

# Compliance Corner

With Laura Linley, CRT, RPSGT, FAAST

## Mitigating a Workplace Violence Program During a Pandemic

Staffing during this pandemic has created some challenges for many sleep centers. We have been challenged to not only implement enhanced infection control strategies and patient health screening but also have been tasked to staff our sleep centers appropriately to provide ideal social distancing. This has resulted in spreading out staff over the week and leaving beds closed rather than having staff work together in some instances. The consequence of this is having more staff working alone, making them more vulnerable to possible workplace violence. It is that safety concern I will be addressing in this article.

Working alone includes all workers who may go for a period of time where they do not have direct contact with a co-worker. For example, the receptionist in a staffed office building may be considered a "lone" worker along with the sleep technologist staffed to work alone during their shift.

The Occupational Safety and Health Administration<sup>1</sup> (OSHA) defines workplace violence as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." Even if no physical injury takes place, threats, abuse, hostility, harassment and other forms of verbal violence can cause significant psychological trauma and stress — and potentially escalate to physical violence.



The *American Journal of Managed Care* in December 2020 published an article on [the persistent pandemic of violence against health care workers](#).<sup>2</sup> The article reports that the problem of violence against health care workers has escalated across the world, and tackling this issue requires the support of administrators, medical directors and all team members. Shocking

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was to see reported statistics on a study in 2000 that found that 82% of U.S. nurses had been assaulted at least once during their careers, and 73% believed that assault was just part of their job. Studies have shown that the most common acts of violence against nurses were shouting or yelling (60.0% by patients, 35.8% by visitors), swearing (53.5% by patients, 24.9% by visitors) and grabbing (37.8% by patients, 1.1% by visitors). It has been my experience in managing sleep centers that the same prevalence is reported by sleep center staff.

Patients, family members and visitors commit these violent and abusive attacks for many reasons, and it is difficult to predict. Some of the reasons can be explained by substance abuse, mental illness and/or powerful emotions that manifest themselves in destructive ways. Violence challenges the moral and ethical obligations of physicians, leading to difficult decisions that may need to be made to protect others. I found it sobering to see that so many health care workers felt it was just part of their job.

Recognizing the unique vulnerability of patients and staff in a sleep testing environment, facilities must have explicit policies and procedures to minimize the risk for assault or allegations of inappropriate behavior during the attended sleep testing encounter. This may include the use of continuous video monitoring in high-risk areas during the attended sleep testing encounter (patient bedrooms, hookup areas) and/or specific training for the use of a chaperone during interactions between patients and staff. This requires increased focus and development of mitigation techniques for when staff is working alone.

# Compliance Corner *continued*

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Accrediting bodies such as the American Academy of Sleep Medicine (AASM) and the Accreditation Commission for Health Care (ACHC) have requirements that assist sleep centers to meet safety standards. The standards apply to the surveillance, identification, prevention, control and investigation of safety risks; this includes environmental issues (fire safety, disaster, etc.) and crisis prevention.

When developing a mitigation strategy for violence in the workplace it is encouraged to include:

1. A clearly spelled out and disseminated zero tolerance policy toward any form of violence. Workplace violence includes but is not limited to the following acts and relationships:
  - a. Incidents of violence towards patients, staff or visitors from internal or external sources
  - b. Direct and indirect threats
  - c. Domestic issues that impact the workplace
  - d. Verbal and physical abuse
2. Performing a patient safety risk analysis which identifies the risk of working alone and includes information such as:
  - a. Access to emergency call/911 alerts
  - b. Use of other staffed "chaperones" when needed
  - c. Regular training on identifying risky behavior or agitation
3. Flagging of patient charts for patients who have a history of violence in the health care setting.
4. Training staff in recognizing and managing potential and actual violence. All team members should be able to identify:
  - a. Behaviors of concern (inappropriate behavior, disrespectful behavior)
  - b. Behaviors of increasing concern (bullying, disruptive and divisive action)
  - c. Workplace violence (stalking, physical violence, active shooter)
5. Management commitment and staff involvement in prevention activities such that employees feel that staff safety is as important as patient safety.
6. Streamlining and simplifying the violence reporting process. It is important to include a non-retaliation clause as well:
  - a. Staff will not be retaliated against for reporting any type of violence or participating in an investigation of a violent act
  - b. Discrimination against victims or reports of violence will not be tolerated
7. Comprehensive follow-up care for staff members who have been assaulted. Employee assistance programs (EAPs) are a great resource for this follow up

The advertisement features the ACHC logo at the top left, a moon and clouds background, and a 'SLEEP' icon with a person sleeping. The main text reads 'ACCREDITATION MADE SIMPLE' in large white letters, followed by 'ACHC's flexible approach gives you options to quickly and easily meet your organization's needs.' and 'Learn more at →achc.org.' At the bottom, it states 'ISO 9001:2015 CERTIFIED. CMS APPROVED.' and 'ACCREDITATION COMMISSION for HEALTH CARE'.

The COVID-19 pandemic has generated significant stress, anxiety and worries about health, social isolation, employment and finances as well as the challenge of work and family obligations for both our patients and our team members. This major event has impaired sleep and circadian rhythms. We must be prepared with a focused plan to share with our teams in order for them to be resilient, informed and protected not only from the virus, but also from the consequences, including workplace violence. 🌙

## References

1. Workplace violence. Occupational Safety and Health Administration. Accessed April 28, 2020. <https://www.osha.gov/SLTC/workplaceviolence/>
2. Watson, A, Jafari, M, Seifi, A. The Persistent Pandemic of Violence Against Health Care Workers. *American Journal of Managed Care*. 2020;26(12):e377e379. <https://doi.org/10.37765/ajmc.2020.88543>