Connecticut Health & Safety Training Course

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Information Disclaimer

The information contained in this course was developed by clinical and academic nursing faculty to familiarize students with health and safety topics they may encounter during hospital clinical rotations. This material serves as a baseline for the knowledge you should have to work safely within each hospital. Additional information will be provided by your clinical instructor.

After reviewing this course, there is a post-test you must complete to be in compliance with general hospital orientation guidelines and applicable policies and procedures. Your academic faculty member will instruct you on what to do with the post-test once it is completed.

We look forward to working with you. Good luck, and work safely!

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Module: Course Overview & General Safety

A. General Safety
    a. Accidents and occupational injuries in the workplace are often caused by failure to practice safe work habits. Some reasons are:
        i. <u>Complacency</u>: Going on "auto-pilot" because you have done the job so many times
        ii. <u>Emotions</u>: Being angry or upset about something that happened
        iii. <u>Not Understanding the Risk</u>: 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

B. Safe Work Habits
    a. To avoid accidents, three types of safe work habits must be developed:
        i. <u>Invest in Job Safety:</u>
- Review and follow policies and procedures
- Read labels
- Ensure you understand how to do the job correctly before you start
- Ask questions and ask for help
- Stay focused on what you are doing
- Follow standard precautions
- Be aware of your surroundings
- Use the right tool or equipment for the job
- Turn off equipment when it is not in use
- Do not eat, drink, or apply cosmetics in patient care areas

        ii. <u>Practice Good Housekeeping:</u>
- Use proper hand hygiene
- Clean up after yourself
- Corridors, hallways, and stairs must be clutter free
- Fire doors cannot be propped open or obstructed
- Be sure to clean up spills properly
- Dispose of trash in proper containers
- Report malfunctioning equipment promptly
- Report health and safety hazards immediately

        iii. <u>Be Aware of Safety Risks:</u>
- The following are potential risks to avoid:
  a. Back and other injuries from improper lifting
  b. Injuries caused by slips, trips, or falls
  c. Fire from electrical equipment
  d. Infectious diseases
  e. Radiation exposure

f. Danger from oxygen or other pressurized gases

C. When a Safety Event Occurs
    a. Report it immediately to your clinical instructor, even if you don't think it is serious
    b. Seek evaluation and treatment immediately
    c. Learn and understand your role, as a student, in emergency procedures

D. The Use of Social Media
    a. Students are allowed to use social media in their personal lives and should abide by hospital policies regarding use of social media while in the hospital
    b. Students are *not* allowed to share any patient name, or provide any information/details that could potentially identify a patient. You should not be discussing any clinical experiences on social media (see HIPAA module on page 18). This includes:
        i. Transmitting patient-related images to one another via electronic devices. It is imperative to know each facility's policy on picture taking/texting on employer and non-employer provided devices
        ii. Referring to patients in a negative manner, even if the patient is not identified
    c. You must be aware of each organization's general use cell phone policy (most hospitals prohibit the use of personal cell phones in patient care areas)
    d. You should not make disparaging remarks about hospitals or their employees on social media
    e. You are not allowed to post content or speak on behalf of a hospital
    f. You are not allowed to use social media in any way that suggests cyber-bullying or lateral violence
    g. You could be sued by the hospital, its employees, patients, or other individuals if social media posts are perceived as rude, demeaning, pornographic, or harassing.

E. Understanding Regulated Medical Waste
    a. Medical waste can also be called:
        i. Biomedical Waste
        ii. Biohazard Waste
        iii. Sharps
        iv. Red Bag Waste
    b. Defined as any waste capable of causing an infectious disease and suspected to be contaminated with a human pathogen, in a quantity **large enough to transmit a disease.** Examples:
        i. Gauze dressings <u>saturated</u> with body fluids or any disposable item that is saturated and/or since caked with dried body fluid
        ii. IV tubing or bags with visible signs of blood (backed up in lines), central lines, suction canisters with visible blood

       iii.   Used sanitary diapers and linens from patients <u>in isolation</u>

       iv.   Surgical sponges

       v.   Body fluids removed during surgery or autopsy, waste human blood, waste blood products, containers of any of the above, and any disposable item that is saturated with a body fluid

c. Sharps are defined as used or unused objects that can penetrate the skin Examples:

       i.   Needles

       ii.   Scalpels

       iii.   Broken glass

       iv.   Lancets

       v.   Syringes with or without needles

       vi.   Vacutainers

       vii.   Glass medication vials

d. Biomedical waste containers are located in dirty utility rooms, which may be located on every patient care unit. Sharps containers are located in every patient room (on the wall) and in various other locations depending on your location (can be freestanding or on the wall)

e. Free-standing sharps containers are located in dirty utility rooms, and are always in plastic bins with the biohazard symbol on them

f. Do not throw any sharps in red biohazard bags that are not in a plastic bin. All sharps, and any residual substances therein, should be segregated from all other medical waste and discarded in approved sharps containers. These containers, which are leak and puncture resistant, are readily identifiable by their Biohazard symbol

g. Biomedical garbage should be disposed of in the red plastic bags that have the biohazard logo on them

h. **Everything else goes in the regular garbage except for what is listed above**

i. Empty fluid from all used/unused IV bags, when possible, in the dirty utility room sink, before placing in the garbage

j. If the dirty utility room does not have a sink, ask your clinical instructor or the nurse you are working with where to dump the fluid

k. Please dispose of urine, feces, and vomit <u>prior to</u> placing the container in the garbage

l. Hospitals get charged PER POUND of medical waste, so they take this very seriously

m. It's important to understand the disposal of these waste items because hospitals must follow the applicable federal, state, and local regulations for dealing with the management of regulated medical and pharmaceutical waste

n. As a student, you are responsible for proper disposal of regulated medical waste

into appropriate containers/receptacles

o. Standard precautions must be observed for all procedures that result in handling regulated medical waste

Module: Electrical Safety and Fire Safety

A. **Overview: Electrical Safety**
   a. Exposure to electrical hazards can include electric shock, electrical outlet fires, and explosions. According to the Occupational Safety and Health Administration (OSHA), most electrical accidents result from one of the following three factors (https://www.osha.gov/Publications/3075.html):
      i. Unsafe equipment or installation
      ii. Unsafe environment
      iii. Unsafe work practices

B. **Electric Shock**
   a. Caused by electricity flowing through the body after touching a damaged electrical device or an electrical object. The results of electric shock include:
      i. Muscle spasms
      ii. Burns
      iii. Cardiac Arrest
      iv. Respiratory Arrest

C. **Equipment Use**
   a. Always check the equipment before using it through the use of visual inspection. It is important to inspect:
      i. Plugs
      ii. Prongs
      iii. Cords
      iv. Outlets
      v. Switches
      vi. Equipment-inspection sticker or tag; ensure all necessary parts are available and in good working order

D. **Reporting Electrical Hazards**
   a. ALL healthcare workers are responsible for identifying and reporting hazards involving electricity and electrical equipment
   b. Report any hazards to your clinical instructor, preceptor, or charge nurse, in accordance with hospital policy

E. **Accident Prevention and General Safety Tips**
   a. Follow these simple steps to prevent electrical accidents from happening:
      i. Electrical Equipment:
         ● Learn how to properly use it BEFORE using

- Visually inspect before use
- Do not stack anything on or behind
- Turn off <u>before</u> plugging/unplugging

    ii. <u>Do Not Use Equipment:</u>
- When it is wet
- When your hands are wet
- If a liquid has been spilled into or an object has been dropped onto or into it
- That has been dropped or has fallen
- If you feel a tingling sensation upon touching

    iii. <u>Plugs/Cords/Outlets:</u>
- Make sure wall outlets are in good condition
- Make sure plugs fit snugly and securely into wall outlets
- Pull on the plug, NOT the cord, to remove it from an outlet or equipment
- Don't rest equipment on electrical cords
- Don't run electrical cords through doors or windows

    iv. <u>Always Remember to:</u>
- Turn off equipment when not in use
- Plug in portable equipment when the patient is resting
- Clean up spills on and around equipment and patients IMMEDIATELY, or cover it and call housekeeping to the area

F. Hospital-Approved Equipment

    a. Most hospitals have a biomedical/clinical engineering department that maintains hospital medical equipment

    b. The biomedical/clinical engineering department follows a maintenance schedule that includes inspections and function checks (some parts of equipment are replaced at specific times depending on manufacturer requirements)

    c. All medical equipment is checked and tagged with a barcode label. If the equipment does not have a barcode label, then it is not maintained by the biomedical/clinical engineering department (an example of this is a wheelchair)

    d. Certain equipment does not require maintenance. This equipment undergoes a safety check when the unit is first installed, and whenever it is brought to biomedical/clinical engineering for repair (e.g., an electric thermometer)

    e. It is important for students to understand the process of equipment repair—refer to hospital policy. If one comes across a piece of equipment that does not work, or if the equipment malfunctions during patient use, do the following:

        i. Turn the equipment off

        ii. Remove patient connections

       iii.   Mark the machine broken before reporting it to the clinical instructor (this is to ensure that while you are looking for the clinical instructor or nurse, someone else does not borrow the equipment thinking it is in use)

       iv.   If you are ever uncertain about how to use a piece of electrical equipment, please ask

G. Overview: Fire Safety

   a. Everyone has a role and responsibility in the event of a fire emergency

   b. It is important to be familiar with the floor plan for the area in which you are working, and know the locations of:

       i.   Manual pull stations, which are always by the stairwells, fire extinguishers, oxygen shut off valves, and telephones

       ii.   Exit routes and doors

   c. The clinical instructor will let you know where to meet in the event of an emergency

   d. It is imperative that all staff remain calm and follow directions explicitly

H. General Fire Procedure

   a. In the event of a fire, refer to hospital policy and implement the R.A.C.E. protocol when appropriate:

       i.   R→ <u>Rescue</u>

- Rescue/remove critically ill patients in their beds
- Ambulatory patients can walk to safety on their own with supervision
- Rescue/remove semi-ambulatory patients before non-ambulatory patients (In disaster situations, the goal is to minimize the number of victims/fatalities)
- 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
- Never evacuate a patient unless you feel they are in grave danger, or you are instructed to do so by designated staff and/or fire personnel
- Please Note:
  - a. It is most common to first move patients "horizontally," down the corridor, to a safer area/unit. Elevators are never used to evacuate in a fire
  - b. If a vertical evacuation is necessary, you will be instructed what to do

       ii.   A → <u>Alarm</u>

- If you see smoke or flames, use a fire emergency pull box. Dial the institution's emergency number and tell the page operator your

name, exact location (building floor and room/office number), and what you are reporting (sight or smell of smoke, sight of fire, etc., and location)
- Remember to call the hospital's <u>emergency phone line</u> and not the operator or 911
- Since most hospitals are designated "smoke-free," you may encounter a patient smoking in their room/bathroom (if this occurs, do not panic)
  a. Tell the patient that the facility is smoke-free, and he/she needs to extinguish the cigarette in either the toilet or the sink.
  b. Never let a patient throw a lit cigarette in a garbage can
  c. If the patient does not extinguish the cigarette, do not leave the patient. Use the patient phone to call security or press the nurse button on the call bell

iii. C → <u>Confine/Contain</u>
- 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

iv. E → <u>Extinguish</u>
- Handheld fire extinguishers are located throughout the institution
- All of the hospitals have the universal ABC extinguishers
- If a specialty extinguisher is required in a particular area, you will be orientated on its use
- Only attempt to extinguish small, contained fires (not larger than a wastebasket), where your safety is assured, and there an escape route behind you
- Even if the fire is extinguished, it should still be reported by dialing the institution's emergency phone line, and sounding the alarm

I. P.A.S.S. for Fire Extinguisher Use, unless hospital policy indicates otherwise
a. To utilize a fire extinguisher, the P.A.S.S. Protocol should be implemented:
  i. P → <u>Pull</u>
  - Pull the pin from the fire extinguisher handle at the top of the fire extinguisher (Remember not to squeeze handles when removing the pin)
  ii. A → <u>Aim</u>

- Take 3 steps back and then aim the horn or hose at the base of the fire, not at the smoke or flames
- You should be about 8 to 10 feet away from the fire

    iii.   S → <u>Squeeze</u>
- Squeeze the top handle to the bottom handle to discharge the extinguishing agent

    i.   S → <u>Sweep</u>
- Sweep the nozzle from side to side across the base of the fire

J. Fire Alarms and Drills
    a. Whenever the fire alarm sounds, you will not know if it is a drill or a true fire emergency
    b. Hospitals, much like schools, are required to have a certain number of fire drills annually to meet accreditation and regulatory requirements.
    c. In the event of a true fire emergency, be prepared.
    d. Familiarize yourself with the location of:
        i.   Fire alarms
        ii.   Fire extinguishers
        iii.   Evacuation routes
        iv.   Department fire plans

Module: Life Safety Management

A. Overview
    a. Staff and healthcare workers must be prepared at all times in the event that a disaster should occur. Due to recent events, healthcare institutions have increased their efforts in preparing to respond to disasters, including threats from bioterrorism. The state of Connecticut Hospital Preparedness Program (http://www.ct.gov/dph/cwp/view.asp?a=3126&q=586092) has included enhancing the decontamination capabilities of hospitals, establishing a system for the quick identification of clinically competent credentialed healthcare workers who 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.
    b. As a student, if an emergency occurs during clinical, you should immediately report to your clinical instructor, if it is safe to do so, and wait for further instructions.
    c. Even though you will be directed about what your role is, it is important for you to have a basic understanding of the types of emergencies you may encounter in a hospital setting.

B. Types of Emergencies

a. An <u>internal emergency</u> is an incident that occurs within the hospital 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 can include:
   i. Telephone or internet/EMR interruption
   ii. Water/steam interruption
   iii. Electricity interruption
   iv. Medical gas failure-Oxygen or Medical Air
   v. Major compressed gas interruption or leak
   vi. Fire, smoke, or explosion
   vii. Major chemical spill
   viii. Radiation accident/event
   ix. Biological accident/event
   x. Bomb
   xi. Active shooter
   xii. Mass casualty incident, motor vehicle accident, explosion, and/or terrorist incident.
   xiii. Severe weather event

C. Levels of Response
a. All hospitals have emergency preparedness plans which may vary based on the type of response needed. These plans are flexible as the situation changes
b. As a student, it is your responsibility is to be able to recognize and activate alarms
c. You must know where the fire extinguishers/alarms are located as well as know the emergency number at the hospital
d. When a true emergency occurs, including severe weather, the hospital might activate the emergency operations plan and open the emergency operations center. If you are at the hospital for your clinical experience, this plan may include restricting access to and from the hospital. You may be required to stay on scene until given permission to leave
e. Depending on the severity and type of emergency, you may be called upon to assist within the scope of student
f. Healthcare professionals who must stay onsite during disasters and emergencies, may want to consider creating an emergency plan for their families
   i. Some helpful information on creating a family emergency plan can be found at www.ready.gov and www.fema.gov

D. Hospital Codes
a. All hospitals have a code system that identifies different types of emergencies
b. These codes are not universal, and differ from hospital to hospital
c. It is imperative to become familiar with the code system specific to the hospital where you work, as a color code in one hospital may mean something different in

another. (It can cause confusion when a Code Silver in one hospital means active shooter and in another hospital means an elderly patient is missing.)
  d. You should receive the code list during your first day of your clinical experience. It is a good idea to keep the list in your pocket until you are familiar with the codes in that hospital

Module: Hazard Communication

To keep you informed about the hazards you may face in the clinical setting, OSHA (Occupational Safety and Health Administration) 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 (https://www.osha.gov/OshDoc/data_General_Facts/factsheet-hazardouswaste.pdf).

A. Chemical Safety is Everyone's Responsibility
  a. Healthcare workers must:
      i. Know what hazards might be found on the job
      ii. Know how to protect themselves, co-workers, patients, and visitors from these hazards
      iii. Read labels and safety data sheets (SDS)
      iv. Follow instructions and warnings
      v. Follow safety procedures on the job
  b. Chemical manufacturers must:
      i. Determine the physical and chemical hazards of their products and the possible health effects
      ii. Label chemical containers
      iii. Provide SDSs (Safety Data Sheets) that detail information about hazardous chemicals
  c. Clinical affiliates must implement a written hazard communication program including:
      i. Listing hazardous chemicals in the workplace
      ii. Labeling on-site chemical containers
      iii. Making chemical information available to healthcare workers in the form of labels and access to SDS (for more information on SDSs, please review the OSHA website
      iv. SDSs were called MSDSs (Material Safety Data Sheets) up until 2012 (You may hear the terms used interchangeably)
      v. There are several ways to access SDSs
          ● The hospital may have them in print
          ● They may be located on the hospital's intranet

- The hospital may provide a list of recommended websites to locate the SDS of a certain chemical

B. Physical and Health Hazards
  a. Hazardous chemicals can create two types of hazards:
      i. <u>Physical Hazards</u>: Usually result from improper use or storage of hazardous chemicals. These are chemicals that are:
          - Flammable (catch fire easily)
          - Explosive (cause a sudden release of pressure, gas, and heat)
          - Reactive (burn, explode, or release toxic vapors if exposed to other chemicals)
      ii. <u>Health Hazards</u>: Certain bodily organs or systems may be affected from exposure to hazardous chemicals (these include but are not limited to lungs, eyes, kidneys, skin, the reproductive system)
  b. Effects may be acute and appear right after the exposure, such as a rash, burn, or wheezing
  c. Effects can also be chronic or long-term, and take years to develop, such as cancer, birth defects, or sterility

C. Types of Exposure
  a. There are four different ways a chemical can enter one's body. These types of exposures include:
      i. <u>Inhalation</u>: Inhaling hazardous chemicals causes dizziness, headaches, nausea, and throat or lung damage
      ii. <u>Absorption</u>: Skin and eye contact can cause burns, allergies, vision problems, or blindness. Cuts and other skin injuries allow chemicals to pass into your bloodstream
      iii. <u>Ingestion</u>: Swallowing hazardous chemicals when you eat, drink, or smoke in areas where chemicals are located can damage your internal organs
      iv. <u>Injection</u>: Accidental percutaneous injury (needle puncture, scalpel, or any sharps injury) allows toxins to enter one's bloodstream directly and circulate throughout one's body

D. Chemical Information
  a. There are three things you should know about a chemical before you use it:
      i. Proper use
      ii. Precautions
      iii. Treatment if exposed
  b. It is the manufacturer's responsibility to research the product and the chemical it contains, provide a SDS for the product, and provide a warning label
  c. Common chemical hazards in a healthcare facility may include:
      i. Acids and bases
      ii. Natural rubber latex

   iii. Resins and adhesives
   iv. Soaps and detergents
   v. Solvents
   vi. Cadmium/lead
   vii. Mercury
   viii. Formaldehyde
   ix. Xylene

E. Student Role:

a. Read labels and the corresponding SDS
b. Know where to find information about the chemicals you will be using
c. Use the correct protective clothing and equipment when handling hazardous substances
d. Follow warning signs and instructions
e. Use and store chemicals safely
f. Practice sensible, safe work habits
g. Follow hospital protocol regarding the use of hazardous chemicals

F. Dealing With Hazardous Spills

a. All clinical sites will have specific clean-up policies for various types of hazardous spills
b. Please consult with your clinical instructor and/or preceptor in the event you encounter a hazardous spill in an area where you are working
c. In general, you should respond to a hazardous spill by:
   i. Protecting your safety and the safety of others
   ii. Isolating the scene and denying entry to it
   iii. Notifying the individual or department who is responsible for cleaning up hazardous spills

G. Radiation Safety

a. Radiation technology has improved the quality of healthcare with the ability to look for broken bones, evaluate internal organs, and locate/destroy cancerous tumors. However, large amounts of radiation may cause cancer and birth defects
b. To protect healthcare workers, state and federal agencies regulate radiation exposure
c. Key Safety Elements:
   i. Most healthcare workers receive no more radiation exposure than what occurs naturally in the environment
   ii. Healthcare workers who work in restricted areas are monitored to ensure safety through the use of film badges
   iii. Time, distance, and shielding, are key 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

d. Main Sources of Radiation in a Healthcare Facility
   i. The two main sources of radiation in healthcare facilities are X-ray machines and radionuclides:
   - X-ray Machine
      a. Produces radiation when making an image using a focused beam
      b. These images are used to identify broken bones and look for changes in tissue density
      c. Types of X-ray machines include CT scanners and portable X-ray units
   - Fluoroscopic X-ray Machine
      a. Produces radiation during "real time" when an operator initiates exposure
      b. Can be found in the operating room, GI labs, cardiac catheterization labs, Emergency Departments, and Radiology Departments
   - Radionuclides:
      a. Radioactive material used to diagnose and treat disease
      b. Can be implanted, swallowed, or injected as a means to diagnose or treat disease; larger doses are used for treatment
      c. Unlike X-rays, the patient *does* become radioactive for a short period of time
      d. In cases where a sealed capsule containing radioactive material is implanted, the patient remains radioactive as long as the implant is in place
   ii. Precautions
   - Take special precautions when working around radiation. Key points to remember:
      a. Always stand as far away from the radiation beam as possible
      b. Follow safety directions of X-ray personnel
      c. Appropriately wear protective lead aprons

    d. 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

    e. Notify your clinical instructor and/or preceptor if you are pregnant, because radiation may be particularly harmful to a fetus

Module: Workplace Violence and Injury

A. Workplace Violence

    a. According to OSHA, workplace violence is "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site." (https://www.osha.gov/OshDoc/data_General_Facts/factsheet-workplace-violence.pdf)

    b. Episodes of workplace violence are increasing in our society, and the availability of weapons heightens the danger

    c. To prevent workplace violence, all personnel must be able to recognize and deal with actions, attitudes, and situations with the potential for violence

    d. It is important to recognize and deal with actions, attitudes, and situations that may have the potential for violence. These include, but are not limited to:

        i. Being aware of the risks of violent behaviors in the hospital setting

        ii. Knowing how to identify signs of potential violence

        iii. Being alert to danger signs that represent a change in attitude or behavior

        iv. Responding quickly and appropriately to possible danger signs

        v. Taking precautions to reduce the chance that you or a co-worker will become a victim of violence

    e. Students are extremely vulnerable due to both a lack of experience and unfamiliarity with that hospital's patient population

    f. Students should follow these guidelines to protect themselves against violence in the hospital setting:

        i. Keep secure areas locked (locked doors and windows should never be propped open and door alarms should never be disabled)

        ii. Keys to open hospital doors, such as medication rooms, should never be left unattended

        iii. For hospitals with access codes, never share security alarm codes with anyone outside of your clinical group

        iv. Avoid wearing necklaces, earrings, and other jewelry that could potentially cause injury if you are attacked

      v.   Long hair should be tightly secured

     vi.   Avoid remote, dark areas when you are alone

    vii.   You should endeavor to carpool to the hospital, park in well-lit areas, and/or walk with one another to your cars

   viii.   If carpooling is not an option, you can always call hospital security to escort you to your car

     ix.   Report any locks that are not working or lights that are burnt out to security or your instructor

      x.   Be careful in elevators, stairwells, and unfamiliar areas

     xi.   Never let a potentially aggressive person come between you and an exit, such as the door to a patient's room

    xii.   Keep your head up and be aware of your surroundings at all times (don't walk and text!)

   xiii.   Report suspicious individuals to your clinical instructor or hospital security

   xiv.   Do not enter a room without leaving yourself a clear exit

    xv.   ID badges should be worn at chest level and should be clipped onto your shirt/scrub top. Lanyards, even breakaway lanyards, may be used as a choking device

   xvi.   Do not lean over a potentially violent patient with your stethoscope wrapped around your neck (the patient can also use this as a choking device)

g. It is important to remember that workplace violence is not just limited to patients. Violence in the workplace can be committed by strangers, spouses, patients, family members, co-workers, or personal acquaintances

h. If you come in contact with a violent person it is important to heed the following guidelines:

      i.   Remain calm and avoid raising your voice

     ii.   If possible, call for help or send someone to get help

    iii.   Move away from any heavy or sharp objects

     iv.   Avoid standing directly in front of the person and maintain a distance of 3 to 6 feet. Don't turn your back to the person

     v.   Avoid making any sudden movements

     vi.   Avoid touching an angry person

    vii.   Listen to what the person is saying and acknowledge that you understand they are upset

   viii.   If a weapon is involved, ask the person to place it in a neutral location until help arrives

i. If you feel that your life is in danger, you must do what you think is best. There is no right or wrong answer. The most important thing you can do, if possible, is to

alert others to the presence of danger. This can be done by pulling a fire alarm, calling security, etc. It is extremely important when calling security to remain calm, speak clearly and:
  i. Keep it brief
  ii. Identify the exact threat (so security can call for proper backup)
  iii. State the place the person was last seen
  iv. Comment on any identifiable information you may have, such as what the person is wearing, or what he/she looks like
j. Over the past several years, active shooter training has been implemented at hospitals around the country. It is important to become familiar with what your clinical experience site advises in an active shooter situation
k. For nonambulatory patients, the decisions healthcare workers must make in these situations has to do with the greatest good for the greatest number of people

B. Injury at the Workplace
a. Accidents are inevitable and hospitals strive to have safety mechanisms in place so they do not happen
b. When accidents do happen, the hospital should be informed of the circumstance or situation to avoid a recurrence
c. Report all accidents, injuries, and/or exposures promptly to your clinical instructor or preceptor
d. Reportable accidents can range from slipping on a wet floor, to having blood splash in your mouth, to obtaining a needlestick when administering a medication, etc.
e. If you sustain a chemical injury or anything that disrupts the integrity of your skin, it is important to perform immediate first aid if needed. This can include:
  i. Rinsing out your eyes
  ii. Washing your face, rinsing out your mouth
  iii. Irrigating a puncture wound
f. It is up to you to use your best judgement about what should come first, reporting to your instructor or administering first aid
g. Once reported, your instructor or preceptor will advise you on the next steps to take
h. If you sustain a needlestick, the hospital will follow a needlestick injury protocol. Many of these protocols involve signing into the emergency department and having your blood drawn. If the injury involved a patient, such as a needlestick or bodily fluid exposure, take note of the patient's identity and his/her location.

Module: HIPAA & Patient Rights

A. HIPAA Overview

    a. When patients are hospitalized, they expect that their medical information will be shared among clinicians to provide the highest quality care, but will also remain private and confidential in accordance with state and federal law.

    b. There exists an array of other state and federal laws that address the confidentiality of health information. One federal law that ensures this is called the Health Insurance Portability and Accountability Act (HIPAA).

    c. Under HIPAA, patient information, sometimes called "protected health information" (PHI), generally should only be shared with those caring for the patient. This law protects all paper, verbal, and electronic documentation pertaining to the patient.

    d. Hospitals take HIPAA very seriously and, upon admission, patients receive a Notice of Privacy Practices. This document describes the ways in which the hospital uses, discloses, and safeguards patient information. It also describes the way in which the patient can obtain a copy of their medical record.

    e. In most organizations, patient information is provided to employees on a "need to know" basis. This means that if you are an operating room nurse, you would only access patient charts relating to surgery or when the patient is in your care.

        i. There are some instances in which the electronic medical record cannot technologically limit your access. If you are a float pool nurse, and work in multiple units, you will have computer access to those units. As a student, it is your responsibility to only access patient information for the department in which you are working during a particular shift.

    f. You are also prohibited from speaking about a patient in public areas such as an elevator or a crowded hallway. You must be cognizant of your surroundings at all times, and understand that patient confidentiality is taken very seriously.

B. HIPAA Compliance

    a. Hospitals are required to have written policies explaining medical record access, how medical records will be protected, and how medical information will be used.

    b. Employee training on following privacy procedures is required, and every employee is notified upon hire that disciplinary action will be taken for violations of privacy policies. It can be a fireable offense for healthcare workers to inappropriately access medical records.

    c. All hospitals monitor their electronic medical record system for unauthorized activity.

    d. To review fifteen of the biggest data breach settlements and HIPAA fines, please click here: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/index.html

C. HIPAA and Texting

a. Many facilities have turned to texting as a communication method. Texting is a convenient and expedient way to communicate, and it greatly decreases disruptive noises such as phones ringing, pagers buzzing, and constant overhead paging.

b. For hospitals that take advantage of texting, under HIPAA, their employees must utilize a HIPAA compliant texting application.

c. **You may only use your personal cell phone or device if expressly permitted by the hospital.**

d. **You may only use texting to communicate about a patient if specifically permitted by the hospital.**

D. **HIPAA Breaches**

a. The important thing to understand about HIPAA breaches is that they usually are not committed out of malicious intent. Some examples of actions that can cause a breach are:

    i. Not signing out of an electronic medical record after charting

    ii. Telling friends or relatives about patients in the hospital

    iii. Accessing a neighbor's medical record when you are not their nurse

    iv. Releasing information about minors without the consent of a parent or guardian

    v. Throwing a piece of paper that contains patient information in the garbage (instead of a designated shredder or secure bin)

    vi. Accidentally sending a patient home with someone else's discharge instructions

    vii. Disclosing specific medical information to the media or police

    viii. Discussing private health information over the phone in a public area

    ix. Leaving confidential information on answering machines

    x. Not using a cover sheet stating the information is "confidential" before faxing

E. **Your Role**

a. Review the HIPAA security rules and policies in the hospitals where you are working.

b. Your clinical sites may require you to sign a HIPAA form, indicating you understand and will abide by the privacy requirements. Read through them carefully and ask questions if you have any.

F. **Patient Rights**

a. Under federal and Connecticut law, patients have certain rights.

b. These rights are typically provided in written materials, such as the American Hospital Association's *Patient Care Partnership* booklet.

c. There are different documents for patients' rights depending on the type of care the patient is receiving (hospital, short term rehabilitation, nursing home, etc.).

d. In the hospital setting, a document is given to each patient and they are asked to sign acknowledging receipt.
e. The main document points are that during a hospital stay, patients should expect:
   i. High quality hospital care
   ii. A safe and clean environment
   iii. Involvement in their care
   iv. Protection of privacy (including HIPAA)
   v. Help when leaving the hospital
   vi. Help with billing claims
f. For more information on patient rights, please click here: http://www.hhs.gov/answers/health-care/what-are-my-health-care-rights/index.html

Module: Policies/Procedures and Data Collection

A. Policies and Procedures
   a. Policies are clear simple statements of how the organization conducts business
   b. Procedures are a systematic method detailing how the policy will be put into action
   c. The most important thing to understand about policies and procedures is that they vary from hospital to hospital
   d. Certain regulatory bodies mandate that hospitals have written policies/procedures on specific topics. An example of this is restraints
      i. Even though all hospitals have restraint policies, what is in each policy can differ
      ii. Although similar, the types of restraints vary among healthcare organizations, as does the process of who may apply and remove them. For example, it is a regulatory requirement that any person applying restraints be CPR certified. In some hospitals, security personnel are not CPR certified, so they may not apply medical restraints. In other facilities, security personnel are certified in CPR and therefore they are allowed to assist the care team in applying restraints.
   e. Your role as a student is to know where on the intranet to locate the policy and procedures, and how to utilize them as a reference. For example, if you are administering a medication, best practice guidelines, and most likely your nursing textbook, will advise using two patient identifiers. However, if the hospital has a policy requiring the use of three patient identifiers, that policy will supersede best practice and nursing textbook guidelines.

B. Data Collection

    a. <u>NDNQI</u>

        i. The National Database of National Quality Indicators (NDNQI), originally funded by the American Nurses Association, is the only national nursing quality measurement program that provides hospitals with unit-level performance reports and compares them by state, region, and nation

        ii. There are a number of quality and safety measures that have been shown, through research, to affect bedside nursing care significantly. These are called "nurse-sensitive" measures and include patient falls, pressure ulcers, and catheter associated urinary tract infections (CAUTIs)

            1. Nurse-sensitive measures are selected by an expert nursing panel from the American Nurses Association

            2. Hospitals select which measures they will monitor

        iii. By submitting data on "nurse-sensitive" measures, hospitals can gauge the quality of bedside nursing care, and how their level of care compares with nurses and hospitals across the nation (this number is more indicative of quality care than a general patient survey)

        iv. Hospitals do not have to report to NDNQI, but those that do use the data to make improvements in bedside care. For example, if a hospital finds out that it has significantly more patient falls than other hospitals, that organization will focus on fall prevention for quality improvement. If another hospital finds out it has more catheter associated urinary tract infections (CAUTI) than the national benchmark (aka national standard), it may establish a policy that requires all non-chronic Foley catheters be removed within 24 hours of placement

        v. All of the "nurse-sensitive" measures are extremely important, but it is unlikely that they would all require improvement at the same time

        vi. Understanding what the NDNQI is, and how it works, will help you understand why there is such a strong focus on improving patient and nursing outcomes

    b. <u>Core Measures</u>

        i. Core measures are a set of practice standards that are required by the Centers for Medicare & Medicaid Services (CMS) and are considered to be best practice standards designed to improve patient care

        ii. The Core Quality Measure Collaborative is led by health insurance companies, leaders from CMS (Centers for Medicare and Medicaid), and national physician organizations

        iii. There are a number of core measures that must be met, and can range from how much IV fluid must be administered to a septic shock patient, to

ensuring beta blockers are prescribed upon discharge after a patient has a heart attack

    iv. Core measure data is required to be submitted to both CMS and The Joint Commission (TJC). These organizations provide explicit instructions on the type of data to abstract and deadlines for submission

    v. Quality data is abstracted from the medical record and the results are reviewed by the organization's designated team, such as a Quality/Performance Improvement Team

    vi. If a hospital does not meet the target/goal set forth by the Core Quality Measure Collaborative, it might not be reimbursed by CMS for care that was delivered. This means that the hospital could lose a significant amount of money

c. HCAHPS

    i. Most hospitals are required by CMS to participate in the *Hospital Consumer Assessment of Healthcare Providers and Systems* (HCAHPS) survey

    ii. This survey is provided to all adult inpatients after discharge, excluding psychiatric patients

    iii. The purpose of the HCAHPS survey is to allow customers (patients) the right to make informed decisions about where they wish to receive medical care

    iv. The survey results are made public, and are essentially used like a grading system to report objective and meaningful comparisons between hospitals nationwide

    v. The survey contains questions about the patient perception on nine key topics:

        1. Physician communication
        2. Nurse communication
        3. Responsiveness of hospital staff
        4. Communication about pain
        5. Hospital cleanliness
        6. Noise level
        7. Discharge information
        8. Transition of care
        9. Medication education

    vi. The survey is to be given to patients after discharge, and information can be collected via mail or telephone

    vii. For more information on the HCAHPS survey, please click here: http://www.hcahpsonline.org/home.aspx

Module: Safe Patient Handling

A. Overview of Moving Patients

a. <u>Official position of the American Nurses Association</u>: In order to establish a safe environment for nurses and patients, ANA supports actions and policies that result in the elimination of manual patient handling.

b. Healthcare providers are among the top 10 occupations in the United States at highest risk for musculoskeletal and back injuries

c. Workplace injuries occur for workers who manually move patients

d. This includes:
   - i. Heavy lifting
   - ii. Constant twisting
   - iii. Repeated motions that cause fatigue and musculoskeletal injuries

B. Ergonomic Techniques

a. Ergonomics is the science of evaluating the design and use of equipment with the intent to increase productivity and reduce worker fatigue and stress

b. Ergonomic assessments are a critical component of reviewing methods used to move and lift patients

c. It is important that students use correct ergonomic techniques to avoid injury

d. Use safe body mechanics:
   - i. Maintain a wide stable base with your feet
   - ii. Put the bed at the correct height: waist level for providing care, hip level when assisting to move a patient
   - iii. Keep the patient directly in front of you to avoid rotating the spine
   - iv. Keep the patient as close to your body as possible to minimize reaching/stretching

e. Use patient lift equipment when you need to transfer a dependent patient from a bed or chair

f. Encourage patients to assist as much as they are able in their own transfers

g. When carrying something, such as a patient tray, use two hands

h. For multiple items, use a cart when possible

i. Use lift equipment when you need to transfer very heavy and/or dependent patients from a bed or chair

j. <u>Get a second person to assist you if the patient cannot bear his/her own weight fully</u>

k. Make sure the patient is wearing non-skid footwear

l. Raise patient beds to a comfortable working height (remember to lower the bed after you complete your task)

m. Utilize height adjustable IV poles that can be quickly and easily adjusted

C. Safe Patient Handling

a. According to OSHA, employers are responsible for providing a safe work environment (https://www.osha.gov/as/opa/worker/employer-responsibility.html)
b. It is important that students are familiar with the organization's policies, practices, safe patient handling, and the lift devices present at the clinical site
c. If you are unfamiliar with the lift and/or ambulation equipment, speak up (Improperly using a piece of equipment can be dangerous for the patient and you)
d. If you see something that could potentially be a hazard, tell your clinical instructor, who will inform appropriate staff members
e. Facts about Moving Patients
    i. Relying on proper body mechanics or manual lifting alone is not effective to reduce back and musculoskeletal injuries
    ii. Safe patient handling equipment is for the patient's safety as well as caregivers
    iii. This equipment can help prevent falls, bruises, and skin tears; patients will also feel more secure and comfortable
    iv. Mechanical lift devices take less time to move a patient than gathering a team to manually move the patient