STUDENT ORIENTATION CURRICULUM GUIDE

Developed by:
The CHA Standard Healthcare Worker Nurse Orientation Work Group
1998

Adapted from:
The Yale-New Haven Hospital Health and Safety Training Manual
1997

Reviewed and Revised:
August 2000
June 2001
January 2002
August 2003
January 2004
August 2006

This manual provides a basic overview of information that may be useful to you as you undertake your clinical training. This manual is not intended to satisfy any legal training requirements relating to, or required by, the Health Insurance Portability and Accountability Act of 1996, the regulations of the Occupational Safety and Health Administration, or any other law or regulation.

STUDENT ORIENTATION CURRICULUM GUIDE

Table of Contents

Table of Contents

Table of Contents

Note: In addition to the information presented in this guide, students should review institution-specific documents regarding policies, standards and practices including but not limited to the following:

- Hazard Communication Policy
- Material Safety Data Sheets
- Exposure Control Plan
- TB Infection Control Plan
- Emergency Preparedness Plan
- Fire Emergency Plan
- Fire Pull/Call Box Locations
- Fire Extinguisher Locations
- Evacuation Procedures
- No Smoking Policy
- Hazardous Spills and Clean-up Policy
- Incident Report
- Corporate Compliance Program
- Patients' Rights Policy
- Notice of Privacy and Confidentiality Policies
- Sexual Harassment Policy

To the Patient Care Provider

The information contained in this guide was developed by clinical and academic faculty to familiarize you with health and safety policies and procedures you may encounter during each of your clinical hospital affiliations. An additional aim was to minimize the time you will need to spend in general orientation programs at each clinical site. This guide serves as a baseline for the knowledge you should have in order to work safely within each of the institutions. Each institution may have further instructions or guidelines that you will need to be aware of. You may find many of these institution-specific instructions at the back of this guide under the institution's tabs, or your instructor will provide them to you.

You must complete this Orientation Booklet and post-test to document that you have received a general orientation for the clinical affiliation you will begin shortly. Your academic faculty will correct the orientation post-test. A letter indicating completion of the orientation program will be sent to the clinical affiliate prior to your arrival.

Good luck, and work safely!

GENERAL SAFETY

Most accidents, occupational illnesses and injuries are caused by the failure to practice sensible safe work habits, and many can be avoided. Emotions and unsafe attitudes frequently lead to accidents. Examples are:

- Complacency - going on "auto-pilot" because you have done the job so often.
- Emotions - being angry or upset about something that happened.
- Not appreciating the risks - not paying attention during training, not staying focused on the task at hand, not asking for help, not paying attention to surroundings, trying to do too many things at once, taking shortcuts or not following proper procedures.
- Reckless or "know-it-all" attitude - thinking safety isn't important, that it doesn't apply to you, or that safety is someone else's job.

A safe attitude means you recognize and appreciate risks, you are aware of potential accidents before they happen, and you make sure that they don't!

Safe Work Habits

To avoid accidents develop three types of safe work habits: 1) plan for job safety, 2) practice good housekeeping, and 3) be aware of safety risks.

1. Plan for Your Job Safety

- Review all policy and procedure manuals, and read all instructions.
- Read labels and Material Safety Data Sheets (MSDS).
- Ensure that you understand how to do the job correctly before you start, and follow procedures.
- Ask questions and ask for help.
- Keep focused on what you are doing.
- Use protective clothing and equipment.
- Be aware of your surroundings and others around you.
- Use the right tool or equipment for the job or task.
- Turn off equipment when it is not in use.
- Don't eat, drink, or apply cosmetics in areas where you may have contact with chemicals, or blood and body fluids.

2. Practice Good Housekeeping

- Keep your work area clean. Don't leave file drawers or cabinet doors open.
- Keep corridors, hallways and stairs clear.
- Don't prop open fire doors or obstruct automatic fire doors from closing.
- Look out for and avoid wet or slippery areas. Be sure spills are cleaned up promptly.
- Dispose of trash and other debris promptly, and in proper containers.
- Treat all equipment with care. Report malfunctioning equipment promptly.
- Report all health and safety hazards immediately.

3. Be Aware of Safety Risks

- Always be aware of the safety risks in a healthcare facility. Make an effort to limit those risks to protect co-workers, visitors, patients, and yourself.
- The following are potential risks to avoid:
  - Back and other injuries from improper lifting of patients and supplies
  - Injuries caused by slips, trips or falls
  - Fire from careless smoking, or electrical equipment
  - Infectious diseases
  - Radiation
  - Poisoning from hazardous medications or chemicals
  - Danger from oxygen or other pressurized gases

When an Accident Occurs

If an accident occurs you should report it immediately even if you don't think that it is serious. Know the procedures for reporting an accident and securing treatment. Report all injuries or illnesses to your clinical instructor, preceptor or supervisor. Seek evaluation and treatment immediately. Learn and understand emergency procedures and other institution policies and procedures.

Specific Situations and Safety Risks

Sections that follow this one in the Orientation Guide focus on specific situations and risks in the healthcare workplace. Take the time to understand the risk, precautions to be taken, and appropriate response when an incident occurs.

REMEMBER
YOU ARE AN IMPORTANT PART OF OCCUPATIONAL HEALTH AND SAFETY

BLOODBORNE PATHOGENS OVERVIEW

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, incorporating the Needlestick Safety and Prevention Act of 2000, is designed to protect employees from exposure to blood products. Employees and healthcare workers covered by this standard include those who:

- Have direct patient contact.
- Draw blood.
- Work with blood and other bodily fluid specimens.
- Handle contaminated equipment.

All employees and healthcare workers covered by this standard are required to follow the institution's exposure control plan, which includes procedures for:

- What to do if you are exposed to bloodborne pathogens.
- Protecting your workplace from becoming contaminated.
- Medical waste handling and disposal.
- The use and disposal of protective clothing and personal protective equipment (PPE).
- The handling of needles and other sharps.
- How to protect yourself from puncture wounds.
- Receiving the hepatitis B vaccine series.

The OSHA Bloodborne Pathogens Standard applies to blood or body fluids or materials that are considered to be potentially infectious. These materials include:

- Blood.
- Body fluids – semen, vaginal secretions, pleural fluid, cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other fluid visibly contaminated with blood, and all other body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Tissues and organs (prior to fixation).
- Other – feces, urine, and vomitus only if they contain visible blood.

A. HEPATITIS

Hepatitis is an inflammation of the liver usually from a viral infection, but may also be caused by viruses, parasites, bacteria, chemicals, alcohol, or toxic agents. Endemic throughout much of the developing world, viral hepatitis now ranks as a major public health problem in industrialized nations. The three most common types of viral hepatitis - A, B, and C - affect thousands of people in the U.S. each year and millions worldwide. It is a non-discriminating disease affecting people regardless of socioeconomic status, sex, race, or geography. Signs and symptoms of hepatitis vary from person to person and include joint and muscle pain (myalgia); enlargement of the liver, lymph nodes and often the spleen; headache, continuous fatigue, nausea, loss of appetite (anorexia),

abdominal pain, diarrhea and sometimes mild fever. Specific testing must be done to determine the specific cause of hepatitis (viral hepatitis A, B, C or toxin, etc.).

Hepatitis A is spread by contact with fecal matter, most often through ingestion of contaminated food (fecal-oral route). This type of spread is often facilitated through poor hand washing technique. Some outbreaks of hepatitis A have been associated with injecting and non-injecting drug use. Rarely, transmission has occurred through transfusion of blood or blood products. Jaundice is a common symptom.

Hepatitis B virus is found in blood; semen; vaginal secretions; wound drainage; saliva; as well as cerebrospinal, peritoneal, pleural, synovial, and amniotic fluid for several weeks before and after disease symptoms develop. It is usually transmitted sexually, perinatally, by contact with infected household objects (e.g., toothbrushes or razors with blood) or by the percutaneous route (injection of infected blood or blood derivatives, use of contaminated needles, lancets, other instruments, or the human bite). The virus may take up to 6 months to incubate, and people may also become asymptomatic carriers. Hepatitis B may resolve slowly and is a leading cause of chronic liver disease and cirrhosis. **Historically, the greatest bloodborne risk to the healthcare worker is infection by the hepatitis B virus**. Occupational needlesticks, and other sharps injuries and exposure to blood and other potentially infectious material (OPIM), are the leading sources of transmission to the healthcare provider. The risk to a nonimmune healthcare worker of acquiring hepatitis B after a sharps injury exposure to a patient with active hepatitis B is approximately 6%–30%.

The **hepatitis B Vaccine** series is one of the best protective measures against hepatitis B. Since the introduction of the vaccine, there has been a significant decline in new cases of hepatitis B among healthcare workers. This is attributable to the use of vaccine and adherence to other preventive measures (e.g. Standard Precautions). The vaccine is given in a series of three injections over a 6-month period and all three injections must be received. Healthcare workers and healthcare providers who do not wish to be vaccinated must sign a declination form.

Although actual numbers are not firm, **hepatitis C** infects thousands of Americans annually. Prevalence among healthcare personnel is no greater than the general population, averaging 1%–2%. A history of unintentional needlestick injury is generally the only occupational risk factor independently associated with hepatitis C infections. Transmission is associated with infecting drug use, transfusion or transplant from an infected donor, and unsafe injection practices in a healthcare setting. Less frequently, transmission may be associated with birth to a hepatitis C infected mother and high-risk sexual activity. Initial hepatitis C infection may be asymptomatic (90% of cases) or mild, and between 50% and 80% of those infected will develop a chronic infection. Of those chronically infected persons, about half will eventually develop cirrhosis or liver cancer. The risk of acquiring hepatitis C after a needlestick from a hepatitis C positive source averages 1.8% (range 0–7%). Currently no vaccine and no post-exposure prophylaxis exist for hepatitis C, although treatment exists for severe disease. In all cases, blood testing is required for a definitive diagnosis.

Hepatitis D is much less common than those previously noted, but cases have been reported in the United States. Hepatitis D is spread through contact with infected blood and occurs only in people who are already infected with hepatitis B. Injection drug users who have hepatitis B have the highest risk. People who have hepatitis B are also at risk if they have sex with a person infected with hepatitis D or if they live with an infected person. Treatment is with alpha interferon.

Hepatitis E is relatively uncommon in the United States but may involve international travelers and people living in developing countries where hepatitis E outbreaks are common. It is usually spread through food or water contaminated by feces from an infected person. There is no vaccine for hepatitis E – the only way to prevent the disease is to reduce the risk of exposure to the virus. This means avoiding tap water when traveling internationally and practicing good hand hygiene and sanitation.

B. HIV AND AIDS

HIV or the Human Immunodeficiency Virus (the causative agent of AIDS) can be transmitted parenterally (needle-sharing, needle sticks, blood exposure), sexually and perinatally.

Most people who are infected with HIV will experience a flu-like illness 1 to 6 weeks post infection with symptoms of fever, lymphadenopathy, fatigue and aches. The development of antibodies usually occurs shortly afterwards (from 2 weeks up to 6 months after exposure).

If HIV infection is undetected and goes untreated, most persons will develop symptoms of AIDS (weight loss, diarrhea, fevers, infections, cancers) in about 7–10 years.

While there is no cure for HIV or AIDS, there is very effective treatment which when taken as directed, can slow down the disease process and improve immune function.

The risk for HIV transmission from a single percutaneaous (e.g. needlestick) exposure to HIV-positive blood is estimated at 0.3%–0.4%. The risk after mucous membrane exposure is approximately 0.09%.

C. REPORTING BLOOD AND/OR BODY FLUID EXPOSURE ACCIDENTS

HEALTHCARE WORKERS MUST REPORT ANY WORK-RELATED EXPOSURE TO BLOOD AND/OR BODY FLUIDS <u>IMMEDIATELY</u> TO THEIR SUPERVISOR OR PRECEPTOR.

Such accidents include, but are not limited to: needlestick injuries, cuts/lacerations, or any sharps injury; mucous membrane contact (eyes, noses, or mouth); or skin exposures involving large amounts of blood and/or body fluid, prolonged contact with blood, or skin that is chapped, abraded or otherwise broken.

In case of exposure, you should wash and flush the exposed area with soap and water. In case of eye injury, you should irrigate the eye immediately with sterile water or normal saline for at least five minutes. All events should be evaluated immediately. If post-exposure prophylaxis is recommended, it should begin within two hours of injury The Emergency Department (if after hours), employee health department, infection control department, or university/college health program may have responsibility for exposure follow-up.

D. PERSONAL PROTECTIVE EQUIPMENT

The hospital or clinical affiliate will provide personal protective equipment (PPE) to each healthcare worker and healthcare provider at no charge. This equipment should be readily accessible and available in an assortment of sizes and types. Examples of PPE include:

- Gloves – latex and latex-free and powdered and powder-free
- Gowns
- Protective eyewear (i.e. goggles, safety glasses, shields)
- Face masks and shields
- Shoe covers

Gloves and gowns should be put on when entering the room and removed prior to leaving the room. Gloves should be worn for all patients on Contact Precautions. Gloves should be changed between patients. Hand hygiene should be performed as per hospital policy, after glove removal, between patients, and after touching potentially contaminated equipment or surfaces.

E. MEDICAL WASTE

The following items are **medical waste** and must be disposed of properly:

- **Sharps (needles, broken glass, scalpels, or other items that could cause a cut or puncture wound) – use designated sharps disposal containers (puncture-resistant, leak proof, color-coded red or labeled containers).**

- **Soiled or blood-soaked bandages, culture dishes, cultures, stocks or swabs used to inoculate cultures, and tissue/body organs – use red bag waste containers (closable, leak proof, red or biohazard-labeled bags).**

Please refer to the Medical Waste Chart found on the following page.

MEDICAL WASTE CLASSIFICATION AND SEPARATION REFERENCE CHART

The following items are <u>MEDICAL WASTE</u>:

1. **SHARPS: <u>to be deposited into the designated sharps disposal containers.</u>**
   BLADES, GLASS SLIDES, GLASS TUBES
   NEEDLES - IV, HYPODERMIC, SPINAL, SUTURE
   LANCETS, PROBES, SAFETY PINS, SPEARS, SCRAPPERS, SCISSORS
   SYRINGES WITH OR WITHOUT NEEDLE, VACUTAINERS
   GLASS MEDICATION VIALS

2. **BLOOD SATURATED DRESSINGS/ITEMS: containing fluid:**
   deposit any blood saturated or filled items in regulated waste container.

   INFECTIOUS WASTE CEREBROSPINAL, PLEURAL AND PERITONEAL FLUIDS:
   Empty containers of fluids per hospital policy and deposit containers and/or sealed units in regulated waste containers.
   - **SPONGES – Operating Rooms**
   - **COLLECTION BAGS - PERITONEAL DIALYSIS, DIALYSIS FILTERS**
   - **CHEST DRAINAGE DEVICES, HEMOVACS, BLOOD FILTERS**
   - **SUCTION TUBING**
   - **SPECIMEN CONTAINERS (MOSTLY FROM LABS)**

3. **ALL WASTE FOR BIO SAFETY CLASS 4 AGENTS: All waste from a person that has a CDC class 4 disease, such as hemorrhagic fever.**

4. **CULTURES AND STOCKS of agents infectious to humans and associated biologicals including cultures from medical, clinical and hospital laboratories; culture dishes and devices used to transfer, inoculate, or mix cultures**

5. **RESEARCH ANIMAL WASTE, which includes contaminated animal carcasses,**

   animal bedding or animals that were intentionally exposed to infectious agents during research.

6. **PATHOLOGICAL WASTE means any human tissue, organ or body part removed during surgery, autopsy or other medical procedure (waste to be segregated in corrugated boxes).**

7. **CHEMOTHERAPY WASTE IV bags containing less than 3% of antineoplastic agents can be deposited directly into medical waste containers. Any IV bag containing unused antineoplastic agents over 3% must be returned to Pharmacy for placement in special corrugated containers and disposed of as hazardous waste by incineration.**

The following items are <u>NOT MEDICAL WASTE</u> unless saturated with blood:

Empty container of fluids in sanitary sewer system, rinse and place in ordinary waste container.
- **BED PANS**
- **SPECIMEN CONTAINERS**

If NOT saturated with blood, deposit in ordinary waste container.
- **DRESSINGS, GAUZE, 3 X 4 PADS, ETC.**
- **CHUX, SWABS, SPLINTS**
- **MASKS, GLOVES, GOWNS**
- **TAPE, PADS, COTTON**
- **SUTURES - without attached needle**
- **RESPIRATORY SUCTION TUBING**
- **VENTILATOR TUBING**
- **FOLEY BAGS, FOLEY CATHETERS**
- **RED RUBBER CATHETERS**
- **BED PANS, EMESIS BASINS**
- **DIAPERS**
- **URINALS, TOILET HATS, URINE FILTERS**
- **PERI (OB) PADS**
- **SALEM SUMP (NG) TUBES**
- **IRRIGATION SETS, BULB SYRINGES**
- **PAPER TOWELS, TISSUES, CUPS**
- **PACKAGING MATERIALS**
- **CASTS, CAST PADDING**
- **PLASTIC MEDICATION VIALS**
- **ALL PLASTIC OR GLASS IV FLUID CONTAINERS**

IV tubing may be disposed of in ordinary waste containers <u>when NOT attached to needles or NOT contaminated with blood.</u>

Empty fluid from all used/unused IV containers when possible, then place in ordinary waste container.

NEEDLE AND SHARPS SAFETY

Healthcare workers use many types of needles and other sharps in the performance of their duties. Although there have been engineering advances to make the products that are used safer, a needlestick injury remains as a very real occupational hazard. A needlestick injury can expose workers to a number of bloodborne pathogens that can cause serious or fatal infections.

The Needlestick Safety and Prevention Act of 2000 requires hospitals to develop an exposure control plan that includes the use of engineered safety devices (such as syringes, blood draw sets, catheters and IV connectors).

Past studies have shown that needlestick injuries are often associated with workplace activities that can increase your risk including recapping needles, transferring a body fluid between containers, and failing to dispose of used needles properly in puncture resistant containers.

To minimize your chances of an injury from a needlestick:

- Use devices with safety features provided by your employer/agency. Be oriented to these devices prior to first use.
- Plan for the safe handling and disposal of needles before using them.
- Do not recap needles.
- Promptly dispose of used needles in appropriate sharps containers.
- Report all needlestick and sharps-related injuries immediately to ensure you receive appropriate follow-up care.
- Inform your supervisor/instructor about any needlestick hazard you observe.
- Receive the hepatitis B vaccine.

AIRBORNE PATHOGENS OVERVIEW

A. TUBERCULOSIS

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The bacteria are dispersed into the air when a person with TB of the lungs coughs, sneezes, laughs or sings. TB transmission via the airborne route occurs when a person with untreated TB of the lungs or larynx coughs up droplets. TB can also affect other parts of the body such as the brain, kidneys or spine. Close contact with a person untreated or with undiagnosed pulmonary TB places healthy people at high risk of acquiring the infection.

People with TB infection have the bacteria that cause TB in their bodies. They are not sick because the bacteria lie inactive and cannot spread TB to others. These people may develop TB disease in the future. Medication is often prescribed for these people to prevent them from developing TB disease.

The usual signs and symptoms of infectious pulmonary (lung) TB include feeling weak or sick, loss of appetite (anorexia), weight loss, fever, night sweats, coughing, chest pain, and/or coughing up blood (hemoptysis). People with TB disease are sick from the bacteria that are active in their bodies. They usually have one or more symptoms of TB and are capable of transmitting the infection to others. Antibiotics, which can cure non-resistant TB, are prescribed for these people and must be taken for 9–12 months. Many times multiple drugs are administered for a long period (9–12 months). Therefore, issues of drug therapy maintenance are a priority. Isolation is maintained until negative sputum cultures are obtained.

B. PPD TESTING

All healthcare workers with patient contact are required to receive a PPD at least annually (some clinical affiliates may require more frequent PPD testing). The PPD or purified protein derivative is a tuberculin skin test that has been the traditional method of demonstrating infection with the bacteria that causes TB. The purpose of the TB skin test or PPD is to determine whether an individual has been exposed to TB and has a TB infection.

The PPD is performed by injecting a small amount of tuberculin under the skin of the forearm. A qualified person must read the PPD within 48–72 hours after administration. A negative test usually means the person is not infected. The test may be falsely negative in a person who has been recently infected. It usually takes 2–10 weeks after exposure to a person with TB disease for the skin test to become positive. The test may also be falsely negative if the person's immune system is not working properly. A positive reaction usually means that the person has been infected with TB bacteria. It does not necessarily mean the person has TB disease.

Only about 10% of the people with a positive PPD (TB infection) will ever develop TB disease. Other tests, such as a chest x-ray or sputum sample are needed to determine whether the person has TB disease.

C. TUBERCULOSIS INFECTION CONTROL PLAN

- Each clinical affiliate or hospital will have a TB infection control plan. Please refer to the specific affiliate or hospital plan for details.

- Special masks will be provided in every facility to protect you if your job necessitates your caring for a patient on respiratory isolation. You will be "fit-tested" for this mask to be sure the mask is sized and fitted appropriately for your face.

TO REVIEW: WHAT TO DO IF YOU BECOME EXPOSED ON THE JOB?

IMMEDIATELY after you have been exposed to blood or body fluid (i.e. needlestick, splash, and exposed mucosa) **WASH THE EXPOSED AREA WITH SOAP AND WATER OR FLUSH EYES WITH AT LEAST ONE (1) LITER OF WATER OR NORMAL SALINE SOLUTION.**

After exposure to blood or body fluid or exposure to a potentially infectious TB patient for whom infection control procedures have not been taken, **REPORT TO YOUR CLINICAL INSTRUCTOR, PRECEPTOR, OR SUPERVISOR**. If your clinical instructor, preceptor or supervisor is unavailable, report the incident to the person in charge.

Your clinical instructor, preceptor, or supervisor will ask you about the exposure incident and initiate the appropriate incident report and treatment processes. Be as specific as possible when giving him/her details around the incident including the identification of the source or source person. **ALL BLOOD AND BODY FLUID EXPOSURES MUST BE REPORTED TO YOUR CLINICAL INSTRUCTOR, PRECEPTOR OR SUPERVISOR IMMEDIATELY AND HE/SHE WILL FOLLOW APPROPRIATE GUIDELINES TO ENSURE YOU RECEIVE IMMEDIATE MEDICAL ATTENTION AS NECESSARY.**

REMEMBER – there is not time to delay. Your risk of seroconverting in the event of HIV exposure decreases significantly when treatment is initiated within two hours of exposure.

The following guideline may be used for testing of healthcare workers exposed to blood or body fluids:

BLOOD AND BODY FLUID EXPOSURE TESTING SCHEDULE

TIME	TEST
At Exposure	**Hepatitis B and C; and HIV**
6 Weeks After Exposure	**HIV**
3 Months After Exposure	**HIV**
6 Months After Exposure	**Hepatitis B and C; and HIV**

The following guideline may be used for testing of healthcare workers exposed to potentially infectious TB patients:

TB EXPOSURE PPD TESTING SCHEDULE

TIME	TEST
At Exposure	**PPD**
12 Weeks After Exposure	**PPD**

INFECTION CONTROL

Education and training, immunizations, proper use of sterile technique, meticulous hand washing, and following Standard Precautions and Transmission-Based Precautions are important steps to reduce the risk of infection.

A. STANDARD PRECAUTIONS AND TRANSMISSION-BASED PRECAUTIONS

The CDC Guideline for Isolation Precautions in Hospitals introduced the concept of Standard Precautions (also known as Universal Precautions). Standard Precautions are designed for the care of all patients regardless of their diagnosis or infection status. Standard Precautions apply to blood, all body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from known or unknown sources of infection.

There are three types of additional precautions that are related to the mode of transmission, known as **Transmission-Based Precautions:** Airborne Precautions, Droplet Precautions, and Contact Precautions. All three of these transmission-based precautions are to be used in addition to Standard Precautions. These precautions may also be used individually or combined for diseases that have multiple routes of transmission. Refer to the chart on the following page for further information.

Be aware of the proper isolation procedures. Always wear the appropriate **personal protective equipment (PPE)** when performing patient care, working with blood and body fluids and specimens, contaminated linens, medical waste, etc. PPE includes:

- Gloves
- Face shields
- Goggles
- Masks
- Gowns
- Caps
- Shoe covers
- Respirators

The following chart describes Transmission-Based Precautions:

TRANSMISSION-BASED PRECAUTIONS

Type of Precaution	Type of Transmission	Examples of Diseases	Special Factors
Airborne	Airborne	– Tuberculosis – Measles – Chicken pox – Smallpox – SARS (Sudden Acute Respiratory Syndrome)	– OSHA mandated/NIOSH certified respirator – Negative pressure private room with the door closed – Limit movements and transport of the patient – Patient must wear a mask when leaving his/her room
Droplet	Droplet	– Influenza – Whooping Cough – Mumps	– Private room – A surgical mask must be worn when working within 3 feet of a patient – Limit movements and transport of patient (must wear a mask when leaving room)
Contact	Contact	– VRE (Vancomycin-Resistant Enterococcus) – MRSA (Methycillin-Resistant Staphylococcus Aureus) – Lice – Scabies – RSV (Respiratory Syncytial Virus) – Impetigo – Smallpox – SARS	– Private room – Gloves and gowns must be worn when caring for a patient with any type of contact-transmitted disease – Dedicated patient care equipment and cleaning

Follow facility-specific policies and procedures to implement transmission-based precautions for each disease.

Hand hygiene should always be performed after removal of personal protective equipment (e.g. gowns, gloves, masks).

B. INSTITUTION-ACQUIRED INFECTION

A nosocomial (institution-acquired) infection is one that develops during an inpatient stay or soon after discharge and was not present at the time the patient was admitted.

Vancomycin-Resistant Enterococcus (VRE)
Enterococci are part of the normal flora in the intestinal tract of humans and are a common cause of nosocomial infections. In recent years, enterococci, like many other organisms, have developed resistance to certain antibiotics. Although VRE is not especially virulent, the lack of effective therapy for invasive infection and the potential for transfer of vancomycin resistance to other bacteria (i.e. *staphylococcus aureas*) has made the control of VRE a public health concern. Also, VRE infections tend to occur in critically ill patients in whom the outcome is more frequently fatal.

Methycillin-Resistant Staphylococcus Aureus (MRSA)
Staphylococcus aureus is commonly found on the skin. Some people carry this organism in their nose, axillae or perineum. MRSA is a resistant form of staphylococcus aureus. Those people who have been on antibiotics or have picked up MRSA from the environment will carry MRSA instead of the regular staphylococcus aureus. There is no way of knowing if you are a carrier of MRSA (or colonized with MRSA) unless you are cultured for it.

MRSA is more difficult to treat than regular staphylococcus aureus because of the resistance of the organism to commonly used antibiotics. Presently vancomycin is the drug of choice for MRSA infection. As more people become infected with MRSA, more vancomycin is prescribed and used to treat this disease.

VRE and MRSA do not pose a high infection risk to healthcare workers. However, it is possible that healthcare workers can transiently carry these organisms and serve as vehicles for transmission to patients. VRE and MRSA can be picked up in the environment and from contaminated secretions/surfaces and then spread to other patients from the hands of healthcare workers. **It is important to understand that equipment used for patients with these infections must be dedicated to these patients only**. Additionally, the importance of handwashing between patients cannot be emphasized enough.

C. RECOMMENDED SAFE WORK PRACTICES

Everyone has a responsibility when it comes to reducing infection:

- Always follow recommended good work practices and policies and procedures.
- Be alert and careful when working with patients, sharps, instruments, blood and body fluids, and equipment.
- Keep cuts and scrapes covered. Notify your clinical instructor, preceptor or supervisor of skin rashes, lesions, or dermatitis, which may prevent you from working with patients or blood and body fluids.
- If you are exposed to blood or body fluids, wash the exposed skin with soap and water. Flush eyes with at least one (1) liter of water. Always notify your clinical instructor, preceptor, or supervisor of any exposure incident immediately. You must be evaluated and treated immediately. ***Under no circumstances should medical attention be delayed more than two hours after exposure.***
- Attend required training and education programs.
- Make sure you know how to use equipment safely and properly.
- Explain isolation procedures, and patient treatments to patients and family members. Patients and family members should be encouraged to wash their hands before entering and exiting a patient room, or examination or procedure room.
- Make sure that the proper protective equipment is available and used correctly by staff, healthcare workers, patients and family members.
- All healthcare providers must wash their hands before entering and after exiting an examination or procedure room.
- Receive immunizations (such as those for hepatitis B, chicken pox, etc.).
- Report any communicable illnesses in staff, healthcare workers and patients.
- Maintain good health.
- Practice good personal hygiene.

D. HANDWASHING/DECONTAMINATION

Handwashing/decontamination is the single most important factor in controlling transmission of organisms. The Centers for Disease Control and Prevention has issued recommendations for handwashing and the use of alcohol-based rubs to decontaminate hands.

- **If hands are visibly dirty** or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, **wash hands** with either a non-antimicrobial soap and water or an antimicrobial soap and water.
- **If hands are not visibly soiled, use an alcohol–based hand rub** for routinely decontaminating hands in all other clinical situations described below. Alternatively, hands can be washed with antimicrobial soap and water in the clinical situations described below.

- **Examples of when to decontaminate hands**

    - Before having direct contact with patients.
    - Before donning sterile gloves when inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
    - After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure, and lifting a patient).
    - After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
    - If moving from a contaminated-body site to a clean-body site during patient care.
    - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
    - After removing gloves.

Alcohol-based hand rub technique
Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, **until hands are dry**. Follow manufacturer's recommendations regarding the volume of product to use.

Soap and water technique
Wet hands first with water; apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least **15 seconds,** covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

BACK SAFETY

Ergonomic stressors (that is, those stressors associated with the design of work) cause a variety of musculoskeletal disorders and illnesses. A musculoskeletal disorder or illness is one involving the muscles, tendons, ligaments, nerves, joints, or supporting body tissue. Injuries include disorders of the back, the neck, the upper or lower extremities, or the shoulders, and involve strains, sprains, or tissue inflammation, and dislocation.

Hazards include heavy lifting, constant twisting, and repeated motions. Biological hazards are physical characteristics of the worker that vary from person to person, including size, endurance, range of motion, strength, gender, and other factors. The risk factors for back pain include age (30 – 55), prior history of back pain, poor posture, and lack of exercise. When the job demand exceeds the physical characteristics of the worker, an injury results.

Healthcare occupations are among the top ten occupations in the U.S. at highest risk for back injuries. It is important to be familiar with the organization's policies, practices, and restrictions relative to patient lifting. Institutional policy may require the use of lift teams and/or specific lifting equipment for the safe handling of patients.

A. BACK DISORDERS

Pulled or strained muscles, ligaments, tendons, and discs are perhaps the most common back problems and may occur in almost half of the work force at least once during their lifetime. A significant number of injuries are sustained each year in institutions where healthcare workers are required to assist patients in transferring. Many of these injuries are direct results of improper body mechanics and can be prevented.

B. SITTING AND LIFTING

1. Sitting

When sitting you should:

- move all the way back against the chair, place your feet on the floor, and have your knees slightly higher than your hips
- use a footrest or book to raise your feet off the floor
- sit close to your desk or work surface so that you don't have to reach
- always remember to stretch periodically and
- move around for about 5–10 minutes every hour when sitting for long periods of time.

2. Lifting

When lifting always remember to:

- stand close to the object or person you are lifting
- place your feet about shoulder width apart to give yourself a broad base of support
- lift with your legs, not your back

- never raise your arms above the level of your shoulders
- pivot with your feet- never twist your body- to transfer an object or patient from one place to another
- never lift anything you consider heavy, even if it is only for a short distance and
- always get help to lift heavy objects or patients.

C. THINGS TO CONSIDER WHEN WORKING WITH PATIENTS AND MATERIALS

The following list of common mistakes when lifting or transferring loads or patients can place increased stress on your muscles and joints and cause maximum stress on the structures of the lower back. Improper lifting with a load or patient held away from your body can cause stress that is 7–10 times greater than when the same load or patient is held close to the body.

- Lifting with the back bent and the legs straight.
- Bending and twisting simultaneously.
- Failure to bring the load or patient close to your body when lifting.
- Failure to plan the move or transfer of equipment or a patient properly.
- Moving the load a great distance without supplemental help (for example, carrying a load instead of using a rolling cart; transferring a patient without the use of a transfer belt or slide board; lifting a patient without the use of lifting equipment).
- When you do not have enough strength to handle the patient or load.
- Not asking for help.
- Moving or transferring a load or patient over an uneven surface (for example, from a flat floor to a slanted floor or up or down stairs).

D. BASIC RULES OF GOOD BODY MECHANICS

These are the principles of good body mechanics. Remember these principles apply at home as well as at work.

If you keep these principles in mind, you will not only have less chance of injury, your job will be easier and less tiring.

1. **Keep your low back in the normal curved or arched position.**
   The arched position is the position of strength for your low back and should be maintained whenever possible. It is especially important to keep your back in this position while lifting and to use your legs to support as much of the load as possible.

2. **Get as close to the load as you can.**
   Always bring the box or patient as close to your body as possible before lifting.

3. **Replace twisting motions with pivoting or sidestepping**.
   This allows you to use your body weight and momentum to help do the work.

4. **Keep your stomach muscles tight when performing a lift.**
   This increases the pressure within the abdominal cavity and takes stress off the spine.

5. **Place your feet in a position that gives you a wide, solid base of support.**

6. **Keep your head and shoulders upright.**
   This will help align your low back and neck in their correct positions.

7. **Whenever possible, use your body weight and momentum to move the object or patient, rather than just using muscle strength.**

8. **Stretching frequently is an effective way to reduce the accumulative stress of bending and lifting or working in a forward bent posture.**
   When these activities are a necessary part of your work, take a few moments to stretch in the opposite direction.

9. **Prior to moving or transferring a load or patient, go through the following mental checklist to make sure you are prepared:**

   a. **Be sure you are wearing loose fitting clothing appropriate for the body movement required for good body mechanics. Shoes with soft, non- slip soles and good support is essential.**

   b. **Plan the transfer ahead of time to determine exactly what to do. This will allow you to anticipate problems and hopefully prevent them from occurring.**

   c. **Make sure you have the necessary equipment to perform a safe transfer or lift.**

   d. **Use assistive patient lifting equipment when necessary for moving patients.**

   e. **Make sure to clear a path for where you intend to go. Make sure the floor is dry.**

   f. **Make sure that all furniture and assistive devices are securely positioned or locked so they don't move or slip during the transfer.**

   g. **Call for assistance if you need it.**

   h. **Enlist as much of the patient's help as possible. Make sure the patient knows exactly what is going to happen.**

   i. **Make sure the patient has footwear that will not slip on the floor.**

   j. **Make sure all work heights are at the level which require the least amount of lifting and do not force you to bend over at the waist and lose the normal curve in your lower back.**

   k. **When transferring a patient, move in the direction of the patient's strongest or uninvolved side.**

ERGONOMICS AND MUSCULOSKELETAL DISORDERS

The term "ergonomics" is derived from two Greek words meaning "law of work". Ergonomics is a scientific and technological discipline concerned with the analysis and design of work, based on a single principle: that "work" (methods, tools, work stations, work organization) should fit the physical capacities of the worker. **Ergonomics helps you design your job to fit your body to put as little strain on your body as possible. In short, ergonomics is designing for people**.

A. MAIN COMPONENTS

There are two main components to ergonomics- workplace design and job design.

Workplace design looks at the physical aspects of a job:

- workstation
- machinery
- weight of objects
- vibration
- tools
- equipment
- lighting
- noise

Job design looks at the structure of a job and the tasks performed (the organizational aspects of the workplace):

- Variety
- Supervision
- Personal growth
- Standing/sitting
- Breaks
- Control
- Number of lifts
- Speed of work

B. MUSCULOSKELETAL DISORDERS

Musculoskeletal pain, like back or wrist pain, can sometimes result from the ergonomic hazards of your job. These hazards may include frequent bending, twisting, lifting, pushing, pulling and other forceful or repetitive movements. Over time, such hazards have the potential to cause injuries known as **musculoskeletal disorders**. Musculoskeletal disorders are caused by repetitive wear and tear on tendons, muscles, related nerves and bones. They develop from repeated small injuries ("micro-trauma"), often through occupational exposure to stressful work. Recreational activities may also involve some level of repetitive physical trauma. Musculoskeletal disorders are hardly ever caused by a single incident, and they are generally the result of several sources of exposure, over a period of time.

Musculoskeletal disorders come in many different forms and can affect different parts of your body. For example:

- Carpal tunnel syndrome- impingement of the median nerve of the arm
- Tendonitis- inflammation of tendons
- Tenosynovitis- inflammation of tendons and surrounding structures
- DeQuervain's disease- inflammation of certain tendons of the thumb

Symptoms of musculoskeletal disorders include the following:

- numbness or tingling in the arm or hand (especially in the fingertips at night)
- weakened grip (dropping objects)
- reduced range of motion in the arm or hand
- swelling in the arm, fingers, hand, etc.
- weak or painful hands, arm, wrist, neck, shoulder, back

C. ERGONOMIC HAZARDS

The main ergonomics risk you face on the job is lifting and transferring patients or supplies and equipment. You can also encounter **ergonomic hazards** at your desk, computer or other workstations. A combination of any of the following stresses may be involved in any one case of musculoskeletal disorders:

- high rates of repetition
- high force demands- for pulling, pushing, lifting and gripping
- awkward postures- joint positions that are far from the natural resting position
- static postures- positions held without moving
- mechanical compression of soft tissues against edges, ridges, etc.
- fast movements involving rapid acceleration of body parts
- vibration, particularly in the presence of cold conditions and
- psychological stress

D. PREVENTING MUSCULOSKELETAL DISORDERS

Each workplace, job and person is different. These are some general ways we can use ergonomics to prevent musculoskeletal disorders by applying ergonomic principles to the tasks you perform every day:

1. Review work methods and procedures on an ongoing basis to identify musculoskeletal disorders.
2. Look for ways to improve ergonomics and reduce musculoskeletal disorders by changing:
   - work procedures
   - work methods
   - tools and equipment
   - reduce or avoid repetitive motions
   - reduce the amount of force needed to perform a task
   - reduce awkward or difficult movements, reaches, or stretches by reorganizing the work area- move parts closer to the worker, change the work surface height, etc.
   - use different tools that are lighter, easier to grip, require less effort, or are padded to protect against vibration
   - use the right tool for the job – and use it correctly
   - use a palm-down grip to carry materials
   - use the full hand and all fingers to grasp objects
   - grip tools so that the thumb and index finger overlap slightly
   - reduce manual handling by using mechanical aids
   - use proper lifting techniques
   - keep wrists straight and keep elbows at right angles

- use a chair with back support, adjustable height and arm rests
- use padded wrist rests when typing or using a computer mouse
- use a document holder placed at eye level when typing
- place computer monitor at arm's length, with its top just below eye level
- proper workstation/work area setup
- proper posture for standing, sitting and sleeping
- use of safe body mechanics
- use of protective devices (hoists, transfer belts, bed scales, etc.)
- safe lifting and transfer of patients, equipment and supplies
- physical fitness and health- aerobic activity, exercises to improve strength and flexibility, proper nutrition, and rest
- appropriate use of breaks
- changing jobs or tasks frequently

ELECTRICAL SAFETY

Electrical safety requires the cooperation of ALL personnel in each office or department.

A. ELECTRIC SHOCK

Electric shocks are caused by electricity flowing through the body after touching a damaged electrical device or an electrical object. The results of electric shock include:

- muscle spasms
- burns
- cardiac arrest
- respiratory arrest

B. KNOW HOW TO USE THE EQUIPMENT

- Read the manual
- Learn from an expert
- Get specialized training and retraining as needed or required

Always check the equipment before use by visually inspecting the:

- plugs
- prongs
- cords
- outlets
- switches
- equipment- inspection sticker or tag; all necessary parts are available and in good working order

C. REPORTING ELECTRICAL HAZARDS

ALL healthcare workers are responsible for identifying and reporting hazards involving electricity and electrical equipment. Report any hazards to your clinical instructor, preceptor or supervisor.

D. ACCIDENT PREVENTION AND GENERAL SAFETY TIPS

Follow these simple steps to prevent electrical accidents from happening:

1. Electrical Equipment
- learn how to properly use BEFORE using;
- visually inspect before use;
- do not stack anything on or behind;
- turn OFF <u>before</u> plugging/unplugging.

2. Do Not Use Equipment
- when it is wet;
- if a liquid has been spilled into or an object has been dropped onto or into it;
- if your hands are wet;

– that has been dropped or fallen;
– if you feel a tingling sensation upon touching.

3. Plugs/Cords/Outlets

– make sure wall outlets are in good condition;
– make sure plugs fit snugly and securely into wall outlets;
– pull on the plug, NOT on the cord to remove from an outlet or equipment;
– don't rest equipment on electrical cords;
– don't run electrical cords through doors or windows.

4. Never Use

– 3-prong adapters;
– broken 3-prong plugs;
– 2-prong plugs on equipment;
– extension cords on patient care equipment.

5. Always Remember To

- Tape long cords to the floor to prevent tripping.
- Turn the equipment "OFF" when plugging in/disconnecting from the wall outlet.
- Turn off all equipment when it is not in use.
- Remove patient connections first, then unplug the equipment.
- Clean up spills on and around equipment and patients IMMEDIATELY.
- **Verify the locations where cellular portable wireless communication device (cellular phones and radios) use is acceptable.** The use of cellular phones and other wireless devices can create electromagnetic energy that may interfere with medical equipment. Most medical equipment complies with standards of immunity to radio frequency emissions and therefore is not susceptible to such interference, but facility specific policy should be consulted.
- **Plug only patient Life Safety equipment into RED (dedicated) wall outlets.**
- Respect electricity and electrical equipment.

If you are unsure whether use of an electronic personal item is permitted, check with your clinical instructor, preceptor or supervisor.

EMERGENCY PREPAREDNESS

Staff and healthcare workers must be prepared at all times in the event that disaster should occur. Due to recent events, healthcare institutions have increased their efforts in preparing to respond to disasters, including threats from bioterrorism. Connecticut planning has included enhancing the decontamination capabilities of hospitals, establishing a system for the quick identification of clinically competent credentialed healthcare workers that can be called in the event of a disaster, and increased surveillance for patient presentation that may be associated with certain biologic, chemical or radioactive exposures.

A. TYPES OF DISASTERS

An **Internal Disaster** is an incident within the institution that may compromise its structural integrity, result in injuries to healthcare workers, staff and/or patients, or otherwise threaten the institution's ability to care for patients. Such events could include the following:

- telephone interruption
- steam interruption
- water interruption
- electricity interruption
- major compressed gas interruption or leak
- fire, smoke or explosion
- major chemical spills
- radiation accidents/events
- biological accidents/events
- bomb

An **External Disaster** is an event within the community or region resulting in multiple casualties like fire, explosion, hurricane, transportation accident, terrorist event or civil disorder.

A **Potential Disaster** includes the threat of an event that could result in either internal or external disaster. Examples of potential disasters include a major storm or flood.

B. LEVELS OF RESPONSE

Each institution may designate levels of response to a disaster.

BE PREPARED TO ACT QUICKLY, CORRECTLY AND CALMLY:

- **Be familiar with the basic elements of the Institution's Emergency Preparedness Plan.** This is a detailed emergency response plan that describes how to report emergencies, assigns responsibilities for coordinating and carrying out evacuations, and reviews the level of response to a disaster.
- **Know how to recognize and initiate emergency alarms.**
- **Know what to do in an emergency, including assisting patients, evacuation routes, where fire extinguishers, fire hoses and fire pull stations are located, how**

to use a fire extinguisher, the institution's emergency phone number, whom to call, etc.

Each institution has been preparing how to respond to a statewide or regional disaster, but it is important that all healthcare workers be familiar with their particular institution's plan on dealing with an internal or external disaster.

FIRE SAFETY

A. YOUR RESPONSIBILITIES IN A FIRE EMERGENCY

Everyone has a role and responsibility in the event of a fire emergency, which may involve the rescue patients and others, assisting with moving them to safety, sounding the alarm, or just staying out of the way of firefighters and other designated emergency response personnel. **ALL HEALTHCARE WORKERS must know the institution's Fire Emergency Plan, the location of fire pull/call boxes, the location of and how to use a fire extinguisher, places of safe refuge and evacuation procedures, and must comply with the Institution's "No Smoking" policy.**

B. FIRE EMERGENCY PLANS

1. The R.A.C.E. protocol

"R.A.C.E." stands for **Rescue, Alarm, Confine/Contain and Extinguish**.

Each of these actions must be accomplished while responding to a fire emergency at any location throughout the Institution.

"R"- RESCUE/REMOVE: Individuals not capable of self-preservation (i.e. patients, injured healthcare workers, employees or visitors) must be rescued from the immediate area of fire origin. This action must be taken within the first few seconds of the start of a fire. Rescuing patients is every healthcare worker's primary concern and is usually performed simultaneously with activating the alarm (A).

- Rescue/remove critically ill patients in their beds.
- Ambulatory patients may walk to safety on their own with supervision.
- Rescue/remove semi-ambulatory patients first, then non-ambulatory patients.

NEVER attempt to enter a room where a fire is contained without FIRST checking to see if the door is warm or hot to the touch. NEVER open a door if it is hot to the touch.

Familiarize yourself with the institution's policy. Some may use additional processes including, but not limited to: (1) placing a pillow on the floor outside the door to signify the room is empty; (2) placing a wet towel along the bottom of the closed door to prevent smoke from escaping, if the fire started in this room; or (3) placing a towel on the door handle to a room where a non-ambulatory patient remains (not evacuated).

Evacuation-
Patients will only be evacuated with specific instruction from designated institution and/or fire personnel.

Horizontal evacuation, which is the type of evacuation used first, consists of moving patients down the corridor, through at least one set of fire doors to safe area.

Vertical evacuation consists of moving patients down the stairs to a lower level of safety and ultimately out of the building.

- NEVER use elevators to evacuate a fire area.
- Evacuate ambulatory patients before non-ambulatory patients.
- Move patient charts with patients.

ALL healthcare workers must know primary and secondary safe areas and route of evacuation. This information is found on the institution "Fire Plan" which is displayed in all departments and patient care areas.

"A"- ALARM: Should you see smoke or flames, use the fire emergency call box or pull station. Dial the institution's emergency number and give the page operator your name, the phone number you are calling from, exact location (building, floor and room or office number), and state what you are reporting (sight or smell of smoke, or sight of fire and location).

If you discover smoke or flames in an occupied patient room, call out to a co-worker to call the emergency number and activate the fire call box/pull station while you rescue the patient.

Whenever you hear a fire alert, listen for the building location of the fire emergency. **If the fire emergency is in your building listen for further announcements and:**

- **Do not use elevators.** Only use the stairs.
- **Close all doors.** Reassure all patients, and visitors. If you need to re-open a door, make sure it is closes and latches securely behind you.
- **Listen for the all-clear code.** You may then resume your normal activity.

Once the fire emergency has been cleared you will be notified.

"C"- CONFINE/CONTAIN: Fire, smoke and toxic combustion products must be confined to the area where the fire started as much as possible. Closing doors and windows can prevent the smoke from spreading, cut off the flow of oxygen to the fire and save lives. Confine the fire as long as no one is in danger.

Never open a door if it is hot to the touch. Keep fire doors closed and automatically closing fire doors, corridors and stairwells free of obstructions.

"E"- EXTINGUISH: Handheld fire extinguishers (of the appropriate classification for the type of hazard likely to occur in the area) are located throughout the Institution.
The most commonly used fire extinguisher is the ABC type and it can be used for most types of fires. If a specialty extinguisher is required in a particular area, you will be oriented to its use. Never use water on grease or electrical fires.

You should attempt to extinguish only small, contained fires (no larger than a waste basket), where your safety is assured, you have an escape route behind you, and a staff member or other healthcare worker is available to assist. The rescuing of those in immediate danger, sounding the alarm, and confining fire and smoke should be accomplished by other staff

members or healthcare workers. Even if you extinguish the fire, the fire should still be reported by dialing the institution emergency number and sounding the alarm, thereby completing the R.A.C.E. protocol.

2. P.A.S.S. for Fire Extinguisher Use

All fire extinguishers are labeled with the name or type of extinguisher, display in picture format the type of fire it will extinguish, and include operating instructions. All fire extinguishers operate in the same way-
"P.A.S.S." (Pull, Aim, Squeeze and Sweep).

"P"- PULL:
Pull the pin from the fire extinguisher handle at the top of the fire extinguisher. (Remember not to squeeze handles when removing the pin.)

"A"- AIM:
Take 3 steps back and then **aim the horn or hose at the base of the fire**, not at the smoke or flames. **You want to be about 8 to 10 feet away from the fire**.

"S"- SQUEEZE:
Squeeze the top handle to the bottom handle to discharge the extinguishing agent.

"S"- SWEEP:
Sweep the nozzle from side to side across base of the fire.

3. FIRE ALARMS AND DRILLS

Whenever you hear a fire alert you will not know if it is a drill or a true fire emergency. Therefore, you must treat it as a fire emergency somewhere in the facility and act appropriately. In the event of a true fire emergency, you must be prepared.

4. KNOW THE LOCATION OF:

- Fire Emergency Call Box/Pull Station
- Fire Extinguishers
- Evacuation Route
- Department Fire Plan

HAZARD COMMUNICATION: YOUR RIGHT TO KNOW
(Hazardous Chemicals)

To keep you informed about the hazards you may face at work, OSHA created standards including the Hazard Communication Standard and Hazardous Waste Operations and Emergency Response Standard. These standards give you the right to know about chemical hazards in your workplace and require training of individuals who may work with hazardous substances.

A. CHEMICAL SAFETY IS EVERYONE'S RESPONSIBILITY

Healthcare workers must:

1. Know what hazards you face on the job.
2. Know how to protect yourself, co-workers, patients, and visitors from these hazards.
3. Read labels and Material Safety Data Sheets (MSDS) and follow instructions and warnings.
4. Follow safety procedures on the job.

Clinical affiliates must implement a written hazard communication program including:

1. Listing hazardous chemicals in the workplace.
2. Labeling on-site chemical containers.
3. Making chemical information available to healthcare workers in the form of labels and MSDS.

Chemical manufacturers must:

1. Determine the physical and chemical hazards of their products and the possible health effects.
2. Label chemical containers.
3. Provide MSDS that detail information about hazardous chemicals.

B. PHYSICAL AND HEALTH HAZARDS

Hazardous chemicals can create two types of hazards:

1. **Physical hazards** usually result from improper use or storage of hazardous chemicals. These are chemicals that are:
   - flammable (catch fire easily);
   - explosive (causes a sudden release of pressure, gas and heat); and
   - reactive (burns, explodes, or releases toxic vapor if exposed to other chemicals, heat, air, or water).

2. **Health hazards**
   The following bodily organs or systems can be affected from exposure to hazardous chemicals: lungs, eyes, kidneys, skin, mucous membranes, blood-producing system, and the reproductive system. Examples of the signs and symptoms of exposure include skin rashes, headache, eye irritation, dizziness, nausea, and difficulty breathing or wheezing. Existing medical conditions can also be aggravated by exposure to hazardous chemicals.

Effects can be acute and appear right after the exposure, such as a rash, burn or wheezing. Effects can also be chronic or long-term and take years to develop, such as cancer, birth defects or sterility.

C. TYPES OF EXPOSURE

There are four different ways a chemical could enter your body. These types of exposures include:

1. **Inhalation**. Inhaling hazardous chemicals causes dizziness, headaches, nausea, and throat or lung damage.
2. **Absorption**. Skin and eye contact can cause burns, allergies, vision problems, or blindness. Cuts and other skin injuries allow chemicals to pass into your bloodstream.
3. **Ingestion.** Swallowing hazardous chemicals when you eat, drink, or smoke in areas where chemicals are located can damage your internal organs.
4. **Injection.** Accidental percutaneous injury (needle puncture, scalpel, or any sharps injury) allows toxins to enter your bloodstream directly and circulate throughout your body.

D. CHEMICAL INFORMATION

There are three things you should know about a chemical before you use it. They are:

1. Proper use
2. Precautions
3. Treatment

Useful information about the chemicals you work with is available for your benefit. This data has been researched by the chemical manufacturers and can be found on container labels and Material Safety Data Sheets (MSDS). It is the manufacturer's responsibility to research the product and the chemicals it contains, provide a MSDS for the product, and provide a warning label.

Common chemical hazards in a healthcare facility may include:

- Acids and bases;
- Natural rubber latex (proteins);
- Resins and adhesives;
- Soaps and detergents;
- Solvents;
- Cadmium/lead;
- Ethylene oxide;
- Formaldehyde;
- Glutaraldehyde;
- Mercury;
- Phenol; and
- Xylene.

E. LABELS

The manufacturer labels every container of hazardous chemicals. The format will differ from company to company, but the labels must contain similar types of information. The label may use words or symbols to tell you:

1. the name of the chemical,
2. the name, address, emergency phone number of the company that made or imported the chemical,
3. the physical hazards,
4. important storage or handling instructions,
5. health hazards,
6. basic protective equipment, clothing and procedures that are recommended when working with the chemical.

All chemical containers MUST be labeled. If you pour a chemical from a larger container into a smaller one, the smaller container must still be labeled. All container labels must contain at least the name of the chemical, a list of any physical or health hazards, specific personal protective equipment to be worn when working with the chemical or cleaning up a spill, engineering controls, and any important storage or handing instructions.

If the chemical is a disinfectant, the date it was poured or mixed and the contact time (the time the chemical must remain on the surface to afford effective cleaning and disinfecting) must also be included on the label.

F. MATERIAL SAFETY DATA SHEETS (MSDS)

The MSDS is a basic hazard communication tool that provides details on chemical and physical dangers, safety procedures, and emergency response techniques. The MSDS gives you all of the information you need to work safely with chemicals.

The MSDS is divided into sections containing the following information:

Section	Topic	Description
1	**Identity**	Common name, product, manufacturer's name, address and telephone number
2	**Hazardous Ingredients**	Hazardous components, chemical identification, common name, etc.
3	**Physical and Chemical Characteristics**	Boiling point, vapor, pressure/density, melting point, evaporation rate, water solubility, appearance/odor
4	**Physical Hazards**	Fire and explosion hazard, flash point, lower/upper explosive limit and ways to handle those hazards such as firefighting equipment and procedures

Section	Topic	Description (continued)
5	**Health Hazards**	Route of entry into the body, all possible health hazards and signs/symptoms of exposure, emergency and first aid procedures
6	**Reactivity**	Stability, how it reacts with other chemicals, which substances and situations to keep it away from so it won't react
7	**Precautions for Safe Handling and Use**	How to handle spills or leaks, proper disposal, equipment and procedures needed for cleaning up spills and leaks, how to handle and store it, and any other precautions
8	**Special Protective Information**	How to reduce harmful exposure by using personal protective equipment and engineering controls (general or local exhaust ventilation), and specific work/hygiene practices that should be followed to limit exposure (administrative controls)

All clinical affiliates should have an MSDS for each chemical and medications that have hazardous chemical properties. Check with your clinical instructor, preceptor or supervisor for the location of the facility's MSDS.

G. HAZARD COMMUNICATION CAN PROTECT YOU ONLY IF YOU:

1. Read labels and MSDS.
2. Know where to find information about the chemicals you work with.
3. Follow warnings and instructions.
4. Use and store chemicals safely.
5. Use the correct protective clothing and equipment when handling hazardous substances.
6. Learn emergency procedures in the event of a spill or exposure.
7. Practice sensible, safe work habits.

H. DEALING WITH HAZARDOUS SPILLS

All clinical affiliates will have specific clean-up policies for various types of hazardous spills. Please consult with your clinical instructor, preceptor or supervisor in the event you encounter a hazardous spill in an area you are working in. In general, you should respond to a hazardous spill by:

1. Protecting your safety and the safety of others;

2. Isolating the scene and denying entry to it; and

3. Notifying the individual or department who is responsible to clean up hazardous spills.

RADIATION SAFETY

Radiation technology has improved the quality of healthcare with the ability to look for broken bones, evaluate internal organs and locate and destroy cancerous tumors. However, large amounts of radiation may cause cancer and birth defects. To protect healthcare workers, state and federal agencies regulate radiation exposure.

A. KEY SAFETY ELEMENTS

Most healthcare workers receive no more radiation exposure than what occurs naturally in the environment. Healthcare workers who work in restricted areas are monitored to ensure safety through the use of film badges. "**Time**", "**distance**", and "**shielding**" are key safety elements when working around radiation sources:

- **Minimize the time** spent in the patient's room or near the patient who is being treated with radionuclide therapy.
- Stay **at least 6 feet away** from the patient being treated with a radioactive implant when not providing direct patient care or when x-rays are being taken.
- **Wear appropriate shielding** such as a lead apron and thyroid collar when assisting with x-ray procedures.

B. MAIN SOURCES OF RADIATION IN A HEALTHCARE FACILITY

The **two main sources of radiation in a healthcare facility are x-ray machines and radionuclides**.

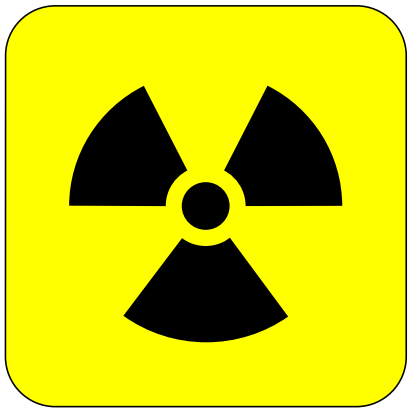
X-ray machines produce radiation when making an image using a focused beam. These images are used to identify broken bones and look for changes in tissue density. Types of x-ray machines include ct scanners and portable x-ray units. Fluoroscopic x-ray machines produce radiation during "real time" when an operator initiates exposure. Fluoroscopic x-ray machines can be found in the operating room, GI labs, cardiac catheterization labs and radiology department. The patient does not become radioactive as a result of these x-ray examinations.

Radionuclides are radioactive material used to diagnose and treat disease. Radionuclides may be implanted, swallowed, or injected. Nuclear medicine scans require the injection or ingestion of radionuclides to diagnose thyroid, bone, lung, liver, gall bladder and heart disease. Unlike x-rays, the patient does become radioactive for a short period of time. In much larger doses, radionuclides are used to treat diseases. A sealed capsule, containing radioactive material, is implanted in the patient. The patient remains radioactive as long as the implant is in place.

C.PRECAUTIONS

Take special precautions when working around radiation. Key points to remember:

- Always stand as far away from radiation beam as possible.
- Follow safety directions of x-ray personnel.
- Wear protective lead aprons appropriately.
- Do not enter a patient's room labeled with the radiation caution sign unless you need to provide direct patient care and have been trained to do so.
    - Wear disposable gloves when handling waste and wash hands after removing gloves.
    - Dispose of contaminated material (gloves, uniforms, etc) in appropriately marked containers.
- Notify your clinical instructor, preceptor, or supervisor if you are pregnant, because radiation may be particularly harmful to a fetus.
- Follow department-specific procedures and protocols when working around radiation.
- Contact your clinical instructor, preceptor, or supervisor if you have questions concerning radiation safety.



LATEX ALLERGY

Many healthcare workers report allergic reactions to latex-containing medical products, particularly latex gloves. With the implementation of standard precautions, healthcare workers' exposure to latex has increased dramatically secondary to the rising use and demand for latex. An increase in usage fueled a greater demand and may have temporarily led to changes in the manufacturing process that produced highly allergic latex products.

Exposure can occur by direct contact with skin and mucus membranes, and by inhalation. Healthcare providers need to be able to recognize the major allergic responses to latex. *Irritant reactions* are the most common adverse reaction and result from contact with a substance that either physically or chemically harms the skin and causes dryness, chapping, or scaling. These reactions play a role in the latex allergic reaction because they can disrupt the skin's integrity and allow latex (and other chemicals) to enter the body.

Delayed or Type IV reactions are most often confined to the area of the body directly exposed to the allergen and occur 6 to 48 hours after contact. Typical signs include redness, cracking, crusting, swelling, itching, or vesicles at the site of contact. Because these reactions are delayed, multiple incidents may occur before an individual makes the connection to latex.

Immediate or Type I reactions are mediated via a massive antibody response to latex. Repeated exposure to latex proteins through the respiratory tract, skin, or mucus membranes during invasive procedures or frequent exposure to latex-containing products intensifies the body's production of allergen-specific antibodies until a certain threshold level is reached. Once this threshold is reached only one more minimal exposure may induce a severe reaction.

Unfortunately, there is no way of telling when or if a person will convert from a Type IV to a Type I reaction, so its occurrence after exposure is unpredictable. Type I symptoms can range from such local complaints as itching, swelling, runny nose or abdominal cramping to severe hypotension, anaphylaxis and death.

The American College of Allergy Asthma and Immunology (ACAAI) identified the three following high-risk groups:

- patients with a history of early and/or recurrent surgical or medical procedures, such as children with spina bifida;
- healthcare personnel and others who wear latex gloves;
- individuals with occupational exposure, such as workers involved in the manufacture of latex gloves or catheters and other latex-containing products.

ACAAI also identified these less defined, but contributory risk factors:

- a history of hay fever or other allergic problems;
- a history of food allergies to tropical fruits, hazelnuts, chestnuts, or stone fruit, particularly if progressive in scope or severity in an individual who wears latex gloves.

Every healthcare facility will have non-latex medical products available for staff and patients.

SUBSTANCE ABUSE IN THE WORKPLACE

To comply with the Drug Free Workplace Act of 1988 and to provide and maintain a safe, healthful, drug-free work environment for all healthcare workers, staff, patients and visitors, all clinical agencies must maintain a drug-free workplace. Each healthcare institution will have specific policies that pertain to keeping the workplace free from substance abuse, and to assist workers to remain free from addictions to controlled or illegal substances.

Prescription drugs may be abused either by taking excessive dosages, or by taking them without a prescription. Some drugs may come in legal and illegal forms - for instance amphetamines in diet pills may be legal, but “speed” is not. Legal drugs that can be abused include:

- alcohol
- amphetamines
- sedatives

While drug testing is not required under the Federal Drug Free Workplace Act the following guidelines give the minimum requirements for a federally recognized drug free workplace:

- Publish a policy statement prohibiting unlawful use, possession, manufacture, or distribution of controlled substances in the workplace;
- Notify employees of said prohibition and the penalty for violating it;
- Establish a drug-free awareness program;
- Provide employees engaged in a contract with a copy of the policy statement;
- Notify employees that compliance with the policy statement is a condition of employment;
- Require (in writing in your policy) employees to notify the employer within five days if they are convicted of a criminal drug statute violation occurring in the workplace;
- Additionally, notify the contracting agency of such violations, and impose a sanction or require completion of a drug assistance program by a convicted employee;
- Make a good-faith effort to maintain a drug-free workplace through these provisions.

WORKPLACE VIOLENCE: RECOGNIZING DANGER

Workplace violence is a particular concern in healthcare facilities because a small percentage of patients or visitors may turn violent. Healthcare staff, healthcare workers, or their family or friends may also be violent as a result from stress, substance abuse, emotional problems, or troubled relationships. The availability of weapons heightens the danger. **To prevent workplace violence, all personnel must be able to recognize and deal with actions, attitudes, and situations with the potential for violence.**

- Be aware of the risk of violent behavior in the workplace.
- Know how to identify signs of potential violence.
- Be alert to danger signs that represent a change in attitude or behavior- know your patients' and co-workers' normal behaviors and reactions.
- Respond quickly and appropriately to possible danger signs.
- Take precautions to reduce the chance that you or a co-worker will become a victim of violence.

A. RECOGNIZING THE DANGER SIGNS

Be alert for signs of trouble, such as a patient, visitor, healthcare worker or employee who:

- threatens, intimidates, or vows to get even with staff, healthcare workers or others;
- shows or claims to have a weapon;
- states that people are out to get them;
- blames others for the situation;
- holds grudges;
- reacts defensively to criticism and/or is easily frustrated;
- gets angry easily and often and/or expresses undue anger or talks abusively; and
- abuses drugs or alcohol.

B. HOW TO PROTECT YOURSELF

Know what to do if violence seems likely and how to protect yourself:

- get help if you feel unsafe while dealing with anyone; excuse yourself from the scene, and notify your clinical instructor, preceptor or supervisor immediately;
- know where alarms are located and how to use them;
- report all incidents, (threats, unusual behavior) to your clinical instructor, preceptor or supervisor immediately;
- report poor lighting;
- report unauthorized personnel;
- lock up personal belongings;
- don't carry (and show) a lot of cash;
- don't wear a lot of jewelry;
- prominently wear your ID badge;
- request a Security escort to your car;

- use the “buddy system”; never walk alone; and
- be alert to overemotional patients, visitors, staff and healthcare workers who make threats or show extreme anger.

WHAT TO DO IF YOU BECOME INJURED ON THE JOB?

1. **REPORT ALL ACCIDENTS, INJURIES, AND/OR EXPOSURES PROMPTLY TO YOUR CLINICAL INSTRUCTOR, PRECEPTOR OR SUPERVISOR.**

    - Perform immediate first aid as needed.
    - Your clinical instructor, preceptor or supervisor should also complete an investigation of the accident and take immediate action to either correct the hazard or prevent its reoccurrence.

2. **COMPLETE PAPERWORK, AS NECESSARY TO REPORT THE INCIDENT.**

    - Your clinical instructor, preceptor or supervisor must complete the appropriate paperwork to report the incident as institution policy dictates.
    - Timely receipt of the accident report (or incident report, or other such named report) is necessary to provide you with proper evaluation, treatment, documentation, and follow-up as needed.

3. **RECEIVE PROPER EVALUATION, TREATMENT, AND FOLLOW-UP AS NEEDED.**

    - Refer to your school or institution's policy and procedure for treatment of injuries.
    - In the event of exposure to bloodborne pathogens, you should be evaluated immediately.

4. **COMPLY WITH ALL TREATMENT AND FOLLOW-UP.**

SPECIAL TOPICS

CORPORATE COMPLIANCE

A corporate compliance program is a program of policies and procedures designed to educate an organization's staff about requirements to comply with various laws, regulations, and internal policies. Its intent is to avoid compliance violations through staff education and training, monitoring, auditing, and providing a **confidential** reporting procedure for employees who have suggestions or want to report a suspected violation.

Some examples of compliance violations are:

- Recording diagnosis and/or procedure codes improperly
- Recording dates and/or descriptions of services provided incorrectly
- Misrepresenting services
  - up-coding
  - miscoding
  - unbundling
  - incorrect diagnosis
- Billing for services not medically necessary
- Billing for services ordered but not given
- Unfair trade practices

Most healthcare providers (including hospitals) have corporate compliance programs that identify a corporate compliance officer and specify a code of conduct for the organization.

It is important to familiarize yourself with the institution's policy – know who the compliance officer is and what the process is for getting answers to your compliance questions or for reporting a suspected compliance violation.

DEAF AND HARD-OF-HEARING PERSONS

Hospitals are required to have a program in place to ensure effective communication with deaf and hard-of-hearing persons, and to provide appropriate auxiliary devices and services as soon as possible upon assessment of the communication needs of the patient, or the patient's companion. The devices and services include, but are not limited to:

- Qualified sign language and oral interpreters (in-person and by videoconferencing).
- Assistive (personal) listening devices.
- Text Telephones (TTYs/TDDs).
- Amplified telephones.
- Closed caption decoders or televisions equipped with built-in decoders.
- Open and closed captioning.
- Written materials and communication by writing notes.
- Computer-assisted real time transcription services (CART).
- Assistive learning systems.
- Hearing aid compatible telephones.
- Notetakers.
- Pictographs.

You should be aware of specific devices, aids, and services available at the institution to assist in communicating with deaf and hard-of-hearing patients.

LANGUAGE INTERPRETATION FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY

Hospitals are required to make reasonable efforts to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. To accomplish this, many hospitals have policies and practices that provide specifically for the assistance of persons with LEP to help them understand and participate in their care as appropriate.

One of the ways hospitals offer assistance to persons with LEP is through language interpretation, which is provided in a variety of ways, such as through the use of contracted trained interpreters or a telephone language interpreter service. It is important that an interpreter has the appropriate level of skill and the ability to maintain confidentiality. It should not be assumed that a family member is an appropriate source for assisting persons with LEP, due to a variety of factors. Outside translators may still be needed.

The information that hospitals will make available for persons with LEP includes notification that interpretation services are available. Additionally, hospitals will frequently provide printed, translated patient materials for foreign language speaking populations that represent a significant percentage of those served by the hospital.

You should be aware of the specific language interpretation policies and services of the institution that have been developed to assist persons with limited English proficiency.

PATIENTS' RIGHTS

Each healthcare facility will have different patients' rights policies that will cover state and federal requirements. Such policies will generally describe the organization's process for providing patient education, patient involvement in treatment decisions, treatment consent, right to refuse care, advance directive options, privacy, security, the opportunity for resolution of complaints, and related topics. You will need to review and understand the institution's specific patient care policies. A good overview of patients' rights concepts can be found in the American Hospital Association's brochure, *The Patient Care Partnership Understanding Expectations, Rights, and Responsibilities*, which is reprinted below.

The Patient Care Partnership Understanding Expectation, Rights and Responsibilities*

When you need hospital care, your doctor and the nurses and other professionals at our hospital are committed to working with you and your family to meet your health care needs. Our dedicated doctors and staff serve the community in all its ethnic, religious and economic diversity. Our goal is for you and your family to have the same care and attention we would want for our family and ourselves.

The sections explain some of the basics about how you can expect to be treated during your hospital stay. They also cover what we will need from you to care for you better. If you have questions at any time, please ask them. Unasked or unanswered questions can add to the stress of being in the hospital. Your comfort and confidence in your care are very important to us.

High quality hospital care.
Our first priority is to provide you the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.

A clean and safe environment.
Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse or neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

Protection of your privacy.
We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

Preparing you and your family for when you leave the hospital.
Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home.

You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

Help with your bill and filing insurance claims.
Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They also will help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.

Involvement in your care.
You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:

Discussing your medical condition and information about medically appropriate treatment choices. To make informed decisions with your doctor, you need to understand:

- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your family will need to do after you leave the hospital.
- The financial consequences of using uncovered services or out-of-network providers.

Please tell your caregivers if you need more information about treatment choices.

Discussing your treatment plan. When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

Getting information from you. Your caregivers need to complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:

- Past illnesses, surgeries or hospital stays.
- Past allergic reactions.
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
- Any network or admission requirements under your health plan.

Understanding your health care goals and values. You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team know your wishes.

Understanding who should make decisions when you cannot. If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a "living will" or "advance directive" that states your wishes about end-of-life care; give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

*** American Hospital Association, "The Patient Care Partnership" brochure - available online at http://www.hospitalconnect.com/aha/ptcommunication/partnership/index.html**

PRIVACY AND CONFIDENTIALITY OF INFORMATION

CONFIDENTIALITY OF INFORMATION

All healthcare facilities have policies and procedures concerning access to and release of confidential information, including patient medical records, employment records, financial data, and other information. Each institution will have specific policies defining what information is considered confidential and specific procedures for handling such information. It is important to review your institution's policies on confidentiality of hospital records, privacy practices, confidentiality and disclosure of medical records, and workstation/computer security. You will have access to patient information, and may have access to information about medical staff, employees, individual performance, unusual events, and other confidential information. You should never disclose personal information to anyone who does not have a specific, job-related "need to know."

In addition to institutional policies concerning confidentiality, there are state and federal laws that establish guidelines concerning the confidentiality and release of certain information. In some cases, an institution or an individual may be subject to sanctions for the wrongful disclosure of confidential information.

Methods to protect patient and other confidential information include:

- Keep medical records closed and stored in appropriate secured areas, when not in use.
- Keep computer screens off when not in use.
- Do not discuss patients or patient information in public areas.

You should review the attached "Guidelines for Privacy and Confidentiality," for additional information about protection of confidential data.

HIPAA

New federal rules on privacy, which took effect on April 14, 2003, establish national standards for privacy of medical information. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), specific federal rules, in addition to Connecticut state law, govern the use and release of a patient's individually identifiable personal health information. The regulations protect medical records and other individually identifiable health information, including paper records, electronic records, and oral communications of medical information. State laws establishing additional protections for medical record confidentiality and disclosure are also in effect. More restrictive federal and state laws concerning release of certain records, including behavioral health, substance abuse, and alcohol abuse treatment, also must be followed. Hospitals and other healthcare facilities are allowed to use and disclose health information for treatment, payment, and healthcare operations. However, release of medical information should be limited to the minimum necessary information.

Under HIPAA, hospitals and other healthcare facilities must take specific steps to protect the confidentiality and disclosure of identifiable protected health information. Some key provisions of the privacy regulations include:

- Notice of privacy practices: Hospitals must provide written notice to patients about the use and disclosure of personal health information and rights under the privacy rules. Patients are asked to acknowledge receipt of the notice.
- Appointment of privacy officer: Healthcare facilities must appoint an administrator who is responsible for ensuring compliance with the regulations.
- Administrative policies and procedures: Hospitals must have written policies concerning access to medical information, how medical records will be protected and disclosed, and how medical information will be used.
- Employee training: All employees, medical staff and students must be trained to follow privacy procedures and must be notified that appropriate disciplinary action will be taken for violations of privacy policies.
- Limits on use of personal medical information: HIPAA sets limits on the use of identifiable health information, including restrictions on certain marketing, research, and other uses.
- Access to medical records: Patients (or a patient's personal representative) may review medical records, obtain copies, and request corrections of medical information. Healthcare facilities must provide an accounting of certain disclosures of medical information, upon request by the patient.
- The federal government will investigate complaints about violations of the privacy rule provisions, and may impose penalties.

Hospitals may maintain a directory of patient information, which includes:

- The patient's name
- The patient's location in the facility
- The patient's condition, described in general terms that do not communicate specific information about the patient
- The patient's religious affiliation (which may be released only to clergy)

Patients must be given the opportunity to refuse listing in the directory, and to restrict use or release of information contained in the directory. A patient may "opt out" of inclusion in the directory. If the patient is listed in the directory, then family, friends, and others may be provided limited information about the patient. No information may be provided unless the request is by patient name.

Your institution also has HIPAA Security rules and policies to protect electronic patient information. If you use electronic patient health records, you will be given instructions by your hospital on use of electronic information.

You should review your institution's notice of privacy practices and medical record policies as well as electronic security for specific information concerning the institution's policies and procedures.

GUIDELINES FOR PRIVACY AND CONFIDENTIALITY

General Awareness

- Understand the hospital's policies on what information is confidential.
- Never discuss patient information outside of the workplace.
- Be careful not to discuss patient information in hallways, elevators, and other common areas where others may overhear.
- Think before you speak - if there is a chance the information **MAY** be confidential, treat it as such.

Computer and Printer Security

- Never share your password or security code with anyone.
- Do not leave confidential information on an unattended computer screen.
- Promptly remove printouts of confidential material from the printer and dispose of extra or imperfect copies.
- Consider proper disposal of **ANY** printed material that contains personal information (even if not part of a medical record).

Fax Machine Security

- Promptly remove all faxes from the machine.
- Confirm all fax numbers before sending any confidential information.
- Always use a cover sheet stating that the information being sent is confidential.

Sensitive Data Security

- Adhere to facility policy for the destruction of all unneeded data, reports, etc.
- Understand and follow the organization's policies for handling any patient information.
- Handle all medical information and records carefully - never leave them exposed in public areas or around unauthorized personnel.

Telephone Security

- Follow established policies about what patient information can be given over the phone.
- Do not leave confidential information on answering machines or voice mail systems.
- Do not listen to your voice mail messages over the telephone speaker.

E-mail/Network Security

- Do not share your password with anyone.
- Never forward messages that have confidential patient information unless authorized to do so.
- Never put anything in an e-mail message that you would not write on a postcard.

SEXUAL HARASSMENT

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Sexual harassment can occur in a variety of circumstances. It is important to understand the following key points:

- The victim as well as the harasser may be a woman or a man.
- The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.

Healthcare organizations have policies prohibiting sexual harassment. While the policies of each organization will differ, they will generally include the definition of sexual harassment and also describe the process for reporting an incident and the investigation and resolution process.

You should familiarize yourself with the organization’s policy, particularly the reporting process, so that any issue can be promptly addressed and corrected.