



SB 1 AN ACT CONCERNING THE HEALTH AND SAFETY OF CONNECTICUT RESIDENTS

PUBLIC HEALTH COMMITTEE

Monday, March 18, 2024

Dear Senator Anwar, Representative McCarthy Vahey, Senator Kushner, Senator Marx, Representative Parker, Senator Somers, and Representative Klarides-Ditria, and members of the Public Health Committee,

Thank you for the opportunity to provide testimony in **support of SB 1 AN ACT CONCERNING THE HEALTH AND SAFETY OF CONNECTICUT RESIDENTS**, specifically sections 1-9 on workplace safety and in other sections to advocate for the inclusion of RNs and APRNs on several working groups/advisories.

Section 1: We applaud the thoroughness in outlining critical variables that may impact safety, to support decision making and creation of a safety plan for healthcare workers during home visits. Emphasizing the need for seamless communication and data sharing among healthcare, legal, and correctional systems is paramount. It's essential to rigorously assess proposed strategies to ensure they do not create or contribute to structural and systemic racism and ensure equitable access to healthcare. Immediate action is necessary, including convening stakeholders to establish a robust communication system.

Regarding home hazards such as fire alarms and electrical risks, proactive measures are vital. Collaborating with home care agencies to educate workers on such assessment and implementation of a home for safety hazards during initial visits is crucial for ensuring the safety of both healthcare workers and clients.

Section 2: Consider going one step further to ensure all stakeholders are included, add a pathway for home care agencies and local police meet at least annually to review the number of alerts. We also know systems work best when those in the system participate in the creation of education and training, so there is clear expectations, and understanding of each other's roles and expectations. Consider adding training collaboration between home health agencies and local police or escorts as a requirement of training.

Section 3: Workplace violence in healthcare is underreported, some estimate 30-80%. We rely on reporting for tracking, as well as understanding the breadth and depth of issues, whether the safety strategies are making an impact, and for future planning. Reporting of incidents is critical to understanding the scope of the issues, and future planning. Encourage the Department of Public Health to work with home health care providers and the home health



care associations to determine important variables of information to collect to support data analysis and root cause analysis and evaluation of current processes.

Section 4-6: Reimbursement of escorts will support their availability and usage. It is important for the use of escorts to become the norm and expected practice when high safety risks are identified.

Section 8: Safety Work Group, recommend either to add to the group, or edit line 147 to add specificity of the home health workers to be at the table. The agencies understand the challenges of the system and insurance, the home care workers understand how the process actually gets implemented, and the many variables to consider on the front line. They must be included in the workgroup.

Sec. 19. Gun violence prevention education. Respectfully request a member of a statewide nurses association be added to the workgroup on procurement of educational materials. A core component of ambulatory/primary care nursing care is patient education. Nurses are educated in patient centered education that considers principles of health literacy, and cultural and linguistic responsiveness. Nurses provide meaningful patient education, that goes beyond handing someone a pamphlet, but can engage in meaningful conversation, and can utilize teach back, and listen for understanding.

Sec. 36 Working Group to Address Loneliness and isolation. Our state is lucky to have amazing nurses on the frontlines, as well as researchers, and they hold expertise on a wide variety of topics. CT has a nurse researcher whose area of expertise is loneliness. We respectfully recommend including nurses on this working group.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Kim Sandor".

Kim Sandor, MSN, RN, FNP

Executive Director

Connecticut Nurses' Association