

HARBOR-UCLA MEDICAL CENTER

SUBJECT: GUIDELINES FOR ADDRESSING ALLEGATIONS OF INAPPROPRIATE BEHAVIOR TOWARD A PATIENT

POLICY NO. 802B

PURPOSE:

To establish a process for reporting and investigating complaints involving alleged inappropriate conduct toward a patient and/or visitor. And to prohibit all forms of abuse, exploitation, neglect (as a form of abuse) and harassment from staff, other patients and visitors.

DEFINITIONS:

Abuse: With respect to this policy, abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish. This includes staff neglect or indifference to infliction or injury or intimidation of one patient by another. Neglect, for the purposes of this requirement, is considered a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Inappropriate Conduct: Inappropriate behavior and/or conduct of a sexual nature include, but are not limited to, conduct of a sexual nature which may be verbal, visual, computer generated (e.g., e-mail), written or physical. It need not include the touching of another person to be inappropriate. Inappropriate sexual conduct also includes consensual sex and is not permitted in the workplace.

POLICY:

At Harbor-UCLA Medical Center, each patient and visitor have the right to be free from verbal, mental, physical, and sexual abuse, exploitation, neglect and harassment. The facility will evaluate all allegations, observations and suspected cases of abuse, exploitation, neglect and harassment that occur within the facility and report such incidents in accordance with the provisions of this policy and guidance.

Sexual contact between a workforce member and a patient or visitor is:

- Strictly prohibited
- Unprofessional conduct
- Will constitute as sexual misconduct and/or abuse.

Examples of inappropriate sexual conduct and/or behavior include, but are not limited to:

EFFECTIVE DATE: 2/13


SUPERSEDES:


REVISED: 11/16, 11/19

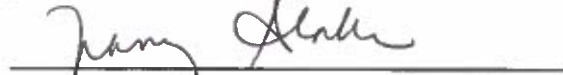
REVIEWED: 11/16, 11/19

REVIEWED COMMITTEE: Patient Grievance Committee

APPROVED BY:


 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

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- Intercourse
 - Touching the patient's body with sexual intent
 - Inappropriately watching the patient undress/dress
 - Making inappropriate comments
 - Conducting physical exams not needed, not within the scope of treatment or not based on the patient's medical complaint
 - Conducting treatment/exams outside the scope of the healthcare worker's license, registration, certificate, or permit
 - Exchanging phone numbers or making phone calls, or having communications not of a patient care or business nature
 - Any demeaning or undignified treatment

Any inappropriate behavior or sexual conduct that occurs concurrent with the patient-physician or other healthcare provider relationship constitutes sexual misconduct. If a physician or healthcare provider has reason to believe that non-sexual contact with a patient may be perceived as, or may lead to sexual contact, then s/he should avoid the non-sexual contact. At a minimum, a physician's or healthcare provider's ethical duties include terminating the physician or healthcare provider-patient relationship before initiating a dating, romantic, or sexual relationship with a patient. Sexual or romantic relationships with former patients are unethical if the physician or healthcare provider uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship.

Unwanted or nonconsensual sexual conduct (with or without force) involving a patient/visitor and healthcare worker, another patient, contract staff, unknown perpetrator or spouse/significant other, while being treated or occurring on the premises of Harbor-UCLA Medical Center may constitute a criminal act punishable by law.

PROCEDURE:

Workforce Member Reporting Responsibilities

Any workforce member who is informed by a patient or visitor, witnesses, or reasonably suspects that a patient or visitor was, or is being subjected to inappropriate behavior or sexual conduct and/or abuse of any kind shall report it to his/her supervisor/manager and, immediately enter a Safety Intelligence (SI) report as soon as possible, but not later than four hours after knowledge of the event or complaint.

An interview will take place as soon as possible after the complaint is made (within 4 hours for an inpatient if possible) with the patient and or visitor by a Manager, Administrator, or Risk Manager to determine the details of the complaint. Once the details are known, the complaint will be elevated to the Administrator of the Day (AOD). If there is any level of reasonable suspicion that an inappropriate contact occurred, and that the conduct constituted a possible criminal act (i.e., abuse or neglect), a referral will also be made to the Los Angeles County Sheriff's Department. Referrals to the Los Angeles County Sheriff's Department must be reported using a Security Incident Report (Appendix I).

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During an investigation of patient/visitor sexual abuse, exploitation, neglect, or harassment, the workforce member or other person shall be removed from providing care, treatment and/or services to the patient and/or all patient contact, as appropriate.

The supervisor/manager shall report, within 24 hours, complaints and allegations of sexual abuse, exploitation, neglect or harassment to the facility HR Administrator/designated staff. Facility HR Administrator/designated staff will assess the complaint, in consultation with Department of Health Service Human Resources Performance Management and/or Organizational Management.

The Department is prohibited from taking disciplinary action against a workforce member for making a good faith report. However, any workforce member who deliberately makes a false accusation will be subject to discipline. Moreover, reporting a violation does not protect individuals from appropriate disciplinary action regarding their own misconduct.

Patient Complaints/Grievances

Each patient, his/her family member or legal representative has the right to file a formal complaint or grievance, without fear of retaliation, with the Patient Advocate at the Patient Services Center, and to have timely review and notification of resolution.

Each complaint/grievance and the resolution must be logged and tracked in the Safety Intelligence Complaints Module, including those that are resolved within 24 hours of the complaint/grievance.

The Patient Advocate must inform the Risk Management Office of any alleged reported complaints of inappropriate behavior towards a patient for immediate investigation. Cases that are substantiated that involve patient sexual abuse on hospital grounds are reportable to the State under the adverse event reporting law.

References:

DHS Policy 321.000: Patient Safety: Sexual Abuse and/or Inappropriate Behavior Toward a Patient
HUMC Policy 333: Patients' Rights and Responsibilities
HUMC Policy 232: Medical Staff and the Chain of Command
HUMC Policy 612A: Event Notification Reports
HUMC Policy 612B: Critical Clinical Events (Including Sentinel Event) Reporting and Follow-up
NURSING POLICY: Chain of Command



**CODE REFERENCE SHEET
FOR SECURITY INCIDENT REPORTS**
DO NOT SUBMIT THIS FORM WITH YOUR REPORT

B. ROBBERY: *The taking of property by force or fear*

1. Robbery of a County facility or employee in the performance of their duties
2. Robbery of a person, including employee, not performing their duties

D. SEXUAL ASSAULT: *A term which covers a range of crimes, including rape; non-consensual sex*

1. Rape of a County employee
2. Rape of someone other than a County employee
3. Other sex-related incident

E. ASSAULT: *The physical battering of another person*

1. Assault with a weapon
2. Assault without a weapon requiring medical attention
3. Assault with only minor or no injuries and no weapon used

G. DISTURBANCE: *The disruption of routine business*

1. Disturbance of a County facility or employee while performing their duties
2. Disturbance created by a County employee, relation, or domestic partner
3. Disturbance not involving County employee(s).
4. Inappropriate communication

H. THREAT: *Expressed or implied threat of violence or harm*

1. Bomb threat
2. Suicide threat (*involving employee or workplace*)
3. Threat on a County owned or leased facility or event (*not "Bomb Threat"*)
4. Physical, verbal, or written threat to a County employee.
5. Workplace Bullying/Recurrent Intimidation

J. SUSPICIOUS ACTIVITY: *Unusual behavior/activity*

1. Suspicious activity by a County employee
2. Suspicious activity by a non-County employee
3. Suspicious package

O. OTHER: *Acts/activities not covered in any of the previous classifications*

1. Other activity, such as property crimes, with elements of Workplace Violence (including acts of vandalism, theft, burglary, arson, or theft). Please explain in detail.

COUNTY OF LOS ANGELES
BOARD OF SUPERVISORS -- EXECUTIVE OFFICE
SECURITY OPERATIONS UNIT

INCIDENT CODE: (Refer to Code Sheet)
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SECURITY INCIDENT REPORT

INSTRUCTIONS: This report shall be completed by the person reporting or involved in the incident or their manager/supervisor (or designee). The completed Report shall be delivered to the Security Operations Unit, 500 West Temple Street, Room #B-98, Los Angeles, California 90012, or sent electronically to sir@lasd.org (e-mail) or (213) 613-0848 (fax) no later than the end of the business day following the date of the incident

Please refer to the accompanying *Incident Code Reference Sheet* for determining the proper incident code. Use a separate form(s) to report multiple individual incidents. Call the Security Operations Unit (SOU) at (213) 893-2031 for additional information.

A SECURITY INCIDENT IS DEFINED AS:

- An incident placing a person or property at risk that requires action by law enforcement authorities or security personnel at a County facility whether they were summoned or not; or
- An incident placing a person at risk involving an on-duty County employee during the performance of their official duties. This classification includes while walking to or from an off-site parking facility at the start or end of the workday; or
- An incident of a suspicious or unusual nature on County Property that place people or property at risk; or
- An incident that occurred during non-business hours that impacts or affects the County workplace.

I. DATE OCCURRED: _____ TIME OCCURRED: _____ DATE COMPLETED: _____

COUNTY DEPARTMENT REPORTING: _____

ADDRESS OF FACILITY: _____

On-site security services contracted with Sheriff's Department

ADDRESS OF INCIDENT: *(if different)* _____

SUMMARY OF INCIDENT: *(BRIEFLY describe the incident here, include full names (first and last), use separate sheet to document details, if necessary.)*

Continued on a separate sheet(s)

OTHER PARTIES INVOLVED NOT LISTED IN SUMMARY: *(List any additional parties on a separate sheet)*

1) Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____
2) Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____
3) Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____

II. WORKPLACE VIOLENCE CHECKLIST:

- The VICTIM is a County employee?
- There was a physical ACT OF VIOLENCE?
- FIREARM (gun) used
- HATE CRIME (per 422.55-75 PC)
- Law Enforcement RESPONDED-Agency: _____
- The SUSPECT is a County employee.
- There was a verbal/written THREAT OF VIOLENCE
- Other WEAPON used, non-firearm. Type: _____
- RECURRENT ISSUE: Previous incident(s) Reported Not Reported
- Complaint/Crime REPORT Taken-Report #: _____

III. SAFETY PLAN: *The actions below should be considered when dealing with an act or threat of violence if necessary, check ALL that apply.*

- 1) On-site security notified.
- 2) Parties involved were separated.
- 3) Offer/obtain medical treatment for affected employee(s).
- 4) Offer Security escort to their vehicle/modify parking assignment.
- 5) Offer employee reassignment/alternate workplace
- 6) Offer County Employee Assistance Program (EAP) services
- 7) Law enforcement patrol check requested for workplace/home.
- 8) Obtain and attach copies of written witness affidavits/statements.
- 9) Emergency Protective Order obtained from law enforcement.
- 10) Consult with Security Operations Unit (SOU) personnel.
- 11) Seek/request assistance in obtaining a Restraining Order from the Office of County Counsel at (213) 974-8394.

12) Initiate an Incident Event Log (per DHR620) and maintained by: _____

13) Other action(s) taken: _____

REPORTED BY: _____ TELEPHONE: _____ EMAIL: _____

MANAGER: _____ TELEPHONE: _____ EMAIL: _____

