

## Pinon Hills Ear, Nose and Throat Associates, PA

**PINON HILLS EAR, NOSE, AND THROAT ASSOCIATES WILL NOT TOLERATE ANY OF THE BELOW LISTED ABUSE VERBAL OR PHYSICAL. ANY VIOLATION IS CAUSE FOR IMMEDIATE DISMISSAL FROM THE PRACTICE. (YOU AND IMMEDIATE FAMILY MEMBERS CAN NO LONGER RECEIVE CARE FROM OUR OFFICE.)**

The Health and Safety Executive (HSE) definition of work-related violence is the use of inappropriate words or behavior causing distress and/or constituting harassment

**Unacceptable behavior is not defined but some examples are given below:**

- Offensive or abusive language, verbal abuse and swearing
- Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks.

**Definition of physical assault used for incident reporting purposes is:**

- The intentional application of force to the person or another, without lawful justification, resulting in physical injury or personal discomfort

**Definition of non-physical assault used for incident reporting purposes is:**

- The use of inappropriate words or behavior causing distress and/or constituting harassment

**Unacceptable behavior is not defined but some examples are given below:**

- Loud and intrusive conversation
- Invasion of personal space
- Alcohol or drug fueled abuse
- Persistent or unrealistic demands that cause stress to staff. Requests will be met wherever possible and explanations given when they cannot
- Unwanted or abusive remarks such as negative, malicious, stereotypical comments, racial remarks, and sexual harassment
- Near misses i.e. Unsuccessful physical assaults, pushing, or shoving
- Threats or risk of serious injury to a member of staff, fellow patients or visitors such as brandishing of objects or weapons, spitting, bullying, victimization, intimidation, or stalking
- Unreasonable behavior and non-cooperation such as repeated disregard for policy i.e. Smoking on premises or
- any of the above which is linked to destruction of or damage to property.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AGREE TO ABIDE BY THIS POLICY**

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SIGNATURE OF PATIENT, PARENT OR GUARDIAN

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PATIENT'S NAME (PRINTED)

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DATE