

Don't Get Burned...

Create an accident and injury policy.

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.

Re: Terminated Employee

Dear Lynn,

We recently had an employee who was terminated from our office, later complaining that she and the doctor did not “click”. Months prior to her leaving, she was burned with a diluted chemical while cleaning one of our surgical packs. Our doctor administered first aid and she refused to see a doctor for follow-up. Supposedly, this terminated employee has since filed a report with OSHA, and word has it that they will be coming into our office to follow up on her claim. Is there a quick policy we can put in place?

This may be a case of closing the barn doors after the horses have escaped. Surely you must be certain that all details surrounding her termination were clearly documented including, of course, the reason(s). If the firing was based on performance or productivity, was there a written performance review supporting the decision to terminate? If termination was due to insubordination, was a written summary of her behavior documented? Did you follow written disciplinary policy? Was

she given written and documented verbal warning and opportunities to improve? Does the doctor recall any problem instances—and, again, were they recorded?—that may have prompted her to say that the two of them didn't “click”? Did she ever complain about or communicate her grievances at work to anyone while she was there? Did she fill out any kind of a written grievance? Was she ever approached to do an exit survey to document (in her words) any comments (good or bad)

if OSHA does come in, it's very likely that they're going to want to see your OSHA manual including your health occupational guidelines for chemical exposure. It might look a bit suspicious if the “quick policy” you want to put in place is the only one you have. That's not to say you shouldn't have one. Creating a procedure now is likely better than no policy at all. Your protocol on first aid for chemical skin exposure should be consistent with PPE. In addition, there

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concerning her discharge? All this is for the protection of the practice.

The same holds true for documentation of the incident involving the chemical burn, e.g., how much did she come into contact with the substance? What do you mean by “diluted”, and how severe was the burn? Is there a chemical first aid protocol in place and did she follow it? If your doctor recommended/offered that she get medical attention outside of your office, did she sign off on her refusal?

It sounds like you are not entirely sure that OSHA was contacted or that a report was filed with them after she was terminated. DID you receive a notice from them? Keep in mind that

should be policy guidelines available in your Employee Manual that offer safety rules and specifically, how to report ANY accident and/or injuries occurring on the job. Such a policy might be (EXAMPLE ONLY):

If you suffer an injury or accident while on the job, please inform the Office Manager and OSHA Coordinator immediately (*within one day) so it can be properly recorded in the injury records of our OSHA Log. Failure to report all incidents, regardless of their severity, can have serious repercussions when filing Workman's Compensation claims. You are also required to complete the Employee Questionnaire, Injury Report, and/

Continued on page 58

Burned (from page 57)

or Medical Treatment Waiver form. Anyone altering legal information will be subject to immediate suspension and/or dismissal without administration of the sequential steps of discipline discussed in this manual.

As a matter of precaution, it would be in everyone's best interest to follow these simple safety rules:

- Do not attempt to climb on ladders, stepstools, or shelves in an attempt to get something out of reach. Ask for someone to help secure any climbing tools.
- Do not mop floors in areas where patients are still being seen.
- Report any faulty equipment or unsafe areas to the management in a timely manner and do not attempt to use them until they have been attended to.
- Do not attempt to lift any heavy object. Ask for help and wait for someone to assist you or do it for you.
- Be extremely careful when working with sharps [needles, blades, etc.] and be sure to dispose

to undergo a drug and alcohol test. Failure to meet these terms may result in disciplinary action or employment dismissal.

Finally, if things are taking shape as you suspect, having a discussion with an attorney well versed in employment law specific to your state is in your best interests.



Re: Hello and Goodbye

Dear Lynn,

I just hired an M.A. whose skills show great promise but from a personal level, has only worked four days out of the past ten due to illness, daycare issues, child care issues, etc. This sets a very bad precedent for a new job. She has experience from an out-of-state

If she is indeed a qualified worker, make it clear that you are very pleased with her experience and skillset but that her absenteeism is having a serious impact. Attendance affects overall practice efficiency and productivity, not to mention the added burden on co-workers. You absolutely need to ask what her expectations are towards finding a solution moving forward and if she will be able to commit to the hours she agreed to upon her hire.

On a different, but worthy note, have you spoken personally with her former employer regarding why she received rave reviews? While letters of recommendations are somewhat helpful, it always helps to follow up for details. In other words, what specifically did she do at her previous job that warranted such high praise? Their willingness to share particulars with you is usually a good sign; however, taking the "vow of silence" (only releasing length of employment data) doesn't give much insight on a new hire and can raise suspicion.

Be clear about what you want going in. Then after all is said and done and things don't add up the way you want them to, be honest about the experience. Say thank you and pay for her time. Inform her that you absolutely need someone to commit to her position. Sadly, often much-anticipated work relationships don't work out. Don't settle! It's better that you should both know that now rather than later.

Continued on page 59

If the firing was based on performance or productivity, was there a written performance review supporting the decision to terminate?

of them properly after use. When handling any sharps [whether to transport, clean, or sterilize them], be sure to wear gloves at all times.

• Wearing the provided safety goggles and chemical resistant gloves are required of all staff whenever working with any chemicals such as phenol, developing solutions, cleaning solutions, etc.

• During times of exposure to large quantities of plaster material, glues, fumes, nail dust, etc., you are required to wear proper personal protective equipment (PPE) to avoid breathing in hazardous particles.

• Be sure to move yourself [and anyone else] a safe distance away from the x-ray beam during the taking of any radiographs.

• All employees involved in an on-the-job accident may be required

podiatric office before she relocated, and her prior employers gave her rave review letters. I hired her on a 90-day orientation basis. Should I ride out this initial rough period or fire her?

It's important to know whether or not you had a conversation with her about her absences. If not, let's start there. Schedule time to speak with her before another day goes by. Then again go over the requirements of the job (you did that, right?) Explain that you are aware she has been absent almost as much as she has been present, and acknowledge that she has daycare and child care issues. Yet being out six days out of 10 is uncommon, and certainly unacceptable for the position for which she was hired. Find out why. Occasionally freak circumstances really happen.

Burned (from page 58)

Re: Sign, Sign, Everywhere a Sign

Dear Lynn,

Not a question, just a comment regarding signage in the office, particularly for those patients who no-

patients towards office protocol/policy. On the other hand, when signage focuses on money demands, in particular collections and/or payments, etc., it sends a negative message. Now, we all know that collections are critical to a practice's survival; however, there is much

lections is something that should be addressed in your financial policy, which I'm sure is reviewed, signed by, copied, and given to patients. The financial policy does not belong on your wall. If you want to replace that empty space with something worthwhile, how about a sign that says, "Welcome patients!" or "Limp in, Walk out!" **PM**

The financial policy does not belong on your wall.

toriously arrive one hour early and want to be seen before those with scheduled appointments. We posted a notice in our reception room that states, "We see patients by their appointment time—not by their arrival time." That sometimes keeps people from fussing.

Great advice! It is always beneficial to post signs that help direct

to be said about patient perception. We never want patients to think that the practice is more concerned about money than they are about the care they give their patients. If you have, for example, a sign that demands, "PAYMENT IS DUE AT THE TIME OF YOUR VISIT", consider taking it down. It actually has little (if any) influence when it comes to collecting payments. Col-



Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of

Podiatry Management's Lifetime Achievement Award and was inducted into the *PM* Hall of Fame. She is also an Editorial Advisor for *Podiatry Management Magazine* and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.