periodic basis. Staff noted that specific time frames for review should be identified by the facility based on need.
 - RAC member reiterated the need to identify a specific time frame for review as the current language is too broad. A facility may identify 5 or 10 years as the time period for review. It was requested that a minimum time frame be considered, such as "at least every X time."
- Reference to caregiver or support person was added to paragraph about the process to request review and removal of an EHR flag.
- Changes to visual flag requirements were made to align more closely with SB 537.
 - RAC member via Chat reiterated concerns that visual flags are included for hospice programs, especially if visual flags are required to be used in senior communities and homes.
 - In response to question by RAC member via Chat, staff shared that based on SB 537 and the requirement that flagging systems developed include visual flags, it is possible that these visual flags are seen by the public.
 - RAC member via Chat noted that operationalizing flags in senior communities can mirror current practices for 'wandering' or 'PPE.' It was also noted Via Chat that in independent living, the flags are intended to create a 'just-in-time' check, not to publicize. Flexibility is for the agency to be able to decide how to create the code/sticker, etc.
 - RAC member asked that additional language be considered to ensure the privacy and safety of the individual for which the visual flag may apply. Example provided of a visual flag posted on an apartment door that is seen by neighbors, mailman, delivery person, etc.
- Lastly, additional clarification was added to the section about prohibited actions based on a flag, despite the fact that language already exists that these actions cannot be taken based **solely** on the presence of a flag. Specifically, language was added indicating that if it is necessary to prevent or lessen serious or imminent threat to the health or safety of an employee, patient, caregiver, support person or the public, law enforcement may be contacted.

ACTION: Consider specifying a minimum time period that facilities need to review EHR flags and consider additional language for purposes of visual flagging that ensures the privacy and safety of the persons impacted.

OARs 333-027-0150, 333-035-0180, 333-071-0430, and 333-505-0050 – Clinical Records/Medical Records

In response to feedback from the RAC, initial edits made to all facility type clinical records or medical records rules have been removed and placed into other rules relating to development and review of policies and procedures.

No further comments from the RAC.

**OAR 333-035-0165 – Worker Safety Program Requirements (Hospice Programs) and
OAR 333-035-0167 – Potential Threat or Disruptive Behavior Flagging Systems**

Staff shared that the changes are the same as those identified for Home Health, noting that requirements for policies and procedures was removed from clinical records. Language was added clarifying that there must be documentation in personnel records of completion of required training. And that written protocols and procedures must be established and reviewed annually.

- RAC member asked for clarification on using the term "home health care setting" in OAR 333-0035-0167 and noted it is confusing. Staff responded that the definition was based on the definition provided in SB 537 but was amended to reflect hospice services or home health services being provided.

No further comments from the RAC.

Special Inpatient Care Facilities

OAR 333-071-0400 – Organizational Policies

OAR 333-071-0423 – Worker Safety Program Requirements

OAR 333-071-0425 – Potential Threat or Disruptive Behavior Flagging Systems

M. Bernal noted that comments had been received by RAC members regarding why the classification of a Special Inpatient Care Facility (SICF) had been called out in some areas of the rules. Based on definitions used in SB 537, not all of the requirements impact all classifications of an SICF.

Staff noted that while an SICF is a hospital pursuant to ORS 441.020, they operate in a very different manner. Currently, the only licensed SICFs are Freestanding Hospice Facilities that have a bed count of 14 or less. Sometime in the future, a Rehabilitation Hospital may be licensed.

Changes included:

- Similar to changes in Home Health, the requirement to develop policies related to a workplace violence prevention program and flagging systems was moved from Medical Records and placed under organizational policies. These policies will need to be reviewed annually.
- Documentation of completion of worker safety training needs be added in personnel records.
- Requirements that were duplicated were removed.

No further comments from the RAC.

Hospitals

OAR 333-500-0025 – Satellite Operations

OAR 333-505-0030 – Organization, Hospital Policies

OAR 333-505-0045 – Potential Threats or Disruptive Behavior Flagging Systems

The following changes were made to these rules:

- Aligned language with the rule title indicating that a hospital satellite must comply with OAR 333-505-0045 relating to potential threat or disruptive behavior flagging systems.
- Adding requirement that a hospital must have a plan in place to share any known patient history of violence within the last 12 months with home health agencies or hospice programs when a patient is referred to receive those services.
 - RAC member asked that language be clear that the hospital is required to comply with the plan.
 - RAC member noted that based on the rule text, the hospital must "adopt, maintain, and follow" admission and transfer policies that address a plan to share patient's history of violence. The policy would need to be adhered to and as such should address the concerns noted.
- Language alignment and specifying that flagging system protocols and procedures must be reviewed on an annual basis.
 - RAC member asked whether the annual review requirement was specified in SB 537, noting that many hospitals review their policies and procedures every three years versus annually. Having to conduct annual reviews may result in a manual process. "If the hospital has a safety committee or PRV committee the review can happen in that committee and recorded in the minutes without adjusting a policy platform."
 - Via the Chat, several RAC members concurred with comment and noted that every three years aligns with Joint Commission accreditation review.
 - RAC member noted that under Section 3, subsection (5) of SB 537, there is a requirement that the health care employer review its workplace violence program every year, as well as do annual training. The suggested annual review of policies and procedures would therefore align and perhaps could be completed in conjunction with these other annual requirements.
- Flagging system changes as previously shared and discussed for HHAs and Hospice Programs.
 - RAC member suggesting changing the definition for 'visual flags' to indicate that visual flags **must** (versus may) be used to communicate essential information in a clear, respectful and non-stigmatizing manner...
 - RAC member suggested adding reference to 'persons with disabilities' relating to unconscious bias instruction that would align with changes made under other facility types.

ACTION: 1) Consider clarifying that a hospital must comply with its plan to provide patient history of violence with home health and hospice agencies prior to transfer; 2) Reconsider requirement to review policies on an annual basis; 3) Reconsider identifying a minimum required time frame to reassess flags; 4) For visual flag definition, replace may with must; and 5) Add reference to persons with disabilities for purposes of unconscious bias instruction.

OAR 333-535-0015 – Physical Environment (Hospitals)

No changes related to requirements for bullet-resistant intake windows were made; however, in response to questions posed at the previous RAC meeting, staff shared that whether a construction project in the emergency department will require installing bullet-resistant barriers will depend on the project. Generally, if the area of the emergency department that is under renovation includes the area where patient intake will occur, then it likely will apply.

- RAC member asked whether bullet-resistant barriers would be required in other areas that triage patients? Staff shared language in SB 537 and noted that the requirement is very specific to emergency room intake windows within the emergency department where patients are registered. This would not preclude a hospital from taking similar safety measures in other areas of the hospital.
- RAC member shared in the Chat language from OAR 333-535-0015 (5)(b).
- RAC member stated support of bullet-resistant glass and construction due to violence experienced in the emergency department.
- RAC member asked for further clarification based on the text in SB 537, Section 10(2) regarding providing a protective barrier between hospital employees and potential threat of violence. Staff went through the language including how terms were defined. RAC member shared that the language in the law may need to be readdressed in the future given that care is frequently provided in waiting areas placing staff at risk. Via Chat, the following comments were shared:
 - RAC member indicated support of OHA's interpretation.
 - RAC member shared that typically patients' check-in at an intake window to share basic information in order to start triage or treatment. The intake window is the first point of contact for patients/visitors and the first layer of safety. Depending on the design of the intake, lobby and triage areas, a hospital may want to assess risk and determine if additional bullet-resistant barriers are needed.
 - RAC member noted that it is important that rules be appropriately applicable to hospitals of all sizes in the state.
 - RAC member indicated that registration intake areas are separate from triage areas, and no direct patient contact is typically made during this process. Often the triage areas are the first place to have direct patient contact and would be a different context to discuss what protective barriers could be discussed.
 - RAC member shared that the proposed rules reflect the specific requirements for SB 537, specifically the ED intake area construction. The language does not preclude organizations from applying similar standards for other higher risk areas.
- RAC member reiterated information shared via Chat that the intake window is usually first point of contact. Every emergency department is different and may even include patients, visitors, and staff going through a metal detector to get to the intake window.

No further comments from RAC.

Additional questions and comments

RAC member asked via Chat for an update on Oregon OSHA's rulemaking for SB 537 and noted it would be helpful to ensure consistency between the separate rulemaking processes.

- Linda Pressnell from Department of Consumer and Business Services shared that OSHA is engaged in its own rulemaking process for both SB 537 and HB 2024 relating to behavioral health care. Draft language is being developed as well as developing an invitation list for the Rule Advisory Group.

People interested in participating in the Rule Advisory Group can go to:

<https://osha.oregon.gov/rules/advisory/healthcare-employee-safety/Pages/default.aspx> for more information.

The first meeting is tentatively scheduled for the first week in December and has not yet been confirmed.

RAC member asked about the timeline for when OSHA rules would be effective and the difficulty in addressing policies and procedures and operationalizing the requirements given there will be two separate effective dates.

- L. Pressnell noted that since the agency is still developing draft language, OSHA cannot identify a timeline now.
- RAC member asked whether OHA should consider a slightly delayed rule effective date that aligns with Oregon OSHA rulemaking in the event there are conflicting rules that developed in the separate process that needs reconciliation. Staff noted they will discuss with legal counsel what options it might have.

Statement of Need and Fiscal Impact

M. Bernal summarized the Statement of Need and Fiscal Impact (SNFI). Discussion:

- RAC member asked about the Racial Equity Impact Statement tool noted on the form. Staff responded that the email sent on October 28th included elements from the tool.
- RAC member asked about the inclusion of discrimination or unconscious bias against people who have lower socioeconomic status. Staff responded that it is appropriate to include these populations and any language they would like to include would be taken into consideration. RAC member suggested that the rule language include reference to 'or persons with lower socioeconomic status' under the rules about flags being unfairly or disproportionately applied to persons.
- RAC member asked whether the AI review of the bullet-resistant window included only the window requirement or whether aspects of the wall and other requirements were included. Staff noted that they will conduct a further review and asked whether hospitals on the call who had completed this work could share estimates. RAC member further noted via Chat that the estimate of \$25,000 is low. RAC member suggested it may be easier to come up with a 'by square foot cost for 'glass/walls.'
- RAC member asked whether units of local government include health districts, i.e. Harney District Hospital, Lake District Hospital, and Lower Umpqua Hospital. Staff will review and revise as needed.

- RAC member noted that as indicated in the SNFI, there are HHAs and Hospice Programs that meet the definition of small business. Despite the fact the law becomes effective on January 1, 2026, time is needed in order for these facilities to develop necessary policies, protocols, and procedures. Staff noted that that OHA does not have instant civil monetary penalties and work through plans of corrections as part of the survey process. Tools will be made available on the OHA website for measuring compliance and webinars may be conducted to help walk staff through the tools.
- RAC member via Chat indicated that the Oregon Legislature should provide funding dedicated to the development of the required training to be provided free similar to what has been done for paint management. The required training could be delivered on-line to ensure equal access to rural areas. Another RAC member responded that Joint Commission requirements include hands on which doing on-line would pose a significant challenge to show proficiency for learners after completing the training for kinesthetic learners.

NEXT STEPS/DEADLINES

November 12 - M. Bernal requested any final suggested changes or comments regarding the proposed rules **by 5:00 p.m. November 12**. Comments will be reviewed, and final proposed rule language will be submitted to the Department of Justice for review. Key deadlines follow:

- November 19 – Submit final proposed rule language to the Public Health Division's Rule Coordinator.
- November 24-26 – Notify interested parties and legislators of the proposed rulemaking.
- December 1 – Publish the Notice of Proposed Rulemaking in the Oregon Bulletin.
- On or after December 15 – Conduct public hearing to receive oral comments on the proposed rules.
- On or after December 22 – Deadline for submission of written public comments.
- Mid-January – Anticipated effective date of the rule. Per the Administrative Procedures Act, a rule may not become effective until at least 49 days after legislative notification.