

# The Supervisor's Role in Safety

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The first rule of leadership is to set an example and like supervisors, educators must set an example for their students. Students learn course curriculum from their instructors, but they also learn habits from them – good and bad habits! It's ineffective and divisive when instructors practice the “Do as I say not as I do” style of leadership. A learning program's reputation must be to teach students the RIGHT way to perform each task so they can protect themselves by incorporating safety procedures into every task.

## Ensuring All Staff Members are Trained

The hospital must ensure that EVERY staff member is trained on the hazards of their duties, and that responsibility falls to the staff member's immediate supervisor. In a teaching environment, that responsibility falls to the instructor.

*A supervisor's primary responsibility in a hospital's safety plan is to ensure all staff members under their control receive adequate safety training*

A staff member does not have the right to refuse to participate in a safety training exercise. Likewise, having participated in a training experience in the past with the same or a different hospital, does not excuse a staff member from participating in a current training event. Participation is mandatory because information needs to be updated, some details are workplace specific and there is no guarantee that training received during previous employment was sufficient or even correct.

The instructor should always include the safety aspects of the task in the lesson along with a mechanism in to test the student's comprehension of the materials. Safety training must be performance oriented. That means it must be delivered in such a way that the staff member understands the material and can competently perform the task safely. It's not enough to just make someone attend a lecture or watch a video and expect that they understood the instruction.

## Special Needs Staff

OSHA expects the employer to provide training and instruction to workers in a language and manner which the employee can understand. So, when a staff member may not grasp abstract or conceptual ideas easily, here are some techniques to keep in mind:

- Recognize that folks with a learning challenge or those with Autism Spectrum Disorder (ASD) often use and interpret verbal instructions literally. Be careful using slang terms, idioms, sarcasm or phrases that have more than one meaning as they may come across different than intended.
- Take it easy: too much too fast is not good. Changes are sometimes difficult for everyone, but unexpected changes are often incredibly difficult for folks with ASD so introduce changes in the routine slowly and when possible, give advance notice that a slight change will be coming but specific details and instructions will be given.
- Organize the task with specific steps and using specific tools. Don't rely on the student to “figure it out.”
- Don't rely strictly on verbal instructions for multi-step tasks. When teaching a new task or skill that involves more than a single action, use the **EDGE** method:
  - 1) **E**xplain how to do the task.
  - 2) **D**emonstrate the task properly.
  - 3) **G**uide the student in performing the task with verbal cues when necessary.
  - 4) **E**nable the person to do the task several times by themselves without prompts or cues.

- If the staff member has a guardian or custodial parent, keep in contact with them. People who live with and know the staff member intimately can be a great resource for understanding problems and getting the staff member to a well-balanced, productive place.
- Use positive behavior management rather than criticism. Negative or critical feedback is often taken as failure and sometimes results in them giving up or acting out. However, they can't be allowed to perform hazardous tasks or procedures unless they can demonstrate the ability to comprehend and follow the safety rules.
- It's essential to provide regular supervision and feedback on performance. Don't go too long without checking on progress and to ensure the staff member isn't running into unexpected problems.

No matter what their limitations, it's vitally important to make sure every staff member understands the risks of their job and the steps they must personally undertake to stay safe. A "one style for all" approach may not always work. Don't let an otherwise good staff member get injured or leave because they didn't understand training messages. Supervisors must adjust their training and oversight to ensure all workers stay safe while accomplishing the mission.

## Observation & Enforcement

OSHA expects every business to enforce the safety rules with as much diligence as any other business action. This is even true in understaffed situations. The "We're too busy" defense just won't fly. The workload or pace of production is never an allowable excuse to bypass any safety regulation!

When a staff member violates safety rules, the supervisor must act promptly. To do that, the supervisor should:

- Ask leading questions to determine if the problem is lack of training. The phrase, "I notice that you are not following the proper safety rules for xyz procedure. Do you have any questions about what the proper safety precautions are?" is very powerful.
- That gives the staff member the chance to say, "I don't understand." If that happens, then retraining is the preferred course of action. If the staff member says something like, "I know the rules, but I just don't like.....," then training will not solve the problem, and some form of admonishment is indicated.
- Be consistent! If two staff members are doing the same thing, they must be treated equally. Unequal enforcement of rules is a frequent complaint to OSHA by disgruntled former staff members. Follow the hospital's disciplinary policy when staff members willfully violate rules.
- Stick to the issue – Concentrate on the specific action or violation. Don't dilute the severity of the infraction by bringing up every little thing they ever did wrong. By concentrating on the specific behavior or actions of the person in a specific event, it will help establish that the discipline was not random or unjustified.
- Keep a record of ALL discussions, warnings or actions related to the violation. Even verbal warnings must be recorded. Refer to the hospital's disciplinary policy for specific methods to document these actions.

It's important to document ALL disciplinary actions including verbal warnings, for many reasons but perhaps the most important is to show that the hospital has an enforcement history. Although OSHA will generally cite and possibly fine the hospital when staff members violate a safety rule, there are special circumstances when an individual staff member's behavior is not considered a reflection of the hospital's safety program. This is known as "unpreventable employee misconduct." For example: During an inspection or an investigation into an injury, it was discovered the staff member isn't wearing the prescribed personal protective equipment (PPE). The hospital may rely on the unpreventable employee misconduct defense to avoid a citation or penalty if they can show they have:

- 1) Established specific rules designed to prevent the alleged violation,
- 2) Adequately communicated these rules to staff members,

- 3) Taken reasonable steps to discover whether staff members were following the rules, and
- 4) Effectively enforced the rules when violations are discovered.

So, documenting every instance of enforcement is essential not only to show redirection of a specific staff member, but to also show the hospital has a proven record of taking safety seriously.

## Applying the Appropriate Enforcement Method

Don't underestimate the power of a verbal warning at the time of the infraction. The warning should have two key elements: which rule was broken and the expectation for compliance. Avoid nebulous statements like, "Dude... You're gonna get in trouble if you don't wear that stuff." Instead explain the infraction and be clear that a change in behavior is expected. A better statement would be, "Joe, you have been directed to use specific gloves and an apron when taking radiographs. If you continue to disregard this rule, further disciplinary action will be necessary." There's no other way to take that statement but as an admonishment and a reminder to follow the prescribed rules.

Discipline or "redirection" for safety violations should never be a negotiation discussion. That's not a verbal warning...that's begging and it's not likely to change the staff members behavior because there is no specific direction.

Some excuses the supervisor may encounter when dealing with a staff member who violated the safety rules:

1. **The "I didn't know" excuse:** When a staff member hasn't been instructed on the proper procedure or didn't understand the instruction, there is a training failure. Sure, they may have attended the requisite classes or meetings, but if they say they don't understand, the supervisor must repeat that training until the person does comprehend the information or the supervisor determines that he or she is incapable of performing the task. Once the staff member is "up to speed" and performing the task correctly, the problem is solved. If the staff member repeats the same mistakes again, it's probably not a training problem, so be sure to consider some other possibilities.
2. **The "I like to do it my way" excuse:** When a staff member says they don't like the hospital's procedure or policy and don't want to follow it, that's a real problem. If the supervisor allows any staff member to willfully violate a safety rule and does not take corrective action, then everyone will want to ignore the rules they don't like. From a regulatory perspective, an OSHA citation for this scenario may be more serious than a "regular" citation. If the inspector thinks the hospital knew the employee was violating a rule and allowed it to happen, the hospital may get hit with a WILLFUL violation and that's one of the worst kinds. Managers and supervisors must treat a safety infraction in the same way they would treat any other violation of company policy.

Of course, we must be open to suggestions from the staff members who actually perform the tasks. After all, those folks probably do know the process best. However, when the "I like to do it my way" staff member is not really improving the system but merely doing it because they are lazy or controlling, the supervisor must take corrective action to restore the correct procedure.

3. **The "I don't need the government telling me how to do my job" defense:** This staff member probably doesn't like authority and is most likely bucking other rules of the job. The supervisor must find some sort of balance with this staff member but not allow them to flaunt the rules with impunity. The carrot AND the stick approach must be used in these cases. Sometimes just acknowledging their point of view is enough to win them over. Agreeing that the workplace is not the same as it was in years past, and that times change, will often get them off the mark and at least moving in the right direction. However, it's still important to make sure everyone in the hospital, including the "don't tell me what to do" folks follow the rules. In the end, if the "carrot" doesn't work, then the supervisor will probably need to use the "stick" of disciplinary action to get this staff member to comply.
4. **The "I don't need those glasses. They make it too hard to do my job" excuse.** The only way to get good at something is to practice it. That's true in medicine and sports and it's true in everyday activities at work. Wearing protective glasses, gloves, aprons and even ear plugs is not a

natural feeling for most people and performing some tasks becomes awkward at first. The only way to work through that handicap is to keep doing it! Of course, if the problem really is with the equipment – say it's damaged or just plain doesn't fit – then the supervisor needs to get the staff member the right stuff before they can expect them to perform. Sometimes letting the staff member choose the style of glasses, gloves or apron will help them get used to the idea. In the end, when a procedure calls for protective equipment, it's the last line of defense for a probable hazard and staff members can't be allowed to forgo that protection because they are just not used to the way it feels.

5. **The “I don't have time for that” excuse:** If a staff member is injured on the job because they failed to follow a safety rule during a “busy time,” the workload will get WORSE without everyone available! Likewise, an inspector will not accept “we were busy” as a defense to a workplace injury. So, when we are busy or short-staffed, we must double down on following the procedure correctly! Safety must be incorporated into the procedures so that it doesn't take any more time to do it safely than it takes to ignore an important step

## The Supervisor's Liability

With all those responsibilities, what's the liability for a supervisor? Well, from a regulatory perspective, very little if any. OSHA doesn't have the authority to cite or fine individuals and a staff member acting in the role of supervisor, department head or shift lead is generally not personally liable for violations of OSHA rules. Generally, a business can't hold a staff member personally responsible for the outcome of any situation when that staff member was following the directions of the company in good faith.

There is a legal doctrine sometimes referred to as “respondeat superior” --that's a Latin phrase that loosely translates to “let the responsibility lie at the highest level.” That means the hospital is normally responsible for the actions of its staff members, including supervisors, and not the staff members themselves. However, this protection for the supervisor only applies if he or she is acting within the course and scope of their authority. In other words, the immunity to the person goes away and the supervisor may have some civil liability if they are doing something they shouldn't be doing or if they intentionally disobey the rules when exercising their authority.

*Protections for supervisors goes away if they are doing something they shouldn't or if they intentionally disobey the rules when exercising their authority*

Here's how that would work if the supervisor were derelict in his or her duties and it contributes to someone being injured: Assume a staff member reports a defect or malfunction in a piece of machinery that will make a safety feature of that device unreliable. The supervisor just tells the staff member to “quit complaining and get the job done.” If the staff member is injured because of the failed safety feature, OSHA would still hold the business responsible; however, the supervisor may have some civil liability to the staff member. That's because the supervisor is expected to act in a certain way - investigate the reported problem and if necessary, take the defective device out of service until it can be repaired. In this example, the supervisor didn't act in the expected way when they told the staff member to “quit whining and get the job done” without actually looking into whether the device was malfunctioning.

Sometimes it sounds like a staff member is just complaining to avoid some work, but supervisors can never ignore a staff member's safety complaint. No matter how busy they are, the supervisor must take the time to check it out and if a problem is found, it must be corrected or reported to the appropriate people in the hospital. Since the supervisor is the one charged with ensuring the safety rules are followed, they can't just blow off that responsibility!

## Accommodating Staff Members

Although the hospital has a responsibility to provide reasonable accommodations to staff members for medical needs, that expectation does not extend to breaking governmental rules, regulations, or laws in the process. For example: OSHA Standard 1910.141(g)(2) states “Eating and drinking areas. No employee shall be allowed to consume food or beverages in a toilet room nor in any area exposed to a toxic material.” And 1910.141(g)(4) states: “Sanitary storage. No food or beverages shall be stored in toilet rooms or in an area exposed to a toxic material.” Those OSHA rules are very clear: the hospital cannot allow food and beverages in any area of the workplace where hazardous chemicals are stored or used. Hospitals are regularly cited and fined for allowing a staff member to violate that rule even if the staff member “has a doctor's note.”

Certainly, the hospital should find a way to accommodate the request AND comply with the rules. In the above example, the staff member can be allowed to leave the work area at any time they wish to get water or nutrition to manage their medical condition, but the food and beverages must remain in a safe location. It's reasonable to expect the staff member to keep their water bottle and snacks in the break room when they are given freedom to visit the break room at any time during their shift. An accommodation must be reasonable for all parties concerned. It is not reasonable to diminish basic safety protections as a convenience when there are viable other ways to accommodate a staff member's request.

The above information was extracted from ***The Complete Veterinary Practice Regulatory Compliance Manual (7<sup>th</sup> Edition)***. For more information or to order, visit [www.safetyvet.com/pubs/manuals.html#reg](http://www.safetyvet.com/pubs/manuals.html#reg).  
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