

## Safety: Who's Job Is It ?!



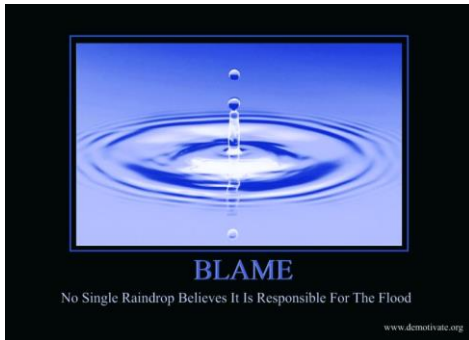
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Dianna Graves, BS Ed, COMT  
has no financial relationships to  
disclose. She is an Independent  
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## Components To Safety: Patient

- \* During The Exam (wrong drops)
- \* In The Clinic (waiting room, restrooms)
- \* On The Grounds (Not On The Ground !)
- \* With Staff
- \* Environment of Safety:  
Your job is to protect  
the patient, even if it  
is from YOU !



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## "If anything happens you didn't expect..."

Patient slips and falls still account for the most common causes of patient injury in health care facilities.

Have an action plan in place for "incidents"

- \* Who responds
- \* When to call 911
- \* When to let them leave the facility after an incident



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Patient comes in for a routine eye exam. You are using the phoropter, the room is darkened, and the phoropter falls off the arm and "whacks" them in the head.

This is NOT part of any eye exam - and is now an incident.



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- \* Make sure the patient is not bleeding or feeling faint
- \* **STAY CALM**
- \* Call for help from Lead
- \* **Get Doctor involved.** Record VITALS
  - \*\* the doctor determines if the patient should leave the clinic, or if you call 911
- \* Document the incident, document outcome
- \* **Identify ways to prevent issue from re-occurring**



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If a doctor, or you, recommend that a patient needs to go to the hospital or you want to call 911, and they refuse....

**DOCUMENT** that they refuse more care !

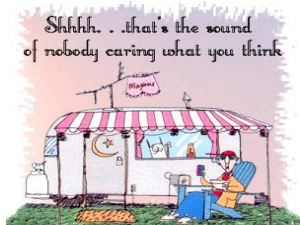


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## Recommendations From Staff

Anytime you **GIVE** a patient something - you need to document it....

- \* Eye drops
- \* Pills
- or
- \* Advice



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## Can Techs/Staff "Recommend" Anything ??



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## What About....??

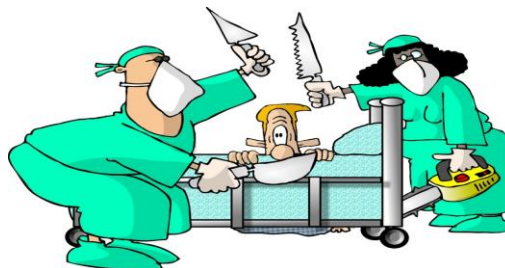
Patient comes to clinic and during the exam states they have a headache. "Could I have (2) Tylenol" ?

It's Friday @ 4:00 and the patient can't get to clinic, but their eyes are irritated, itchy and watery. They want to know what eye drop to use over the weekend. You use Patanol when yours are itchy.



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## What About Safety For Procedures ?



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- Make sure you have a system in place to identify the right patient for the right procedure...even if it is "just" a chalazion
- Ensure all your equipment is cleaned, sterilized and working correctly
- Ensure **gloves**, masks or face shields are available & used when appropriate
- \* "Sentinel Events"



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- **IF YOU DO SOMETHING TO SOMEONE YOU HAVE TO HAVE A CONSENT SIGNED FIRST !**
- Make sure that the patient is able to sign it (beware nursing home and minors).
- **Informed consent** means the patient had the opportunity to **ask the DOCTOR** questions prior to the procedure.
- Anyone under 18 - the parent must be present for procedures...make it a policy !



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### Components To Safety: Staff

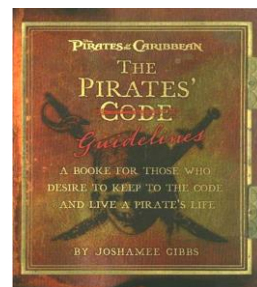
- \* Make sure you know the system to report safety issues or concerns (Incident Reports)
- Use the PPE's provided
- Do not practice unsafe behavior (re-capping needles, not washing hands)
- \* Watch employees that Ignore the rules: "I don't have to"



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### "Rules" versus "Guidelines" ...."

If you know about "the rules" and **intentionally** do not follow them - and then get hurt - you may be at risk to not be covered by your work's insurance company. And - it also becomes a discipline problem versus an accident. *Especially* if you have been warned in the past of your behavior !



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### PPE: Personal Protective Equipment

- Goggles
- Face Shields
- Safety Glasses
- Hard Hats
- Safety Shoes
- Gloves
- Vests, Clothing
- Earplugs or earmuffs



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### Safety & Human Resources: Wake Up Calls !



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## "This Is A Safe Place "

Employees need to be, and have the right to feel, safe at work. That means **physically**, **mentally** and **environmentally** "safe".

There can be no excuses . If an employee expresses a concern that they feel "unsafe" ...

Excuses  
Excuses  
Excuses  
Excuses  
Excuses

**CHECK IT OUT !**

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## "Types" of People To "Watch Out" For

Inappropriate behavior, comments, touching, insinuations or intimidation tactics are not acceptable behavior for **anyone** in the work place : managers, fellow staff or physicians. IF a staff reports "inappropriate behavior", it has to be investigated and STOPPED !



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## "The Toucher"

Be aware of what the staff is saying and doing. Some people are just naturally touchy. This can make other people very uncomfortable. If a staff member complains of another staff's over touchiness...talk to the "toucher" **ASAP**. Do not ignore this.



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## "The Hugger"



When is it ok to hug a fellow co-worker...or your doctor ?????!!!!  
Is it ever OK ?



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## What About Hugging A Patient ?

Be careful !!! Patients **should** be considered **vulnerable** regardless of the situation they are currently in, and therefore can and will misinterpret information, acts of kindness and diagnoses because of the stress they are under.



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## "The Powder Keg"

Employees need to have a course of action **known to all staff** they can use when they are trying to deal with an angry co-worker or physician. And they need to have an "out" ! (Kindly, Gently & Professionally)



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## Workplace Violence

Violence is one of the leading causes of workplace deaths. Aggressive actions, physical conflict and sexual harassment are far more common than deadly assault. Always be wary and report coworkers or others who exhibit signs of potential violence.

Warning signs of potential violent behavior may include:

- Withdrawal from others.
- Excessive drinking or drug use.
- Argumentative behavior.
- Behavior changes.
- Loss of interest and confidence in life and/or work.
- Threats or disturbing statements to others.

To keep your workplace safe you should:

- Report all threats and other suspicious, potentially violent actions.
  - Take all threats seriously.
  - Never joke about violence.
- If you encounter a violent or uncomfortable situation, you should:
- Stay calm - remove yourself from the location if possible.
  - Never be confrontational with a violent individual.
  - Report acts of violence to your supervisor.



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## What If It Is An Angry Patient?



Make sure staff know that they have an "out" if a patient is behaving unreasonable or is being overly aggressive.

**No staff** should have to deal with irate patients. "It's not in their job description - it's in ours"



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## Never Argue Back - You Won't Win !

- Don't take it personally
- Stay Calm & Polite ("Yes, sir")
- Stay positive and professional.
- Try to empathize with their problem
- Suggest a possible solution or options that may help them with the situation.
- Don't make promises you can't or won't keep - like telling them you will call in an hour when you know the person with the answer is out for (2) days !!!



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## Be Patient

It never pays to be impatient!!  
It's not easy to control your emotions when a patient is being unreasonable or rude, but you have to remain professional, friendly and cooperative.

If the receptionist is rude, why do you have any reason to believe that everyone else is going to be helpful?

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## Harassment...there will be none ...period !

**Sexual - comments, innuendos or actions**

It's very difficult to discuss this type of harassment. Unfortunately many offices use the "that's just the way they are - real friendly" excuse to try and explain someone's behavior. **LISTEN TO WHAT THE EMPLOYEE IS SAYING** and **stop** the behavior.



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## "The Inside Joke" or "Did They Just Say That" ?!

Watch the jokes and the stories, especially in mixed company, but even when it's "just the girls" having lunch. And... be careful sharing "too much information" ... not everyone wants to hear about your cramps from hell !



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## Components To Safety: Organizational

- **OSHA:** The Occupational Safety and Health Act of 1970 began to ensure workers were protected from harm on the job. This Act established for the first time a nationwide, federal program to protect almost the entire work force from job-related death, injury and illness.
- \* Encourage employers and employees to reduce workplace hazards
- \* Implement new or improve existing safety and health programs
- \* Maintain a reporting and record keeping system to monitor job related injuries or illnesses

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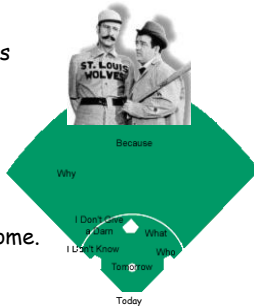
- Enforce mandatory safety and health standards
- Even if **no** standard exists - you must keep a safe workplace.
  - \* find hazards and eliminate them
  - \* ignorance is not bliss... seek out issues and remove them.
  - \* Community Standards
  - \* **TRAINING**



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## Do You Have Your Bases Covered ?

Have a policy in place that defines the chain of events to follow if an employee feels "unsafe". IF the "offender" is a physician, have another physician or office manager speak with them. Document the conversation and the outcome. Follow Up !



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## OFFICE SAFETY

SLIPS, TRIPS, & FALLS  
BLOCKING EXITS  
ELECTRICAL  
HEATERS & FANS  
LIFTING  
FAULTY EQUIPMENT  
EMERGENCY ACTION PLANS  
HOUSEKEEPING  
WORKSTATION DESIGN



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## "Recognized Hazards"

- **You were aware of the problem - but did nothing about it** (parking lot lights burned out or frayed wires on the equipment)
- Inappropriate clinical actions (re-capping or reusing needles)



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## "We told them over and over this was dangerous !"



### Can you say lawsuit ?

It will be interpreted by your staff, the court and the jury - that you didn't care. Guaranteed your staff will feel that way - and will say so to anyone they can.

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## No News Is Good News !

Have a Safety Committee that has representation from each part of your office: Phone Center, Business, Techs, etc. Each month have them send a standard report of their areas listing any hazards they see (frayed wires or carpets, leaks). Then **respond**, **repair** and **document** when you took care of it !



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## "I saw her limping, but I figured she did it over the weekend"

Sometimes you just don't want to ask the question - but you have to: "Hey...what's going on ? Did you hurt your leg? " Ignoring an employee with an "injury" may come back to bite you ! Ask what happened, and then document their response - especially if it was not work related !



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## Go Looking For Trouble !

Sometimes employees practice unsafe habits - carrying heavy loads without asking for help, shoveling side walks, transferring patients without transfer belts, etc. **IF** you see bad behavior, **STOP IT !**



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Leaks cause falls



Don't store wraps, towels, equipment, under sinks where they can get contaminated

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## Drills

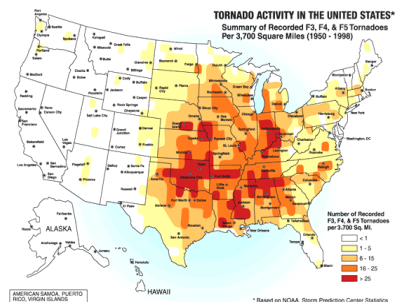
Consider the area you live in and expect the unexpected.

- \* Tornado
- \* Flash Floods
- \* Fire
- \* Earthquakes



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## Staff Information Sheets At Routine Times Of The Year



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## Have Signage Visible



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## Make Sure Staff Know Where To Go And What To Do !

Have yearly fire drills and make sure your staff is all aware of where they are to gather for a "staff count". Have plans for patient removal, wheelchair or bed ridden patients, and the elderly but mobile.



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## First Aid & CPR

**ALL** staff & front line employees should have CPR Training and basic First Aid Refresher classes.

**Yearly** Safety Review sessions **with all groups** should be documented and required (OSHA regulation)



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## Does Your Staff Change Office Locations During The Day ?

Is your practice protected if your employee has an accident?

What if an employee calls you concerned regarding weather, road conditions or they are nervous "crossing the bridge" ?



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## Will Your Insurance Carrier Conduct a Defensive Driving Class?

Talk with your carrier and ask if they will give your staff a class. **Document attendance.** IF an employee is on work time, transferring to another office and they are in an accident, you will need to cover them.



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## Do You Have Road Warriors ?

We have (7) offices. I have staff that love to "shift" every chance they can. Others get irritated if they move once a week! When talking with new hires, make sure they know they will be traveling. Pay for their mileage **and** their time to get between clinics ! Make sure they know this **BEFORE** they start working for you!



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## **Pessimism**

Every dark cloud has a silver lining, but lightning kills hundreds of people each year who are trying to find it.

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"Safety" - It's All Up To YOU !



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