



*Jill C. Fike*  
Director

*Angie Fiese*  
Deputy Director

**Senate Research Office**  
*204 Paul D. Coverdell Legislative Office Building*  
*18 Capitol Square*  
*Atlanta, Georgia 30334*

*Telephone*  
*404.656.0015*

*Fax*  
*404.657.0929*

**THE FINAL REPORT OF THE  
VIOLENCE AGAINST HEALTHCARE WORKERS  
JOINT STUDY COMMITTEE**

**COMMITTEE MEMBERS**

**Senator Renee Unterman – Co-Chair**  
District 45

**Representative Katie Dempsey – Co-Chair**  
District 13

**Senator Gloria Butler**  
District 55

**Representative Robert Dickey**  
District 140

**Senator Butch Miller**  
District 49

**Representative Darlene Taylor**  
District 173

**Hany Y. Atallah**  
Grady Health System

**Versie E. Davis**  
View Point Health

**Lynn Echols**  
Habersham Medical Center

**Kay Hall**  
Northeast Georgia Health System

**Quentin L. Jude**  
Medical Center - Navicent Health

## **Committee Focus, Creation, and Duties**

---

The Violence against Healthcare Workers Joint Study Committee was created by Senate Resolution 981 to examine the causes and the solutions to the ever-increasing violence committed against healthcare workers, particularly emergency department personnel.

Senator Renee Unterman of the 45<sup>th</sup> and Representative Katie Dempsey of the 13<sup>th</sup> Co-Chaired the Committee. Other legislative members included Senator Gloria Butler of the 55<sup>th</sup>, Senator Butch Miller of the 49<sup>th</sup>, Representative Robert Dickey of the 140<sup>th</sup>, and Representative Darlene Taylor of the 173<sup>rd</sup>. The Governor's five appointees included Doctor Hany Y. Atallah, the medical director of Emergency Medicine for Grady Health System; Versie E. Davis, the director of Crisis Stabilization Programs and the Addictive Disease Residential Program at View Point Health; Lynn Echols, the director of the Emergency Department, Primecare and Respiratory Services at the Habersham Medical Center; Kay Hall, emergency department operations manager for the Northeast Georgia Health System; and Quentin L. Jude, chief of police for the Medical Center - Navicent Health Police Department.

The Committee held three meetings and met on September 9, 2014, at the Northeast Georgia Medical Center in Gainesville; October 28, 2014, at the Habersham Medical Center in Demorest; and November 18, 2014, at Grady Memorial Hospital in Atlanta.

The Committee heard testimony from the following: Deb Bailey, Director of Government Relations for Northeast Georgia Health System; Van Haygood, Director of Emergency Services for Northeast Georgia Medical Center; Kevin Lloyd, Executive Director of Behavioral Health Services for Northeast Georgia Medical Center; Mike Raderstorf, Director of Security Services for Northeast Georgia Medical Center; Vaughan Legg, Registered Nurse employed by the Northeast Georgia Medical Center; Mike Armstrong, Habersham Medical Center Director of Engineering/Security; Joey Terrell, Habersham County Sheriff; Michael Claeys, Executive Director of Grady Behavioral Health Services; Joseph Mulligan, Interim Director of Grady Security and Public Safety; Jerome McCants, Manager of Grady Security; Sabrina Rhinehart, Georgia Public Defender Standards Council; Danny Porter, District Attorney of Gwinnett County; Monica Parker, Director for Community Mental Health for the Department of Department of Behavioral Health and Developmental Disabilities; and Kim Littleton, Executive Director of the Georgia Association of Emergency Medical Services. Committee members Kay Hall and Lynn Echols also testified before the Committee.

## **Background**

---

Violence against healthcare workers is a pervasive problem that threatens the safety of staff, patients, and visitors in hospitals and other healthcare facilities. It demoralizes healthcare professionals, especially nurses, who are most often the victims of violence, and costs medical facilities millions in lost time, workers' compensation, employee turnover, reputation for quality care, and additional security measures. Although the vast majority of violence against healthcare workers occurs in Emergency Departments (ED) and Psychiatric Departments, it can impact the entire healthcare spectrum, from emergency medical personnel to a stand-alone general practitioner's office.<sup>1</sup> Unfortunately, due to under-reporting, the occurrence of physical violence and verbal abuse toward healthcare workers is difficult to quantify.

The Committee invited representatives from the following areas to participate in its three meetings: ED nurses and doctors, hospital administrators, defense and prosecutorial attorneys, law enforcement, hospital security, mental health/substance abuse services, emergency medical services personnel, and health policy experts. The following is a summary of the important issues presented to and discussed by the Committee:

- A significant percentage of incidents occur in EDs and behavioral health departments;
- Many assaults go unreported;

---

<sup>1</sup> While "Emergency Room" is more commonly used among the general public, this report uses "Emergency Department" or "ED," which is the more formal term used in hospitals.

- There is a reluctance to press charges against patients with mental disorders, as well as difficulties prosecuting them;
- Local law enforcement data, and sometimes hospital data, is not specific enough or uniform enough to provide reliable information related to violence in the healthcare setting;
- Security varies from hospital to hospital; from full time, uniformed armed officers; unarmed uniformed private security officers; to no formal security at all;
- A significant amount of violent or assaultive behavior is caused by patients with mental disorders or patients with drug or alcohol addictions;
- There is no uniform security training available to medical staff from hospital to hospital; and
- Strategies to prevent or deal with violent incidents vary by hospital.

### **Potential Causes of Violence**

---

The majority of people generally associate violence in the workplace with physical assault and homicide, not with intimidating postures or expressions of mild anger. It is important to understand that workplace violence involves actual violence and the threat of violence, since both can create a hostile environment. Even with this understanding, healthcare workers face a significantly higher risk of injury from nonfatal assaults (actual violence) than that of other workers. The threat of violence, although not adequately tracked by most healthcare organizations, is also quite high in terms of threats of violence. Testimony heard on September 9, 2014 illustrates the dangers:

- An ED nurse is 7 times more likely to be assaulted while on duty than an on-duty police officer;
- An ED Nurse is the 2<sup>nd</sup> most dangerous civilian occupation in the U.S. after a New York City cab driver; and
- Between 2000 and 2011, there were 150 shootings in U.S. hospitals, 45 (30%) of which were in the ED.<sup>2</sup>

Why violence is so prevalent within healthcare settings was a question asked repeatedly by Committee members throughout the three Committee meetings. Many risk factors and various possible circumstances were explained to the Committee and included:

- Rising use of hospitals by police and criminal justice agencies for criminal holds and the care of potentially dangerous persons;
- The early release from hospitals of patients with behavioral health problems who have not received follow-up care and who can no longer be involuntarily hospitalized except in extreme situations;
- The availability of prescription drugs at hospitals and clinics which makes them targets for drug abusers seeking out a prescription under false pretenses for highly addictive drugs such as OxyContin or Xanax;
- Facilities such as EDs that are open to the public 24 hours a day with relatively unrestricted movement;
- Low staffing levels at various times or isolated work situations during examination or treatment;
- Lack of staff training relative to recognizing and managing escalating hostile and assaultive behavior;
- Long waiting times for care in emergency areas, which can lead to patient and visitor frustration;
- The increased presence in healthcare settings of gang members, alcohol and other drug abusers, trauma patients, and distraught family members; and
- Prevalence of handguns and other dangerous weapons.

### **Tracking Occurrences and Under-reporting**

---

The issue of violence is well known by the healthcare community, which has been seeking ways to combat it for years. But the violence continues to occur and is most prevalent in EDs, behavioral health facilities, and waiting rooms. Although under-reporting and the lack of uniform data create difficulty in painting an absolutely clear picture, national and state data does exist. In a 2011 survey conducted by the Emergency Nurses Association (ENA) and published in a subsequent report titled, *Emergency Department Violence Surveillance Study – November 2011*, 54.5 percent of ED nurses reported physical and/or verbal violence occurring during their

---

<sup>2</sup> Testimony presented by Mr. Van Haygood, Director of Emergency Services for Northeast Georgia Medical Center; September 9, 2014.

previous work week. About 42 percent reported only verbal violence, 11.2 percent reported physical and verbal violence together while less than 1 percent reported physical violence alone.<sup>3</sup>

In all of those cases, 46.7 percent of nurses reported that no action was taken against their attacker, and 20.4 percent said the perpetrator was given a warning. About 11 percent of the perpetrators were transferred to psychiatric facilities. Additionally, almost 72 percent of nurses stated that their hospital gave them no response concerning the violence they experienced, nearly 11 percent of nurses said they were blamed for the incident, and 0.4 percent were actually punished following their attack.

Additionally, according to statistics from the Bureau of Labor Statistics, assaults against healthcare workers are the most common source of nonfatal injury or illness resulting in time off work in the healthcare industry. More than 70 percent of emergency nurses reported physical or verbal assaults by patients or visitors while they were providing care.<sup>4</sup>

The majority of the participants in the ENA survey who were victims of workplace violence did not file a formal event report for the physical violence (65.6 percent) or the verbal abuse (86.1 percent).<sup>5</sup> A large part of the problem, according to several reports and as heard repeatedly during Committee testimony, is the culture of acceptance that is prevalent in many hospitals, especially among ED workers. Viewing themselves as compassionate, caring, understanding, and tolerant, many healthcare workers have accepted that patients can and do act out both verbally and physically.<sup>6</sup> The Committee also learned that a belief among employees that reporting will not benefit them compounded, by a lack of a mandatory reporting system or policy, are two other contributing factors that lead to under-reporting of violence.

To underscore these points, the Committee heard testimony from Mr. Vaughan Legg, a registered nurse employed by the Northeast Georgia Medical Center, regarding an incident in which he was severely bitten by a patient and left with a permanent scar on his forearm. After reluctantly reporting the incident and pressing formal charges, the case was plead down from battery to disorderly conduct and the perpetrator received probation only.<sup>7</sup> The Committee heard similar accounts from employees working at Grady Memorial Hospital's Crisis Stabilization Unit who were reluctant to report or formally charge abusive patients.<sup>8</sup>

### State Data

---

Although no statewide statistics exist related to the number of altercations in healthcare facilities, data was presented to the Committee from the three hospitals visited: the Northeast Georgia Medical Center in Gainesville; the Habersham Medical Center in Demorest; and Grady Memorial Hospital in Atlanta. The presented information and data helped enlighten the Committee as to how hospitals of varying sizes handle security.

- **Habersham Medical Center**, a Critical Care Access hospital with 17 ED beds and 53 total hospital beds, testified that it requested over 60 calls for assistance to local law enforcement in the 2<sup>nd</sup> quarter of 2014 alone. A significant number of these incidents involved drug abusers seeking prescription drugs and that denial sometimes led to an altercation. Although the hospital has no formal security force during the day, five maintenance workers do double as security from 6am to 6pm. From 6pm to 6am, only one uniformed but unarmed security officer patrols the entire hospital. The hospital employs no metal detectors.

---

<sup>3</sup> Emergency Nurses Association. *Emergency Department Violence Surveillance Study – November 2011*. <http://www.ena.org/practice-research/research/Documents/ENAEDVSRReportNovember2011.pdf>. The report represents analysis of the eight rounds of data collected approximately three months apart, from May 2009 to January 2011. A total of 7,169 ED nurses participated in the study.

<sup>4</sup> <http://www.bls.gov/news.release/pdf/osh2.pdf>

<sup>5</sup> Emergency Nurses Association.

<sup>6</sup> Testimony presented by Mr. Kevin Lloyd, Executive Director of Behavioral Health Services for Northeast Georgia Medical Center; September 9, 2014.

<sup>7</sup> Testimony presented by Mr. Vaughan Legg, R.N.; September 9, 2014.

<sup>8</sup> Informal testimony heard during the November 18, 2014 tour of Grady Memorial Hospital.

- **Northeast Georgia Medical Center**, a Level II Trauma Center with 126 ED beds and 557 total hospital beds testified that it had experienced 30,432 calls for security services throughout the hospital in fiscal year 2013. Of those calls, 2,092 involved combative or aggressive mental/behavioral patients. Overall, 48 patients were classified as “Extremely Violent” and required some form of physical control by security. In the same period, 43 staff members were physically assaulted by a patient (that were reported), seven of which resulted in an OSHA recordable injury (meaning that the victims required more than just first aid). Four of the seven became workers’ compensation claims resulted in:
  - 18 days missed time from work;
  - 162 days of limited duty; and
  - \$300,000 in Workers’ Compensation Claims.

From 2010 – 2014, 7 percent of all injuries reported or incurred at the hospital were directly related to workplace violence against staff.

The hospital has a standing security force of 24 uniformed and armed officers augmented by 12 uniformed but unarmed officers. On average, there is a total of five officers on duty throughout the hospital each shift. The hospital employs no metal detectors.

- **Grady Memorial Hospital** is a Level I Trauma Center with 73 ED beds (this can be increased when a surge is required) and 953 total hospital beds. The hospital experienced 294 system-wide events associated with aggressive, combative patients, inclusive of physical and verbal altercations, from July 1, 2014 to November 17, 2014.<sup>9</sup> Of these incidents:
  - 229 were patient on staff;
  - 15 were patient on officer;
  - 48 were patient on patient; and
  - 2 were visitor on staff.

Moreover, 33 cases of physical altercations were reported between January 1, 2014 and October 31, 2014 in the ED, while 65 cases of physical altercations were reported in Behavioral Health during that same time period. The hospital utilizes three metal detectors; one each in the Main ED entrance, Ambulance Entry, and Waiting Room Entrance. Five uniformed and armed security officers are assigned to the ED 24 hours per day while three uniformed and armed security officers are assigned to the Crisis Stabilization Unit.

### **Preventive Measures**

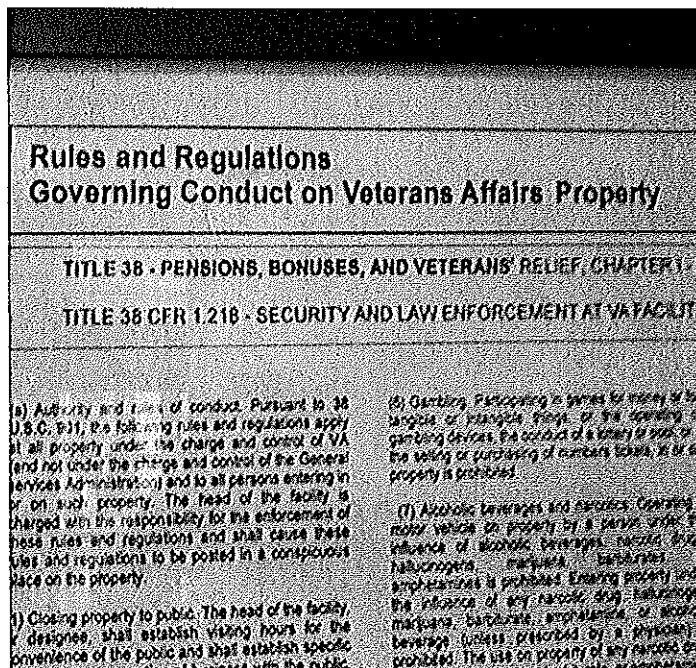
There are some obvious, although potentially costly, steps that hospitals can make that may minimize violent behavior, such as increased police and/or security presence, as well as operating metal detectors. Other steps taken by hospitals involve access control, staff IDs, surveillance cameras, and training staff to recognize the potential for violence before it occurs while teaching them crisis de-escalation techniques. Another inexpensive seemingly mundane approach not widely adopted by hospitals in Georgia is to post warning signs that warn against assaulting hospital staff and including potential penalties. Nebraska, a state in which assaulting certain healthcare workers is a felony, requires every hospital and health clinic to display printed signs with a minimum height of 20 inches and a minimum width of 14 inches, with each letter to be a minimum of one-fourth inch in height, with the following warning:<sup>10</sup>

**WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES IS A FELONY.**

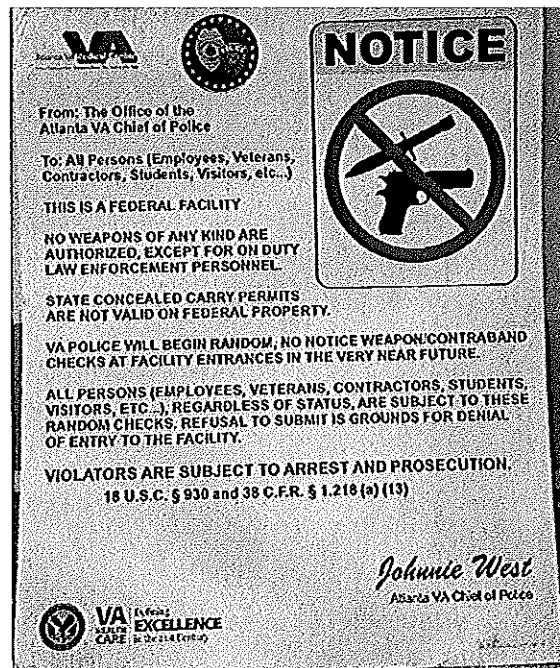
<sup>9</sup> The 294 system-wide events may be inflated since Grady implemented a new and more aggressive reporting system and requirements in 2014. Grady staff reports there may be some duplication in the system as various reporting systems were consolidated. For the same time period in 2013, only 35 events were recorded system-wide, which is believed to be an underrepresentation.

<sup>10</sup> NE Revised Statute § 28-929.02

Likewise, all Veterans Affairs (VA) medical centers post warning signs regarding conduct on VA property as well as prohibited weapons.



Images courtesy of Atlanta VA Medical Center



Having a full-time, uniformed, armed security staff supplemented by one or more metal detectors is the optimal measure for preventing and reacting to violence occurrences. But this may not be financially feasible for all hospitals or even the most practical measure. One size does not always fit all, which explains why none of the hospitals visited Committee handle security in the exact same manner. Although not presented as formal Committee testimony, the Georgia Hospital Association conducted a survey of its member hospitals in October 2014 to illustrate the different approaches in which hospitals undertake security.<sup>11</sup> As can be seen, the three hospitals visited by the Committee are indicative of the way in which hospitals in general approach security in various ways and with no uniformity.

**APPROACHES TO CAMPUS SECURITY:  
HOSPITALS WITH MORE THAN 250 BEDS**

Answer Choices	Responses
Hire own private security workforce	93.33% 14
Outsource security to a private contractor	13.33% 2
Relationship with local police force to contract with with off duty officers	26.67% 4
Relationship with local police force to have uniformed officers present on campus	20.00% 3
No security present on campus	0.00% 0
<b>Total Respondents: 15</b>	

<sup>11</sup> GHA Hospital Security Practices Survey - October 2014. All charts courtesy of the Georgia Hospital Association.

## HOSPITALS WITH 50-250 BEDS

Answer Choices	Responses
Hire own private security workforce	54.84% 17
Outsource security to a private contractor	19.35% 6
Relationship with local police force to contract with with off duty officers	9.68% 3
Relationship with local police force to have uniformed officers present on campus	6.45% 2
No security present on campus	22.58% 7
<b>Total Respondents: 31</b>	

## HOSPITALS WITH LESS THAN 50 BEDS

Answer Choices	Responses
Hire own private security workforce	21.74% 5
Outsource security to a private contractor	13.04% 3
Relationship with local police force to contract with with off duty officers	13.04% 3
Relationship with local police force to have uniformed officers present on campus	0.00% 0
No security present on campus	65.22% 15
<b>Total Respondents: 23</b>	

## State Laws and Violence against Healthcare Workers

Georgia does extend some protections to a narrow set of healthcare workers. Under current Georgia law, simple battery misdemeanor punishment is raised to a high and aggravated punishment for employees and volunteers at long-term care facilities, personal care homes, in home health care, and hospices.<sup>12</sup> The misdemeanor crime of battery is increased to a felony when the same healthcare workers are victims.<sup>13</sup> Depending on the type of assault or battery, Georgia also imposes increased penalties when a victim is one of the following individuals or professions:

- Age 65 or older;
- Pregnant;
- Law enforcement or corrections officer;
- A person living or formerly living in the same household as the defendant;
- Sports official;
- Employee of public school; and
- Court official.

The definition of a healthcare worker varies from state to state resulting in some states specifying exactly which medical professions are protected. Utah's healthcare assault statute references nearly 30 healthcare professions through cross-reference.<sup>14</sup> Alternatively, some states choose to simply define a facility such as an ED and protect all employees within that facility. Missouri, for instance, defines "emergency personnel" to mean emergency

<sup>12</sup> O.C.G.A. § 16-5-23(g)

<sup>13</sup> O.C.G.A. § 16-5-23.1(k)

<sup>14</sup> UT CODE § 76-5-102.7

room or trauma center personnel (as well as EMS personnel) and makes no distinction between physicians, security, or custodians working within those facilities.<sup>15</sup>

A 50-state survey of laws illustrating the increased penalties for committing assault or battery upon healthcare workers provided to the Committee revealed a few quick observations:

- As previously stated, simple battery misdemeanor punishment is raised to a high and aggravated punishment for employees and volunteers at long-term care facilities, personal care homes, in home health care, and hospices under Georgia law. The misdemeanor crime of battery has been increased to a felony when the same healthcare workers are victims.<sup>16</sup>
- Four States extend no protections to any healthcare professions: Maine, Maryland, South Carolina, and Wyoming.
- Forty-five states extend protections to Emergency Medical Services (EMS) personnel (EMTs, Paramedics, etc.). Georgia is not one of these states.
- Of those 45 states, 11 states extend protections to EMS personnel only, or to a narrowly defined profession or facility, as well as EMS personnel: California, Idaho, Illinois, Indiana, Kansas, Kentucky, Michigan, Mississippi, New Hampshire, Oregon, and South Dakota.<sup>17</sup>
- Thirteen states extend protections to EMS personnel and emergency department (ED) personnel only: Colorado, Connecticut, Florida, Hawaii, Minnesota, Missouri, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Texas, and Wisconsin.<sup>18</sup>
- Thirty-four states extend protections to EMS personnel and to a broad range of medical personnel which would include ED personnel.
- Of those 34 states, 28 states provide for some level of felony charges for committing an assault and/or battery upon ED personnel: Alabama, Arizona, Arkansas, Delaware, Florida, Hawaii, Iowa, Massachusetts, Minnesota, Missouri, Nebraska, Nevada, New Mexico, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, and Wisconsin.
- The following states may be considered to have some of the more comprehensive statutes in terms of covered professions, locations, and circumstances: Alabama, Delaware, Iowa, Nebraska, New Mexico, Ohio, Vermont, Virginia, Washington, and West Virginia. Comprehensive legislation, however, may be more difficult to reach final passage than more narrowly-tailored legislation.

---

<sup>15</sup> MO Revised Statute § 565.081 and MO Revised Statute § 565.082

<sup>16</sup> Legislative Counsel is unsure if this increased punishment would withstand challenge since the underlying crime is a misdemeanor.

<sup>17</sup> California extends protections to EMS personnel, physicians, and nurses when they are providing care outside of a hospital, clinic, or other health care facility. Illinois includes EMS personnel and nurses under its battery statute, but only EMS personnel under its assault statute. Kansas includes "mental health employees" at its state-run mental health facilities as well as EMS personnel under its battery statute, but only EMS personnel under its assault statute.

<sup>18</sup> Although not specific, Pennsylvania's statute is interpreted to include EMS and ED personnel only.



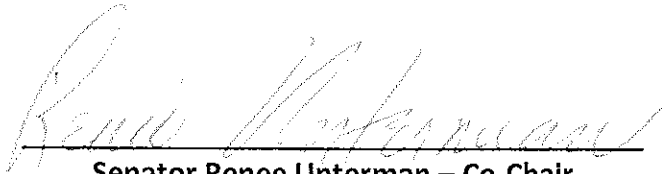
## Recommendations

---

1. Enact legislation that makes physically harming or threatening clinical and non-clinical healthcare workers during the official performance of their duties a felony. This can be achieved by either defining individual professions or by defining specific healthcare facilities in order to more easily include occupations undefined in Georgia law as well as non-clinical professions such as hospital security officers and custodial positions. EMS personnel should also be included.
2. Adopt legislation or regulations similar to Nebraska's that requires healthcare facilities to post signs warning that committing assault or battery against healthcare workers will not be tolerated and violators will be held accountable to the full extent the law allows. These signs should be posted in English and in the multiple languages that are predominant in that particular facility's area. These signs should be posted in all hospitals; EDs; urgent care facilities; detached emergency rooms; and clinics, such as federally qualified health centers. The requirement could be optional for individual doctor offices.
3. Hospitals should encourage local law enforcement to maintain a presence in the ED when delivering a violent patient, particularly in facilities where security is not available.
4. Healthcare facilities should adopt regulations or procedures that encourage healthcare workers to report all threatening and violent incidents and to support any legal processes without any negative consequences regarding job status. This could also be mandated through legislation in a similar fashion to domestic violence in which even if the healthcare worker chooses not to pursue charges, the prosecuting attorney can still proceed with charging the perpetrator.
5. Healthcare workers should be required to take some form of annual training related to identifying potentially violent patients and circumstances, as well as de-escalation training.
6. Healthcare facilities should study the feasibility of establishing regulations that require patients who are known to be repeat behavioral patients, and have dangerous psychological conditions, to have at least two healthcare workers treating them together.
7. Georgia should continue to examine the efficacy of enhanced penalties in other states.

Respectfully Submitted,

The Violence against Healthcare Workers Joint Study Committee



---

**Senator Renee Unterman – Co-Chair  
District 45**

---

**Representative Katie Dempsey – Co-Chair  
District 13**

---

**Senator Gloria Butler  
District 55**

---

**Representative Robert Dickey  
District 140**

---

**Senator Butch Miller  
District 49**

---

**Representative Darlene Taylor  
District 173**

---

**Hany Y. Atallah  
Grady Health System**

---

**Versie E. Davis  
View Point Health**

---

**Lynn Echols  
Habersham Medical Center**

---

**Kay Hall  
Northeast Georgia Health System**

---


**Quentin L. Jude  
Medical Center - Navicent Health**

Respectfully Submitted,

The Violence against Healthcare Workers Joint Study Committee

---

Senator Renee Unterman – Co-Chair  
District 45



---

Representative Katie Dempsey – Co-Chair  
District 13

---

Senator Gloria Butler  
District 55

---

Representative Robert Dickey  
District 140

---

Senator Butch Miller  
District 49

---

Representative Darlene Taylor  
District 173

---

Hany Y. Atallah  
Grady Health System

---

Versie E. Davis  
View Point Health

---

Lynn Echols  
Habersham Medical Center

---

Kay Hall  
Northeast Georgia Health System

---

Quentin L. Jude  
Medical Center of Central Georgia

Respectfully Submitted,

**The Violence against Healthcare Workers Joint Study Committee**

---

**Senator Renee Unterman – Co-Chair  
District 45**

---

**Representative Katie Dempsey – Co-Chair  
District 13**

---

**Senator Gloria Butler  
District 55**

---

**Representative Robert Dickey  
District 140**

---

**Senator Butch Miller  
District 49**

---

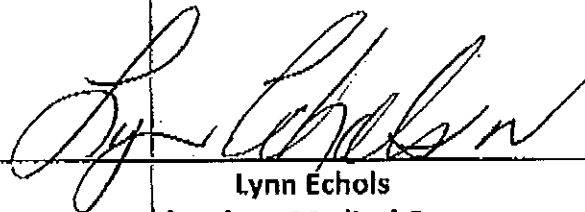
**Representative Darlene Taylor  
District 173**

---

**Hany Y. Atallah  
Grady Health System**

---

**Versie E. Davis  
View Point Health**



---

**Lynn Echols  
Habersham Medical Center**

---

**Kay Hall  
Northeast Georgia Health System**

---

**Quentin L. Jude  
Medical Center of Central Georgia**

Respectfully Submitted,

The Violence against Healthcare Workers Joint Study Committee

---

Senator Renee Unterman – Co-Chair  
District 45

---

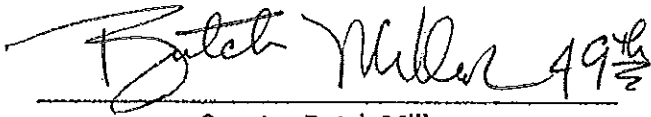
Representative Katie Dempsey – Co-Chair  
District 13

---

Senator Gloria Butler  
District 55

---

Representative Robert Dickey  
District 140



---

Senator Butch Miller  
District 49

---

Representative Darlene Taylor  
District 173

---

Hany Y. Atallah  
Grady Health System

---

Versie E. Davis  
View Point Health

---

Lynn Echols  
Habersham Medical Center

---

Kay Hall  
Northeast Georgia Health System

---

Quentin L. Jude  
Medical Center of Central Georgia

Respectfully Submitted,

The Violence against Healthcare Workers Joint Study Committee

---

Senator Renee Unterman – Co-Chair  
District 45

---

Representative Katie Dempsey – Co-Chair  
District 13

---

Senator Gloria Butler  
District 55

---

Representative Robert Dickey  
District 140

---

Senator Butch Miller  
District 49

---

Representative Darlene Taylor  
District 173

---

Hany Y. Atallah  
Grady Health System

*Versie E. Davis*

---

Versie E. Davis  
View Point Health

---

Lynn Echols  
Habersham Medical Center

---

Kay Hall  
Northeast Georgia Health System

---

Quentin L. Jude  
Medical Center - Navicent Health

Respectfully Submitted,

The Violence against Healthcare Workers Joint Study Committee

---

Senator Renee Unterman – Co-Chair  
District 45

---

Representative Katie Dempsey – Co-Chair  
District 13

---

Senator Gloria Butler  
District 55

---

Representative Robert Dickey  
District 140

---

Senator Butch Miller  
District 49



---

Representative Darlene Taylor  
District 173

---

Hany Y. Atallah  
Grady Health System

---

Versie E. Davis  
View Point Health

---

Lynn Echols  
Habersham Medical Center

---

Kay Hall  
Northeast Georgia Health System

---

Quentin L. Jude  
Medical Center of Central Georgia

Respectfully Submitted,

**The Violence against Healthcare Workers Joint Study Committee**

---

**Senator Renee Unterman – Co-Chair  
District 45**

---

**Representative Katie Dempsey – Co-Chair  
District 13**

---

**Senator Gloria Butler  
District 55**

---

**Representative Robert Dickey  
District 140**

---

**Senator Butch Miller  
District 49**

---

**Representative Darlene Taylor  
District 173**

---

**Hany Y. Atallah  
Grady Health System**

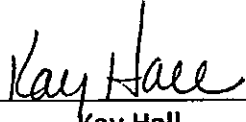
---

**Versie E. Davis  
View Point Health**

---

**Lynn Echols  
Habersham Medical Center**

---

  
**Kay Hall  
Northeast Georgia Health System**

---

**Quentin L. Jude  
Medical Center of Central Georgia**



Respectfully Submitted,

The Violence against Healthcare Workers Joint Study Committee

---

**Senator Renee Unterman – Co-Chair**  
**District 45**

---

**Representative Katie Dempsey – Co-Chair**  
**District 13**

---

**Senator Gloria Butler**  
**District 55**

---

**Representative Robert Dickey**  
**District 140**

---

**Senator Butch Miller**  
**District 49**

---

**Representative Darlene Taylor**  
**District 173**

---

**Hany Y. Atallah**  
**Grady Health System**

---

**Versie E. Davis**  
**View Point Health**

---

**Lynn Echols**  
**Habersham Medical Center**

---

**Kay Hall**  
**Northeast Georgia Health System**

---



Quentin L. Jude

Medical Center of Central Georgia