DISCLAIMER
Regulatory Compliance Overview provides a generic overview of regulatory compliance. This seminar does not alter or determine compliance responsibilities. Because interpretations and enforcement policy may change over time, we encourage you to routinely check all relevant regulatory agencies directly for the latest updates for clinical and/or organizational guidelines. If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to the appropriate Regulatory Agency.

DEFINITIONS
- **Aerobic Exercise** ~ continuous activity that requires the use of increased oxygen to maintain the function of the body's cells
- **Antibody** ~ protein produced by immune cells to fight infection
- **Breach** ~ failure to do something that was promised
- **CDC** ~ Centers for Disease Control and Prevention
- **CMS** ~ Centers for Medicare and Medicaid Services
- **Cohort** ~ to group together patients with the same active infection, but no other infection
- **Conjunctivitis** ~ an infection and/or inflammation of the inner lining of the eyelid, commonly called 'pink eye'
- **Electrically Conductive Loop** ~ complete circuit through which electricity is able to flow
- **Ferromagnetic** ~ able to be attracted by a magnet
- **HBV** ~ Hepatitis B Virus
- **HCV** ~ Hepatitis C Virus
- **HIV** ~ Human Immunodeficiency Virus; the cause of AIDS
- **Impetigo** ~ a bacterial skin infection with pus-filled blisters
- **Irritant Contact Dermatitis** ~ inflammation of the skin due to contact with a substance
- **JCAHO** ~ Joint Commission on the Accreditation of Healthcare Organizations
- **LIP** ~ Licensed Independent Practitioner; most often a physician, but also sometimes a nurse practitioner or other healthcare professional
- **MRI** ~ Magnetic Resonance Imaging
- **MRSA** ~ Methicillin-Resistant Staphylococcus Aureus
- **NIOSH** ~ National Institute of Occupational Safety and Health
- **OIG** ~ Office of the Inspector General of the Department of Health and Human Services (DHHS)
- **OSHA** ~ Occupational Safety and Health Administration
- **PRN** ~ as needed
- **Projectile** ~ an object as a weapon that is thrown, sent, or cast forward
- **Pulsed Radiofrequency Fields** ~ electromagnetic fields used during MRI to cause tissues of the body to give off magnetic resonance signals
- **Restraint** ~ any physical or chemical method for restricting a patient's movement, activity, or normal access to his or her own body
- **SARS** ~ Severe Acute Respiratory Syndrome
- **Seclusion** ~ involuntary confinement of a patient in a room alone
- **TB** ~ Tuberculosis
- **Type I Latex Allergy** ~ a relatively severe form of latex allergy
- **Type IV Latex Allergy** ~ a relatively minor form of latex allergy
- **UTI** ~ Urinary Tract Infection
- **Ventricular Fibrillation** ~ an ineffective heart rhythm that if not corrected will lead to cardiac arrest and death
- **VRE** ~ Vancomycin-Resistant Enterococci
**LESSON 1 ~ COMPLIANCE AND ETHICS**

**LEARNING OBJECTIVES**

This lesson covers:
- Corporate Compliance
- Medical Ethics
- Sexual Harassment

**CORPORATE COMPLIANCE**

♦ **Applicable Laws and Regulations** ~ Corporate compliance means following business laws and regulations. Laws and regulations for healthcare are:
  - **Medicare Regulations:** Any facility that participates in Medicare must follow Medicare regulations. For example, facilities must:
    - Meet standards for quality of care
    - Not bill Medicare for unnecessary items or services
    - Not bill Medicare for costs or charges that are significantly higher than the usual cost or charge
    - Follow other rules for claims and billing
  - **False Claims Act:** The False Claims Act makes it illegal to submit a falsified bill to a government agency because Medicare is a government agency.
  - **Stark Act:** The Ethics in Patient Referrals Act (EPRA) is commonly known as the Stark Act. This Act makes it illegal for physicians to refer patients to facilities or providers:
    - If the physician has a financial relationship with the facility or provider
    - If the physician's immediate family has a financial relationship with the facility or provider
    - Note: This law does not apply in certain cases.
  - **Anti-Kickback Statute:** The Medicare and Medicaid Patient Protection Act of 1987 is commonly referred to as the Anti-Kickback Statute (AKBS). This act makes it illegal to give or take kickbacks, bribes, or rebates for items or services that will be paid for by a government healthcare program.
  - **Sections of the Social Security Act:** The Social Security Act makes it illegal for hospitals to:
    - Knowingly pay physicians to encourage them to limit services to Medicare or Medicaid patients.
    - Offer gifts to Medicare or Medicaid patients to get their business.
  - **Mail and Wire Fraud Statutes:** Mail and wire fraud statutes make it illegal to use the U.S. Mail or electronic communication as part of a fraud.
  - **EMTALA:** The Emergency Medical Treatment and Active Labor Act (EMTALA) is commonly known as the Patient Anti-Dumping Statute. This statute requires Medicare hospitals to provide emergency services to all patients, whether or not the patient can pay.
  - **HIPAA:** HIPAA is the Health Insurance Portability and Accountability Act. This act requires healthcare businesses to follow standards for:
    - How to perform electronic transactions
    - Security of health information
    - Privacy of health information
    - Identifiers for employers

♦ **Potential Consequences of Non-compliance** ~ When a provider is convicted of breaking any of the laws described on the previous screens, penalties can include:
- Criminal fines
- Civil damages
- Jail time
- Exclusion from Medicare or other government programs.
In addition, a conviction can lead to serious public relations harm.

♦ **Compliance Program** ~ To help prevent misconduct, healthcare facilities have corporate compliance programs. A good compliance program reduces the risk of error or fraud. It does so by giving guidelines for how to do your job in an ethical and legal way. A copy of your facility’s compliance program should be readily available to you. Ask your supervisor for more information.

**MEDICAL ETHICS**

♦ **Four Guiding Principles** ~ The four basic concepts of medical ethics are:
  - **Beneficence**: Beneficence means that healthcare providers have a duty to:
    - Promote good.
    - Act in the best interests of their patients.
    - Act in the best interest of society as a whole.
  - **Non-maleficence**: Non-maleficence means that healthcare providers have a duty to:
    - Do no harm to their patients.
    - Do no harm to society.
  - **Respect for Patient Autonomy**: This principle means that healthcare providers have a duty to protect the patient's ability to make informed decisions about his or her own medical care.
  - **Justice**: Justice means that healthcare providers have a duty to be fair to the community as a whole. In particular, providers have a duty to protect and promote the fair distribution of healthcare resources.

♦ **Ethical Dilemmas** ~ Unfortunately, the four guiding principles sometimes conflict. To address ethical conflicts, you must be able to take into account:
  - The guiding principles of medical ethics
  - The particular circumstances of each situation.

♦ **Current Issues** ~ Some of the important issues in medical ethics today relate to:
  - **Patient-Provider Relationship**: Ethics in the patient-provider relationship relate to:
    - Nature of the Relationship
      - Be professional and responsible in the care of patients.
      - Treat patients with compassion and respect.
      - Maintain appropriate boundaries with patients.
    - Finances and Payment
      - Expect to be paid fairly for your services.
      - But remember that your duty to patients comes before money. Providers have an ethical duty to care for patients, whether or not they can pay.
    - Patient Confidentiality ~ Protect the confidentiality of your patients.
    - Disclosure and Informed Consent
      - Fully disclose patient health status and treatment options.
      - This makes it possible for patients to exercise the right to give informed consent or refusal for treatment.
    - Medical Risk
      - Expect your workplace to limit your risk of infection through an infection-control program.
      - It is unethical to refuse to treat a patient because of his or her infectious state.
  - **End-of-Life Care**: Ethics in the care of patients near the end of life relate to:
    - Palliative Care
      - The goal of palliative care is not to cure the patient. The goal is to provide comfort.
      - Understand the importance of addressing all of the patient's comfort needs near the end of life. This includes psychosocial, spiritual, and physical needs.
      - Stay up-to-date on the legality and ethics of using high-dose opiates for physical pain.
• End-of-Life Decisions
  * Patients have the right to refuse life-sustaining treatment.
  * Respect this right and this decision.
• Withdrawing Life-Sustaining Treatment
  * Withdrawing and withholding life-sustaining treatment are ethically and legally equivalent. Both are ethical and legal when the patient has given informed consent.
  * Be sure to check your facility’s policies on withholding and withdrawing life-sustaining treatment.
• Physician-Assisted Suicide and Euthanasia
  * The ethics of assisted suicide and euthanasia are controversial. Both practices are illegal in most states.
  * Do not confuse these practices with 1) a patient’s informed decision to refuse life-sustaining treatment, or 2) unintentional shortening of life, as a result of treating pain with high-dose opiates.

  ▪ * Peer Relationships: Ethics around peer relationships include:
    * Protect patients from incompetent providers.
    * Help colleagues who lack competency or need consultation.
    * Request consultation, as needed.
    * Work with other providers to optimize patient care.
    * Be respectful of one another.
    * Discipline colleagues who have engaged in fraud or other misconduct.

  ▪ * Ethics of Practice and Responsibilities to Society: Ethics around responsibilities to society include:
    * Advocate for the health and wellbeing of the public.
    * Report communicable diseases as required by law.
    * Provide the general public with accurate information about healthcare and preventive medicine.
    * Work to ensure that all members of the community have access to healthcare.
    * Serve as an expert witness when needed, in civil and criminal legal proceedings.

**SEXUAL HARASSMENT**
Title VII of the Civil Rights Act of 1964 defines sexual harassment. To work toward eliminating sexual harassment in your facility:

  ▪ Be aware of the definition of sexual harassment.
  ▪ If you are a victim, confront the harasser directly, if you feel able to do so.
  ▪ Follow your facility’s policies and procedures for reporting harassment.

Summary of Title VII definition of Sexual Harassment:

  ▪ Sexual harassment involves sexual advances, requests for sexual favors or other sexual conduct.
  ▪ When these actions are unwelcome and affect job status, interfere with work performance or create a hostile work environment.

**LESSON 2 ~ PATIENT RIGHTS**
**LEARNING OBJECTIVES**
This lesson addresses:

  ▪ Confidentiality
  ▪ Patient Participation in Treatment Decisions
  ▪ Disclosure and Informed Consent
  ▪ Advance Directives
  ▪ Access to Emergency Service
  ▪ Respect, Safety, and Nondiscrimination
  ▪ Grievances
CONFIDENTIALITY
 Patients have the right to privacy and confidentiality. Always use a private place for:
- Case discussion and consultation
- Patient examination and treatment

A patient's medical records may be shared with:
- Clinicians directly involved in the patient's case
- Regulatory agencies looking into a facility’s quality of care
- Other people with a legal or regulatory right to see the records.

Protected healthcare information should not be shared with ANYONE else. Only authorized employees should have access to areas where medical records are stored.

♦ HIPAA: The HIPPA Privacy Rule is part of HIPAA.
  - The Privacy Rule:
    - Sets standards for allowed disclosures of patient information
    - Sets standards for protecting the privacy of patient information
    - Sets severe civil and criminal penalties for people who violate a patient's privacy
  - To maintain compliance with HIPAA:
    - Share patient health information only with people who need to know.
    - When there is a need to know, share the minimum amount of information to meet this need.

♦ Necessary Breaches: Patient confidentiality is not absolute.
  - A provider may have a duty to breach confidentiality when there is a conflict between:
    - Patient autonomy the right of the patient to control his or her own health information, and
    - Non-malfeasance protecting the patient or others from harm.
  - Examples are:
    - A patient threatens serious self-harm or harm to someone else.
    - The patient is a suspected victim of child abuse or neglect.
    - The information relates to a crime.
    - The patient is a healthcare provider, and has a condition that makes him or her a danger to patients.
    - The patient is not fit to drive.
  - Before revealing patient information, be sure to check state and local law. Review HIPAA guidelines for allowed disclosures of protected health information. If you decide to go forward with a disclosure:
    - Talk to the patient first. Ask for the patient's consent. Ideally, the patient will consent to the disclosure. If not, it is still okay to reveal the information, if you have determined that it is legal and ethical to do so.
    - Disclose the information in a way that minimizes any harm to the patient.
    - Follow state and federal guidelines for disclosing the information.

PARTICIPATION IN TREATMENT DECISIONS
  - Disclosure: Patients have the right to:
    - Participate in decisions about their care
    - Set the course of their treatment
    - Refuse treatment
  - To make informed decisions about treatment, patients must be given full and accurate information.
♦ **Informed Consent**: Healthcare professionals must discuss all treatment options with their patients. This includes the option of no treatment. For each treatment option, the patient needs to know:
  - Risks
  - Benefits
  - Potential medical consequences
The patient can then give informed consent or refusal for treatment. **Note**: Minors do not have the right to consent for treatment. Parents must accept or refuse treatment for their minor children.

**ADVANCE DIRECTIVES**

♦ Patients have the right to make decisions about their care. This is true even when they are no longer able to communicate those decisions. An **Advance Directive** is a legal document that helps protect this right. There are two types of advance directives:
  - *Living will*: A living will is a legal document that records which types of medical care a patient does or does not want at the end of life.
  - *Durable Power of Attorney for Healthcare*: This also may be called a Medical Power of Attorney. It is a legal document that gives a representative the power to make healthcare decisions for the patient.

♦ To help support the patient's right to make healthcare choices:
  - Encourage all patients over the age of 18 to complete one or both types of Advance Directive.
  - Honor the choices expressed in an Advance Directive.

♦ JCAHO requires that accredited hospital must:
  - Have and use consistent policies for advance directives.
  - Give all adults written information about their right to accept or refuse treatment.
  - Provide equal access to care for all patients, whether or not they have an advance directive.
  - Document whether or not each patient has an advance directive.
  - Allow patients to review and revise their advance directives.
  - Make sure that appropriate staff members know about each patient's advance directive.
  - Help patients write advance directives, or refer patients to sources of help, if requested.
  - Allow healthcare professionals to honor advance directives within the limits of the law and the capacities of the hospital.
  - Document and honor patient wishes for organ donation, within the limits of the law and the capacities of the hospital.

**ACCESS TO EMERGENCY SERVICES**

♦ **Prudent Layperson**: Patients have the right to emergency medical treatment. However, patients and insurance companies can disagree about the need for emergency care. To solve this problem, insurance companies must use a standard definition for the need for ER services. This definition uses the idea of a “prudent layperson.” Under this definition, a person has need for ER services if he or she has signs or symptoms that a reasonable non-medical person would consider an emergency.
  
  Example: A person has severe chest pains. He thinks he is having a heart attack. He goes to the emergency room. Tests show that the problem is heartburn. The patient's insurance company must reimburse for the emergency services even though the symptoms did not turn out to be a medical emergency. Why? Because services were provided based on symptoms that would cause a reasonable person to fear an emergency.

♦ **EMTALA**: Under EMTALA, all hospitals that participate in Medicare must provide emergency services to all patients, whether or not they can pay. For a hospital to comply with EMTALA:
  - When a patient comes to the emergency department, the hospital must screen for a medical emergency.
  - If an emergency medical condition is found, the hospital must provide stabilizing treatment.
Patients with emergency medical conditions may not be transferred out of the hospital for economic reasons.

RESPECT, SAFETY AND NONDISCRIMINATION

♦ Respect: Patients have the right to respectful care. Respect means valuing the patient's needs, desires, feelings and ideas. Treat patients with common courtesy. For example:
  ▪ Knock and wait before entering a patient's room.
  ▪ Respond politely to patients.
  ▪ Listen to patients.
  ▪ Remain compassionate.

♦ Safety: Patients have the right to safety and security. Do your part to ensure a safe environment of care for your patients. Know your facility's policies for environmental safety, infection control and security.

♦ Nondiscrimination: All patients have the right to fair and equal delivery of healthcare services. This is true regardless of race, ethnicity, national origin, religion, political affiliation, level of education, place of residence or business, age, gender, marital status, personal appearance, mental or physical disability, sexual orientation, genetic information, or source of payment.

GRIEVANCES

♦ Patients have the right to complain about the quality of their healthcare. Many patient complaints can be addressed quickly. When complaints cannot be resolved quickly and easily, patients have the right to file a grievance. A grievance is a formal complaint.

♦ If a patient wants to file a grievance:
  ▪ Explain the grievance process at your facility. This includes the name of the staff person the patient should contact.
  ▪ Explain that grievances may be filed with state agencies. This is true whether or not the patient has already used the facility's internal grievance process.
  ▪ Give the patient the phone number and address for filing a grievance with the state.

LESSON 3 ~ PATIENT CARE AND PROTECTION

LEARNING OBJECTIVES
This lesson covers:
  ▪ Developmentally Appropriate Care
  ▪ Cultural Competence
  ▪ Restraint and Seclusion
  ▪ Patient Assault and Abuse in the healthcare setting
  ▪ Victims of Abuse and Neglect

DEVELOPMENTALLY APPROPRIATE CARE
At each stage of life, human beings tend to:
  ▪ Face specific challenges.
  ▪ Reach specific milestones.

Understanding these challenges and milestones helps you provide developmentally appropriate care. Under JCAHO standards, a provider is competent in providing developmentally appropriate care if he or she can:
  ▪ Determine a patient's status, taking into account the patient's chronological age.
  ▪ Identify a patient's needs, taking into account the patient's chronological and developmental age.
  ▪ Provide care appropriate to a patient's age and developmental needs.
CULTURAL COMPETENCE
Cultural competence means providing medical care in a way that takes into account each patient's values, beliefs, and practices. Culturally competent care promotes health and healing. Examples of culturally competent care include:
- If a patient values spirituality, find a way to integrate spiritual and medical practices for healing.
- If a family elder must participate in all medical decisions in a patient's culture, be certain to involve the elder in the care of that patient.

RERAINT AND SECLUSION
♦ Medical and Surgical
- Restraint used for medical or surgical reasons must:
  - Help with medical healing, or
  - Help treat medical symptoms.
- Per JCAHO, medical / surgical restraint may be used only:
  - In response to dangerous behavior on the part of the patient, or
  - As a component of planned care or an approved protocol.
- Use of restraint has risks. Therefore, all healthcare facilities should work toward reducing or eliminating use of restraint. Facilities should:
  - Intervene early to avoid later need for restraint.
  - Find alternatives to restraints.
- If medical or surgical restraint must be used, it should be used only with clinical justification. Restraint should NEVER be used for:
  - Disciplinary reasons
  - Convenience
- Restraint may be initiated only upon the order of an LIP. At regular intervals, qualified staff must assess the restrained patient:
  - To evaluate the continued need for restraint
  - To ensure overall physical and mental wellbeing of the patient
- As long as restraint is clinically justified; the LIP must examine the patient at least once a day. The LIP then must renew the original order for restraint or write a new one. Use of restraint must be documented in the medical record.

♦ Behavioral Healthcare
- Behavioral healthcare restraint or seclusion is for patients with behavioral or emotional problems. It is used to stop dangerous patient behavior in a crisis situation.
- Behavioral healthcare restraint and seclusion have physical and psychological risks. Therefore, all facilities should work toward preventing, reducing, or eliminating the use of behavioral healthcare restraint and seclusion. For example:
  - Use restraint / seclusion only in crisis situations.
  - Intervene early to prevent the development of a crisis situation.
  - Whenever possible, use non-physical methods to deal with behavioral problems.
  - Release patients from restraint / seclusion as soon as they meet established behavioral criteria.
- All staff members involved in the use of behavioral restraint and seclusion must be trained and competent. Training should include techniques for imposing restraint and seclusion in a way that ensures patient safety and dignity. Restraint or seclusion must be ordered by an LIP:
  - Orders must be issued on a case-by-case basis.
  - Orders must be time-limited.
  - PRN orders are NOT acceptable.
After a patient is placed in restraint or seclusion, the patient must be monitored for health and safety continuously. At least every 15 minutes, the patient must be assessed for and assisted with physical / psychological status and needs, as appropriate for the type of restraint / seclusion used.

- JCAHO requires that patients restrained or secluded for behavioral healthcare reasons must be reevaluated:
  - Every four hours for patients if 18 years of age or older.
  - Every two hours for patients ages 9 to 17.
  - Every hour for patients under 9 years of age.
  - Note: your state or your facility may require more frequent evaluations.

- The LIP must perform at least every other evaluation. Other qualified staff may perform the non-LIP evaluations. At each evaluation, the LIP or healthcare staff must:
  - Help the patient regain control.
  - Reevaluate the need for restraint / seclusion.
  - Issue a new order for restraint / seclusion (LIP), or consult with the LIP to request a new order (healthcare staff), as needed.

- Restraint / seclusion must be documented in the medical record.

**PATIENT ASSAULT AND ABUSE**

- Patient abuse by a healthcare provider is a breach of medical ethics. Assault and abuse are also crimes. These crimes are punishable by imprisonment and fines. In some cases, the criminal penalties for assault and battery are especially severe when the victim is a patient.

- To help protect your patients from assault:
  - Be aware of the warning signs of abuse.
  - Report suspected abuse immediately.
  - Manage your own stress appropriately.
  - Encourage your facility to include a criminal background check as part of its hiring process.
  - Take note of visitors on your unit.

**VICTIMS OF ABUSE AND NEGLECT**

- Patients also may be abused outside the healthcare setting. As a healthcare provider, you are in a unique position to identify victims of abuse.

- With regard to victims of abuse and neglect, JCAHO requires that accredited facilities:
  - Educate: Facilities must educate staff on the dynamics and signs and symptoms of abuse and neglect.
  - Identify: Facilities must establish criteria for identifying victims of assault, abuse, and neglect. These criteria should be used to identify victims at any time during their care.
  - Assess: Facilities must assess identified victims of abuse, or refer victims to outside agencies for assessment. If the facility performs abuse assessments, the assessment must preserve or document evidence of abuse, for potential legal proceedings.
  - Refer: Facilities must maintain a current list of relevant local agencies and resources, to facilitate referrals for victims.
  - Report: Facilities must report abuse and neglect according to state and local law.
### Domestic Violence

**Educate** yourself about the dynamics of abuse.

- The victim is an adult or adolescent. In the majority of cases, the victim is a woman.
- The abuser is a person who is, was or wishes to be in an intimate relationship with the victim. In most cases, the abuser is a man.
- The abuse may be physical, sexual and/or psychological. The goal of the abuse is to control the victim.

### Elder Abuse & Neglect

- Elders may be abused, neglected or exploited. This mistreatment may be physical, sexual, psychological or financial.
- The perpetrator may be a family member or other caregiver.

### Child Abuse & Neglect

- Child abuse may be physical, emotional or sexual.
- Child neglect occurs when a child’s basic needs are not met.

### Identify victims of abuse.

- As part of a routine health history, ask adolescent and adult patients direct questions about domestic violence.
- Some victims may not disclose abuse. Therefore, know and screen for the signs and symptoms of abuse.

- As part of a routine health history, ask elders about abuse and neglect.
- Some elders may not disclose abuse or neglect.
- Therefore, know and screen for the signs and symptoms of abuse and neglect.

- Children most often do not disclose abuse or neglect.
- Therefore, know and screen for risk factors for child abuse and the signs and symptoms of abuse and neglect.

### Assess victims of abuse or refer for appropriate assessment.

- Unless the patient is in crisis, complete assessment of a victim of domestic violence may be conducted over several visits.
- The assessment should document or preserve evidence of abuse.
- Potential evidence includes:
  * a thorough written record
  * detailed written description of injuries with or without photographs
  * forensic evidence of sexual or physical assault
- Collect, store and transfer forensic evidence according to state and local evidence protocols.

- To assess a victim of elder abuse or neglect, evaluate the patient’s:
  * access to healthcare
  * cognitive status
  * emotional status
  * overall health and functional status
  * social and financial resources
- Evidence of elder abuse should be documented as described for domestic violence.

- When child abuse is suspected:
  * perform a thorough pediatric health assessment
  * interview the parents, caretakers and the child, if possible. Interviews should be separate.
  * collect evidence as described for domestic violence.
<table>
<thead>
<tr>
<th>DOMESTIC VIOLENCE</th>
<th>ELDER ABUSE &amp; NEGLECT</th>
<th>CHILD ABUSE &amp; NEGLECT</th>
</tr>
</thead>
</table>
| **Refer** victims of abuse. | • For a list of agencies and resources on elder abuse and neglect see:  
  * ElderAbuse.pdf | • For a list of agencies and resources on child abuse and neglect see:  
  * ChildAbuse.pdf  
  * ChildSexAbuse.pdf |
| • Victims of domestic abuse may need to be referred to local resources such as:  
  * emergency shelter  
  * organizations that provide for other basic needs  
  * counseling or support groups  
  * childcare or welfare assistance  
  * legal assistance  
  * substance abuse treatment  
  * police or court system | | |

| Report abuse. | | |
| • Most states require healthcare providers to report certain cases of domestic violence.  
  • Learn the reporting requirements in your state. | • Many states require healthcare providers to report known or suspected elder abuse and neglect.  
  • Learn the reporting requirements in your state. | • All states require healthcare providers to report suspected child abuse and neglect.  
  • Learn the laws in your state.  
  • Be certain that you understand:  
    * what you are required to report  
    * how to report  
    * protection for mandatory reporters  
    * potential penalties for failure to report | |

**LESSON 4 ~ SAFETY**

**LEARNING OBJECTIVES**

This lesson covers:

- General Safety
- Fire Safety
- Electrical Safety
- Radiation Safety
- MRI Safety
- Ergonomics
- Back Safety
- Lifting and Transporting Patients
- Slips, Trips, and Falls
- Latex Allergy
- Hazard Communication
- Security and Workplace Violence
- Reporting Incidents
**GENERAL SAFETY**

Healthcare facilities have many potential hazards. OSHA separates hazards into five categories:
- Biological
- Chemical
- Psychological
- Physical
- Environmental & Mechanical

As shown in the table below:
- Eliminate as many of these hazards as possible.
- Safeguard against exposure to the hazards that cannot be eliminated.

**NOTE:** Many of the hazards in the table are addressed in greater detail later.

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>DEFINITION</th>
<th>EXAMPLES</th>
<th>SAFEGUARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td>Pathogens</td>
<td>HIV, VRE, MRSA, HBV, HCV, TB</td>
<td>Infection-control measures</td>
</tr>
<tr>
<td>Chemical</td>
<td>Toxic or irritating materials</td>
<td>Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gases, hazardous drugs, mercury</td>
<td>Engineering controls, work practice controls, appropriate personal protective equipment (PPE)</td>
</tr>
<tr>
<td>Psychological</td>
<td>Factors that create or increase emotional stress or strain</td>
<td>Working with terminally ill patients, patient deaths, overwork, understaffing, tight schedules, equipment malfunctions</td>
<td>Stress management, relaxation exercises, meditation</td>
</tr>
<tr>
<td>Physical</td>
<td>Agents with the ability to cause physical harm</td>
<td>Radiation, lasers, noise, electricity and electrical equipment, extreme temperatures</td>
<td>Various, depending on the hazard</td>
</tr>
<tr>
<td>Environmental &amp; Mechanical</td>
<td>Factors that cause or increase the risk of accident, injury, strain or discomfort</td>
<td>Lifting and moving patients, tripping hazards, poor air quality, slippery floors, cluttered or obstructed work areas or passageways</td>
<td>Maintenance of a safe work environment, prompt reporting of hazardous conditions</td>
</tr>
</tbody>
</table>

**FIRE SAFETY**

♦ **Prevention** ~ Prevention is the best defense against fire.

- To help prevent fires related to the common cause of smoking:
  - Follow your facility’s smoking policy.
  - Smoke only in designated areas.
  - Instruct visitors and authorized patients to smoke only in designated areas.

- To help prevent fires related to the common cause of electrical malfunction:
  - Remove damaged or faulty equipment from service.
  - Submit malfunctioning equipment for repair.

- To help prevent fires related to the common cause of equipment misuse:
  - Do not use any piece of equipment before being trained.
Safeguards in the Event of Fire ~ Not all fires can be prevented. Therefore, your facility has fire safety features. These features include:

- Fire alarm systems
- Fire extinguishers
- Emergency exit routes and doors
- Smoke and fire doors and partitions
- A fire plan

Be familiar with the location and use of each of these.

Response ~ When in doubt, respond to fires using the RACE protocol:

- R: Rescue ~ Rescue all patients from the immediate area of the fire.

- A: Alarm ~ Give the alarm by:
  - Calling out for help,
  - Using a manual pull station, and/or
  - Phoning the fire department.

- C: Confine ~ Confine the fire by closing the door to the room where the fire started.

- E: Extinguish or Evacuate ~
  - If the fire is small enough to put out with a single portable extinguisher, attempt to extinguish. Use the PASS protocol:
    * Pull the pin.
    * Aim the nozzle.
    * Squeeze the trigger.
    * Sweep back and forth across the base of the fire.
  - Otherwise, prepare to evacuate patients to an unaffected smoke / fire compartment.

Electrical Safety

Most equipment in the healthcare setting is electric. This means there is risk of electric shock. Electric shock can cause:

- Burns
- Muscle spasms
- Ventricular fibrillation
- Respiratory arrest
- Death

Preventing Accidents ~ To help prevent electrical accidents in your facility:

- Remove and report electrical hazards. Remove electrical equipment from service if it:
  - Malfunctions
  - Shows signs of damage
  - Shows signs of unusual heating
  - Produces a burning smell when used
  - Shocks staff or patients

  Report the hazard according to facility protocol. Submit the equipment for repair.

- Use electrical equipment properly.
  - Learn how to use equipment before using it.
  - Do not use damaged equipment.
  - Do not use equipment on which liquid has been spilled.
  - Do not operate electrical equipment with wet hands or when standing in water.
  - Do not stack anything on or behind electrical equipment.
  - Turn equipment off before plugging in or unplugging.
- **Maintain, test, and inspect equipment.** All medical equipment should be inspected and tested on a regular schedule.

- **Hazard**s ~ Other best practices for preventing electrical accidents in your facility are:
  - **Use power cords and outlets properly.**
    - Do not use outlets or cords with exposed wiring.
    - Report damaged outlets or cords.
    - A hot outlet can be an indication of unsafe wiring. Unplug cords from the outlet. Report the hazard.
    - Do not bend, stretch, or kink power cords.
    - Do not jerk cords from outlets. Pull on the plug.
    - Do not staple, tack, or nail power cords to walls or floors. Use tape, if necessary.
    - Do not rest equipment on power cords.
    - Use only power cords with three-prong plugs. Never use adapters, two-prong plugs, or broken three-prong plugs.
  - **Use circuits safely.**
    - Do not overload circuits.
    - Label each circuit breaker.
    - Breaker boxes should be accessible at all times.

- **Protect patients from electrical shock.**
  - Place electrical equipment at a distance from patients.
  - Maintain patient areas. Keep floors dry at all times.
  - Do not touch patients and electrical equipment at the same time.

**Radiation Safety**

Exposure to radiation can increase the risk of cancer. Therefore, it is important to protect against exposure. The three key factors for limiting exposure are:

- **Time** ~ Minimize the amount of time that you are exposed.
- **Distance** ~ Maximize your distance from the radiation source.
- **Shielding** ~ Use appropriate shielding to absorb the energy of radioactive particles.

The goal is to keep your radiation exposure As Low As Reasonable Achievable (ALARA).

**MRI Safety**

An MRI system is not an inherent biological hazard. However, hazards can arise when certain items enter the MRI system:

- Ferromagnetic objects are attracted to the core of the MRI magnet. This causes them to accelerate toward the core and become dangerous projectiles, the projectile effect.
- Implanted or embedded ferromagnetic objects such as an aneurysm clips will try to align with the magnetic field. This can cause these objects to rip through soft tissues.
- Pulsed radiofrequency fields in the MRI system can produce electric currents in metal implants or monitoring cables. This can result in burns.
- Electronic devices such as pacemakers can malfunction.

MRI safety is largely a matter of ensuring that potentially hazardous items stay outside the MRI field. Therefore:

- Control access to the magnetic field.
- Post signs outside the magnetic field, warning of the projectile effect and the danger of metallic implants.
- Remove metallic objects from clothing and pockets before entering the magnet field.
- Thoroughly screen patients prior to MRI. Ensure that patients do not have MRI unsafe implants or embedded objects.

In addition, patients should be positioned for MRI so that electrically conductive loops are not formed. This will prevent burns.
**ERGONOMICS**

The term ‘Ergonomics’ comes from two Greek words:
- *Ergon* meaning work.
- *Nomos* meaning natural laws.

Ergonomics means designing work to fit the "natural laws" of the human body. Good ergonomic practices can lead to fewer work-related injuries.

Ergonomic best practices are:
- Avoid fixed or awkward postures.
- Avoid lifting without using proper devices or equipment.
- Avoid highly repetitive tasks.
- Provide support for your limbs.
- Use proper posture and body mechanics when sitting, standing, or lifting.
- Avoid reaching, twisting, and bending for tools. Keep tools close to you.
- Use supportive equipment such as wrist supports for keyboards.
- Respond promptly to aches and pains. This can help you take care of slight injuries before they become severe.

**BACK SAFETY**

Healthcare is a high-risk setting for back pain and injury. Healthcare workers who lift and move patients are at especially high risk for injury. Injury may be prevented through:

- **Proper Care and Operation of the Spine** – take proper care of the spine while:
  - **Sleeping**
    - Sleeping on the back is best for back health.
    - Sleeping on the side is next best.
    - Sleeping on the stomach is least healthy for the back.
  - **Standing**
    - Wear good comfortable shoes.
    - Stand up straight.
    - Keep the knees flexed.
    - If you must stand for long periods of time, put one foot on a footrest. Alternate feet every few minutes.
  - **Sitting**
    - Form 90-degree angles at the knees and the hips.
    - When the hands are on a desk or keyboard, also form 90-degree angles at the elbows. The wrists should be kept straight.
  - **Lifting a static load vertically**
    - Bend at the hips and knees.
    - Keep the head up.
    - Maintain the three natural curves of the spine.
    - Hold the load close to the body.
    - Lift with the muscles of the legs.
  - **Lifting or transferring patient**
    - Avoid manual lifting.
    - Use motorized lifts or other assistive devices.
- **Proper Posture** ~ to stand with proper posture, imagine a cord dropped through the center of your head to your feet. If the spine is properly aligned, the cord should pass through the center of the body, in the right-to-left plane. In the front-to-back plane of the body, the cord should pass through:
  - The ear
  - The front of the shoulder
  - The center of the hip
  - The area behind the kneecap
  - The ankle

To practice good posture, imagine the cord attached to the crown of your head. As the cord pulls up:
  - It holds the head high.
  - It pulls the three natural curves (neck, ribcage, low back) of the spine into alignment.

- **Regular Exercise** ~ Regular exercise can help prevent back injury. Exercise should include:
  - **Aerobic Exercise** ~ Do aerobic exercise at least three times a week. This contributes to overall fitness and increases blood flow to the spine.
  - **Stretching Exercises** ~ Stretches are gradual, gentle exercises that lengthen important muscles. This increases the ability of muscles to use their full range of motion. Stretch seven days a week.
  - **Strengthening Exercises** ~ Strengthening exercises help build muscle mass by forcing the muscles to work against weight or resistance. Do strengthening exercises four to five days a week.

Consult your physical therapist or physician to find out appropriate exercises for your back.

**LIFTING AND TRANSFERRING PATIENTS**

Healthcare staff who lift and transfer patients are repeatedly exposed to the three major risk factors for injury during physical tasks:

- **Awkward Posture** ~ manual patient handling often involves awkward postures. For example bending and reaching while lifting or lowering creates an awkward posture.
- **Force** ~ force refers to how hard the muscles have to work. A lot of force is required to lift patients who typically weigh 100 pounds or more.
- **Repetition** ~ this risk factor refers to performing the same motion or series of motions over and over again. Nurses and aides might perform dozens of lifts and transfers in a single shift. They might perform thousands of lifts over a lifetime of nursing.

For years, nurses have been trained to use proper body mechanics and safe lifting techniques to protect against injury during manual patient handling. However, many patient handling tasks are simply unsafe when performed manually. In other words, nurses risk injury even if they use proper body mechanics. Therefore, OSHA recommends that manual lifting should be minimized. If possible, it should be eliminated.

To minimize or eliminate manual lifting, use devices to help with patient lifts and transfers.

Available devices include:

- Motorized lifts
- Non-motorized transfer devices such as gait belts, transfer boards, etc.

Before any lift or transfer, the patient should be assessed to determine how to do the transfer safely. This includes determining:

- The appropriate method for the transfer
- The appropriate equipment to use
- How many staff members are needed
To lift or transfer a patient safely, ask these four questions:
- Can the patient perform the transfer unassisted or assist with the transfer?
- What is the appropriate lift or transfer method?
- What equipment is required to perform the lift or transfer safely?
- How many caregivers are required to perform the lift or transfer safely?

**SLIPS, TRIPS AND FALLS**

Slips, trips, and falls in the workplace cause injuries and deaths every year. On the following screens, let's look at tips for preventing:

- **Slips** ~ to help prevent slips:
  - Keep floors clean and dry.
  - Increase the friction of floors with abrasive coatings, non-skid strips, or rubber mats.
  - Secure rugs with skid-resistant backing.
  - Choose slip-resistant shoes. Look for:
    - Soft rubber soles.
    - A large amount of surface area in contact with the floor - no high heels.
    - Patterned soles that increase friction.
  - Post safety signs around slip hazards such as icy sidewalks, wet floors, etc.

- **Trips** ~ to help prevent trips:
  - Keep floors clear and uncluttered.
  - Repair uneven flooring, or post safety signs.
  - Use proper lighting - not too bright and not too dim.

- **Falls** ~ danger zones for falls are:
  - **Stairs**
    - Keep staircases clean and well lit
    - Staircases should have sturdy handrails on both sides. When using the stairs, keep one hand free to hold the handrail.
  - **Ladders**
    - Use a ladder of the height you need.
    - Lock the spreader into position before climbing the ladder.
    - Climb straight up. Do not lean to either side.
    - Hold onto the side rails with both hands while climbing up or down.
  - **Vehicles and Equipment**
    - Keep steps clean and dry.
    - To board a vehicle, take a firm grip on a sturdy handle to pull up.
    - Step down backward to get off the vehicle.

- **Minimizing Risk** ~ When conditions are hazardous such as icy sidewalks or wet floors, avoid slipping and falling by walking like a duck:
  - Keep your feet flat and slightly spread apart.
  - Point your toes slightly outward.
  - Take slow, short steps. Keep your center of balance under you.
  - Make wide turns at corners.
  - Keep your arms at your sides. This gives additional balance. It also keeps your arms available for support if you fall.

**LATEX ALLERGY**

- **Screening and Diagnosis** ~ Latex allergy is becoming more and more common. Most reactions to latex are mild. But some can be life-threatening. Screening questions provide good tools for identifying patients at risk for latex allergy. This can help prevent future problems. If a patient answers ‘Yes’ to one or more of the following questions, the patient may be at risk for latex allergy.
- Surgery ~ have you ever had an unexplained problem during surgery?
- Dental Exams ~ have you ever experienced breathing problems during a dental exam?
- Balloons ~ have you ever experienced swelling or wheezing when blowing up balloons?
- Food Allergies ~ are you allergic to any foods, especially bananas, avocados or kiwis?
- Medical Exam/Condoms ~ have you ever developed a rash or discomfort after having a medical exam or using a condom?
- Allergy/Skin Problems ~ do you have a history of allergy or skin problems?

A careful and thorough medical history and physical exam should be performed. For a more definitive diagnosis of latex allergy, test that measure blood levels of anti-latex antibodies may be ordered.

♦ Management ~ Anyone who is allergic to latex should avoid latex products. To help protect a patient from exposure to latex in the healthcare setting:
  - Clearly indicate ‘latex allergy’ in the medical record.
  - Do not use any latex products, including latex cleaning gloves, in the patient’s room.
  - Before entering the patient’s room, remove latex gloves. Wash hands thoroughly with soap and water.

If you are allergic to latex:
  - Inform your employer.
  - Encourage your facility to provide as many latex-free products as possible.
  - Use silk or plastic tape instead of adhesive tape.
  - Use non-latex gloves only.

Hazard Communication
To protect workers from exposure to hazardous chemicals, the following groups of people have duties related to communicating information about hazardous materials:

- Manufacturers ~ Manufacturers of a hazardous chemical must:
  - Research, create, and distribute a Material Safety Data Sheet (MSDS), which lists the specific hazards of the chemical.
  - Label all containers of hazardous materials with the name of the product, hazard warnings, and the name and address of the manufacturer.

- Employers ~ Employers whose employees work with hazardous chemicals must:
  - Maintain a file of MSDS's for all hazardous chemicals used by workers.
  - Inspect incoming chemicals to verify proper labeling. If a chemical is transferred to an unlabeled container at the facility, the new container must be labeled.
  - Train employees in the use of hazardous chemicals.

- Employees ~ Employees who work with hazardous chemicals must:
  - Know which hazardous chemicals are used in their work area.
  - Know where MSDS's are located on their unit.
  - Know how to read an MSDS.
  - Read all relevant MSDS's before starting a job that may require the use of a hazardous chemical.
  - Read product labels carefully. Follow all instructions. Heed all warnings.
  - Attend all required hazardous chemical training sessions.

Security and Workplace Violence
Workplace violence is any violence in a work setting. To help keep your workplace safe from violence:

- Recognize aggressive behavior and warning signs of potential violence.
- Respond appropriately to the level of aggressive behavior.
- Report all unsafe situations immediately.
### AGGRESSIVE BEHAVIOR | RESPONSE
--- | ---
Tension | Remain calm. Listen. Acknowledge the person’s frustration. Try to resolve the problem.
Disruptiveness | Set clear limits. Remain calm and choose your words carefully, to avoid aggravating the situation. Call security privately if the disruptive behavior continues.
Loss of Control | Remove yourself from danger and get help. Do NOT try to restrain the person yourself.

## REPORTING INCIDENTS
This lesson has focused on guidelines and best practices for insuring staff and patient safety. However, mistakes and problems can happen. A breach in safety is referred to as an incident. Common examples of incidents have been mentioned in this lesson:
- Equipment malfunction
- Back injury
- Slip, trip, or fall
- Exposure to hazardous chemicals
- Workplace violence.

All incidents should be reported immediately. Check with your supervisor if you are not familiar with facility procedures for reporting incidents.

### LESSON 5 ~ EMERGENCY PREPAREDNESS

**LEARNING OBJECTIVES**
This lesson covers:
- Disaster Events
- Emergency Response Plans

**TYPES OF DISASTER EVENTS**
Healthcare organizations must be prepared to respond to disasters such as:
- Natural disasters
- Technological disasters
- Major transportation accidents
- Terrorism
- Nuclear, biological, and chemical events.

To prepare, each facility must:
- Identify events that could occur.
- Determine the probability that each event will occur.
- Develop strategies for dealing with each event.

**EMERGENCY RESPONSE PLANS**
Facilities document how they will deal with disaster in an Emergency Response Plan. A written plan alone is not enough for an effective response. Staff must be:
- Educated on the procedures in the plan.
- Trained and drilled to respond to disaster according to the plan.

Make sure that YOU are ready to respond to disaster:
- Know the disaster events that pose a risk for your facility.
- Participate in all emergency response training and drills.
LESSON 6 ~ INFECTION CONTROL

LEARNING OBJECTIVES

This lesson covers:

- Healthcare-Associated Infection (HAI)
- Hand Hygiene
- Antibiotic Resistance
- The Bloodborne Pathogens Standard
- Standard Precautions
- Transmission Based Precautions
- Personal Protective Equipment
- Personal Responsibility

HEALTHCARE-ASSOCIATED INFECTION

- **Impact** ~ Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system. HAI can be very costly, in terms of:
  - Patient life and health
  - Healthcare dollars

- **Cause** ~ HAIs may be caused by bacteria, viruses, fungi, or parasites. These ‘germs’ may come from:
  - Environmental sources such as dust, etc.
  - Patients
  - Staff members
  - Hospital visitors

Depending on the agent, infection may be transmitted person-to-person via the:

- Contact route
- Droplet route
- Airborne route

Infection control for each of these modes of transmission will be discussed in greater detail later in the lesson.

- **Prevention** ~ Best practices for preventing HAI are related to:

  - **Hand Hygiene** ~ The single most important factor for preventing the spread of infection is proper hand hygiene. Hands should be washed or decontaminated before and after each direct patient contact.
    - Current CDC guidelines recommend the use of:
      - Soap and water for washing visibly soiled hands
      - Alcohol-based hand rubs for routine decontamination of hands between patient contacts.
    - When washing with soap and water:
      - Remove rings, jewelry and watches
      - Pre-wet hands with water
      - Use an appropriate amount of soap
      - Rub all surfaces of the hands and wrists for 15 seconds
      - Rinse thoroughly under running water
      - Dry hands with a disposable towel
    - When decontaminating hands with an alcohol rub:
      - Apply the amount of rub recommended by the manufacturer
      - Rub all surfaces of the hands and wrists until hands are dry

  - **Environmental Hygiene** ~ Environmental hygiene also can help prevent HAI. Best practices for environmental hygiene are:
    - Maintain a clean environment. There should be no visible dust or soiling.
• Clean, disinfect, or sterilize medical equipment after each use.
• Dispose safely of clinical waste.
• Launder used and infected linens safely and effectively.
• Follow appropriate guidelines for kitchen and food hygiene.
• Maintain an adequate pest-control program.

- **Invasive Procedures** ~ Many HAI are related to invasive procedures, especially:
  - Catheterization
  - IV line placement

  The most common type of HAI is Urinary Tract Infection (UTI) associated with indwelling urinary catheters. Therefore:
  - High-risk procedures such as catheterization should be performed only when absolutely necessary.
  - Catheters should be removed as soon as possible.
  - Instruments and equipment used for invasive procedures should be properly sterilized before use. They should be used with aseptic technique.

- **Antibiotic Use**
  - **Antibiotic Resistance** ~ Widespread use of antibiotics began in the 1940’s. Penicillin and other antibiotics were hailed as miracle drugs. They were able to cure previously untreatable bacterial illnesses. However, bacteria are very adaptable. They have the ability to change genetically to resist the effects of antibiotics. The more antibiotics are used, the more common resistant strains of bacteria become. Clinically important examples are:
    * Methicillin Resistant Staphylococcus Aureus (MRSA)
    * Vancomycin Resistant Enterococci (VRE)
    * Drug resistant Streptococcus Pneumonia (DRSP)
    * Multidrug resistant Mycobacterium Tuberculosis (MDR-TB)

  - **Impact of Resistance** ~ Antibiotic resistance is a significant health problem. It affects:
    * Drug Choice: When an infection is resistant to the antibiotic of choice, other antibiotics must be used instead. These second-choice drugs are typically:
      ° Less effective against the bacteria
      ° More toxic to the patient
      ° More expensive
    * Patient Health: Patients with resistant infections tend to have:
      ° Lengthier illness
      ° Higher medical bills
      ° Greater risk of death
    * The Healthcare System:
      ° Antibiotic-resistant strains contribute significantly to HAI.
      ° More than 70% of all bacteria that cause HAI are found to be resistant to one or more commonly used antibiotics.

  - **Prevention of Resistance** ~ Healthcare professional must take an active role in preventing the spread of antibiotic resistance. Strategies include:
    * Preventing infection: One of the best techniques we have to prevent infection vaccination. Patients should be kept up on appropriate vaccinations. Healthcare workers also should receive appropriate vaccinations.
    * Diagnosing and treating infection effectively: Effective diagnosis means identifying the cause of infection so that the right treatment may be given. Effective treatment includes using specific antibiotics when antibiotics are necessary. A specific antibiotic is targeted to the identified infectious agent. Use of broad spectrum antibiotics or multiple antibiotics should be avoided.
* Using antibiotics prudently: An important part of using antibiotics prudently is NOT giving into patient demands for antibiotics for viral illnesses such as colds, flu, etc. Patients must be educated accordingly.

* Preventing spread of infection: Remember the single best method for preventing spread of infection is hand hygiene. This makes proper hand hygiene an important tool in the fight against antibiotic resistance as well. Appropriate Isolation Precautions should also be used to prevent spread of infection in the healthcare setting.

- **Bloodborne Pathogens** ~ Bloodborne diseases are spread from person to person when there is exposure to infected blood, other bodily fluids, non-intact skin or moist body tissues.

  Important bloodborne diseases include AIDS, Hepatitis B and Hepatitis C.

  - **Bloodborne Pathogens Standard** ~ The Bloodborne Pathogens Standard (BPS) helps protect workers from exposure to HIV and other bloodborne pathogens. The Bloodborne Pathogens Standard:

    * Cover any worker who might come in contact with blood or other potentially infectious materials (OPIM) as part of his or her job.
    * Requires employers to take certain steps to help protect these workers.

  One of the key parts of the BPS is to require the use of Standard Precautions.

  - **Standard Precautions** ~ Standard Precautions should be used in the care of all patients, regardless of their diagnosis. These precautions apply to patient:

    * Blood
    * Body fluids
    * Secretions and excretions – except sweat
    * Non-intact skin
    * Mucous membranes

  The major provisions of Standard Precautions are summarized in table form below. Note: In the table, the term ‘bodily fluids’ is used to indicate all patient fluids to which Standard Precautions apply. Standard Precautions are to be used in the care of all patients.

| **Handwashing** | Wash/decontaminate hands:
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>After touching bodily fluids or contaminated items</td>
<td>After removing gloves</td>
</tr>
<tr>
<td>Between patient contacts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Gloves</strong></th>
<th>Wear gloves when touching bodily fluids or contaminated items.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put on clean gloves before touching mucous membranes or non-intact skin.</td>
<td>Change gloves between ‘dirty’ and ‘clean’ tasks on the same patient.</td>
</tr>
<tr>
<td>Remove gloves promptly after use – before going to another patient.</td>
<td>Wash hands immediately.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mask, Eye Protection, Face Shield, Gown</strong></th>
<th>Use personal protective equipment (PPE) as necessary to protect against splashes or sprays of bodily fluids.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Patient-Care Equipment and Linens</strong></th>
<th>Equipment and linens soiled with bodily fluids should be handled in a way that avoids cross-contamination.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean and reprocess reusable equipment appropriately before use on another patient.</td>
<td>Discard single-use items appropriately.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Environmental Control</strong></th>
<th>Environmental surfaces should be cleaned and disinfected on a routine basis.</th>
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</table>

<table>
<thead>
<tr>
<th><strong>Bloodborne Pathogens</strong></th>
<th>Use sharps such as needles, scalpels, etc. carefully and appropriately. For example, do not bend or recap needles.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take care to prevent accidental sticks.</td>
<td></td>
</tr>
</tbody>
</table>
**Patient Placement**

Patients who contaminate the environment should be placed in private rooms.

- **Needlestick Prevention** ~ The BPS has rules to protect against sharps injury:
  * Facilities must adopt the use of safer needle devices.
  * Contaminated needles and other contaminated sharps should not be bent or recapped.
  * Shearing or breaking of contaminated needles is prohibited.
  * Contaminated sharps should be placed in appropriate containers. These containers must be puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.

- **Airborne Precautions** ~ Airborne diseases are transmitted from person to person via tiny particles. These particles:
  * Are produced when an infected person sneezes, coughs or talks.
  * Can remain suspended in the air for long periods of time.
  * Can travel long distances on air currents.

  Transmission occurs when a healthy person inhales an infectious particle. Infection and disease symptoms then may occur.

- **Diseases** ~ Important airborne, or potentially airborne, diseases include:
  * Chickenpox and shingles
  * Measles
  * Tuberculosis (TB)
  * SARS
  * Smallpox

  To prevent the transmission of airborne diseases in the healthcare setting, Airborne Precautions are used, along with Standard Precautions, in the care of all patients with a diagnosed or suspected airborne-transmitted disease.

<table>
<thead>
<tr>
<th>Patient Placement</th>
<th>Patients on Airborne Precautions are isolated in private rooms with special air handling and ventilation systems. If a private room is not available, patients are cohorted.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Protection</td>
<td>Healthcare staff must wear personal respirators whenever they enter an airborne isolation room.</td>
</tr>
<tr>
<td>Patient Transport</td>
<td>Patient transport should be limited as much as possible.</td>
</tr>
</tbody>
</table>

- **Tuberculosis (TB)** ~ TB is an airborne disease. Therefore, Airborne Precautions apply. In addition, both the CDC and OSHA have specific guidelines for preventing transmission of TB in the healthcare setting.
  * CDC Guidelines
  * OSHA TB Enforcement Policy

- **Contact Precautions** ~ Contact transmission of disease occurs via direct or indirect person-to-person contact. This form of transmission is the most important and common cause of HAI.
  * **Diseases** ~ Examples of contact diseases are:
    * Hepatitis A
    * Respiratory Syncytial Virus Infection
    * Impetigo
    * Conjunctivitis
    * Viral Hemorrhagic Infections

  To prevent contact transmission of diseases in the healthcare setting, Contact Precautions are used, along with Standard Precautions, in the care of all patients with a diagnosed or suspected contact-transmitted disease.
Patient Placement | Patients on Contact Precautions are isolated in private rooms or cohorted.
---|---
Gloves, Gowns, and Hand Antisepsis | Healthcare staff must use gloves and gowns as necessary to prevent unprotected exposure to patients on Contact Precautions. Hands should be decontaminated immediately after removing gloves.
Patient Transport | Patient transport should be limited as much as possible.
Patient-Care Equipment | Non-critical equipment should be dedicated to a single patient or cohort on Contact Precautions. If this is not possible, equipment should be cleaned and disinfected between patients.

**Droplet Precautions** ~ Droplet transmission happens via large respiratory droplets. These droplets:
- Are generated during coughing, sneezing, talking, etc.
- Travel a short distance through the air up to three feet.

Droplets may land on the mucous membranes of a nearby person’s eyes, nose or mouth. Disease transmission then may occur.

Differences between Airborne and Droplet Transmission:
- Tiny Respiratory Particles vs. Larger Respiratory Droplets
- Long Travel Distance Through Air vs. Short Travel Distance Through Air
- **Diseases** ~ Examples of droplet diseases are:
  - Mumps
  - Rubella
  - Influenza

To prevent the transmission of droplet diseases in the healthcare setting, Droplet Precautions are used, along with Standard Precautions, in the care of all patients with a diagnosed or suspected droplet-transmitted disease.

Patient Placement | Patients on Droplet Precautions are isolated in private rooms or cohorted. If a private room is not available and cohorting is not possible, patients should be placed at least three feet away from the nearest other patient or visitor.
---|---
Masks | Healthcare staff should use masks whenever caring for or working within three feet of a patient on Droplet Precautions.
Patient Transport | Patient transport should be limited as much as possible.

**Person Protective Equipment** ~ Personal Protective Equipment (PPE) is an important component on infection control. PPE helps to prevent the spread on microorganisms both:
- From patient to healthcare worker
- From healthcare worker to patient

Review the screens describing Standard Precautions, Airborne Precautions, Contact Precautions and Droplet Precautions for appropriate use of key items of PPE. Note the use of gloves, masks, goggles, gowns and respirators.

**Personal Responsibility** ~ As a healthcare worker, you have personal responsibilities for infection control in your facility. Maintain immunity to vaccine-preventable diseases such as:
- Hepatitis B
- Measles
- Varicella or chickenpox
- Rubella
- Mumps

Report all unprotected exposures, such as accidental needlesticks. Stay home from work when you are sick.