



**Tanner Clinic and Dr. Gary N. Oaks have a Zero-Tolerance Policy regarding Disruptive, Threatening, or Violent Behavior.**

What is Disruptive, Threatening, or Violent Behaviors?

### **Disruptive Behavior**

**Disruptive behavior** is inappropriate behavior that interferes with the functioning and flow of the workplace. It hinders or prevents Providers, staff members and patients from carrying out their responsibilities. It is important that faculty, managers, and supervisors address disruptive behavior promptly. If left unaddressed, disruptive behavior typically continues to escalate, resulting in negative consequences for the individual as well as others. Examples include yelling, using profanity, waving arms or fists, verbally abusing others, posturing, and refusing reasonable requests.

### **Threatening Behavior**

**Threatening behavior includes** physical actions short of actual contact/injury (e.g., moving closer aggressively), general oral or written threats to people or property ("You'll pay for this" or "I'll get you") as well as implicit threats ("You'll be hearing more from me", "You'll be sorry" or "This isn't over").

### **Violent Behavior**

**Violent behavior includes** any physical assault, with or without weapons; behavior that a reasonable person would interpret as being potentially violent (e.g., throwing

things, pounding on a desk or door, or destroying property), or specific threats to inflict physical harm (e.g., a threat to shoot a named individual).

After identifying “disruptive” types of behavior, staff will identify and report the behavior(s) in effort to ensure safety and reduce or prevent escalation.

## Employee Awareness

Dr Gary N. Oaks and Tanner Clinic shall take responsible actions to educate employees regarding the ways to identify and address disruptive behavior. Training on disruptive behavior will reinforce the Clinics' expectations that disruptive, threatening, and violent behavior will not be tolerated.

## What are the Warning Signs?

Below is a list of signs that may be indicators of disruptive behavior. If we observe a pattern or change in behavior and attitude that causes concern, we will notify care providers, supervisors, administration, and or local law authorities.

### Behavior:

- Repetitive verbal abuse, including sarcasm or poor relationship with staff providers, supervisors, or other patients or their family members.
- Very controlling
- Blaming others for problems in life or work; being suspicious, holding grudges
- Persistent complaining
- Challenging or resisting authority
- Destruction of property
- Becoming unusually upset over recent event(s) (medical, work or personal crisis)
- Withdrawing from normal requested activities, and relations
- Making a major change in lifestyle, demeanor, or appearance

### Specific examples of disruptive behavior:

- Numerous conflicts, verbal abuse, or poor relationships with staff, providers, supervisors, or others

- Inappropriate reaction to criticism of conduct or performance
- Persistent complaining about being treated unfairly
- Increased, nontypical, or inappropriate tardiness and/or absenteeism
- Behavior related to obsession with another person at our facilities
- Inability to control feelings, outbursts of anger, swearing, slamming doors, etc.
- Interrupting meetings or trainings with inappropriate comments; hijacking the agenda
- Is isolated or a loner
- Expresses entitlement to special rights and that rules don't apply to him/her
- Says that he/she feels wronged, humiliated, degraded; wants revenge

## How our staff Responds to Disruptive Behavior

### Step 1

If it is determined that the disruptive behavior most likely occurred but represents a single relatively minor instance, the relevant provider or on-site manager will attempt to identify and correct the conduct informally. Appropriate staff members will be made aware of the reported conduct and be given an opportunity to respond. The provider/manager will emphasize (a) the inappropriateness of the conduct and (b) the possible consequences, including formal corrective action, if the disruptive behavior is repeated.

If the circumstances warrant the issuance of a formal written counseling memorandum will be provided. The response by the person(s) involved and any agreed upon actions will be included and a copy of the written counseling memorandum placed in the patient's chart.

If an agreement cannot be mutually obtained by one or both parties' referral to other appropriate provider(s) and/or facilities should be performed. It is the patient's sole responsibility to establish these services in a 30-day period from the time of written notice.

### Step 2

The following strategies may be applied when addressing disruptive behavior. However, if there is concern that the behavior is violent, or if a provider staff or management experience an immediate threat, we will **dial 911 and contact local law officials/Police.**

Parties involved should as appropriate:

- Choose a private place for discussion
- Speak slowly and at an appropriate level.
- Encourage all to talk in turn; listen closely and patiently
- Arrange seating so your access to exits are not blocked
- Acknowledge all person's feelings
- Point out alternatives; break big problems into smaller problems
- Have a means of notifying co-workers or the police if disruptive behavior becomes threatening

To prevent the escalation of incidents, Tanner Clinic Providers and staff will immediately inform their HR Office or their supervisor of any disruptive behavior.