



SB 369 AN ACT CONCERNING HOMECARE WORKER SAFETY

PUBLIC HEALTH COMMITTEE
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 369 HOMECARE WORKER SAFETY**.

My name is Kim Sandor, I am the Executive Director of the Connecticut Nurses Association. The Connecticut Nurses Association is the state constituent member of the American Nurses Association and works to represent the nurses in Connecticut across all specialty areas and practice settings.

SB 369 presents a crucial opportunity to address the safety of health care providers working in patient's homes. Nurses and home care agencies provide essential services and support to individuals and communities throughout Connecticut. However, the nature of our work exposes us to various risks, including workplace violence and hazardous situations. According to a 2019 survey by the American Nurses Association, 1 in 4 nurses reported being physically assaulted while at work. The stories of violence that nurses endure are horrifying and all too common, with tragic incidents like the murder of nurse Joyce Grayson serving as stark reminders of the dangers we face.

Please consider our comments related to the following sections.

1. **Section 1. Home Safety Assessment:** It is critical that healthcare workers understand the potential for safety issues prior to a visit, the signs of risks during a visit, as well as understanding what to do to mitigate those risks. We appreciate all the elements captured in section 1 of this bill, as potentially impacting the safety of a healthcare provider in the home.

While the idea of a home safety assessment including hazardous materials, fire alarms, electrical hazards, etc. is a sound concept. We have concerns about how this will be



accomplished in a meaningful way. We encourage the committee to consider a health care system, social services, approach to information collection and sharing.

The majority of home health care occurs through a referral process. A thoughtful, integrated system that supports the sharing of safety concerns that intersects with health care entities would be beneficial.

We also believe any assessment undergoes rigorous review to ensure there is no contribution to structural and systemic racism or adding to challenges in accessing health care.

Section 2: Training, information sharing, and ready access to help when needed. This section is very important for the implementation of safety strategies.

Section 3: Reporting of abuse. I think language around reporting whether in a hospital, long term care, rehab, home care should be consistent...are we using violence, abuse, harassment, do they have different meanings? For clarity, and good data stewardship, DPH should meet with healthcare stakeholders to define the terms that will be used, and information about reporting that will be collected. With the collection of complete, reliable, and quality data, the data will be useful to drive decision making.

Section 8: Working Group to Study Staff Safety. This working group MUST include staff that are providing care. Only specifying “employees” does not mandate a health care provider, doing the work and in the space, is at the table. It is important the table includes stakeholders that understand community safety, employers, insurance, and the employees.

Thank you for your attention to this critical matter. Should you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

Kimberly Sandor, MSN, RN, FNP
Executive Director
Connecticut Nurses Association