



Capital Homecare

— COOPERATIVE —

Harassment, Abuse, and Discrimination Policy

POLICY

Capital Homecare Cooperative (CHC) will make assurances that caregivers who have adverse experiences while working are afforded the ability to report those. CHC will address all instances of discrimination, abusive conduct and challenging behaviors and work to resolve issues impacting the provisions of in-home care.

DEFINITIONS

Specific definitions are below and within RCW 49.95.010

Discrimination – means employment discrimination prohibited by chapter [49.60](#) RCW, including discriminatory harassment. It will not constitute discrimination for a recipient of personal care services as defined in RCW [74.39A.009](#) to refuse to hire or terminate an employment relationship with an employee based on gender preferences. maybe, but is not limited to, the basis of race, color, national origin, gender, sexual orientation, citizenship status, language spoken.

Harassment –may include, but is not limited to, discussing sexual activities, telling off-color jokes concerning sex or gender, unnecessary touching, commenting on physical attributes, displaying sexually suggested pictures, using demeaning or inappropriate terms, using indecent gestures, using crude language, sabotaging the victim’s work, or engaging in hostile physical contact.

Abusive and/or Offensive Conduct - means conduct in a work setting that qualifies as workplace aggression, workplace violence, aggravated workplace violence, physical sexual aggression, rape, attempted rape, sexual contact, sexual harassment, workplace physical aggression, workplace verbal aggression, or inappropriate sexual behavior.

Challenging Behavior - means behavior by a service recipient that is specifically caused by or related to a disability that might be experienced by a long-term care worker as offensive or presenting a safety risk.



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PROCEDURE

1. CHC will disseminate the written HAD policy to each caregiver at the beginning of employment (within 30 days), annually, and on the issuance of any substantive update to the written policy.
2. CHC will post the written HAD policy in a prominent location for caregivers in each home care office.
3. CHC will post the HAD policy on agency website.
4. CHC will review and update the policy annually.
5. The following are example descriptions of the types of discrimination, abusive conduct and challenging behaviors covered by the HAD policy. This list is not all-inclusive.

Harassment Examples:

- Inappropriate comments made to staff, “This caregiver isn’t pretty enough for a woman,” and/or, “You should leave your spouse for me.
- Service recipient should not call the caregiver nor have the caregiver’s phone number, and harassment is service recipient calling a caregiver’s cell phone multiple times in one day or calling after asked to stop.
- Demanding a specific gender of caregiver, and a service recipient should never ask a caregiver out on a date.
- Yelling at a caregiver and locking the caregiver out is not acceptable behavior.
- Aggressive animals that are not confined.
- Blaming the caregiver for issues or ailments the caregiver has not control over to other professionals, supports, medical team members or physicians.
- Badgering the caregiver until physical leaving premises and requesting to no longer work with this service recipient.
- Mean, nasty, and aggressive disposition.

Abuse Examples:

- Emotionally manipulating the caregiver to do tasks that are not on the assessment/plan of care.
- Caregiver being caught between family or household members fight with service recipient, and they try to pull the caregiver into the argument.
- Being terrified at work because of violence in the home between family or other residents.
- Ill-suited comments made about caregiver body.
- Drunk individuals in the home acting unbecoming and/or angry.
- Having an object thrown at caregiver or in the vicinity to cause harm.
- Retaliation and/or violent behavior when caregiver denies unacceptable requests (i.e.; refusal to buy marijuana).



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- Being pinched (on the derriere) and told you are sexy.
- Physical harm such as being hit, slapped, pinched, or kicked.
- Sexual advances or comments of any kind.
- Degrading and/or nasty acts such as making a mess on purpose and telling the caregiver to clean it up.
- Mean, nasty, and aggressive verbal assault.

Discrimination Examples:

- Service recipient or decision maker demanding/accepting only specific gender of caregiver.
 - Sending caregiver away or firing because of a language or accent barrier other than American English or ESL.
 - Service recipient refuses to take a caregiver due to disability such as hearing impairment, etc.
 - Sending caregiver away or termination by service recipient because of religious stereotype or dress.
 - Service recipient asking about vaccines or refuses services from anyone who has not had the Covid-19 vaccine.
6. In the event of HAD incident, the caregiver will complete HAD report with CHC Care Coordinator or General Manager.
- a) The caregiver will contact their Care Coordinator immediately to report harassment, abuse, discrimination, and/or challenging behavior.
 1. If the Care Coordinator is unavailable, the caregiver should make the report with the General Manager
 2. Human Resources should be informed and consulted/updated as needed.
 - b) Care Coordinator or General Manager will complete HAD incident report, investigation, and document incident and follow ups in chart notes.
 - c) The Care Coordinator is responsible for:
 1. Documenting all reports on the secure log within 48 business hours.
 2. Notifying the General Manager within 48 business hours
 3. Uploading in the secure folder the HAD report and any supporting documentation.
 - As an investigation continues documents are uploaded to specific client's report.



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7. In the event a caregiver feels their safety is at imminent risk, caregiver must follow this process for permission to leave the situation:
 - a) Caregiver should call 911 if the situation warrants.
 - b) The caregiver should attempt to separate themselves from the situation and contact their Care Coordinator or General Manager prior to leaving the property of the client. (Example – go outside of the home to call their home care supervisor for advice)
 - c) The process must not authorize abandonment as defined in RCW [74.34.020](#) unless the worker has called the phone number provided by CHC or if during afterhours the CHC after-hours line and has a reasonable fear of imminent bodily harm.
 - d) The Care Coordinator or General Manager must notify applicable third parties such as department of social and health services case managers/Area Agency on Aging case managers of incident; and/or client decision makers; and/or POA as soon as possible of incident.
8. Clients are prohibited against retaliation towards caregiver for actions related to disclosing, challenging, reporting, testifying, or assisting in an investigation regarding allegations of discrimination, abusive conduct, or challenging behavior.
 - a) The caregiver must report acts of retaliation by a client to their Care Coordinator who will compile information and provide it to their General Manager for investigation and follow up.
 - b) In the event of client retaliation, the caregiver will be removed from providing services to the client.
 - c) Acts of retaliation from a client will be taken seriously, reported to the referring agency and are subject to termination of in-home care services from the agency.
9. If other resources are needed or if a caregiver so chooses the following resources about discrimination and harassment are also available.
 - a) CHC Care Coordinator and General Manager
 - b) EEOC
1.800.669.4000
<https://www.eeoc.gov/field-office/washington/location>
 - c) Washington State Human Rights Commission
<https://www.hum.wa.gov/>
1.800.233.3247



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10. CHC staff will comply with duty to inform caregivers of any known history of instances of discrimination and abusive conduct or challenging behaviors prior to assigning the caregiver to that client and document conversation and concerns related in chart notes; and throughout the duration of service if those instances are:
 - a) Documented by CHC; or
 - b) Documented by the department of social and health services and communicated to CHC; or
 - c) Covered in the client's care plan; or
11. Communication of any known HAD type incidence will follow federal health insurance portability and accountability act of 1996 (HIPAA).
12. Upon a fully executed Release of Information by the client/POA, CHC Care Coordinator or General Manager will share information that was communicated to the caregiver regarding harassment, abuse and/or discrimination concerns related to in home care services for said client.
13. If CHC mis-categorizes an instance as discrimination or abusive conduct that should have been categorized as challenging behavior or mis-categorizes an instance as challenging behavior that should have been categorized as discrimination or abusive conduct, CHC will correct the categorization, correct how the instance was reported under RCW [49.95.050](#), and comply with any provisions under this chapter applicable to addressing the behavior or conduct.
14. CHC will not terminate caregiver, reduce the pay of caregiver, or not offer future assignments to caregiver for requesting reassignment due to alleged discrimination, abusive conduct, or challenging behavior.
15. RCW 49.95 does not prevent CHC from:
 - a) Disciplining or terminating caregiver if an allegation or request for reassignment was reasonably determined to be false or not made in good faith.
 - b) Terminating caregiver or reducing hours due to lack of suitable work; or
 - c) Disciplining or terminating caregiver for lawful reasons unrelated to their request for reassignment.
16. Client recipient of in-home care services are not required to provide information regarding RCW 49.95 to caregiver. Caregiver will communicate directly with Care Coordinator or General Manager regarding concerns and reporting harassment, abusive conduct, discrimination and/or challenging behavior.



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17. CHC will keep a record of any reported incidents of discrimination or abusive conduct experienced by a caregiver during the provision of paid personal care services.
 - a) Care Coordinator will provide the original HAD incident report to Executive Director and keep a copy of HAD incident report in client (client receiving care where incident occurred) and caregiver file (caregiver who HAD act was directed toward).
 - b) Executive Director will record incident report on the CHC HAD incident tracking form by year and store original HAD reports by location and year for ten (10) years from the report date. When CHC is asked, Executive Director will make available anonymized aggregate data of reported incidents to third parties (DSHS workgroup and/or exclusive bargaining representative representing CHC caregivers, etc.).

This policy and procedure will be reviewed and CHC will implement policies and best practices for training employees, long-term workers and clients in additional components recommended by the work group established in RCW [49.95.060](#) for the purpose of preventing discrimination and abusive conduct and responding to challenging.