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# Employee Safety:

Assessing and Responding to workplace violence and other risks to homecare workers


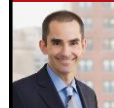
Presentation by: Robert W. Markette, Jr., CHC, HCS-C



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## Agenda



- Risk Management and the Home
- Discrimination/Sexual harassment
- Violence
- Firearms
- Illegal activity
- Infestations

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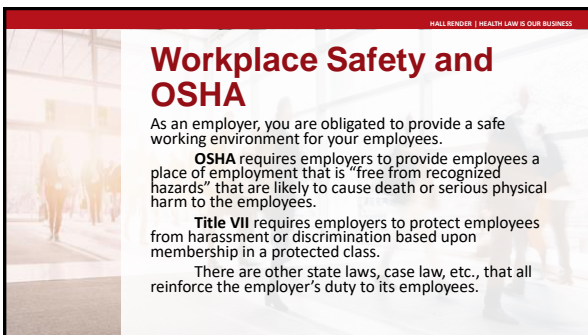
## Workplace Safety and OSHA

As an employer, you are obligated to provide a safe working environment for your employees.

**OSHA** requires employers to provide employees a place of employment that is "free from recognized hazards" that are likely to cause death or serious physical harm to the employees.

**Title VII** requires employers to protect employees from harassment or discrimination based upon membership in a protected class.

There are other state laws, case law, etc., that all reinforce the employer's duty to its employees.



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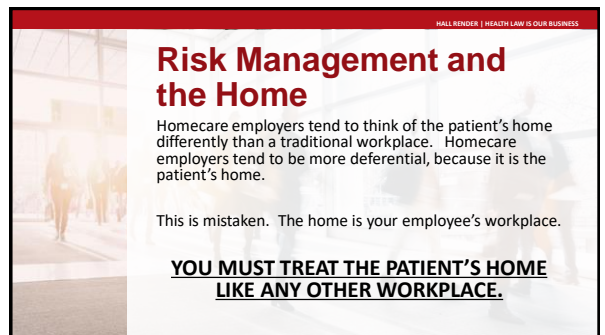
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## Risk Management and the Home

Homecare employers tend to think of the patient's home differently than a traditional workplace. Homecare employers tend to be more deferential, because it is the patient's home.

This is mistaken. The home is your employee's workplace.

**YOU MUST TREAT THE PATIENT'S HOME LIKE ANY OTHER WORKPLACE.**



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## Workplace Safety and OSHA

Under OSHA, we need to keep employees safe from “recognized hazards”.

OSHA notes that “[t]hese hazards include bloodborne pathogens and biological hazards, latex sensitivity, ergonomic hazards from patient lifting, violence, hostile animals and unhygienic and dangerous conditions. In addition, if their daily work schedule requires them to provide care for multiple patients, they face hazards on the road as they drive from home to home.”

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## Workplace Safety and OSHA

These statutes, and their related regulations, provide for significant penalties, civil liability and punitive damages for employers found to have violated them.

Addressing these issues is very important for protecting the agency.

However, the nature of home health and hospice, providing care in patients’ homes, makes the homecare employer’s task a bit more challenging.

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## Risk Management and the Home

Risks that must be addressed in the patient’s home are similar to those in any other workplace:

- Workplace violence
- Bloodborne Pathogens
- Allergens
- Ergonomic hazards (OSHA has published specific guidelines)
- Environmental hazards – hygienic conditions, firearms
- Animals
- Driving

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## Risk Management and the Home

- Homecare employers face a different challenge than other employers.
- The majority of homecare employees work away from the employer’s office(s).
- Much harder to monitor and address issues in patients’ homes.
- However, homecare employers, like any other employers must address these issues.

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## Risk Management and the Home

It is important to consider the risks presented in the patient’s home and plan for them.

You must also:

1. Draft policies and procedures that consider these risks.
2. Train staff on these risks and your policies and procedures.
3. Be sure that your patients understand these issues.

Patients may think “their home is their castle” but, when your staff is in their home, their home is your employee’s workplace.

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Workplace Violence

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## Homecare Workplace Violence

- October 2023, a homecare nurse in Connecticut was murdered during a home visit.
- December 2022, a homecare nurse in Washington was shot and killed by a patient's grandson during a home health visit.
- January 2010, a homecare nurse in Detroit, and her patient, were shot and killed during a home invasion robbery.
- March 2010, a homecare nurse in Tennessee was murdered by her patient's son.

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## Homecare Workplace Violence

- According to one NIOSH study, from 2015 – 2020, 117,000 homecare workers were treated for work-related injuries in emergency departments.
- 93% of the workers were female
- This included:
  - 52% of injuries were due to overexertion and bodily reactions.
  - 15% of injuries were due to falls, slips and trips
  - **15% of injuries were due to violence and other injuries by persons or animals**

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## Homecare Workplace Violence

- Study performed in Oregon regarding violence in the homecare workplace identified
  - 44.6% of homecare workers surveyed reported experiencing physical violence in the patient's home.
  - 65.7% of case managers reported that they had received reports of workplace violence from their employees.
  - High rate of non-violent problems as well: 14.5% reported being subjected to sexual harassment.

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## Homecare Workplace Violence

### Healthcare workers face significant risks of job-related violence



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## Homecare Workplace Violence

- In 2020, 20,050 workers experienced trauma from non-fatal workplace violence.
- 76% of those workers injured worked in healthcare and the social assistance industry.
  - 73% were female.
- Of those injured, 22% required more than 31 days off of work to recover.
- In 2020, 392 workers were murdered at work.
  - 81% were men.

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## Homecare Workplace Violence

- The Oregon Study identified several factors
  - employees alone in patients homes
  - patients, family members, friends and others may be present
  - visits may be at odd hours
  - patients may be in an “unsafe” neighborhood
  - transporting patients
  - lack of emergency communications
  - presence of weapons in home

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## Homecare Workplace Violence

- Organizational issues may also contribute:
  - lack of policies and procedures
  - lack of training
  - employees being overworked due to staffing shortages
  - high worker turnover

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## Homecare Workplace Violence

- Because the risk of workplace violence is higher for health care workers, OSHA has provided written guidance regarding workplace violence prevention in healthcare.
- It provides a framework for employers to use to address workplace violence prevention.
- It includes discussion of issues impacting “field workers” (homecare and social services.)
- Framework is suitable to a broader workplace safety program.

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## Homecare worker safety

- The recent murders of two home health nurses have made the issue of violence against homecare workers a more urgent issue.
- OSHA has noted, “While media attention tends to focus on reports of workplace homicides, the vast majority of workplace violence incidents result in non-fatal, yet serious injuries.”
- It is important to understand that homecare workers being murdered by patients, patients’ family members or others is a risk, but there are other more likely risks.

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## Workplace Violence Prevention Program

The building blocks for developing an effective workplace violence prevention program include:

- (1) Management commitment and employee participation,
- (2) Worksite analysis,
- (3) Hazard prevention and control,
- (4) Safety and health training, and
- (5) Recordkeeping and program evaluation.

This framework applies to workplace safety more broadly.

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## Management Commitment

Management commitment is an essential elements of an effective violence prevention program. Management must:

1. Acknowledge the value of a safe and healthful, violence-free workplace as well as ensure and exhibit equal commitment to the safety and health of workers and patients/clients;.
2. Allocate adequate resources.
3. Assign responsibility.
4. Maintain accountability.
5. Provide post-violence medical and psychological counseling.
6. Accept Employee input and participation to develop program.

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## Management Commitment

- As with any other compliance effort, there must be “top-down” leadership on this issue.
- This includes providing sufficient resources to effectively implement efforts. Workplace safety in a homecare context can require more of an investment.
- Management, executives, and other leadership must be held accountable.
- Management must articulate a policy and establish goals.

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## Worksite Analysis/Hazard Identification

- This is a “workplace violence” risk assessment.
- May assess other hazards as well.
- Need to identify hazards to that they can be mitigated.
- Assessment should involve management and staff.
- Staff likely have more familiarity with the risks and hazards in homes. (May have specific homes in mind.)
- This assessment will be used to identify potential controls/safety measures.
- Analysis is an ongoing effort, not a one time review.

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## Worksite Analysis/Hazard Identification

- Sources of information for analysis:
  - Records of past incidents
    - Violence
    - Employee injuries and other harms.
  - Employee interviews. OSHA expects you to obtain employee input.
  - OSHA guidance. OSHA has published numerous guidance documents regarding various Occupational Issues in home care.
  - See, <https://www.osha.gov/home-healthcare/>
- Use analysis to not just evaluate workplace violence, but other risks of harm.

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## Worksite Analysis/Hazard Identification

- Areas to consider:
  - Work areas
    - Home
      - Kitchen: stove (burns), knives (cuts/stabbing), slip and fall (wet floor), etc.
      - Bedroom: assault, lifting injuries .
      - Stairs: falls
      - Bathroom: assault, slip and falls, scalding, lifting injuries
      - Other rooms: assess issues
      - Environment: neighborhood (crime rate in area), condition of home (carpets? flooring? other potential injury causing issues?), activity in home, visitors to home, unsecured firearms, animals
    - Car
      - Accidents

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## Worksite Analysis/Hazard Identification

- Areas to consider:
  - Patient
    - Health – mental health or other issues that could lead to violence
    - History – past actions, criminal activity
    - Drug or alcohol abuse
    - Triggers – fear of strangers, response to certain stimuli
    - Weapons (if properly stored, may not know) (43% of American homes own at least one firearm.)
  - Others in home
    - History – past actions
    - Weapons
    - Current behavior

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## Worksite Analysis/Hazard Identification

- Areas to consider:
  - Employee
    - Training
      - Situational awareness
      - Understanding policies
      - Avoidance
      - De-escalation/Self-Defense
    - Means of emergency communication
  - Agency
    - Lack of policies
    - Lack of staff training
  - other...

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## Hazard Prevention/Control

- Use risk assessment tool to identify hazards so that you can develop and implement measures to reduce the risks.
- OSHA breaks this into 5 elements:
  1. identifying and evaluating options
  2. selecting effective and feasible controls
  3. implementing the identified controls
  4. confirming controls are being used and maintained
  5. evaluating effectiveness of controls and improving, expanding or updating as needed

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## Hazard Prevention/Control

- The fifth element will require you to continually reassess risks and evaluate your policies and procedures.
- As with any other compliance effort, you will need to show your efforts to achieve continuous improvement.

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## Hazard Prevention/Control

- OSHA identifies two types of controls:
  - Engineering: methods to reduce or control workplace violence that involve making physical changes to the worksite (cameras, lights, security doors, etc.).
  - Administrative: creating or changing policies and procedures to reduce risks of workplace violence by altering the way the provider and/or its employees operate.
- Because homecare workers are in clients' homes, engineering controls will not usually be an option. May apply to parent/branch offices.

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## Hazard Prevention/Control

### Administrative Control – Safety assessment

- Patient/Environment safety/risk assessment as part of initial assessment/comprehensive assessment.
  - Before even going to home:
    - Assess location of home – high crime neighborhood? Other risks?
    - Assess patient history – documented incidents in the past? Medical history provide any indication of threat? Any red flags in chart?
  - Upon arrival assess environment – lighting, locations, entrances, animals.
  - Within home – exits? Other people present? Weapons (knives, firearms, etc.)
  - Patient. Patient behavior, comments, etc., raise any concerns?
  - Others in home. Do their actions, comments, etc., raise any concerns?

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## Hazard Prevention/Control

### Administrative Control – Ending visit/Discharge

- Policy requiring an employee to IMMEDIATELY end a visit if there is any threatened violence or if a situation arises during the visit that causes an employee to become concerned for their safety (unsecured firearms, dangerous animals).
- Employees should be clearly informed that they have the authority to determine whether or not to start a visit or end a visit early.
- IF EMPLOYEES FEEL AT RISK, THEY SHOULD LEAVE QUICKLY.
- Policy should identify how employees communicate decision to forego visit or terminate visit.
- Policy must address next steps: investigation, resume care or discharge.

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## Hazard Prevention/Control

### Administrative Control – Ending visit/discharge:

- Patient/patient decision maker/family informed that:
  - any concern for employee safety will immediately end the visit.
  - ongoing concern for safety will lead to immediate discharge
  - any threat of harm will result in the visit ending immediately and services being terminated.
- This should be stated in writing as part of the intake packet.
- Staff should go over this with patient/patient decision maker/family.
- Should be signed to show everyone was aware.

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## Hazard Prevention/Control

### Administrative Control – Ending visit/discharge:

- When there is a threat or an incident:
  - Suspend services. (Terminate if employee harmed.)
  - Investigate incident.
  - Identify any potential controls to prevent a hazard.
  - If there are potential controls, explain, in writing (with proof of delivery), to patient/patient's caregiver/etc., what those controls are. Explain that failure to follow controls will result in immediate termination of services.
  - If there are not any potential controls, terminate services/discharge patient.
  - Remember to follow your discharge policy. Be prepared for complaint to State.
- NOTE: this framework applies to any incident in the home, not just violence.

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## Hazard Prevention/Control

Administrative Control – Ending visit/discharge:

- Potential controls for identified situation:
  - Keeping animals caged.
  - Properly securing/storing firearms (special consideration for dementia patients)
  - No illegal activity (drugs, prostitution) in the home while staff present.
  - Sidewalks, stairs clear of ice and snow
  - Threatening individuals not present during visit
  - Other environmental hazards addressed (may need social services)

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## Hazard Prevention/Control

**WHENEVER PATIENT DISCHARGE MAY/WILL BE REQUIRED, CLEARLY COMMUNICATE THIS TO PATIENT/CAREGIVER/FAMILY/DECISIONMAKER IN WRITING IN ADVANCE.**

MAY NOT BE ABLE TO COMMUNICATE IN PERSON.

DELIVER TO CLIENT IN A MANNER THAT PROVIDES PROOF OF DELIVERY.  
CALL TO FOLLOW UP/ANSWER QUESTIONS.

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## Hazard Prevention/Control

Administrative Control – Technology

- There are technology solutions to provide real time monitoring of a home health visit. Employee Duress systems.
- Technology should:
  - Allow worker to alert discretely. (Can continue to deescalate while calling for help)
  - Be easily accessible at all times – badge, widget on home screen...
  - Allow for video and audio to be streamed once alert is initiated.
  - Be connected to a live monitor who can call dispatch 911.
- There are a number of companies who offer solutions.

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## Hazard Prevention/Control

Administrative Control – “Backup”

- For some patients and home situations, it may be preferable to not send a staff member alone.
- Discuss with police the ability to have an officer accompany staff. This may be especially appropriate at an initial assessment. Many police departments may lack the staff to provide an officer.
- Send an additional staff member. This may increase your operating costs, but cost may be offset by reduced costs in employee turnover and time lost due to injury.

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## Hazard Prevention/Control

Administrative Control – Other options

- Agencies have considered pepper spray.
  - This can raise a number of additional issues. (OSHA mentions self defense as a training topic.)
- Some employees have considered carrying firearms. Agency would not know, unless the employee used them.
  - Would employee use firearm?
  - Would firearm be used on the employee?
  - Does the employee have any training with the firearm?
  - Agency liability when staff member shoots patient?
  - Policy prohibiting firearms may be practically hard to enforce.
- Need to seek advice of legal counsel.

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## Hazard Prevention/Control

Investigating incidents

- When an incident occurs, you must investigate.
  - Identify causes.
  - May determine additional precautions are necessary.
- OSHA suggests following steps:
  1. Report incident as required
  2. Involve employees in investigation
  3. Identify root causes
  4. Collect and review other information
  5. Investigate near misses – employee(s) may not have been harmed, but near misses are caused by same events that lead to employee harm.

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## Hazard Prevention/Control

Key aspects to investigation efforts:

1. Receive report.
2. Suspend services pending investigation. Notify patient/family/decisionmaker, etc., **in writing** of report and suspension of services.
3. Interview individual who made report
4. Interview witnesses – employees, patient, others in home.
5. Review complaint logs, etc. – Other incidents with this patient? Look for red flags that may have been missed.

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## Hazard Prevention/Control

Key aspects to investigation efforts:

6. Document investigation and conclusion. Who, What, When, Where, Why. Include: copies of notes, witness statements. Identify root cause, if possible. [NOTE: Unless covered by attorney client privilege, report is discoverable.
7. Identify corrective actions based upon conclusions:
  - a. Additional controls?
  - b. Discharge patient?
  - c. No action, because incident not confirmed?

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## Hazard Prevention/Control

Key aspects to investigation efforts:

8. Make any needed reports related to the case.

During investigation may want to give employee time off.

If employee was injured: Workers' Compensation, FMLA, medical treatment, counseling, etc. Consider counseling for other employees as well. Incident will likely impact all staff, not just employee who was directly involved.

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## Hazard Prevention/Control

Evaluating effectiveness. Need to continually assess your program and determine ways to improve it.

- One key metric – number of events involving employee safety/harm/injury
- Key metric – staff perception of safety. Do staff feel policies are sufficient? Are there other things you could do?
- Increase in identification of potential threats prior to admission?
- Benchmarks?

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## Safety and Health Training

- Key element of violence prevention program.
- Training helps “ensure that all staff members are aware of potential hazards and how to protect themselves and their coworkers through established policies and procedures.”
- Involve all workers
- Address specific threats/hazards
- Initial training and ongoing “refresher” training. Refresher training at least annually, perhaps more frequently

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## Safety and Health Training

- Initial training. OSHA refers to this as “universal precautions for violence.”
- This is the notion that violence, like other infectious disease, “should be expected, but can be avoided or mitigated through preparation.”
- Training will include both general overview/initial training as well as role specific training.
- Frequency and duration of training will vary by positions. Field staff may receive more training than office staff, due to larger variety of risks.

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## Safety and Health Training

- Topics for training(OSHA recommended)
  - Agency policies and procedures on workplace violence and safety
    - Be sure staff are aware that they can forego visit/end visits if they feel unsafe'
    - How do staff report concerns
    - Use of agency duress system
  - Need to and how to document changes in patient behavior
  - Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults
  - Recognizing, Preventing, or diffusing volatile situations or aggressive behavior, and managing anger (de-escalation)
  - Strategies for dealing with hostile individuals in the home other than the patient

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## Safety and Health Training

- Topics for training(OSHA recommended)
  - a standard response action plan for dealing with violent situations (this may be more difficult in the home)
  - policies and procedures for obtaining: (i) medical care, (ii) trauma-informed care, (iii)counseling, (iv) workers' compensation and/or (v) legal assistance after a violent episode or injury
  - self-defense techniques (where appropriate)

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## Safety and Health Training

- Additional homecare specific topics
  - Staying safe when providing care in dangerous neighborhoods
  - Identifying and addressing threats from animals in the home
  - Firearms displayed/brandished in the home
  - Responding to illegal activity in the home
  - How to arrange for "backup", if agency has a backup policy
  - Auto maintenance tips
  - Basic firearms handling/safety, not for self-defense, but so that staff can ensure any unsecured weapons are unloaded and safe.

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## Recordkeeping and Program Evaluation

- Recordkeeping has two important considerations: proving what you have done and preparing for the future.
- What you have done. Accurate and thorough records can show:
  1. Receipt of complaints, investigation of complaints and response to complaints.
  2. Responses were appropriate and timely.
  3. Policies worked or were revised appropriately...

This is how you demonstrate "effective compliance."

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## Recordkeeping and Program Evaluation

Preparing for the future. Accurate record keeping can provide you with information for use in future compliance efforts.

Accurate and thorough records can show:

1. Areas of concern that may require future action;
2. Trends within the agency;
3. Gaps in preparation;

These are just a few examples.

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## Recordkeeping and Program Evaluation

OSHA expects providers to:

- Annually evaluate their violence prevention program.
- Evaluate their violence prevention program after any incident (including near misses).
- Provider may change program based upon results of evaluation.

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## Beyond workplace violence

It is important to have a plan to address workplace violence.

However, there are other considerations related to employees in patients/clients homes.

Homecare employers need to address those as well.

Workplace violence policy provides an excellent framework for that.

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## Ergonomic Injuries

Other issues for homecare workers:

Workplace injuries from lifting, moving, assisting patient.

Homecare "workers may injure themselves when transferring patients into and out of bed or when assisting patients walking or standing. The rate of injury from lifting in 2007 for home healthcare workers was 20.5 per 10,000 workers."<sup>\*</sup>

<sup>\*</sup> NIOSH Hazard Review, Occupational Hazards in Home Healthcare, p. 3, January, 2010. ("NIOSH Review")

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## Ergonomic Injuries

Assess risk of ergonomic injuries to your staff.

Provide training in proper lifting techniques and use of assistive equipment. NIOSH study found that workers think assistive devices are "difficult to work with and time consuming."

Assess when a patient may require ergonomic assistive devices as part of the plan of care or even when more than one staff person may be necessary to safely list and assist with ambulation.

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## Ergonomic Injuries

Include training and education for families as well.

Patient and family may, incorrectly, fear that assistive devices are unsafe or uncomfortable. Patient and family may simply be "unwilling or unable to accept changes in the home."<sup>\*</sup>

Education to patient and/or family will help to alleviate these issues and improve employee safety.

<sup>\*</sup> NIOSH Review, p. 10.

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## Infestations/Vermin

Employers are expected to "prevent the entrance or harborage of rodents, insects, and other vermin. A continuing and effective extermination program shall be instituted where their presence is detected."<sup>29</sup> 29 C.F.R. 1910.141.

The presence of bedbugs in a patient's home implicates this requirement. Infestations can also involve fleas, rodents, etc.

Client may have other issues, but there has been a resurgence in bedbug infestations in the last 5 years.

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## Infestations/Vermin

An infestation can create a number of issues:

1. Health and safety of patient.
2. Health and safety of staff.
3. Staff transporting infestation to office, home, other locations.
4. Staff objecting to working in these conditions.

The latter is one of the largest. Staff will often refuse to go to a home with a known bed bug infestation.

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## Infestations/Vermin

When presented with a patient's home that is infested, agency must be prepared to respond appropriately.

**CMS EXPECTS YOU WILL CONTINUE TO CARE FOR THE PATIENT.**

**OSHA EXPECTS YOU WILL ADDRESS THE VERMIN/INFESTATION ISSUE.**

You can be cited for failing to follow the plan of care and patient's rights as a result of suspending care due to an infestation.

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## Infestations/Vermin

Because Staff may be hesitant to enter infested home your infestation policy should include an ongoing training component. Topics:

1. How to identify an infestation.
2. Reporting infestation/vermin to agency leadership.
3. Infestations are aspect of infection control.
  - a. Explain how proper use of PPE can prevent spread of infestation to home.
  - b. Review other related policies and procedures, including infection control.

Education is key to making sure your staff is comfortable entering the home. Which is important.

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## Infestations/Vermin

When staff identify and report an infestation, agency should:

1. Immediately contact patient/family/caregiver to discuss issue with patient/family/caregiver.
2. Work with patient/family/caregiver to address need to temporarily relocate patient. This may be to an ALF, ILF, relative's home or other location. (Relocation must be voluntary)
3. If the patient lacks the resources to respond to the infestation, work with the patient.
4. Care must continue during this period.

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## Infestations/Vermin

### Patient Care During an Infestation

**PATIENT CARE MUST CONTINUE DURING THE INFESTATION.**

If you are unable to care for the patient as a result of the infestation, you must transfer the patient.

CMS Considers this an issue related to the expectation a provider will only admit patients for whom it has a reasonable expectation of meeting the patients needs.

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## Harassment/Discrimination in the home

- Another important area to consider is employees being harassed and/or discriminated against in the home.
- You must consider and protect against discrimination and harassment in the home.
- This is not an OSHA issue, but an EEOC issue.

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## Quick Legal Primer on Harassment

Harassment is a form of discrimination that is unlawful when based on a protected status.

Two Types of Legally "Actionable" Harassment

1. "Quid Pro Quo"
2. "Environmental"



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## Type 1: Quid Pro Quo

*"If you do this, I'll do that."*

*"If you don't do this, I won't do that."*

NOTE: If there is a tangible employment action, i.e., demotion, termination, reduced pay, etc., there is no legal defense to this type of harassment.

This is not usually the issue with harassment in the home.

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## Type 2: Environmental (Hostile Work Environment)

- (1) that the work environment was both subjectively and objectively offensive;
- (2) that the harassment was based on me
- (3) that the conduct was severe or pervasive
- (4) that there is a basis for employer liability



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## Remember ALL Types of Harassment

- NOTE: Although sexual harassment has gotten a lot of attention recently, HWE harassment applies to any protected class.
- Title VII – race, color, sex, religion, national origin, sexual orientation, gender identity.
- Last two categories added by Supreme Court in the Bostock decision.

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## Hostile Work Environment

- **Anyone in the workplace** could commit this type of harassment – a superior, a peer, a subordinate, a co-worker. This includes patients, patients' family members, patients' friends.
- A QUID PRO QUO is not required for HWE.
- REMEMBER: **Your employees' workplace is your patients' homes.**
- The **victim could be anyone** affected or offended by the conduct, not just the target.

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## Hostile Work Environment

- There is no "just joking" defense.
- Patient/Family may think it is okay, but that does not make it okay.
- Inappropriate/harassing conduct is unacceptable even when the accused belongs to the same protected class.
- A workplace that permits slurs, derogatory photos, politically incorrect jokes and other offensive conduct can constitute a HWE **even if many people deem it harmless or insignificant.**

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## Employers DO have an available defense to HWE claims (at least under federal law)

- **Employer** exercised reasonable care to prevent and correct promptly harassing behavior; and
- **Employee** unreasonably failed to take advantage of preventative or corrective opportunities provided by the employer or otherwise avoid the harm.

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## Preventing workplace harassment and reducing risk

- Be sure staff **and patients** are familiar with applicable policies and behavioral standards and FOLLOW them!
- Be clear with staff how they can come forward.
- Encourage staff to speak up.
- Treat all complaints seriously – investigate.
- Do not ignore issues in the home.
- Do not dismiss behavior as merely the result of patient's condition.

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## REPORTING ALL HARASSMENT, EVEN IN THE HOME

- THIS IS IMPORTANT. IF EMPLOYEES DON'T REPORT MISCONDUCT IN THE HOME, AGENCY CANNOT ADDRESS IT.
- NEED TO STRESS IMPORTANCE OF REPORTS TO STAFF.
- IF THEY DON'T REPORT IT, IT DIDN'T HAPPEN.

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## Preventing workplace harassment and reducing risk

- If your investigation determines that the patient/patient's family/other guests are creating a Hostile Work Environment, you must act to stop it.
- Discuss issue with patient/patient's family.
- Explain IN WRITING that conduct must cease or care will cease.
- If conduct does not cease, DISCHARGE THE PATIENT.
- Follow your discharge policies – they should include harassment as "for cause."

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## Conclusion

Your patients' homes are not just their homes. They are your employees' workplaces. As the employer, you must address the home as you would any other workplace. Failing to do so not only places you employees at risk, but also creates significant risks to your agency.

You should assess these risk and address gaps in your policies and procedures.

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