ALIGNMENT

Oregon Senate Bill 537 Alignment: Workplace Violence Prevention for Health Care Employers

Alignment to Crisis Prevention Institute, Inc. (CPI) Training Programs

Effective January 1, 2026, Oregon Senate Bill 537 establishes enhanced workplace violence prevention requirements for health care employers across Oregon, including hospitals, ambulatory surgical centers, home health agencies, and hospice programs.

The law requires health care employers to develop and implement a comprehensive workplace violence prevention program based on regular safety risk assessments. These assessments must identify potential threats, analyze contributing factors, and inform strategies to prevent and respond to workplace violence.

Oregon Senate Bill 537 also mandates annual workplace violence prevention training for employees and contracted security personnel, as well as procedures for investigating, documenting, and reporting incidents of workplace violence. Employers must involve workplace safety committees in developing and reviewing their prevention programs to ensure continuous improvement and compliance with state requirements.

Three Easy Steps to Bring CPI to Your Hospital or Health System

Step 1: Schedule a 15-minute call with CPI. We'll evaluate your current workplace violence prevention efforts to determine how we can help you meet Oregon SB 537 requirements.

Step 2: Obtain a complimentary training program recommendation. We will design and recommend a training plan.

Step 3: Train your staff. Our Global Professional Instructors will provide engaging and interactive training to give your staff the tools needed for proactive, safe de-escalation.

> Start the conversation today: 877.877.5389 | crisisprevention.com/CPIHE

See how CPI training programs make it easy for all staff to gain perspective and de-escalation skills, regardless of role or risk level.

	Prevention First™ Online Training	*Verbal Intervention™* Training	*Nonviolent Crisis Intervention®* Training	*Nonviolent Crisis Intervention®* With Advanced Physical Skills
Establish common de-escalation training communication framework	✓	✓	✓	✓
Proactive verbal de-escalation strategies		✓	✓	✓
Safety intervention & disengagement skills			✓	✓
Advanced intervention skills for high-risk behavior				✓
		+ *Optional for all training programs:* Specialty Topic Qualification in Trauma, Autism, or Mental Health		

CRISIS PREVENTION INSTITUTE

10850 W. Park Place, Suite 250, Milwaukee, WI 53224 USA
800.558.8976
info@crisisprevention.com • crisisprevention.com

 CPI-GEN-LEG-0874-HE-0726-US 07/26

Legal Requirements	CPI
Oregon SB 537 Workplace Violence Prevention for Health Care Employers Section 3. ORS 654.414	
A health care employer, in consultation with the employer's workplace safety committee shall: (c) Provide workplace violence prevention and protection training on an annual basis for employees and any contracted security personnel who work at the premises of the health care employer.	CPI's *Nonviolent Crisis Intervention*® program recommends that staff participate in refresher training every 6 to 12 months. To support a comprehensive implementation approach, CPI recommends that educational institutions maintain policies and procedures that align with the philosophy and strategies presented in CPI's training program. CPI also offers resources, tools, and services to help organizations review and update policies and procedures effectively.
(4)(b) A health care employer shall provide workplace violence prevention and protection training to: (A) A new employee, other than a temporary employee, within 90 days of the initial hiring date; and (B) A temporary employee within 14 days of the initial hiring date.	CPI's programs, resources, and services can be instrumental in ensuring the timely implementation of training, policies, and procedures to meet strict deadlines or requirements. Our use of in-person and blended training allows for quick access to training.
(4)(c) A health care employer may use classes, video recordings, brochures, verbal or written training or other training that the employer determines to be appropriate, based on an employee's job duties under the workplace violence prevention and protection plan developed by the employer.	CPI's training program is highly interactive and provides ongoing opportunities for questions, discussion, and learner engagement. Whether delivered in person or through blended learning, the train-the-trainer model helps organizations maintain knowledgeable staff who can provide guidance and support. CPI also offers flexible learning options, including classroom training, Blended Delivery, Video-on-Demand, and *Prevention First*™ online training. Many CPI programs address topics relevant to health care and education settings, including trauma-informed and trauma-responsive practices.
4)(a) Workplace violence prevention and protection training required under (1)(c) shall address the following topics:	
(A) General safety and personal safety procedures, including emergency response guidelines that may be used to notify employees and contracted security personnel who work at the premises of the heal care employer of a threat or occurrence of workplace violence;	CPI's training program includes verbal and physical interventions. Staff are trained to consider and use the least restrictive intervention first, before any physical restraint is considered. The training introduces a decision-making matrix to help staff determine the appropriate level of intervention based on the level of risk. The *Decision-Making Matrix*™ and Physical Skills Review support staff decision-making regarding the use of physical restraints. Physical interventions may include a range of holding skills to safely manage risk behavior. CPI's NCI™ With Advanced Physical Skills training also includes Emergency Floor Holding, which is designated as a higher-level holding skill. CPI does not teach or address mechanical or chemical restraint.

Legal Requirements	CPI
	CPI training programs are designed to be easily customized, making it simple for staff to incorporate organizational policy into each discussion area within the curriculum.
(B) The meaning of workplace violence;	CPI's trauma-informed, person-centered training equips staff with skills to identify and assess moments of distress and potential workplace violence. The training provides prevention strategies, including verbal de-escalation, physical disengagement, and holding skills, when applicable, to help staff respond safely and effectively when situations cannot be prevented.
(C) Escalation cycles for assaultive behaviors and other violent or threatening behaviors;	CPI teaches staff to engage in ongoing risk assessment during any perceived threat. This assessment focuses on evaluating the likelihood and potential impact of specific behaviors and selecting responses that best support safety for everyone involved.
(D) Predictive factors of workplace violence;	CPI's training program provides staff with structured risk-assessment criteria for evaluating perceived threats. This framework helps personnel assess potentially dangerous situations, determine appropriate responses, and support the highest level of safety for all individuals involved.
(E) Techniques for obtaining medical history from a patient with assaultive or other threatening or violent behavior;	Staff are trained in supportive communication strategies that can be used when interviewing an individual to obtain their medical history. Staff can also use the debriefing model to analyze each incident, evaluate intervention strategies, identify what worked well, and determine what may be adapted to prevent future escalation. Staff are also trained to identify trends or patterns in precipitating factors that may be related to staff approaches or environmental conditions. Once patterns are identified, staff can use the analysis to inform policy development, guide environmental changes when appropriate, and strengthen professional development practices.
(F) Verbal and physical techniques to de-escalate and minimize assaultive behaviors and threats of workplace violence;	CPI's training program includes verbal and physical interventions. Staff are trained to consider and use the least restrictive intervention first, before any physical restraint is considered. The training introduces a decision-making matrix to help staff determine the appropriate level of intervention based on the level of risk. The *Decision-Making Matrix*™ and Physical Skills Review support staff decision-making regarding the use of physical restraints. Physical interventions may include a range of holding skills to safely manage risk behavior. CPI's NCI™ With Advanced Physical Skills course also includes Emergency Floor Holding, which is designated as a higher-level holding skill. CPI does not teach or address mechanical or chemical restraint.

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(G) Strategies for avoiding physical harm and minimizing the use of restraints;	CPI's training program emphasizes prevention by teaching staff to recognize early warning signs of potential crisis situations. The program highlights trauma-informed, person-centered care for individuals in distress and equips staff with verbal and nonverbal de-escalation strategies. It also supports staff in identifying signs of aggression, managing escalating behaviors, and interpreting situational indicators of potential safety concerns.
(H) Restraint techniques consistent with regulatory requirements;	CPI's training program can be customized to incorporate an organization's restraint-related policies, approved techniques, and regulatory requirements. This allows training to reflect state-specific expectations regarding when restraint may be used, which interventions are permitted, how safety must be monitored, and when restraint must end. This approach supports consistent implementation while reinforcing least restrictive, person-centered, and safety-focused practices.
(I) Self-defense, including: (i) The amount of physical force that is reasonably necessary to protect the employee or a third party from assault; and	The CPI's training program is designed to be customizable, allowing staff to incorporate organizational policies into relevant curriculum discussions. This structure also supports the development of individualized responses for case-specific situations.
(ii) The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, and any other methods of response approved by the health care employer;	CPI's *Nonviolent Crisis Intervention*® and NCI™ With Advanced Physical Skills programs use safety interventions to maximize safety and minimize harm when behavior presents an imminent or immediate risk of harm to self or others. Both programs emphasize that safety interventions should be used only as a last resort and should be reasonable and proportionate to the risk presented. In most situations, this means considering verbal and environmental non-restrictive interventions first.
(J) Procedures for documenting and reporting incidents involving assaultive behaviors and incidents of workplace violence;	CPI recommends that each incident of violence be documented as part of the post-incident process. Staff should evaluate each incident through the lens of CPI's training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.
(K) Programs for post-incident counseling and follow-up;	CPI's training program emphasizes person-centered and trauma-informed responses that support trust and relationship-building, including during crisis situations. The training also reinforces the importance of re-establishing relationships and strengthening trust after an incident for all individuals involved.
(L) Resources available to employees for coping with workplace violence;	CPI training makes it easy to incorporate company-wide resources that align with training. Participants can also access CPI resources on our website.
(M) The health care employer's workplace violence prevention and protection program, including the health care employer's internal investigation process for investigating incidents of workplace violence;	CPIs training provides space for instructors to discuss their organizational policies and resources.

Legal Requirements	CPI
(N) Visual cues and other methods that may be used to identify or notify employees about individuals exhibiting behavioral indicators of workplace violence; and	CPI training looks at how to recognize patient behavior through the lens of non-verbal communication or "visual cues" in order to recognize escalating behavior and head off workplace violence.
(O) Responding to active shooter incidents.	

Definitions	
Section 2. ORS 654.212 (3) **Health care employer** means: (a) An a**mbulatory or surgical center** defined in ORS 442.015 (b) A h**ospital** as defined in ORS 441.760, except for the Oregon State Hospital (c) A **home health agency** as defined in ORS 443.014 (d) A home hospice program.	
ORS 442.015 (3)(a) An **ambulatory or surgical center** means a facility or portion of a facility that operates exclusively for the purpose of providing surgical services to patients who do not require hospitalization and for whom the expected duration of services does not exceed 24 hours following admission.	
(12)(a) Health care facility means: A hospital, long term care facility, ambulatory surgical center, freestanding birthing center, and outpatient renal dialysis facility, or an extended stay center.	
ORS 441.760 (6) **Hospital** includes a hospital as described in ORS 442.015 and an **acute inpatient care facility** as defined in ORS 442.470.	
ORS 442.470 (1) **Acute inpatient care facility** means a licensed hospital with an organized medical staff, with permanent facilities that include inpatient beds, with comprehensive medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to acutely ill patients and accident victims.	
ORS 443.014 (2)(a) **Home health agency** means a public or private agency providing coordinated home health services on a home visiting basis.	