Inappropriate behavior in the sleep Name of Policy: THE UNIVERSITY OF TOLEDO MEDICAL CENTER **Policy Number:** 3364-171-01-06 **Department:** Sleep Disorders **Approving Officer:** Senior Hospital Administrator Director, Sleep Disorders **Responsible Agent: Effective Date: 03/17/2023** Scope: The University of Toledo Medical Center Initial Effective Date: 03/17/2023 Pulmonary Services Department New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

## (A) Policy Statement

The Sleep Lab will provide a safe work environment for its' staff and patients.

## (B) Purpose of Policy

The Sleep Lab endeavors to provide a safe workplace for all employees. To ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of this workplace violence policy.

## (C) Procedure

- 1. Prohibited Conduct:
  - A. University of Toledo Medical Center does not tolerate any type of workplace violence committed by or against the employees. This applies to the Sleep Lab. Employees and patients are prohibited from making threats or engaging in violent activities.
  - B. The list of behaviors, while not inclusive, provides examples of conduct that is prohibited. This list also pertains to any inappropriate conduct by the Sleep Lab staff or patients. More information can be found in Standards of Conduct Policy 3364-25-01 and the "Patient and Visitor Code of Conduct"
    - a. Causing physical injury to another person
    - b. Making threatening remarks
    - c. Aggressive or hostile behavior that creates a reasonable fear of injury to another person.
    - d. Intentionally damaging employer property or property of another employee.
    - e. Possession of a weapon while in the hospital (see administrative policy)
    - f. Committing acts motivated by, or related to, sexual harassment or domestic violence (see administrative policy)
- 2. Reporting Procedure for Violent or Inappropriate Behavior
  - A. Any Potentially dangerous situations must be reported immediately to a manager (After hours to the Respiratory manager), Security and to the Human Resources. Reports can be made and submitted anonymously, and all reported incidents will be investigated. All parties involved in a situation will be counseled and the results of the investigation may be discussed with them. The Hospital will actively intervene at any indication of a possibly hostile or violent situation. The following, while not inclusive, may provide examples of conduct that should be reported immediately.
    - i. Individual situations While the Hospital does not expect employees to be experts at identifying potentially dangerous persons, employees are expected to exercise good

judgement and to inform their manager or Human Resources if any employee exhibits behavior which could be a sign of a potentially dangerous situation. Such behavior may include:

- a. Discussing weapons or bringing them to the workplace
- b. Displaying overt signs of extreme stress, resentment, hostility, or anger
- c. Making threatening remarks
- d. Sudden or significant deterioration of performance
- e. Displaying irrational or inappropriate behavior
- B. Immediate and accurate reporting violent incidents that involve an employee will be reported via the Hospitals Employee and Illness Report. Non-employee (Injury and Illness) violent incidents will be reported via the Hospitals intranet incident reporting system.
- C. When a patient engages in lewd or inappropriate behavior of a sexual nature while being recorded for any sleep study, the polysomnographic technologist should take the following steps.
  - i. Through the use of the control room intercom, ask the patient to stop the inappropriate behavior and remind the patient that he/she is being recorded through the use of video, as explained during the hook-up procedure.
  - ii. If the patient refuses to cease the behavior, verbally tell the patient that the testing will be stopped and that he/she must leave the facility at the conclusion of the test. The technologist will then notify Security of the situation and request assistance. The patient will be notified that the Sleep Lab staff will be following up with the ordering provider to let him/her know that the study was not completed and as to the reason why.
  - iii. The patient will be charged in accordance with standard billing procedures.

## 3. Risk Reduction Measures:

- A. Hiring The Human Resources Department conducts background investigations upon offering employment and may rescind an offer if the background investigation documents a crime that is considered a disqualification from Senate Bill 38 or Senate Bill 160. Background review checks can reduce the risk of hiring individuals with a history of violent behavior.
- B. Safety The Hospital conducts risk assessments and routine patrols of the premises to evaluate and determine any vulnerabilities to workplace violence or hazards. The Security Manager compiles information for the Security Team and reports the management activity to the Environment of Care Committee of the Hospital.
- C. Employees at risk The Human Resources Department will work with the Safety and Security Department if it becomes knowledgeable (by receiving written court issued documentation from the employee) that an employee has become a victim of violence. Human Resources and Security will design a plan with the at-risk employee to prepare for a possible emergency situation.
- 4. General Guidelines for Handling Violent Situations:
  - A. The Human Resources and Security Departments will maintain and distribute to all employees, education on handling workplace violence and threats. Education will begin in new-employee orientation and will continue through on-going education, or through individual education efforts on an as-needed basis for all departments.
  - B. Generally, employees who confront or encounter, an armed or dangerous person should not attempt to challenge or disarm the individual. Employees should remain calm, make constant eye contact and talk with the individual. If a supervisor or co-worker can safely notify the need for assistance without endangering the safety of the employee or others, such notification should be made through the Switchboard Operator and/or Security. Otherwise, cooperate and follow the instructions given.
- 5. Support for Victims of Violence:

- A. Victims of violent incidents in the workplace might have to contend with a variety of medical, psychological, and legal consequences. The Hospital will accommodate victims to the best of its ability of workplace violence by:
  - i. Referring victims to the Emergency Room/Occupational Health Services
  - ii. Referring victims to the Hospital Employee Assistance Coordinator for Counseling placement
  - iii. Referring to the appropriate Victim Advocacy Group, legal aid and/or domestic violence shelter.
  - iv. Accommodating the employee with a leave of absence
  - v. Cooperating with local law enforcement authorities in the investigation of the crime
  - vi. Providing information for employees as quickly as practicable after a serious violent occurrence to explained what happened and what steps are being taken by the Hospital to support the affected employees
- 6. Emergency Management:
  - A. The Security Manager oversees the Security Management Plan for the Environment of Care Security Team and reports activity to the Chairman of the Environment of Care Committee. The Security Manager is designated to oversee the following:
    - i. The fundamentals of the Security Plan
    - ii. Planning and implementation activities of the Security Plan
    - iii. Access control to the facility and outlying facilities
    - iv. Defining sensitive areas of the hospital
    - v. Orientation and education of the Security Plan to employees
    - vi. Performance and quality improvement efforts of the Security Plan
    - vii. Emergency Procedures of the Security Plan
    - viii. Annual evaluation of the effectiveness of the Security Plan that is reported the Environment of Care committee, the Quality Management Review Committee, and to the Board of Trustees of the Hospital

Approved by:		Review/Revision Date: 03/23
Michael Taylor Director, Pulmonary Services	03/20/2023 Date	-
Andre Aguillon, M.D. Medical Director	03/19/2023 Date	-
Russell Smith Senior Hospital Administrator	03/20/2023 Date	-
Review/Revision Completed By: Director, Sleep Disorders Center  Policies Superseded by This Policy:		Next Review Date: 03/26

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.