



# e-Compliance Training

## Workplace Violence & Harassment - August 2020

### THIS TRAINING SESSION IS RECOMMENDED FOR:

All healthcare workers (administrative and clinical).

### Training Objectives

The objectives for this training session are to:

- provide clear definitions of workplace violence and harassment;
- outline ways to prevent incidents of violence and harassment;
- identify a management process for workplace violence; and
- emphasize the importance of reporting.

### Workplace Violence

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.”** OSHA has indicated that acts of violence are the third leading cause of fatal occupational injuries in the US, and that workplace violence is often not reported. Note that 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.

Your employer will conduct a workplace violence risk assessment 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.

### Common Risk Factors

Situations that indicate a potential for risk of workplace violence include, but are not limited to: ex-

changing 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.).

There is no mandate that all of the controls listed below be in place, but they are measures that are available when there is a known risk.

### Engineering Controls

- panic buttons;
- deep counters;
- physical barriers;
- door locks 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.



## 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.

### *Administrative 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;
- update staff about patients with a violent history or incidents.

### **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 (40 or older), disability or genetic information.

#### ***Quid Pro Quo Harassment – “This for That”***

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. This type of harassment is generally committed by someone who can effectively 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 supervisor’s religion.

### ***Hostile Work Environment***

A work environment becomes hostile when unwelcome conduct of supervisors, co-workers, customers, contractors, or anyone else with whom the victim interacts on the job renders the workplace atmosphere intimidating, hostile, or offensive.

Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance. Sexual harassment may include unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

### ***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.

**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 a standard for workplace violence or harassment, it does have an enforcement directive for workplace violence, and lists 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 that affected its employees, there was a feasible means of preventing or minimizing those hazards, and those means were not acted upon by the employer.

If you work in a practice 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 for a practice 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 - Zero Tolerance Policy** - Advise all patients and visitors that violence, threats, and related behavior will not be tolerated. Some practices have had to dismiss patients for repeated abusive behavior toward staff. As an employee, you should know that you are not permitted to engage in harassment or violence against other staff or patients/vendors, and that reports of harassment will be taken seriously and investigated.

**3 - Reporting** - Under-reporting of workplace violence continues to be a significant problem. Prompt reporting of all incidents of workplace violence is critical. You are also encouraged to report incidents of 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 - Managing Potentially Violent Situations** - Disgruntled patients or individuals accompanying a patient are a common source of workplace violence in the health-care setting. There are steps that can be taken to calm a person that is upset about a legitimate issue and prevent escalation. See the “Management Process” section below.

**5 – Managerial Training** - Additionally, employers should provide special training and instruction for supervisors and managers to properly handle reports of workplace violence/harassment.

**6 - Investigations** – Procedures for employers should provide for prompt and thorough investigations into harassment complaints. Employers should also ensure that their procedures for investigation clearly spell out that any retaliation against an employee filing a report of workplace violence or harassment is illegal and will not be tolerated. A thorough investigation requires obtaining details from all parties involved, with the goal of obtaining a clear perspective to make decisions and implement appropriate corrective actions. It is recommended that employers maintain confidentiality of the information collected during an investigation, when feasible.

**Management Process for Potentially Violent Situations**

**Sample Situation** - A patient is being verbally abused, disruptive or threatening.

**Management Process** –The goal is of this process is to respond in a nonviolent 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 some 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 to discuss the problem. Never place a staff member alone with a disgruntled patient. Have the patient explain the problem while taking notes. Repeat the information to ensure you have recorded the issue as the individual has stated it. This part of the process enables you to gain some level of control. The key is to transfer control from the patient to you and your companion.

**Removal from the Practice** – 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 practice. Let the person know that you are going to look into the problem and will call with the results of your efforts. Ask for a phone number where you can contact him/her within the next business day or two (be specific) and provide assurance that you will call.

**Follow-up with the Individual** – 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 has the ability to help can diffuse anger and build good will.

**Documentation/Reporting** – Follow your practice's procedures for documenting and following up on patient issues 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 Assistance**

If your management processes have been followed, and a patient is still exhibiting potentially violent behavior, and/or will not leave the practice, you would involve the assistance of an outside agency (i.e., campus security personnel, police, sheriff's department, etc.). The process will depend upon the methods your practice has developed for summoning outside assistance. Activating a request for outside assistance is the point of last resort and should not be used routinely for minor disagreements. However, staff should be familiar with the process, so that it can be activated quickly in the case of imminent danger. ●



# e-Compliance Training Test

## Workplace Violence & Harassment - August 2020

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** There should be a single reporting method for workplace violence/harassment so that the response is consistent.

**Select One**      **T**      **F**

**2** OSHA has an enforcement directive in place for workplace violence, and lists healthcare as a high risk industry for workplace violence.

**Select One**      **T**      **F**

**3** Because OSHA's 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.

**Select One**      **T**      **F**

**4** Because under-reporting of workplace violence and harassment is a large scale problem, employers are required to periodically poll workers about their experiences to try to capture the information.

**Select One**      **T**      **F**

**5** The victim of harassment doesn't have to be the person who is the target of the harassing conduct but could be anyone affected by it.

**Select One**      **T**      **F**

**6** 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.

**Select One**      **T**      **F**

**7** When a patient becomes unruly, summoning the police or other outside assistance should be the first step, in case the situation becomes violent.

**Select One**      **T**      **F**

**8** All patients and visitors should be informed that violence, threats, and related behavior will not be tolerated. This is known as a zero-tolerance policy.

**Select One**      **T**      **F**

**9** 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**

**10** Quid pro quo harassment means that the harassment has occurred repeatedly over a lengthy period of time.

**Select One**      **T**      **F**