

e-Compliance Training

Workplace Violence & Harassment - August 2022



THIS TRAINING SESSION IS RECOMMENDED FOR:

This training session is recommended for all healthcare workers (administrative and clinical).

Training Objectives

The objectives of this training module are to:

- Define workplace violence and harassment and identify risk factors
- Outline prevention measures
- Provide a process for managing potentially violent situations
- Identify the need for reporting

Workplace Violence

Information from the Bureau of Labor Statistics indicates that in 2019, 20,870 workers experienced nonfatal workplace violence, 70% of whom worked in the health care or social assistance industries. Over 40% of the incidents involved time away from work to recover. In addition, OSHA has long cited that workplace violence is under-reported, making the numbers likely much higher than current statistics show. For these reasons, OSHA is currently determining whether to enact a standard regarding workplace violence in health care.

OSHA defines workplace violence as “*any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.*” Because the definition of workplace violence includes the words “intimidation,” “threatening” and “disruptive behavior,” actual physical harm need not occur for an incident to be considered workplace violence.

A workplace violence risk assessment is conducted by employers to identify risk factors for incidents of

workplace violence. The results of the assessment will be used to identify the need for engineering and administrative controls, which will help to reduce risk when implemented.

Situations that indicate a potential risk of workplace violence include exchanging money with patients, working alone or late at night, understaffing, working in a high-crime area, performing jobs that might involve conflict, working in an environment where patients experience lengthy wait times, performing duties that might upset people (informing about poor diagnoses, insurance coverage denial, etc.).

Engineering, Administrative and Work Practice Controls

Although not every control is specifically mandated, these are examples of controls that may be implemented based on a risk assessment. Engineering controls are physical changes to the workplace that either remove a hazard or create a barrier between workers and the hazard. Engineering controls are the front line, preferred controls, because they remove or isolate the hazard.



Interactive Training Reminder

Compliance Training is an interactive training program in which you can address questions with other staff members or supervisors to obtain clarification for situations in your work setting.

Write down any questions that you have about the training topic and address them with your Training Coordinator or supervisor.

Engineering Controls

- panic buttons;
- deep counters;
- physical barriers;
- mirrors;
- door locks in certain areas to keep patients and visitors from gaining access without permission;
- separate bathrooms for staff that are secure and away from patient areas;
- bright, effective lighting;
- video surveillance;
- glass panels in doors for better monitoring
- more accessible exits (where appropriate).

Administrative and work practice controls are changes to the way staff perform jobs or tasks, which help both to reduce incidents and provide better protection when an incident does occur. Administrative and work practice controls are appropriate when engineering controls are not feasible or not completely protective.

Administrative and Work Practice Controls

- provide timely updates to patients who are waiting;
- adopt measures to reduce wait times;
- avoid situations in which staff work alone, especially at night;
- use of a code word to inform of a potential threatening situation;
- giving workers discretion whether to begin or continue a visit with a patient if they feel threatened or unsafe;
- determine situations when a buddy system should be implemented, as appropriate;

- alert staff and establish procedures for patients with a violent history or incidents.

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Workplace Harassment

The Equal Employment Opportunity Commission (EEOC) identifies harassment as a form of discrimination that violates several statutes: Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA). Harassment is defined as unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age, disability or genetic information.

Quid Pro Quo Harassment

Quid pro quo harassment generally results in a tangible employment decision based on the acceptance or rejection of unwanted sexual advances or requests for sexual favors but can also result from unwelcome conduct that is of a religious nature. It is transactional in nature: "you do this, I'll do that." This type of harassment is generally committed by someone who can make or recommend formal employment decisions (such as termination, demotion, or denial of promotion) that will affect the victim.

Examples:

- supervisor fires or denies promotion to a subordinate for refusing to provide sexual favors;
- subordinate is required to participate in religious activities as a condition of employment;
- preferential treatment/promotion offered if subordinate sexually cooperates or joins religion.



Unlawful Harassment

To become unlawful, harassing conduct must be unwelcome and:

1. enduring the offensive conduct becomes a condition of continued employment, or
2. the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

The EEOC indicates that an employer is automatically liable for harassment by a supervisor that results in a negative employment action such as termination, failure to promote or hire, and loss of wages. If the supervisor's harassment results in a hostile work environment, the employer is liable unless it can prove that: 1) it reasonably tried to prevent and promptly correct the harassing behavior; and 2) the employee unreasonably failed to take advantage of any preventive or corrective opportunities provided by the employer.

Harassment can occur in several different ways:

- A harasser can be the victim's own supervisor, a supervisor from another area, a co-worker, or even a vendor, or an contracted entity of the employer;
- The victim doesn't have to be the person who is the target of the harassment but could be anyone affected by the offensive conduct.
- Harassment can occur without any specific economic harm to the victim.

When investigating allegations of harassment, the EEOC looks at the entire record: including the nature of the conduct, and the context in which the alleged incidents occurred. A determination of whether harassment is severe or pervasive enough to be illegal is made on a case-by-case basis.

Limiting Harassment - Employees can limit the potential for harassment by paying attention to their own conduct as well as that of others in the workplace. Develop an environment that does not foster or accept harassing behavior. Inform individuals who are crossing the line that their comments, gestures, or actions are unwelcome and unacceptable.

It is also important to understand what does NOT constitute workplace harassment or a hostile work environment. Federal law does not prohibit simple teasing, offhand comments, or isolated incidents that are not extremely serious. Rather, the conduct must be so objectively offensive as to alter the conditions of the individual's employment. The conditions of employment are altered only if the harassment results in a tangible employment action or is sufficiently severe/pervasive to create a hostile work environment.

Workplace Violence and Harassment Prevention

Although OSHA does not currently have standards for workplace violence or harassment, it does have an enforcement directive for workplace violence, and has listed healthcare as a high risk industry for workplace violence. The directive instructs surveyors to issue citations under



the general duty clause if an employer recognized a workplace violence hazard, there was a feasible means of preventing or minimizing the hazards, and those means were not acted upon.

If you work in a practice/outpatient setting, you may not be dealing with as many abusive/hostile situations as other settings such as hospitals, mental health facilities, and long term care entities. However, you may be subjected to dealing with disgruntled or unruly individuals (patients, family members or others accompanying a patient). Frustrations with health care costs and other issues can escalate to potentially violent situations.

Elements of a workplace violence prevention program in health and dental care include:

1 - Universal Precautions for Violence/Harassment

- Every healthcare worker should understand the concept of "Universal Precautions," which assumes that workplace violence or harassment can occur in any health or dental care setting, at any time.

2 - Policy - Advise all patients and visitors that violence, threats, and related behavior will not be tolerated. Some organizations have had to dismiss patients for repeated abusive behavior. Due to liability, certain protocols (such as continuing to provide care until other care can be found) must be followed when dismissing a patient. As an employee, you should know that you are not permitted to engage in harassment or violence, and that reports of harassment will be taken seriously and investigated.

3 - Reporting – Because under-reporting of workplace violence continues to be a significant problem, prompt reporting of all incidents is critical. You should also report harassment, and can be assured that no retaliation will result from reporting. There should be multiple routes through which you can report violence or harassment, in case an immediate supervisor is the source.

4 – Defusing/De-escalating Process - Disgruntled patients or individuals accompanying a patient are a common source of workplace violence in the health and dental care settings. There are steps that can be taken to calm a person that is upset about a legitimate issue and prevent escalation. See the "Managing Potentially Violent Situations" section below.


5 – Managerial Training - Additionally, employers should provide special training and instruction for supervisors and managers on workplace violence/harassment.

6 - Investigations – Your employer should have procedures to ensure prompt and thorough investigations into harassment complaints. Your employer will try to maintain confidentiality of the information collected during an investigation, when feasible.

Managing Potentially Violent Situations

Sample Situation - A patient is being verbally abusive, disruptive or is making threats, shouting, or swearing.

Management Process –The goal is to respond in a non-violent manner, address the concerns being raised by the individual, and protect staff.



Recognition – Acknowledge that the person has a concern/issue. Inform him/her that you would like to assist and will be enlisting the help of another staff member or manager.

Separation – The next step is to find a manager or other staff member who can assist in the process. Let the patient know that you'd like to help and will be getting some assistance from another team member or manager. Ask them to wait for just a moment while you find that person and give assurance that you'll return shortly. A short separation may help the person to cool off and give you an opportunity to get help and think of potential responses/solutions.

Gaining Control – Upon returning, have a pad and pen to take notes as a visual cue that the problem will be handled. If possible, ask the patient to accompany the two of you to private area. Never place a staff member alone with a disgruntled patient. Have the patient explain the issue while taking notes. Repeat the information to ensure you have recorded the information correctly. This part of the process helps to transfer control from the patient to you.

Removal – Once you have made accurate notes, and the patient feels that he/she has adequately conveyed the problem, it is time to remove him/her from the premises. Let the person know that you are going to look into the problem and will reach out with results. Ask for a phone number where you can contact him/her shortly (be specific) and provide assurance that you will call.

Follow-up – This part of the process will probably be handled by a manager or supervisor who inform the patient of your response. In many cases, you may not be able to solve the issue, but informing the patient of your efforts, and/or referring them to another party that can help may diffuse anger and build good will.

Documentation/Reporting – Follow your organization's procedures for documenting and following up on patient concerns while the encounter is still fresh. Include a copy of the notes that were taken and describe any information that was provided to the patient.

Emergency Process

If your internal management processes have been followed, and a patient continues to exhibit potentially violent behavior or refuses to leave, you would involve the assistance of an outside agency as outlined within your procedures (i.e., campus security personnel, law enforcement, etc.). Requests for outside assistance should not be made routinely for minor disagreements, instead reserving them for imminent danger situations, or for those that are getting beyond control. It is better to err on the side of caution, however, if you feel there is significant risk of harm. ●



e-Compliance Training Test

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NAME: _____

DATE: _____

SIGNATURE: _____

STAFF POSITION: _____

Return your test to your supervisor or Compliance Coordinator upon completion. Individual tests will be maintained to document participation and understanding of the information. Review the training information to find the correct answers to any questions that may have been missed.

1 When attempting to manage a potentially violent situation, the first step is to attempt to remove the person from the facility, to prevent employees from being hurt.

Select One **T** **F**

2 The EEOC indicates that an employer is automatically liable for harassment by a supervisor that results in a negative employment action such as termination, failure to promote or hire, and loss of wages.

Select One **T** **F**

3 Because there is not currently an OSHA standard on workplace violence in health and dental care, there is no enforcement relative to workplace violence hazards.

Select One **T** **F**

4 Engineering controls are physical changes to the workplace that either remove a hazard or create a barrier between workers and the hazard.

Select One **T** **F**

5 Regarding workplace harassment, the victim doesn't have to be the person who is the target of the harassment but could be anyone affected by the offensive conduct.

Select One **T** **F**

6 Administrative and work practice controls should be implemented prior to trying engineering controls.

Select One **T** **F**

7 To become unlawful, harassing conduct must be unwelcome and: enduring the offensive conduct becomes a condition of continued employment, or the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

Select One **T** **F**

8 Harassment can come from any source: a supervisor, peer, vendor, or patient.

Select One **T** **F**

9 Because it would be considered patient abandonment, medical and dental practices may not dismiss a patient for committing acts of workplace violence or harassment.

Select One **T** **F**

10 A short separation may help a person to cool off and give you an opportunity to get help and think of potential responses/solutions, but a staff member should never be left alone with a disgruntled individual.

Select One **T** **F**