

Safety Precautions

Office policies must include plans to safeguard everyone on the premises.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Topic: "If"..."Then"

Dear Lynn,

I've been following PM News, and was struck by the issue (and polling results re: gun ownership) concerning safety in the practice a while back. Out of the 44.48% of those responding to the poll who said they own a gun, I wonder, do they have that gun in the workplace? And more specifically, do they allow patients to enter with a firearm?

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Wow, hard to say, but it is a good lead in discussion for every office to address—that is, what precautions should be taken to foster the overall safety of patients, employees, and employers?

Some scenarios we can and should prepare for include firearm safety, fire and accident prevention, embezzlement, and COVID precautions. Along those lines, it is recommended that each office implement some policies and action plans to safeguard everyone on the premises, including doctors, staff, and patients. Take, for example:

- A patient who arrives with an open carry firearm on his/her person. What response or course of action will be taken if a patient argues that he doesn't have to follow your

policy because it is an "open carry" state and your policy infringes on his rights?

- A staff person reaches for a supply stored on the top shelf in the lab, loses their balance and falls, injuring themselves. What is the protocol to see that this employee is examined by a physician, and at what point are they allowed back on the job after that? What if they refuse medical attention and say they are "okay"?

- A patient has an awful reaction to an injection in the office and goes into shock. What emergency protocol does the doctor and staff follow? Is there an emergency kit on the premises? Is it out-of-date?

- A small fire breaks out in the front office due to an electrical problem that was never taken care of. Who is responsible for leading patients to safety? Calling 911? Taking necessary back-ups offsite?

- A patient and her family arrive for their multiple appointments. None of the patients are wearing masks, ignoring your policy to do so as noted on the entrance door. Do you offer masks and insist they wear them or ignore the policy because a huge block of time might be wasted if they refuse?

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- Lately, money has been taken out of the daily receipts to keep replenishing the petty cash in the drawer with no explanation or no questions asked. What measures are taken to make staff accountable for every dollar? How do you prevent embezzlement?

- A medical staffer is prepping for a routine matrixectomy. When setting up the room, they accidentally spill the phenol and it runs all over and down the front of the counters. What action is taken to comply with OSHA regulations regarding clean-up and reporting?



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- A stranger (or disgruntled patient) bolts into the office with a weapon, threatening to shoot everyone there. Is there any amount of training that can prepare for a scenario such as this that doesn't end in another catastrophe?

Unfortunately, it's not always "if" such situations might occur that should cause concern; rather, what happens "when".

Knowing that hindsight is 20/20, foresight in each of these hypothetical cases should be a no-brainer. Start by having team discussion of each of the above mock-scenarios (or ones similar) mandatory. Next step, outline sensible policy and life-saving action protocols to be carried out. As doctors well know... Prevention is BETTER than cure!

Topic: Perceiving is Believing

Dear Lynn,

Maybe you can help resolve a communication problem that we seem to have in our office. Clearly, it's a matter of perception. Something happens—one person sees it one way; another sees the same exact thing dif-

ferently, and an argument ensues. How do we try to get both to come to an agreement when each one is so sure they are right? It's really causing unnecessary anxiety!

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or if you feel uncomfortable doing that, leave it in a place where they will read it themselves.

Think of "perception" as "interpretation". In the simplest form, perception describes our individual views of the world, which in turn are influenced by our individual values. It is our values that shape who we are, and our individual perceptions that differentiate us, one from another. Our past experiences, upbringing, religion, work, expectations,

and roles in life are factors that shape our values; for instance: what we think is right/wrong, important/not, beautiful/ugly, etc.

The reality is that two people can see the exact same thing and perceive it in their own way, as is your frustration. There's no doubt that one's perception as a mom is different than that of a child. So too is that of a teacher vs. a student; an employer vs. an employee, OR a male vs. female! The views of one from another may not necessarily be right or wrong; just DIFFERENT, which you keenly mentioned in your observations.

In short, what each perceives is what they believe to exist. Case in point, tell a patient to "please sit in the waiting room" is interpreted as they have to WAIT. If instead, they are told to "please have a seat in the reception area," a different, more favorable mindset is perceived.

The most subjective perceptions are those void of facts. I read about a man who happened to be riding the subway, bothered by watching a father do nothing in response to his three children jumping on and

over empty seats. He finally went up to the dad and asked if he could please supervise his "out of control" children. The father, who appeared to be in a daze, responded that he just left the hospital where he and his boys got word that their mother, his wife, had died. He apologized for his boys' behavior, explaining that none of them, including himself, had any idea how to emotionally respond to this

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information. Seeing the situation through a new objective lens, the man, whose attitude had been one of annoyance, shifted to sympathy.

are willing to recognize that an argument is about to occur, they can proceed to find a common denominator and proactively avoid an emotional eruption. This approach works only if they agree to ask each other for

and reach a point of unanimity.

Anxiety-ridden, verbal flare-ups serve no purpose in the workplace, regardless of who is involved. They only negatively impact productivity, inflame culture dissidence, and encourage valued employees to walk out and seek employment elsewhere. That's a high price to pay for willful stubbornness. **PM**

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Discovering the facts enabled him to change his perspective and avoid confrontation. Facts and truths matter.

In most circumstances (and likely in the scenario you painted), a certain degree of behavioral flexibility needs to occur in order for one party to connect with another when communication is on the verge of collapsing. If both parties

feedback, include facts, and compare points of view before jumping to their own conclusions. Most of all, it requires the mutual respect for one another's individuality and point of view.

Difficult as it may be for some to adjust their own behavior, the more people choose to do so, the more they will be able to break through communication barriers



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