Conflict of Interest and Commercial Support

RN.com strives to present content in a fair and unbiased manner at all times, and has a full and fair disclosure policy that requires course faculty to declare any real or apparent commercial affiliation related to the content of this presentation. Note: Conflict of interest is defined by ANCC as a situation in which an individual has an opportunity to affect educational content about products or services of a commercial interest with which he/she has a financial relationship.

The author of this course does not have any conflict of interest to declare.

The planners of the educational activity have no conflicts of interest to disclose.

There is no commercial support being used for this course.
Table of Contents

Table of Contents ................................................................. 2
Introduction .............................................................................. 4
Objectives ................................................................................ 4
Professional Practice and Accountability .............................................. 4
Compliance: Just Do the Right Thing .................................................. 5
HIPAA and HITECH ................................................................... 5
False Claims Laws ...................................................................... 6
EMTALA ....................................................................................... 7
Safe Surrender ........................................................................... 7
Documentation: Your Shield of Armor ............................................... 7
Recognizing and Reporting Abuse: Child, Elder, Dependent Adult, Spouse, Partner .................................................. 8
Patient Rights and Ethical Care: Your Lawful Duty ........................................ 8
Sample Patient Rights .................................................................. 10
Bioethics ..................................................................................... 10
Providing a Safe Environment ........................................................... 11
Alcohol and Drugs in the Workplace ...................................................... 11
Fire Safety - Be the First Line of Defense ............................................... 11
R-A-C-E-E .................................................................................... 12
Electrical Safety .......................................................................... 13
Medical Device Safety .................................................................... 13
Medical Gases .............................................................................. 14
Hazardous Materials ...................................................................... 14
Hazardous Pharmaceutical Disposal – RCRA Act ........................................ 16
Radiation Safety .......................................................................... 17
Disaster Preparedness .................................................................... 17
Avoid Injuries on the Job .................................................................. 18
“Back Talk” for Lifting and Transferring ................................................ 19
If You are Injured on the Job ............................................................... 20
Latex Sensitivity ........................................................................... 20
General Safety Precautions ............................................................... 21
Workplace Violence - Be Aware! ........................................................ 21
What to Do if a Violent Person Confronts You ........................................ 22
Harassment and Discrimination ........................................................... 22
Fundamentals of Infection Prevention .................................................. 23
Types of Transmission-Based Precautions ............................................... 24
Hand Hygiene: It Saves Lives ............................................................... 24
Occupational Health and Bloodborne Pathogens ........................................ 25
Handling Sharps ............................................................................ 25
Exposure to Bloodborne Pathogens ....................................................... 26
Tuberculosis (TB) ........................................................................... 26
Ebola Precautions ......................................................................... 27
Introduction
This self-study course provides healthcare professionals with vital information regarding workplace safety and patient care standards. It does not address state-specific regulations or replace organization-specific policies and procedures (P&P) or the use of sound clinical judgment.

By completing this course and the posttest or attestation, the professional agrees to comply with the guidelines within the course, including the Health Insurance Portability and Accountability Act (HIPAA) and all other regulations and standards that apply.

Objectives
After successful completion of this course, you will be able to:
- Describe professional issues for clinicians including key elements necessary to maintain patient confidentiality and privacy.
- Identify the standards necessary to maintain a safe environment for patients and staff.
- Describe strategies for maintaining personal safety in the workplace.
- Identify critical regulatory standards that impact quality care including National Patient Safety Goals, Core Measures, Sentinel Events, and the implications for healthcare professionals.
- Describe current infection prevention guidelines in healthcare.
- Identify key issues for safe medication administration and safe practices in patients requiring sedation.
- Describe other commonly encountered patient management issues.

Professional Practice and Accountability
All types of healthcare professionals have roles and responsibilities that impact patients’ lives. Understanding and applying professional standards as you work with patients and their health information is a critical part of your practice.

Several regulatory agencies require that healthcare professionals receive and review materials related to patient care standards and safety in the workplace annually. HIPAA guidelines require healthcare professionals to receive appropriate information to safeguard patient privacy.

Be aware of how each organization in which you work implements these standards. Refer to this course and your organization P&P to maintain your own personal and professional safety. Always adhere to the most current standards, policies, procedures, and protocols throughout your career.

All healthcare disciplines have a position statement or a code of ethics that sets forth expectations for decision-making and professional conduct. For example, these statements and codes:
- Describe professional issues for clinicians including key elements necessary to maintain patient confidentiality and privacy.
- Identify the standards necessary to maintain a safe environment for patients and staff.
- Describe strategies for maintaining personal safety in the workplace.
- Identify critical regulatory standards that impact quality care and implications for healthcare professionals.
- Describe current infection prevention guidelines in healthcare.
- Identify issues for safe medication administration and safe practices for patients requiring sedation.
- Describe other commonly encountered patient management issues.

To view your professional code of ethics and professional standards visit your professional organization’s website.

Essential Actions
- Learn and follow your professional organization’s code of ethics.
- Learn and abide by your state board’s laws and rules – remember they differ by state.
- Report any violations of the code of ethics or patient confidentiality to the appropriate representatives.
- Follow your organization P&P.
Compliance: Just Do the Right Thing
For healthcare professionals, compliance means doing the right thing. For organizations, compliance means fulfilling all federal and state statutes, regulations and guidelines, and conducting professional and business relationships in an ethical manner. Compliance programs help prevent, detect, and correct violations of the law, such as fraud and abuse. Civil and criminal penalties exist for violation of these and other regulations.

Essential Behaviors
- Meet and maintain the highest standards of legal and ethical conduct.
- Learn your organization P&P for reporting compliance issues.
- Report suspected or actual compliance issues.
- Whistleblower acts protect anyone who reports suspected or actual compliance issues.

HIPAA and HITECH
HIPAA was developed to protect patients' health information in all forms and includes written, oral (spoken and heard) and electronic data transmission. HIPAA includes accountability by business associates of the healthcare agency and the safeguarding of data transmission of electronic protected healthcare information (ePHI) through encryption and message integrity.

HIPAA requires that patient-specific data is protected.

The Health Information Technology for Economic and Clinical Health (HITECH) Act provides incentives for healthcare organizations to implement electronic health records (EHR) and expands upon HIPAA to protect privacy and security in various forms of electronic communication and documentation. HITECH requires HIPAA-covered entities to notify affected individuals, the Secretary of Health and Human Services (HHS), and in some cases, the media, when a breach of unsecured protected healthcare information (PHI) is discovered.

HITECH defines unsecured PHI as PHI that is not secured through the use of technology. Security breaches have resulted in fines in excess of 1 million dollars.

The advent of social media, cloud storage, and increasing use of mobile devices present increased risks for HIPAA violations. Sharing of patient information, even in a manner meant to be educational, can be a HIPAA violation. Unauthorized photography can be in violation of HIPAA and your organization P&P.

HIPAA requires healthcare professionals to maintain the privacy and confidentiality of all medical record information.
- Privacy is the individual’s right to decide who/when/how information about him/herself is disclosed.
- Confidentiality: obligation of another to maintain the person’s privacy. Every organization has to comply with HIPAA but each organization may use slightly different approaches.

HIPAA Facts
- HIPAA requires that patients receive and sign a “Notice of Privacy Practice” (NPP) document. This describes to patients how the organization will use and disclose their medical information.
- Patients can decide to be listed in the patient directory or to be excluded.
- Patients with specific diagnoses are prohibited from being listed at all.
- HIPAA outlines what is required for sharing and reviewing medical records.
- Patients have the right to inspect, review, and receive a copy of their PHI
- Patients may request an amendment or change in the content of the PHI if they believe there is an error. The provider has the right to accept or deny this request.
- Inadvertent disclosure of PHI must be disclosed to the patient.
**Essential Actions**

- **Protect the security and privacy of all patients’ health information.**
  - Protected health information includes records that contain any combination of the patient’s name and address, birth date, age, medical record number, patient number, phone and fax numbers, e-mail address, medical records, diagnosis, X-rays, photos and images, prescriptions, lab work and test results, billing records, claim data, referral authorizations, explanations of benefits and research records.

- **Comply with all applicable confidentiality and security laws and requirements (including but not limited to HIPAA and its regulations) as well as:**
  - Follow your organization P&P that address patient confidentiality and privacy of data.
  - Use and disclose PHI or ePHI only as required or permitted by law and organization P&P.
  - Use safeguards to prevent the unauthorized use or disclosure of PHI and EPHI.
  - Maintain your patients’ privacy and follow the organization’s guidelines for identifiers in e-mails and faxes.
  - Turn off computers or turn screens away from visitors.
  - Learn the organization’s standards for release of information.
  - Use confidential information only as necessary to do your assigned job.

- **NEVER:**
  - Share your password with anyone else.
  - Access patient records if you do not have a “need to know” in order to provide care.
  - Share patient information except with those who have a “need to know” in order to provide care.
  - Share patient information about patients with anyone outside of your facility.
  - Make personal use of the internet while on duty. This includes personal e-mail and social media sites such as Facebook.
  - Discuss or disclose any patient information on internet sites, blogs, or chat rooms.
  - Put confidential information in the trash.
  - Discuss patients in public areas.
  - Take photographs of patients/families or in patient care settings.

- Immediately report any inappropriate use or disclosure of PHI or ePHI.
- Use reasonable efforts to mitigate any harmful effect of disclosure.
- Follow standards in situations where no information is released, including substance abuse, HIV diagnosis, pregnancy, sexual abuse or sexual assault.
- Refer to your organization-specific P&P for detailed information on all issues about patient rights and HIPAA.

**False Claims Laws**

False Claims Laws apply to healthcare organizations and companies which receive federal and/or state reimbursement for services provided to Medicare or Medicaid patients. The federal law, the Deficit Reduction Act, requires organizations which receive government reimbursement for services to inform employees about: False Claims Laws, whistleblower protection, and the organization P&P concerning detecting and preventing fraud and abuse in government health care programs. States have also enacted False Claims Laws. For further information about your state’s laws, go to [http://www.taf.org/states-false-claims-acts](http://www.taf.org/states-false-claims-acts). Organization P&P are based upon federal and state law.

**Essential Actions**

- Review your organization P&P concerning False Claims.
- Report any concern or evidence of fraudulent claims for reimbursement, such as a claim for services or supplies not provided or not needed; billing multiple payers for the same service, or misusing codes on a claim.
- Follow your organization P&P in reporting to your immediate supervisor or to the compliance department.

NEVER take photos of patients/families, even with their permission. Doing so may violate your organization P&P.
Be aware that whistleblower protection prohibits an employer from retaliating against an employee who reports suspected fraud. Whistleblower protection does not prevent disciplinary action against a whistleblower who was involved in the wrongdoing.

**EMTALA**

**EMTALA Facts**
- The Emergency Medical Treatment and Labor Act (EMTALA) is a complex law that applies to facilities with a dedicated emergency department and/or labor and delivery department.
- Emergency care is provided to anyone seeking treatment regardless of their ability to pay or any other non-medical factors.
- A medical screening exam is provided to determine if an emergency condition exists and stabilizing treatment or transfer must be performed.
- Transfer of patients includes confirmation of available space and qualified personnel to care for patients.

**Essential Actions**
- Evaluate all patients appropriately regardless of their financial or personal situation.
- Follow your chain of command whenever you feel that a situation has the potential to be a violation of EMTALA.
- Report immediately any suspected violations of EMTALA to the corporate compliance team or legal department.

**Safe Surrender**

**Essential Actions**
- Follow state law and organization P&P for Safe Surrender. State laws vary, but all have a version of Safe Surrender or Safe Harbor Law that allows a parent/person to surrender an infant confidentially to a designated Safe Surrender site without fear of arrest or prosecution as long as the infant has not been abused or neglected.
- In a safe surrender situation, obtain as much medical background and history as possible and per your organization’s guidelines.

**Documentation: Your Shield of Armor**

**Essential Actions**
- Follow the documentation standards for your organization.
- Document initial assessment, reassessments after interventions and any change in status.
- Address all abnormal findings
- Learn documentation P&P and practices for specific occurrences such as falls, pressure ulcers, and blood transfusions.
- Date, time, and legibly sign all entries in a patient's medical record.
- Follow the organization P&P for correcting charting errors or making changes. For paper charts draw a line through the entry, sign and date the entry; for electronic charting add an addendum per the organization standard.
- Imagine that your records are presented in a courtroom and ask yourself the following:
  - Does the record reflect the standard of care, the organization P&P, and safe patient care?
  - Are all abnormal findings addressed by a notation that states the provider has been notified, an appropriate intervention has been performed, or it is not a new finding?
  - Is the content clear, factual, and free from opinions?
  - Is it dated, timed, and legible?
  - Does it reflect an interdisciplinary approach?
  - Are only organization-approved abbreviations used?
Recognizing and Reporting Abuse: Child, Elder, Dependent Adult, Spouse, Partner

- Annually, child abuse and neglect results in close to 1 million reports and more than 1,000 deaths.
- Millions of incidents of spouse/partner domestic violence and of elder abuse and neglect are reported each year and result in thousands of deaths.
- Dependent adults with a range of psychological, emotional and physical issues may also be abused.
- Types of abuse include physical abuse, emotional abuse, verbal abuse, sexual abuse, exploitation, neglect, and violation of rights.
- In all states, healthcare professionals are required to report child abuse. States vary on the requirements for healthcare professionals to report domestic and elder abuse.
- For all mandatory reporting, the healthcare professional must report, even if the patient does not want the report to be filed.

Signs of Abuse

Patient History
- Patient reports injury
- History of repeated injuries
- Inconsistent description of incident

 physical indicators
- Bruises, fractures, burns, decubiti
- Unexplained wounds, punctures, abrasions
- Repeated falls
- Unexplained malnutrition, dehydration, or poor hygiene
- Genital trauma, bleeding, discharge, STD

Behavioral Indicators
- Denial, fear
- Withdrawn, depressed
- Confusion, disorientation
- Aggressive, agitated
- Reluctant to speak in front of parent/partner/caregiver
- Developmental delay
- Excessive dependence, attention-seeking

Parent/Partner/Caregiver Indicators
- Contradictory description of injury/incident
- Delay in bringing patient in for treatment
- Speaks on behalf of the patient when the patient can speak for himself
- Projects blame for injury on other person

Essential Actions
- Learn the signs of abuse/neglect or violence.
- Screen patients for abuse and neglect according to the organization P&P.
- If you suspect that a patient is suffering from abuse or neglect, follow your organization P&P.
- Report abuse as mandated in your state and per organization P&P by contacting the appropriate agency (e.g. child protective services, adult protective services) immediately by telephone and submitting a written report within a specified time frame. In states that mandate reporting, failure to report suspected abuse or neglect could result in civil and criminal penalties.

Patient Rights and Ethical Care: Your Lawful Duty
Patient rights are respected and supported including rights related to:
- Informed consent
- Information and involvement in all aspects of treatment and care decisions
- Assessment and management of pain
- Decisions regarding ethical issues including advance directives, withholding or providing life-sustaining treatment, end of life care, conflict resolution
- Access to protective services

Patients have the right to be involved in their care, including decisions about ethical issues.
The **Speak Up Program**, urges patients to become actively involved in preventing healthcare errors by becoming active, involved, and informed participants in their care. Additional information is available on The Joint Commission (TJC) website ([www.jointcommission.org](http://www.jointcommission.org))

**Essential Actions**

- Respect patient needs related to:
  - Confidentiality, privacy and security
  - Ethical Issues
  - Spiritual care
  - Communication
  - Patients’ rights during research investigations
- Familiarize yourself with your organization’s patient rights policy. Organizations provide this information to every patient and post it in various locations within the organization.
- Learn and comply with your organization P&P regarding patients’ rights to:
  - Leave against medical advice (AMA)
  - Refuse treatment
  - Receive information about errors made in their care
  - File a grievance with the organization, the Joint Commission, the health department, or other organization
- Ensure that care provided respects patients’ rights, incorporates the patients’ values and religious and cultural preferences when appropriate.
- Provide patient/family education about their responsibilities in the safe delivery of care. The patient and family’s responsibilities include:
  - Asking questions when they do not understand explanations or expectations
  - Following instructions related to the treatment plan
  - Accepting consequences when they do not follow the treatment plan
  - Following the rules of the organization regarding care and conduct
  - Demonstrating respect for the organization’s personnel, property, and the rights of others
### Sample Patient Rights

Patient Rights generally include these or similar statements:

<table>
<thead>
<tr>
<th>Patients have the right to:</th>
<th>Healthcare professionals will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive considerate and respectful care at all times.</td>
<td>Show respect for patient and family preferences, anticipate needs, and respond courteously.</td>
</tr>
<tr>
<td>Learn the identity of anyone who comes in contact with them.</td>
<td>Introduce yourself. Assure that the patients know the name of all healthcare professionals involved in the patient’s care.</td>
</tr>
<tr>
<td>Participate in decisions concerning care and discharge planning.</td>
<td>Assure patients have access to needed information and resource persons. Encourage patients to voice preferences, questions, and concerns.</td>
</tr>
<tr>
<td>Receive complete and current info about diagnosis, treatment, prognosis, risks, and alternative options, including access to the medical record.</td>
<td>Assure that patients receive information in a form meaningful to them. Provide for patient access to medical records according to organization policy as well as access to resource persons and materials.</td>
</tr>
<tr>
<td>Receive information about any experimental research or educational projects affecting their care.</td>
<td>Learn and abide by organization policy concerning research and education projects involving patients.</td>
</tr>
<tr>
<td>Maintain personal privacy.</td>
<td>Create an environment for private conversation. Screen and cover patients to prevent exposure.</td>
</tr>
<tr>
<td>Have their personal information protected, including protection of the medical record and other patient information.</td>
<td>Protect confidentiality by restricting access to medical records and other patient information to only those directly involved in the care of individual patients. Avoid discussions about the patient in inappropriate places.</td>
</tr>
<tr>
<td>Establish advance directives.</td>
<td>Learn patient’s status concerning the creation of advance directives. Abide by organization policy and patients’ desires concerning procedures and resources for advance directives.</td>
</tr>
<tr>
<td>Receive care in a safe, restful, and clean environment.</td>
<td>Provide for a clean and orderly environment, free from safety hazards. Control noise level and other disturbances.</td>
</tr>
<tr>
<td>Receive explanation of provider and organization bills unless prohibited by law.</td>
<td>Use appropriate resource personnel to answer patient and family concerns and questions.</td>
</tr>
</tbody>
</table>

### Bioethics

A healthcare organization establishes an ethics committee to provide a resource for clinicians in making decisions about care and assisting patients and families to manage and resolve conflicts and make decisions. Some issues include:

- Permissibility of withholding/withdrawing life-sustaining treatment
- Goals of medical treatment, such as conflict between goals of various team members, conflict among patient and family members; conflict between health professionals and patient/family; assessment of benefit versus harm, and lack of clarity of goals
- Patient or surrogate decision-making concerns
- Resuscitation issues, including Do Not Resuscitate (DNR) status and specific measures desired or not desired
- End-of-Life treatment
- Religious, cultural, and spiritual issues
- Autonomy issues, such as informed consent and right to refuse treatment
- Advance directive/ Physician’s Orders for Life Sustaining Treatment (POLST)

### Essential Actions

- Access your organization P&P regarding the Ethics Committee.
- Learn and comply with your organization P&P regarding contacting the Ethics Committee.
**Providing a Safe Environment**

A safe environment is critical to both staff and patients. The Occupational Safety and Health Administration (OSHA) is the organization charged with monitoring safety in the work environment.

A safe environment:
- Provides the best and safest patient care
- Reduces injuries and illnesses to staff, patients and others
- Improves employee morale
- Improves productivity
- Reduces Workers' Compensation claims
- Meets regulatory compliance standards

**Essential Actions**
- Take time to do the job right.
- Limit interruptions during critical times, such as giving report, preparing medication.
- Ask questions. Speak up when something does not seem right. Always request guidance before performing any unfamiliar task.
- Avoid errors by asking others to double-check your work during critical activities.
- Communicate critical information clearly and effectively. Use “read-backs” to ensure your information is correct and clear.
- Understand your own stress level. Errors are more likely to occur when an individual is stressed.
- Follow directions for safe and appropriate use of equipment.
- Report unsafe equipment or situations.
- Follow your organization P&P to report safety issues.
- Involve your team members, the patient and family to help create a safe environment.
- Use all safety devices and personal protective equipment.

**Alcohol and Drugs in the Workplace**

Patient safety is dependent on quality care delivered by healthcare professionals who are not working under the influence of any substance.

**Essential Actions**
- NEVER report to work if you are under the influence drugs or alcohol including illicit drugs, prescribed medications, or medications for which you do not have a prescription.
- If you suspect that a colleague is working while impaired, follow the chain-of-command to report the situation.
- Review carefully and follow your organization P&P regarding substance use/abuse.

**Fire Safety - Be the First Line of Defense**

Common fire hazards in healthcare settings include:
- Smoking
- Oxygen and compressed gases
- Electrical wiring or appliances, frayed electrical cords, damaged plugs
- Flammable liquids or gases near heat sources or improper storage of combustible materials
- Trash buildup of papers and boxes
**Essential Actions**

- During your orientation:
  - Learn how to report a fire in your organization.
  - Locate the fire alarm and learn how to operate it.
  - Locate fire extinguishers in your work area.
  - Identify fire exits and review the evacuation route/plan.
  - Locate fire or smoke doors.
  - Obtain telephone numbers to report hazards.
  - Identify location of the red-colored emergency power outlets.
- Keep corridors clear and assure fire/smoke doors and exits are not blocked, propped, or obstructed.
- Maintain the required clearance below fire sprinklers.
- Never obstruct fire-fighting equipment.
- Take fire drills seriously and stand by for announcements.
- Store oxygen cylinders properly and shut off main valve/regulator when not in use.
- Strictly enforce “no-smoking” per your organization P&P and/or state requirements.
- Report any smell of smoke or burning materials.
- Do not leave microwave cooking unattended.
- Do not allow patients and visitors to use any unapproved extension cords or appliances.
- Keep stairwells, exits, and corridors clear.

**R-A-C-E-E Principles for Fires**

**R - Rescue**
- Move patients, visitors, or impaired co-workers out of danger. **Do not use the elevator.**
- Put at least one closed door between you and the fire.

**A - Alert others**
- Activate pull station alarm; call in the alarm or emergency code.
- Notify co-workers.

**C - Confine/Contain**
- Close all doors and windows.
- Pack sheets and towels under the doors to contain smoke.

**E – Extinguish (if trained to do so)**
- Select the appropriate fire extinguisher.
- Use the Pull-Aim-Squeeze-Sweep (**PASS**) technique to extinguish the fire.

**E - Evacuate**
- Follow the organization’s evacuation protocol.
- Familiarize yourself with the evacuation routes for your area.

**The ABCs of Fire Extinguishers**

- All fire extinguishers are labeled using standard symbols that indicate which type or class of fire the extinguisher can put out.
- Red slash through the symbol means that the extinguisher should not be used on that class of fire. A missing symbol means that the extinguisher has not been tested for that class of fire.
- “ABC” Dry Chemical extinguishers are used for most types of fires.
- CO₂ extinguishers are used for large electrical equipment fires.
- Clean agent extinguishers are used for computer and small electrical equipment fires.

Know the emergency code number to call in the event of fire or other emergency.
**Using a Fire Extinguisher - Remember “P-A-S-S.”**

Only attempt to extinguish the fire if it is small and you can do so without injury. Use a fire extinguisher ONLY if you have been properly trained by your organization and it is acceptable under your organization P&P.

- **Pull** the pin or release the latch to use.
- **Aim** low. Point the extinguisher nozzle at the base of the fire.
- **Squeeze** the handle. Squeezing the handle releases the extinguishing agent. Releasing the handle will stop the flow. Some fire extinguishers have a button instead of a lever.
- **Sweep** from side to side. Aim at the base of the fire and sweep back and forth until fire appears to be out. Watch the fire area carefully as it may re-ignite! If so, repeat the **P-A-S-S** process.

**Electrical Safety**

Electrical shock occurs when electrical current passes through the body after coming into contact with electricity. Electrical shock can cause injury or death and has the potential to be conducted to another person.

All electrical equipment used in the hospital must be approved for safety by Underwriters Laboratory (UL) or another OSHA-approved body.

- Ensure all patient equipment is equipped with three-prong (grounded) plugs.
- Only use extension cords and outlet strips approved by organization’s engineering department.

**Essential Actions**

- Turn equipment off, then unplug. Unplug devices by pulling the plug, not the cord.
- Protect electric cords. Don’t run equipment over them or allow them to become trip hazards, knotted, damaged, or frayed.
- Report devices with any visible damage. Remove and tag for repair.
- **NEVER** attempt to turn on any equipment or electrical mechanism with a lockout device on it or that is tagged “Out Of Service” or “Do Not Operate.”
- If you receive even a small shock from a device, follow your organization P&P and report it immediately. Take the device out of operation.
- Have Engineering safety-check all personal electrical equipment prior to use in the organization.
- Keep moisture and liquids away from electrical equipment.
- If you see smoke or fire when using any electrical equipment such as computers or monitors, unplug the equipment if possible and activate the Fire Alarm System.
- Do not block or cover electrical distribution panels or vents on equipment.
- **NEVER** attempt to reset tripped breakers or make electrical repairs.
- If someone suffers an electrical shock:
  - Turn off the power immediately. Unplug the device at the outlet if safe to do so. Trip the circuit breaker if safe and accessible.
  - Separate the victim from power source only if it is safe to do so. The victim’s body can conduct electricity, as can other conductive materials. Be careful what you touch!
  - Establish responsiveness, call for help, start CPR if victim is unresponsive, follow P&P for cardiac arrest.
  - Report the incident.
  - Follow procedures for both the organization’s event reporting and Safe Medical Device Act.

**Medical Device Safety**

- A medical device is any implement used to assess, treat or rehabilitate patients, excluding medications.
- A medical devices reportable incident (MDR) is any event in which a medical device causes serious illness, serious injury, or death.
- The Federal “Safe Medical Devices Act” requires that users report to the manufacturer and/or the Food and Drug Administration (FDA) any incident that reasonably suggests that a medical device has caused or contributed to the death or serious injury of a patient.
**Essential Actions**

When an MDR occurs:

- The care of the patient or injured party comes first. Attend to the physical and emotional needs of the injured person. Call for assistance when needed.
- **Remove and impound the medical device.**
- Label the device.
- Save all materials and packaging related to the device.
- Leave device intact. Don’t disassemble, clean, or otherwise modify it.
- Protect yourself and others by using standard precautions and biohazard labeling as appropriate.
- Report the incident by completing the appropriate organization form and forward to all appropriate persons, such as your supervisor, the patient’s provider, engineering/maintenance department, and risk management office.
- Ensure that the patient is examined by his provider to evaluate the severity of injury. Document findings, and initiate treatment.

**Medical Gases**

Medical gases are commonly used daily in every hospital environment. Although these gases can save and sustain life, serious injury and even death can result from mistake or misuse of gases.

**Essential Actions**

- Since all medical gases are drugs, use them only with an order.
- Identify medical gases by their medical gas labels NOT by the color of the cylinder. A particular gas does not always come in the same colored cylinder.
- Always take care when using a regulator with a medical gas cylinder. Don’t force a regulator onto a cylinder. Regulators have specific safety connections so they can only be used with the correct gas cylinder.
- NEVER take any non-MRI compatible oxygen equipment or gas cylinders into MRI area. SERIOUS INJURY may result. All approved oxygen equipment will be labeled “FOR USE IN MRI”

**Hazardous Materials**

- Hazardous materials are substances that are physical hazards (e.g. flammable), health hazards (e.g. carcinogen, toxic), or both.
- Exposure may occur through inhalation, ingestion, absorption, and injection.
- Hazards may be detected through:
  - Odor: Absence of odor does not indicate a substance is harmless
  - Symptom: red skin, swelling, dizziness, difficulty breathing, coughing, headache, odd taste
- Manufacturers determine the physical and health hazards associated with their products and provide this information to users through product labels and Safety Data Sheets (SDS).
- The SDS contains information to help you manage the product, your risk of exposure, and response to emergency situations.
- OSHA requires organizations to:
  - Identify chemicals to which employees may be exposed.
  - Make SDS and inventory list available to all staff.
  - Dispose of outdated chemicals or chemicals no longer used.
  - Perform exposure monitoring to keep daily hazardous chemical exposures in a “state of control,” i.e., below the personal exposure limit.
- In 2013, OSHA revised its Hazardous Communication Standard (HCS) to incorporate the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). All chemical manufacturers worldwide must place specific labels on containers and supply Safety Data Sheets (SDS). OSHA requires specific items and format for the labels and the SDS sheets. The SDS sheets replace Material Safety Data Sheets (MSDS).
Required components of the label include:

- **Product identifier**: Including the chemical name, code #, or batch #, and possibly other identifying information.
- **Signal word, DANGER or HAZARD**: Indicating the relative level of severity of hazard and alerting of a potential hazard: Danger for more severe hazard; Warning for less severe hazard.
- **Pictogram**: All of the eight pictograms that apply to the product must appear, the ninth (environment) is not mandatory

### HCS Pictograms and Hazards

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Carcinogen</td>
<td>• Flammables</td>
<td>• Irritant (skin and eye)</td>
</tr>
<tr>
<td>• Mutagenicity</td>
<td>• Pyrophoric</td>
<td>• Skin Sensitizer</td>
</tr>
<tr>
<td>• Reproductive Toxicity</td>
<td>• Self-Heating</td>
<td>• Acute Toxicity (harmful)</td>
</tr>
<tr>
<td>• Target Organ Toxicity</td>
<td>• Emits Flammable Gas</td>
<td>• Narcotic Effects</td>
</tr>
<tr>
<td>• Respiratory Sensitizer</td>
<td>• Self-Reactive</td>
<td>• Respiratory Tract Irritant</td>
</tr>
<tr>
<td>• Aspiration Toxicity</td>
<td>• Organic Peroxides</td>
<td>• Hazardous to Ozone Layer (Non Mandatory)</td>
</tr>
</tbody>
</table>

- **Gas Cylinder**
- **Corrosion**
- **Explosing Bomb**

<table>
<thead>
<tr>
<th>Flame over Circle</th>
<th>Environment (Non Mandatory)</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oxidizers</td>
<td>• Aquatic Toxicity</td>
<td>• Acute Toxicity (fetal or toxic)</td>
</tr>
</tbody>
</table>

- **Hazard statement**: Describing the nature of the hazard(s) of a chemical, and if appropriate, the degree of hazard, such as, “Causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin.”
- **Precautionary statement**: Describing recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.
- **Name, address, & phone #** of the chemical manufacturer, distributor, or importer

The OSHA-required GHS standardized label includes recommended measures in the event of exposure to the chemical.

- **Required elements of the Safety Data Sheet (SDS)** include:
  - Section 1: Identification
  - Section 2: Hazard(s) identification
  - Section 3: Composition/information on ingredients
  - Section 4: First-Aid measures
  - Section 5: Fire-fighting measures
  - Section 6: Accidental release measures
  - Section 7: Handling and storage
  - Section 8: Exposure controls/personal protection
  - Section 9: Physical and chemical properties
  - Section 10: Stability and reactivity
  - Section 11: Toxicological information
  - Section 12: Ecological information
  - Section 13: Disposal considerations
  - Section 14: Transport information
  - Section 15: Regulatory information
  - Section 16: Other information, including date of preparation or last revision of the SDS
**Essential Actions**
- Use caution when handling chemicals. Before using, read the product label and SDS for safe handling precautions and emergency procedures.
  - Refer to the product label for important information about proper storage, spill clean-up, and first aid measures for exposure.
  - Read the label when you first encounter the chemical so that you are prepared to locate necessary information in an emergency.
  - Note that you will find the critical information about hazard level and precautions on the label in a clear, standardized format. The SDS provides more detailed information.
  - Locate the SDS on your unit.
- Use personal protective equipment specified on product label or SDS.
- Know where the nearest safety equipment (eyewash, spill kit) is located.
- Follow your organization P&P on hazardous material disposal.
- Follow your organization P&P and inform your supervisor of any exposure or potential exposure to hazardous materials/chemicals.
- Store hazardous products only in approved, properly-identified labeled storage areas and containers.
- Follow any caution or warning signs or symbols that mark these areas.
- Inform your manager of any unauthorized products found in your work area.
- If asked, acknowledge that you have received training on the standardized contents of the label and SDS. OSHA requires that all employees receive training about the new label and SDS contents. A representative of a regulatory organization may ask employees whether they have received training.

**NEVER:**
- Eat or smoke while working with or around hazardous materials/chemicals.
- Allow chemicals to come into contact with bare skin or mucous membranes (e.g. wipe skin or eyes with materials that have contacted chemicals).
- Inhale or swallow chemicals.

**ALWAYS:**
- Follow the organization P&P in the management of spills.
- General interventions for spills include:
  - Isolate the area.
  - Remove and/or restrict traffic in the immediate area.
  - Notify supervisor immediately of spill and exposures.
  - Notify appropriate personnel according to organization’s procedure for assistance with containment, cleaning, and decontamination.
- Handle the spill ONLY if you know how. If not, do not try!

**Hazardous Pharmaceutical Disposal – RCRA Act**
- **RCRA** *(Resource Conservation and Recovery Act)* defines certain characteristics of medication that require special handling when being disposed. Medications that have the characteristics of ignitability, corrosivity, reactivity, or toxicity must be disposed of separately from other waste.
- Common medications that fall under the **RCRA** guidelines include:
  - Nicotine  
  - Warfarin  
  - Arsenic  
  - Phentermine  
  - Nitroglycerine  
  - Most chemotherapeutic agents

**Essential Actions**
- Follow your organization P&P for identification of and disposal practices for medications that fall under the **RCRA** law.
- Educate your patients on proper disposal of these medications in the home setting.
**Radiation Safety**

- Radiation use occurs primarily in the radiology department, but may also be in other patient care areas like the emergency department, pharmacy, or patient care areas (when patients have radiation implants).
- Areas where radiation is used will be marked with a radiation trifoliate. This symbol tells you that the room is a “controlled” area and special precautions are in effect.

**Essential Actions**

- Follow facility guidelines and safe practices to keep radiation exposure As Low As Reasonably Achievable (ALARA).
- Identify radiation warning signs and symbols.
- Observe rules of time, distance, and shielding.
- Limit your time of exposure in areas where direct exposure to radiation is possible.
- Increase your distance from the radiation source. A distance of six to ten feet from the patient receiving treatment will minimize radiation exposure.
- Wear protective garments/shields (e.g. leaded aprons) that attenuate/absorb scattered X-rays.
- Do not eat, drink, or smoke in areas with radioactive materials.
- Do not pipette solutions by mouth.
- Wash hands after working around radioactive material.
- Wear a film badge or other monitoring device when applicable.
- Collect trash and other materials that have come into contact with a radioactive patient in specially labeled containers in the patient’s room. Dispose of waste per organization P&P.
- If you suspect a potential radiation leak, do not attempt to clean it up yourself. Follow organization P&P.
- If you become pregnant and declare your pregnancy to your organization, the organization will implement additional monitoring, evaluation of work assignments for radiation exposure, and additional shielding procedures. If you choose not to declare your pregnancy, follow the radiation precautions specified by your organization.

**Disaster Preparedness**

- The purpose of disaster preparedness is to maintain a safe environment for patients and staff as well as to be prepared to care for a large influx of patients. Disasters can be internal (e.g., a bomb threat or a fire) or external (e.g., a hurricane, earthquake, biological weapon attack, or other disaster).
- Each organization has specific P&P for managing disasters. Organizations generally address four phases to manage a disaster: Mitigation, Preparedness, Response, and Recovery.

**Disaster preparedness includes, but is not limited to:**

- Backup generators in case of an electrical failure. All critical equipment is plugged into a specific outlet (generally red) that indicates it is connected to a backup generator system.
- A backup system for air, water, and suction
- A term that is used on the overhead paging system to alert employees of a disaster (e.g. Code Orange)
- A triage system for patients and staff
- Evacuation procedures
- Integration with community disaster-response and relief services
- Management of patient and staff activities
- Identification and assessment of critical supplies
- Security
- Interface with the media
**Essential Actions**
- Learn the emergency codes and alerts for your facility.
- Ensure that all critical equipment is plugged into the appropriate (red) outlet.
- In case of disaster, follow your organization’s plan and seek out your manager to determine your exact role.

**Avoid Injuries on the Job**

*Did you know...*
- Eighty percent (80%) of workers’ risk of injury is associated with poor work habits.
- Eight out of ten workers will suffer some form of back injury during their lifetime.
  - Ninety-five percent (95%) of all back injuries are the result of multiple minor injuries over a number of years.
  - Back-related complaints are second only to the common cold as a reason for lost workdays.
- Musculoskeletal disorders (MSDs) are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints, or spinal discs. Cumulative trauma disorders (CTDs) and repetitive strain injuries (RSIs) are other terms used to describe similar injuries.
- When there is a mismatch between the physical requirements of the job and the physical capacity of the worker, work-related MSDs can result.

**Maintain flexibility, practice good posture and use proper body mechanics in order to reduce risk of injury on and off the job.**

**Essential Actions**
- **Maintain good health.** Maintain a healthy weight. Exercise to reduce stress, build muscle strength, endurance, and to maintain flexibility. Be aware of your body’s need for nutrition and rest. Stress, fatigue, and overexertion can increase your chance of injury.
- **Practice good posture.** Keep your body in a neutral position whenever possible. This maintains the three natural curves of the spine (cervical, thoracic, and lumbar curves). When standing, change positions frequently and support one foot on a stool or other supportive raised surface. Wear supportive, comfortable low-heeled shoes. Maintain good posture when seated. Support your lower back.
- **Stretch and maintain flexibility.** In order for your muscles to function optimally, they need to be warmed up before use and stretched periodically throughout the day. Stretching improves muscle endurance and delays the onset of fatigue. Stretching will help you to refocus on your body and it only takes a few minutes to stretch all major muscle groups. Learn simple stretching exercises that can be performed anytime, anywhere.
- Learn and use proper **body mechanics.** Body mechanics are our body movements as we perform a task. Good posture and the use of appropriate body mechanics can be utilized when standing, sitting, lifting, pushing, pulling, carrying, and reaching. Follow guidelines for accomplishing these tasks to avoid injury. Be 100% consistent in observing the rules for lifting patients. Keep your work at a comfortable level to prevent reaching or bending.
- **Rotate tasks.** Avoid overusing specific muscle groups by rotating tasks or alternating job functions.
- **Get help.** Do not risk long-term injury through short-term heroics. Take care of yourself first so you will be able to offer help to others. Know your capabilities. Ask for assistance and use proper equipment to assist with heavy loads.
- **Avoid situations or activities that may increase your risk of injury.** There is an increased risk of injury if you do not know how to perform a task. In addition, stress, fatigue, overexertion, poor work habits, distractions, and substance abuse may also increase your risk of injury. If you are faced with any of these situations, seek help from your supervisor or other resources.
Avoid High Risk Behaviors for Sprains and Strains:
- Twisting while lifting or carrying
- Stooping down low to lift or reaching above your shoulder
- Lifting patients or objects far from your body
- Frequent lifting without adequate rest between lifts
- Pulling and dragging equipment, such as linen bags
- Sitting or standing in one position for a long time
- Performing a task while stooping over or hyper-extending the body to reach the patient
- Lifting bulky or awkward objects; lifting heavy patients or objects
- Repetition (e.g. typing) or contact stress (e.g. using hand as a hammer)

"Back Talk" for Lifting and Transferring

**Essential Actions for Transfers and Repositioning**
- **Plan the move.** Check the path of travel and make sure it is clear.
- **Never transfer alone.** Use team lifts or mechanical assistance. If a patient has fallen, get help to assist or move the patient.
- **Communicate.** When moving a patient with the assistance of another caregiver, the most important step of all is to communicate and coordinate effort with the person assisting you. For example, “Move together on my count of three... One, two, move.”
- **Use a wide, balanced stance** with one foot ahead of the other. A wide base of support will stabilize you and prevent slipping and jerking.
- **Push** whenever possible. It is easier and safer than pulling. Ensure that your line of sight is clear.

**Essential Actions for Lifting**
- **Test the load.** Test the weight of the load prior to lifting to be sure it can be moved safely. Ask for help or use a mechanical lifting device.
- **Back belts are not a substitute for proper lifting habits.** Most studies show that they do not prevent back injuries and may give false confidence.
- **Bend at the knees, NOT at the waist!**
- **Grip on the object with elbows bent.** Use grips or handles if available.
- **Keep the lower back in its normal arched position** while lifting. A normally arched back distributes forces more evenly on support structures.
- **Bring the load as close to the body as possible** to reduces stress on your back. Use both arms. Bend the elbows.
- **Keep the head and shoulders up and tighten the abdominal muscles** as the lifting motion begins. This causes the abdominal cavity to become a weight bearing structure and decreases the load on the spine.
- **Lift with the legs** and stand up in a smooth, even motion. Decrease lower back stress by using the strength of the legs to straighten the knees and hips.
- **Pivot** on your feet if a change in direction is necessary.
- **To set a load down,** squarely face the spot where the load is to rest and bend your knees, feet apart.
- **Avoid reaching** above shoulder height. Use a stool or ladder instead.
- **Limit** the number of lifts in one day.

**Essential Actions for Safe Patient Handling and Mobility**
Locate P&P and equipment for safe patient handling and mobility.
Use appropriate equipment and devices to take reduce the load on your back. These include:
- Gait belts
- Lifting device or hoist
• Slide board
• Draw sheet or incontinence pad
• Low-friction mattress cover
• Transfer mat or roller board
• Shower or toilet chair

Listen to your body for signs of musculoskeletal Injury.
• Aching back or neck
• Sharp or dull pain in any joint
• Pain, tingling or numbness in hands or feet
• Pain associated with specific activities
• Unusual tightness or stiffness
• Hot, inflamed feeling in a specific area of the body
• Shooting or stabbing pain in arms or legs
• Unusual muscle weakness and fatigue

If You are Injured on the Job
Essential Actions
• Stop what you are doing.
• Follow your organization P&P.
• Report all injuries to your supervisor immediately regardless of how minor it may seem.
• Complete the proper report including a description of the injury and the related event(s).
• Contact your company’s worker’s compensation carrier as soon as possible to receive information about submitting a claim.

Latex Sensitivity
Latex sensitivity is an allergic reaction to rubber products including airborne particles. Many organizations have removed latex products from the environment.

Reactions to latex include: hives, itching, swelling of eyes or face, runny nose, shortness of breath, nausea/vomiting, diarrhea, and anaphylaxis.

Increased risk for latex sensitivity:
• Patients with spina bifida, spinal cord trauma, conditions requiring frequent urinary catheterization
• Persons who have food allergies to avocados, bananas, chestnuts, or tropical fruit.
• Healthcare workers who have repeated exposure to latex or powder in gloves, tourniquets, and other latex products.

Essential Actions
• Follow organization P&P to document latex allergies in your patients.
• Keep your hands in good condition. Dryness and skin irritation can promote skin sensitivities.
• Wash your hands after removing gloves to prevent irritation.
• Avoid “snapping” gloves which can release allergens into the air and areas where you might inhale powder from latex gloves
• Avoid contact with commonly used latex products and equipment.
• Use powder-free vinyl or nitrile gloves if you or your patient is sensitive to latex.
• If you have latex sensitivity:
• Wear a medical alert bracelet and alert others to your allergy
• If severe, consult with your provider to determine whether you should carry an emergency epinephrine pen in case of accidental exposure to latex and/or in the event of anaphylactic shock.
**General Safety Precautions**

- Always be aware of your surroundings. Use safe paths of travel between the parking area and the entrance to the facility.
- Know the location of safe areas and emergency phones. Request that the organization’s security personnel escort you to your vehicle. Avoid walking in dark areas and near heavy shrubbery.
- Avoid walking alone. If you feel you’re in danger, make as much noise as possible and run to a safe area.
- If you are alone at work before or after normal business hours, keep doors locked whenever possible.
- Be alert for individuals without proper identification in the facility. Enforce visitor guidelines at all times. Direct visitors to designated waiting areas in the facility. Report all suspicious individuals to security.
- Keep personal valuables out of sight, preferably locked in a desk or locker.
- Know how to reach facility security in case of an emergency.

**Workplace Violence - Be Aware!**

Healthcare professionals are at a higher risk for workplace violence due to their frequent and close physical proximity to patients and family members. Violence may occur anywhere in the healthcare facility, but it is most frequently seen in psychiatric units, emergency departments, waiting rooms, and geriatric units.

**Common Risk Factors for Violence in Healthcare Facilities**

- Direct work with aggressive patients, families, or visitors, especially, if they are under the influence of drugs/alcohol or have a history of violence or certain psychiatric diagnoses
- Under staffing, especially during meal times and visiting hours
- Transporting a patient
- Delays in service or care when wait times are lengthy
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Lack of security
- Lack of staff training and policies for preventing and managing crises with potentially aggressive patients
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas
- Facilities are encouraged to have a workplace violence prevention program and P&P that include zero-tolerance for violence, verbal and nonverbal threats, and related actions.

**Essential Actions**

Familiarize yourself with your facility’s violence prevention program and follow safety and security measures such as:

- Use restraints appropriately.
- Follow the procedures for restricted areas (e.g. protecting entry codes).
- Use security escorts to the parking lot.
- Use a buddy system in situations of potential threat.
- Use extra caution in elevators, stairwells, and unfamiliar places.
- Carry only required identification badges.
- Carry minimal amounts of money.
- Be alert and report any safety and security concerns or violent events.
- Be suspicious of anyone who is loitering, running, offering items for sale or asking for money, wandering or sleeping in wait areas or appears intoxicated.
- Participate in training that teaches techniques to recognize and prevent escalating agitation, assaultive behavior, or criminal intent.
If you observe someone exhibiting the potential for violent behavior or you have been threatened with violence in the workplace, report the event to the security officer and your immediate supervisor immediately. Threats of violence include:

- Verbal derogatory comments and/or slurs
- Written threats, letters, or notes
- Computer/phone threats
- Physical blocking or impeding of movement

**What to Do if a Violent Person Confronts You**

**Essential Actions**

- **Avoid Confrontation:** Retreat to a safe place if possible. Never approach or attempt to disarm an individual with a weapon.
- **Get Help:** Get appropriate assistance. Use the appropriate emergency code to summon the behavioral response team or security personnel. Dial 911 for offsite police assistance if needed.
- **Stay Calm:** Do not threaten or agitate the violent person.
- **Isolate:** Protect patients, lock doors, direct traffic away from the area, and evacuate if possible.

**Harassment and Discrimination**

Harassment, including sexual harassment, is a violation of Title VII of the Federal Civil Rights Act of 1964, the California Fair Employment and Housing Act and various other state laws. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual’s employment.
- Submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individual.
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.
- Sexual harassment does not refer to an occasional compliment of a socially acceptable nature or to normal, courteous, and mutually respectful interactions between persons. Rather, it refers to behavior that is not welcome: personally offensive or coercive, weakens morale, and therefore interferes with the effectiveness of the work environment.
- Verbal harassment refers to epithets, derogatory comments, or slurs on the basis of sex, race, national origin, or other personal characteristics. Harassment on the basis of sex includes any statement that is sexually-oriented and considered unacceptable by a reasonable person in a workplace setting.
- Visual forms of harassment include objects, pictures, posters, cartoons, or drawings which are derogatory as to sex, race, national origin, or other personal characteristics.
- Visual materials, including personal photos that may be sexually suggestive and offensive to others.
- Physical harassment refers to assault, impeding or blocking movement, or any physical interference with the normal work or movement of another person based on sex, race, national origin, or other personal characteristics. It includes patting, pinching, brushing up against, cornering, hugging, kissing, or any similar physical contact considered inappropriate or unacceptable by another person.

**Essential Actions**

- Report any discrimination or harassment to your immediate supervisor, manager, your company, and the appropriate Human Resources representative.
- Individuals may be insensitive to the offensiveness of their words or behaviors, but will cease the offensive behavior when its impact is brought to their attention. Try this approach, bearing in mind that what is acceptable in one environment may not be acceptable in another.
- Make your discomfort known through the appropriate chain-of-command at the healthcare organization. You may find environments that are less tolerant of “kidding around” and “teasing” than previous employment settings. Alternatively, you may find yourself uncomfortable in an environment that is far more tolerant of “kidding around” or “teasing.”
Fundamentals of Infection Prevention

Infection prevention measures are used in healthcare settings to decrease the risk of transmission of infections to patients, employees, and visitors. An infection may develop whenever these three conditions exist:

- A source of infecting microorganisms, including patients, employees, visitors, equipment, or medication.
- A means of transmission for the microorganism to spread. Microorganisms are transmitted by many routes. The same microorganism may be transmitted by more than one route. To prevent transmission and risk of exposure to infection, the CDC has developed precautions to protect patients and healthcare workers.
- A susceptible host. Factors such as age, underlying diseases, and certain treatments may cause patients to be more susceptible to infection. Additionally, patients may enter the healthcare setting with an infectious disease.

Immunizations for healthcare professionals as potential hosts

- Healthcare professionals are at risk for exposure to and possible transmission of vaccine-preventable diseases to patients, co-workers, and others. Maintaining immunity is an essential part of infection prevention (CDC, 2007). The CDC recommends that healthcare professionals receive a number of scheduled immunizations. Your facility P&P may require additional vaccines.
- OSHA also requires healthcare professionals to participate in vaccination programs unless they sign a declination, have documented immunity, or have documentation of medical reasons why the vaccine is contraindicated.
- TJC has mandated that healthcare organizations should provide education about influenza vaccination to their staff members. AND also provide influenza vaccinations and enact a method to measure their compliance rates. To comply, healthcare workers should receive an annual influenza vaccine. CDC recommends that everyone 6 months and older get the flu vaccine for the upcoming season as it is available.

FLU Facts

- You cannot contract the flu from the injectable vaccine. Reports of a sore arm, muscle aches, and fatigue are related to the vaccination process, not the development of the flu.
- The flu vaccine is not 100% effective; however, if you do develop the flu, you will likely have fewer symptoms than if you were not vaccinated.
- Healthcare workers who receive an annual flu vaccine report less missed days from work and lower healthcare costs when compared with those who are not vaccinated.
- Influenza vaccination is the most effective method currently available to prevent people from getting infected. During outbreaks of seasonal influenza, vaccination against that season's influenza subtypes usually prevents infection. If infection is not fully prevented, a vaccination may lessen the severity of the resulting illness.

- Your facility will provide specific guidance for planning and responding to flu outbreaks. Follow all recommendations to assure your continued health and the health of your patients. For ongoing updates on the flu, you may also check the following websites: www.pandemicflu.gov and www.cdc.gov.

Essential Actions

- Obtain vaccinations per organization standards, including annual flu vaccination.
- Maintain vaccination records.

Use Standard Precautions or the equivalent for all patients.
### Types of Transmission-Based Precautions

The following table summarizes the different types of transmission-based (isolation) precautions. Depending on your role, these precautions may be a part of your daily work routine. **Use Standard Precautions for ALL patients.** Patients with known or suspected infectious diseases may require Contact, Droplet or Airborne Precautions.

<table>
<thead>
<tr>
<th>Precautions</th>
<th>Mask/Eye Protection</th>
<th>Gown</th>
<th>Gloves</th>
<th>Patient Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard</strong> (All patients)</td>
<td>To protect mucus membranes of the eyes, nose, mouth during procedures that might generate splash or spray</td>
<td>To protect skin and soiling of clothing during activities or procedures that could generate splash or spray</td>
<td>When touching blood, secretions, body fluids, and contaminated items</td>
<td>Private room only if patient is unable to maintain hygiene without contaminating the environment</td>
</tr>
<tr>
<td><strong>Contact</strong></td>
<td>Per standard precautions</td>
<td>Per standard precautions</td>
<td>Wear gloves when entering the room. Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately wash hands with soap and water after leaving the room. Do not use alcohol-based hand sanitizers.</td>
<td>Private room if possible</td>
</tr>
<tr>
<td><strong>Droplet</strong></td>
<td>Per standard precautions and when working within 6-10 feet of the patient</td>
<td>Per standard precautions</td>
<td>Per standard precautions</td>
<td>Private room if possible</td>
</tr>
<tr>
<td><strong>Airborne</strong></td>
<td>Wear respiratory protection (N95 respirator) when entering the room</td>
<td>Per standard precautions</td>
<td>Per standard precautions</td>
<td>Private room. Keep the door closed and the patient in the room. The room should have: 1) negative air pressure 2) 6-12 air changes per hour 3) Monitored high efficiency filtration</td>
</tr>
</tbody>
</table>

### Hand Hygiene: It Saves Lives

Did you know that people typically carry between 10,000 and 10,000,000 bacteria on each hand? Effective hand hygiene is the most important primary preventive measure that can be implemented to decrease the spread of infections within healthcare organizations.

In healthcare settings, gloves are worn for three important reasons:

- To protect the healthcare worker from contamination from the patient.
- To protect the patient from contamination from the healthcare worker.
- To protect patients from contamination from the surrounding environment (other patients or objects).
Wearing gloves does not replace the need for hand washing. Gloves may have tiny microscopic openings or may be torn during use, resulting in contamination of the hands.

- Alcohol-based hand rubs significantly reduce the number of microorganisms on the skin, act quickly, and cause less skin irritation than soap and water.
- Alcohol-based hand rubs take less time to use than traditional hand washing. If possible carry one with you for quick cleaning between patients.
- Alcohol-based hand rubs are not effective against all infections, so they are not recommended for patients in Contact Precautions (Isolation).

**Essential Actions**

**Wash Hands**
- Before and after each patient contact.
- After removing gloves.
- After contact with any body fluid.

**Soap and Water Method**
- Wet hands with water, then add soap.
- Use friction to lather and wash hands for 15 seconds (try timing yourself by singing the Happy Birthday song).
- Rinse well under a stream of water and dry hands thoroughly.
- Turn off the faucet with a paper towel.

**Alcohol-Based Hand Rub Method**
- Apply the product to palm of one hand.
- Rub your hands together (covering all surfaces of hands and fingers) until hands are dry.
- Note that the volume needed to reduce the number of bacteria on your hands varies by product.
- Do not touch equipment until hands are dry to prevent shock or burn.
- Although alcohol-based rubs are preferred in most situations, they are not effective against the spores of Clostridium difficile (C.diff). Use soap and water hand washing, not alcohol-based rubs, when caring for patients with known C.difficile.

**Occupational Health and Bloodborne Pathogens**

**Handling Sharps**
Special caution must be practiced to prevent injuries when using needles, scalpels, and other sharp instruments or devices. This includes when you:
- Handle sharp instruments after procedures.
- Clean used instruments.
- Dispose of used needles.

**Essential Actions**
NEVER:
- Recap used needles or use any other technique that involves directing the point of a needle toward any part of the body.
- Remove used needles from disposable syringes by hand.
- Bend, break, or otherwise manipulate used needles by hand.
- Reach into a container with bare hands.
ALWAYS:

- Use a one-handed "scoop" technique or a mechanical device designed for holding a needle sheath.
- Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers.
- Place reusable syringes/needles in a puncture-resistant container for transport to reprocessing area.
- Minimize splashing or spraying of blood or body substances when performing procedures.

**Exposure to Bloodborne Pathogens**

Bloodborne pathogens are disease-causing germs carried by blood and other bodily fluids. Examples include HIV, hepatitis B, and hepatitis C. Use standard precautions to reduce the spread of bloodborne pathogens.

You have been exposed to blood or body fluids if you:

- Sustain a needle stick or sharps injury.
- Receive a splash to your mucous membranes (eyes, mouth).
- Have broken skin (cuts, nicks) which has come into contact with blood or body fluids.

**Essential Actions**

Immediately:

- WASH the exposed area immediately with soap and water. Rinse eyes or mucous membrane with normal saline if available, or with water.
- REPORT the incident to your immediate supervisor and company per P&P.
- GO to Employee Health or Emergency Department ASAP, and follow the organization P&P.

**Post-Exposure Evaluation and Follow-Up includes:**

- A confidential medical evaluation documenting the exposure.
- Identifying and testing the source individual if appropriate.
- Post-exposure prophylaxis. Depending on how the exposure occurred, the CDC usually recommends up to three medications for HIV prophylaxis. Treatment should begin as soon as possible, ideally within one to two hours and no more than 72 hours post exposure.
- Counseling and evaluation of reported illness.
- Calling the Workers’ Compensation office to submit a claim.

**Tuberculosis (TB)**

- Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis. Symptoms include a cough lasting for more than 2 weeks, lack of appetite, weight loss, night sweats, hemoptysis, and fever.
- TB is spread through the air when a person with TB coughs, sneezes, or talks, causing the bacteria to become airborne where others can inhale it. Open draining wounds infected with TB may also be a source of transmission. TB can be airborne for up to 8 hours.

**Essential Actions**

- Place any patient with positive acid-fast bacillus (AFB) culture and/or positive AFB smears OR any patient exhibiting symptoms consistent with TB in a special isolation room.
- Follow your organization’s precautions/isolation P&P regarding isolation rooms; required alerts; special TB masks for staff, patient and visitors; when to end isolation precautions; discharge, and readmission procedures.
- Review and provide input into your organization’s plan for caring for patients with TB or other airborne transmitted diseases.
- If you have questions about tuberculosis or other airborne transmitted diseases, reach out to your supervisor for further information or support.
Personal Protective Equipment (PPE) Guidelines for TB patients

- Wear protective equipment such as an N95 face mask when entering the room of a patient with active TB. OSHA requires “fit testing” for all persons who may come in contact with infectious airborne pathogens, including active TB. Fit testing includes a questionnaire and correct placement of the N95 mask while performing different functions.
- When you have a fit test with a particular organization, keep a copy of the test results for your records. It may be needed at another organization.
- The fit testing also includes training on when and how to use respirators, limitations, use during emergencies, and medical signs and symptoms that limit or prevent use.
- If you have not been fit tested and need to care for a patient with TB, you may receive "just in time" fit testing or use a Powered Air Purifying Respirator (PAPR) that does not require fit testing.
- Remove PPE carefully to avoid contaminating yourself.
- Dispose of PPE in designated containers before leaving area.

Exposure/Follow-up

- If you know or suspect that you have been exposed to TB, follow the organization P&P and notify the organization’s employee health department immediately so that you can receive appropriate care.
- If it is determined that you were exposed to TB in the organization, you will receive a confidential follow-up to determine if you were infected. You may continue to work if you are not considered to be contagious.

Ebola Precautions

Because of the high mortality rate, the risk of person-to-person transmission, and the lack of an FDA-approved vaccine or medication, prevention is of utmost importance. During 2015 development of vaccine and medication is anticipated. Specific guidelines for screening persons at risk, for quarantining those potentially exposed, and for use of PPE by healthcare workers continue to be published by the CDC. It is critical that all healthcare personnel keep updating themselves with the most recent information. Remain abreast of current recommendations by regularly visiting the CDC website for the latest information:

- http://www.cdc.gov/vhf/ebola
- http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html

Middle East Respiratory Syndrome (MERS)

MERS is a viral respiratory illness, caused by Middle East Respiratory Syndrome Coronavirus (MERS-CoV). All cases identified to date have links to countries in or near the Arabian Peninsula. Most people infected with the virus have had severe acute respiratory illness with symptoms of fever, cough, and shortness of breath. Some have also experienced GI symptoms. For many with MERS, more severe complications followed, such as pneumonia and kidney failure. About 30% of people with MERS died, for the most part associated with an underlying medical condition. Some infected people had mild symptoms or no symptoms and recovered. CDC has recently posted information about infection control precautions, management of ill healthcare personnel, visitor considerations, aerosol-generating procedures, and hand hygiene. For complete information see http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html

CDC recommends:

- Standard, contact, and airborne precautions
- Use of Airborne Infection Isolation Room (AIIR)
- A combination of measures to reduce exposures from aerosol-generating procedures, including private room with door closed and limiting the number of personnel present.
- PPE: gloves, a gown, and either a face shield that fully covers the front and sides of the face or goggles, and respiratory protection that is at least as protective as a fit-tested N95 respirator mask.
- Frequent hand hygiene
- Personnel who care for patients with MERS should monitor and immediately report to the supervisor any signs of acute illness for a period of 14 days after the last contact with the patient.
**Safety, Quality, and Performance Improvement**

- TJC requires organizations to:
  - Identify performance expectations or indicators and measure compliance to identify opportunities for improvement and/or maintain improvement.
  - Analyze data regarding performance (including undesirable performance and sentinel events) on an ongoing basis and compared over time and with other sources (e.g. comparative database).
  - Establish P&P to comply with requirements of accrediting and regulatory bodies and to incorporate evidence-based practices into P&P.

**Essential Actions**

- Know and follow organization P&P that address safety and quality issues.
- Maintain knowledge about performance improvement processes.
- Know your organization’s quality improvement priorities and performance expectations.
- Participate in the implementation of changes in systems or processes designed to improve care or reduce the risk of hospital-acquired conditions and sentinel events.

**Safety and Quality Across the Board**

Safety- and quality-oriented organizations and accrediting bodies have identified specific safety and quality issues. These organizations may evaluate a healthcare organization for accreditation purposes based upon its performance in addressing patient safety goals and investigating Sentinel Events, as TJC does. They may withhold reimbursement for treatment of hospital-acquired conditions or failure to provide evidence-based care, as the Centers for Medicare and Medicaid Services (CMS) does. They may recommend evidence-based practices in the form of practice bundles or guidelines, as CDC and the Institute for Healthcare Improvement (IHI) do. Additionally, The IHI (2011) encourages organizations to adopt a culture of safety including adverse event reporting systems that promote the reporting of unsafe events or conditions. Identify your organization’s mechanism to report unsafe events or conditions.

**National Patient Safety Goals (NPSG)**

- TJC sets NPSG for the healthcare settings that TJC accredits. The goals are changed somewhat each year, but have remained fairly stable in recent years. TJC measures organizations’ compliance with the NPSG, so you will find that your facility strongly emphasizes the goals and how they are implemented.
- You can access full information on the NPSG at the TJC website: [http://www.JointCommission.org/standards_information/npsgs.aspx](http://www.JointCommission.org/standards_information/npsgs.aspx)

<table>
<thead>
<tr>
<th>National Patient Safety Goals (NPSG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Joint Commission (TJC) initiated NPSG more than 10 years ago. Over the years, TJC has retired some goals retired and transitioned some into TJC accreditation standards. NPSG target specific patient safety concerns. The 2015 NPSG for hospitals are identical to the 2014 NPSG.</td>
</tr>
<tr>
<td><strong>Identify patients correctly.</strong> Verify patient identity with 2 identifiers: basic and critical.</td>
</tr>
<tr>
<td><strong>Improve staff communication.</strong> Be sure that you know to whom results of labs and other diagnostic tests are to be reported. Get important test results to the right staff person promptly. Be alert for the need to report changes in patient condition in a timely manner.</td>
</tr>
<tr>
<td><strong>Use medications safely.</strong></td>
</tr>
<tr>
<td>o Label all medications that you remove from the original labeled containers.</td>
</tr>
<tr>
<td>o Find out whether a patient is receiving anticoagulants. If so, observe for any evidence of bleeding, particularly possible internal bleeding caused by a fall or other injury.</td>
</tr>
<tr>
<td>o Encourage patients to ask nurses for information about their medications.</td>
</tr>
<tr>
<td><strong>Use alarms safely.</strong> Participate fully in your organization’s clinical alarm safety and staff education program.</td>
</tr>
<tr>
<td><strong>Prevent infection.</strong></td>
</tr>
<tr>
<td>o Follow hand hygiene and infection prevention guidelines carefully.</td>
</tr>
<tr>
<td>o Comply with the practice bundles incorporated in your organization’s P&amp;P to help prevent specific infections, such as multidrug-resistant infections, CLABSI, CAUTI, and surgical site infections (SSI).</td>
</tr>
<tr>
<td><strong>Identify patient safety risks.</strong> Be alert for any indication that a patient may be at risk for suicide. Report any indications promptly and institute precautions according to P&amp;P.</td>
</tr>
<tr>
<td><strong>Prevent mistakes in surgery.</strong> Verify the correct patient, correct body part, and correct procedure in a time out before a procedure. Insist on a time out, not only in the operating room, but also before intrusive bedside procedures.</td>
</tr>
</tbody>
</table>
**Sentinel Events**

Another TJC safety initiative requires healthcare organizations to report and investigate Sentinel Events. A Sentinel Event is an unexpected occurrence or risk involving death or serious physical or psychological injury, or risk thereof. It is called "sentinel" because it signals a need for immediate investigation and response. In a sentinel event, the unanticipated death or major permanent loss of function is NOT associated with the natural course of the patient’s illness or underlying condition, or lack of treatment of that condition. "Major permanent loss of function" means sensory, motor, physiologic, or intellectual impairment not present on admission, requiring continued treatment or life-style changes.

TJC requires review of specific Sentinel Events even when death or a major permanent loss of function do not occur. These Sentinel Events include:

- Unintended retention of a foreign object in a patient after surgery or other procedure
- Severe neonatal hyperbilirubinemia (bilirubin >30 mg/dL)
- Hemolytic transfusion reaction involving administration of blood/blood products having major blood group Incompatibilities
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Patient suicide
- Unanticipated death of a full-term infant
- Abduction of any patient receiving care/services
- Discharge of infant to the wrong family
- Rape
- Surgery or invasive procedure involving the wrong patient, wrong site, or the wrong procedure

TJC encourages organizations to set their own guidelines for internal investigation for reportable sentinel events.

Other frequently reported Sentinel Events resulting in death or injury include medication errors, delays in treatment, patient falls, death while restrained, infection-related events, medical equipment-related events, and fire.

**Essential Actions**

- Follow organization P&P on reporting if you witness or discover a possible sentinel event.
- Follow organization P&P regarding disclosing the sentinel event, or any error, to patients and their families.
- Participate in the root cause analysis (when asked) to determine circumstances surrounding the event, possible causal factors, and/or to identify strategies to prevent a similar event from occurring in the future.

**Core Measures**

- TJC and CMS work together to measure certain data sets for every accredited healthcare organization. These Core Measures, reflect evidence-based practices and are essential to improve the quality of care provided to hospital patients. They also add value to stakeholders by focusing use of practices that have been associated with favorable outcomes.
- Both TJC and CMS require healthcare organizations to report on a minimum number of Core Measures. TJC requires this reporting for Joint Commission accreditation of the healthcare organization. CMS requires the reporting for use in calculating the incentive payments for the organization. TJC and CMS requirements vary somewhat as to which specific Core Measures and Core Measure sets must be included in reporting. Leaders within your organization are responsible for complying with reporting requirements.
- Your organization’s performance on Core Measures affects your organization’s Joint Commission accreditation and reimbursement from CMS. The public can access your organization’s performance on Core Measures at [http://www.medicare.gov/hospitalcompare/](http://www.medicare.gov/hospitalcompare/).
- A Core Measure Set comprises a number of specific evidence-based practices related to a specific disease condition. For example, the Venous Thromboembolism Core Measure Set (VTE) contains 6 Core Measures:
- VTE-1 Venous Thromboembolism Prophylaxis
- VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis
- VTE-3 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy
- VTE-4 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram
- VTE-5 Venous Thromboembolism Warfarin Therapy Discharge Instructions; VTE-6 Hospital Acquired Potentially-Preventable Venous Thromboembolism.

- CMS analyzes data from Medicare and CDC databases to evaluate organizations' performance on aspects such as readmission and rates of specific infections. These outcomes results also affect reimbursement.

- CMS is shifting the focus of reporting on Core Measures. When Value-Based Purchasing (VBP) began in 2103, 70% of incentive payments to healthcare organizations were based upon Core Measures results. Because Core Measures are evidence-based practices, they are processes that have been associated with positive outcomes, but are not outcomes. CMS is shifting the focus toward outcomes and efficiency. In 2015, only 20% of incentive payments are based upon Core Measures results. The chart below shows percentages of incentive payments for Clinical Process of Care (Core Measures), Patient Experience of Care (HCAHPS), Outcomes, and Efficiency. Outcomes and Efficiency data are collected from Medicare claims and records.

- Because Core Measures are evidence-based practices associated with favorable patient outcomes, they are important aspects of high quality patient care whether or not your organization is currently reporting results on a specific measure to TJC or CMS.

**Essential Actions**

- Obtain orders as needed to comply with recommended evidence-based practices
- Facilitate timely assessment and treatment
- Document precisely
- Provide thorough and effective patient education and discharge instructions using the teach back method

**Core Measures include evidence-based practices for:**
- Acute Myocardial Infarction (AMI)
- Heart Failure (HF)
- Pneumonia (PN)
- Surgical Care Improvement Project (SCIP)
- Children’s Asthma Care (CAC)
- Venous Thromboembolism (VTE)
- Stroke (STK)

**IHI Bundles and CDC Guidelines**

- IHI has created practice bundles. A bundle is a small but critical set of evidence-based practices that address specific aspects of care. The use of bundles has been shown to decrease complications and to improve care.
- Additional activities are not specifically part of a bundle and changing the items within a bundle negates the use of the term.
- The CDC has developed guidelines for preventing and managing infections.
- Both IHI bundles and CDC guidelines serve as the basis for organization P&P.

**CMS HACs and Never Events**

- Hospitals must report and CMS will not pay for treating specific hospital-acquired conditions (HAC). Medicare and Medicaid will NOT reimburse organizations for preventable hospital-acquired conditions.
The National Quality Forum (NQF) identified Serious Reportable Events (SRE), which are also known as Never Events, because they are events which are viewed as preventable and therefore should never occur. Many of events on the SRE list are also CMS HAC. View the complete list of 29 SREs at http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx.

- SREs are grouped into 7 categories:
  - Surgical or Invasive Procedure Events
  - Product or Device Events
  - Patient Protection Events
  - Care Management Events
  - Environmental Events
  - Radiologic Events
  - Potential Criminal Events

- Many SREs are also TJC Sentinel Events.

The section that follows calls attention to important safety/quality issues which regulations, standards, and recommendations address.

**Patient Satisfaction**

- Patient satisfaction is another critical indicator related to quality of care.
- A national, standardized survey, The Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), has been implemented across the country.
- This standardized survey compares hospitals across the country. The public can compare hospitals’ performance at the hospital compare website [http://www.medicare.gov/hospitalcompare/search.html](http://www.medicare.gov/hospitalcompare/search.html)

- Beginning in 2012, HCAHPS scores are used to calculate value-based incentive payments for healthcare facilities in the form of Medicare reimbursement.
- The survey includes items about communication with nurses and physicians, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, and communication about medicines, discharge information, overall rating of hospital, and whether the patient would recommend the hospital.

**Essential Actions**

- Learn about the measures on the HCAHPS tool and how you can impact the scores your organization receives.
- Verbally check with patients on pain management goals and your efforts to meet those goals.
- Follow your organization procedures for improving patient satisfaction including hourly rounding, use of patient representatives, and other approaches.
- When teaching patient about medications or providing discharge instructions, use language that informs the patient about your activities.
- Maintain a quiet and clean hospital environment.
- Remember: How patients perceive their treatment can be as important as the treatment itself.
- Hourly rounding has been shown to be an effective method for increasing patient satisfaction.
- Sitting when talking to patients and families has a positive impact on patients of their caregivers.

**TJC Safety Concerns**

TJC has a reporting mechanism in place for any person who wants to file a concern about the quality of patient. Accredited organizations and certified staffing agencies commit to refrain from taking any disciplinary action toward a person who files a complaint. RN.com is part of AMN Healthcare, and as such, follows this standard.
Diverse Patient Populations must be considered by healthcare professionals and may include patients with language or communication barriers, culture differences, health literacy limitations, mobility needs, and the concerns of lesbian, gay, bisexual and transgender patients.

Alternate Accreditations for Healthcare Organizations
DNV Healthcare Inc. (DNVHC) is another agency that has been given deemed status by CMS - in other words another accrediting body for hospitals and healthcare agencies. The accreditation is called the National Integrated Accreditation for Healthcare Organizations (NIAHO) and is an alternate to Joint Commission Accreditation.

One of the tenets of DNVHC is the close tie-in with ISO 9001, an internationally recognized program for standardization, quality improvement and efficiency. An organization that received the NIAHO accreditation has 3 years to become ISO compliant.

Both Joint Commission Accreditation and NIAHO accreditation are based on Conditions of Participation set forth by CMS; however the tactics to achieve the requirements of these two organizations differ.

Want to learn more about DNVHC? Check out their website at www.DNVAccreditation.com.

Care of Diverse Patient Populations
- Healthcare professionals must be competent to meet the needs of patients served by the organization including specific needs of diverse patient populations.
- Educational needs of patients and families should be identified and prioritized.
- All patients have the right to receive care that is sensitive to, respectful of, and responsive to their cultural and religious or spiritual beliefs and values.

Essential Actions
- Assess patient: cultural/religious practices and degree of compliance with these practices.
- Be self-aware; try to remain neutral, know how your views and behavior is affected by culture.
- Assure that education/discharge plans consider the patient's abilities, preferences, readiness to learn, physical and cognitive limitation, communication and language barriers. Use appropriate educational resources and include the patient and support person and/or family.
- Provide ongoing education during the healthcare process which includes the safe and effective use of medications, equipment, supplies, nutrition interventions, rehabilitation, pain control, self-care, and healthcare resources.
- Evaluate learning and reinforce teaching.
- Meet patient's needs by responding to:
  - Language or sensory communication needs.
  - Rituals and prayer practices.
  - Eye contact and communication style.
  - Gender roles including authority/decision making.

How to contact the Joint Commission about a safety concern

<table>
<thead>
<tr>
<th>Method</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via the website</td>
<td><a href="http://www.jointcommission.org/report_a_complaint.aspx">http://www.jointcommission.org/report_a_complaint.aspx</a></td>
</tr>
<tr>
<td>Fax</td>
<td>Office of Quality Monitoring: (630) 792-5636</td>
</tr>
<tr>
<td>Mail</td>
<td>Office of Quality and Patient Safety</td>
</tr>
<tr>
<td></td>
<td>The Joint Commission</td>
</tr>
<tr>
<td></td>
<td>One Renaissance Boulevard</td>
</tr>
<tr>
<td></td>
<td>Oakbrook Terrace, IL 60181</td>
</tr>
<tr>
<td>Toll free U.S. Number</td>
<td>Monday - Friday 8:30am - 5pm Central: 1-800-994-6610</td>
</tr>
</tbody>
</table>
- Identification/inclusion of a support person and/or family members.
- Education of patient/support person on this or her role in the healthcare process.
- Food preferences, dietary restrictions, and alternative therapies.
- Medical care preferences including gender of healthcare workers.
- Use of appropriate educational resources: written, video, audio, interpreters, and other resources.
- Beliefs about organ/tissue donation.
- Discharge education that includes self-care, discharge treatments, life-style changes, and management of continuing care.

**Population-Specific Care**

- Healthcare professionals must be competent to meet the needs of patients served by the organization including specific needs of special patient populations based on age.
- Tips for age-appropriate care with an emphasis on safety precautions are provided however the diversity needs of the patient must be incorporated into the age-specific plan of care.

**Essential Actions**

- Know the age groups of the patient populations served by the organization.
- Identify special needs and behaviors pertaining to each age group.
- Fulfill the competency expectations defined by the organization.
- Identify and individualize interventions for your patients based on their special needs.
- Remember that the patient’s developmental level may differ from his specific age.
- Provide a safe environment.
- Protect privacy and confidentiality.
- Assess and manage pain.
- Provide choices and control as appropriate.
- Incorporate family and/or significant others as appropriate.
- Interventions that require age specific considerations:
  - Physical assessment and interpretation of findings
  - Medication and nutrition administration
  - Response to questions/involvement in care
  - Explanation of interventions and procedures
  - Selection and use of medical equipment, supplies
  - Manner and method of communication
  - Strategies and methods for coping with hospitalization
  - Methods and tools for instruction
  - Injury risk assessment (falls, skin breakdown)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recommended Practices</th>
<th>Safety Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonates</td>
<td>Cuddle and hug the newborn.</td>
<td>Position newborn on its back for sleep. Educate caregiver about proper use of car seats.</td>
</tr>
<tr>
<td>Infants</td>
<td>Keep parents in infant’s line of vision. Give familiar objects for comfort. Limit the number of strangers present.</td>
<td>Keep crib side rails up at all times, assuring that infant doesn’t sink into mattress surface. Educate caregiver about injury prevention, specifically aspiration, suffocation, falls and poisoning.</td>
</tr>
<tr>
<td>Toddlers</td>
<td>Use firm, direct approach giving one direction at a time. Prepare child immediately before procedures.</td>
<td>Supervise at all times; toddlers should never be left unattended. Be aware of choking hazards such as hotdogs, popcorn, grapes, and hard candy.</td>
</tr>
</tbody>
</table>
### Patient and Family Education: Knowledge is Power

**Essential Actions**

- Continually assess and prioritize the educational needs of patients and families.
- Involve patients, families, and other healthcare professionals in the education plan.
- Evaluate learning and reinforce instruction as necessary. Use all available appropriate educational resources including:
  - Healthcare team members
  - Written instructions, video and audio tapes
  - Community resources
  - Internet resources
  - Other aids to address special needs (Braille materials, large print tools, special devices, interpreters, other aids)
- Discharge education includes but is not limited to instructing the patient and family or individuals/organizations responsible for care about:
  - Self-care
  - Safe and effective use of medications, medical equipment and supplies
  - Nutrition interventions
  - Rehabilitation or rehab techniques
  - Pain management
  - Specific care/treatment after discharge
  - When & how to obtain further care & resources
  - How to make life-style changes
  - How to manage continuing care
- Educate patients and families about their responsibilities in the healthcare process and specifically

<table>
<thead>
<tr>
<th>Pre-School and School-Age Patients</th>
<th>Use play as means of preparation and explanation of procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Educate using play, games, rewards, and praise.</td>
</tr>
<tr>
<td></td>
<td>Use non-intrusive procedures whenever possible (axillary temp, oral meds).</td>
</tr>
<tr>
<td></td>
<td>Allow child to participate in care as appropriate.</td>
</tr>
<tr>
<td></td>
<td>Educate toddlers on personal safety: strangers, use of bike helmets, knowledge of home address/phone #s.</td>
</tr>
<tr>
<td></td>
<td>Educate caregiver about keeping medications and potential poisoning substances secure.</td>
</tr>
<tr>
<td></td>
<td>Educate caregiver about what to do in an emergency</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Assess and meet menarche needs in females (onset begins 11-13 yrs old).</td>
</tr>
<tr>
<td></td>
<td>Encourage peer visitation if applicable.</td>
</tr>
<tr>
<td></td>
<td>Educate on medication use and the prevention of illness.</td>
</tr>
<tr>
<td></td>
<td>Assess for illicit substance abuse and sexual activity (contraceptive use, pregnancy) in a sensitive fashion.</td>
</tr>
<tr>
<td>Adults</td>
<td>Provide options for communication with family and work when appropriate.</td>
</tr>
<tr>
<td></td>
<td>Assess impact of hospitalization /illness (family, work, body image).</td>
</tr>
<tr>
<td></td>
<td>Educate on health and wellness including physical and emotional health.</td>
</tr>
<tr>
<td>Elderly Patients</td>
<td>Face patient and speak slowly and distinctly, do not shout.</td>
</tr>
<tr>
<td></td>
<td>Preserve dignity and autonomy as much as possible, even in patients with dementia.</td>
</tr>
<tr>
<td></td>
<td>Assess need for sleep medication.</td>
</tr>
<tr>
<td></td>
<td>Validate that the patient receives (that is, sees and/or hears) and understands your communication.</td>
</tr>
<tr>
<td></td>
<td>Ensure the availability of communication aids when applicable (hearing aid, eyeglasses).</td>
</tr>
<tr>
<td></td>
<td>Change patient positions slowly due to decreased circulatory force.</td>
</tr>
<tr>
<td></td>
<td>Institute injury prevention precautions (fall prevention, skin integrity maintenance).</td>
</tr>
<tr>
<td></td>
<td>Assess for swallowing difficulties.</td>
</tr>
</tbody>
</table>
about their roles in helping to facilitate safe delivery of care.
- Facilitate arrangements for schooling of children and adolescents during long-term hospitalization.

**Conclusion**

As a healthcare professional, you are responsible to comply with your professions’ position statement or code of ethics to ensure safe practices and the delivery of the highest quality care available. In relatively short periods of time you are responsible to learn and apply a significant amount of important information that can affect the safety and well-being of your patients. Having current resources readily available and the ability to prioritize and organize essential information will help you stay informed and respond effectively.

This course is designed to provide reference information and practical tips to incorporate into your everyday practice. Although the course delivers information about a variety of healthcare-related standards and resources, the responsibility to learn each organization’s specific policies and procedures remains with the individual. The orientation checklist that follows will assist you to seek out resources within each organization to help you maintain your ability to comply with all regulatory requirements and ensure the safety of not just yourself, but also your patients.
Acknowledgment

RN.com acknowledges the valuable contributions of...

...Bette Case di Leonardi. Since 1993, Bette has practiced as an independent consultant to a broad spectrum of healthcare organizations including AMN Healthcare, Inc., professional schools, professional organizations, hospitals, disease management companies, managed care organizations, a public health department, and providers of continuing nursing education. Bette presents continuing education offerings at a variety of national and regional conferences. She has published on the topics of critical thinking, test construction, competency testing, precepting, and career development. She has also written numerous web-based continuing education courses and prepared competence tests for a variety of nursing specialties. She serves on the editorial board of the Journal of Continuing Education in Nursing, the regional advisory board for Advance Magazines, and on the Accreditation Board for Specialty Nursing Organizations. She has also served on the National Board for Certification of Hospice and Palliative Nurses.

Prior to establishing her consulting practice, she held leadership positions in the school of nursing and the nursing department at Michael Reese Hospital and Medical Center in Chicago, IL. She is an active member of the Association for Nursing Professional Development (ANPD), formerly, Nursing Staff Development Organization (NNSDO) and was among the first group of nurses to receive certification in Nursing Staff Development and Continuing Education, now Nursing Professional Development, from the American Nurses Association Credentialing Center (ANCC) and has served on the Content Expert Panel for that certification examination. Bette earned her BSN at Syracuse University and her MSN and Ph.D. in educational psychology at Loyola University of Chicago.

Karen Siroky. Karen is the Senior Clinical Director for Education and Training at AMN Healthcare. Karen’s work includes coordinating and developing educational material, knowledge exams, and skills checklists for AMN. Previously Karen served as Lead Nurse Planner for RN.com. She authored many courses at RN.com on a variety of topics. She has presented nationally on education related topics.

Karen received her BSN at the University of Arizona and her MSN at San Diego State University. She is nationally certified in Nursing Professional Development through the American Nurses Credentialing Center.